European Union

Statement on the occasion of the 57th Session of the Commission on Narcotic Drugs
High-Level Segment
Vienna, 13-14 March 2014

Mr. Chairman,

1. I have the honour to speak on behalf of the European Union and its Member States¹. The following countries align themselves with this statement: Turkey⁸, the former Yugoslav Republic of Macedonia⁷, Montenegro⁷, Iceland², Serbia⁷, Albania⁷, Bosnia and Herzegovina⁷, Ukraine, the Republic of Moldova, Armenia, Andorra and San Marino.

2. Let me start by welcoming you, Ambassador, as Chair of this High Level Segment of the 57th session of the Commission on Narcotic Drugs. We are confident that under your able guidance, we will successfully accomplish our work. I would like to assure you and the other members of the Bureau of the full cooperation of the European Union and its Member States in carrying out your work.

3. We have played an active part in this mid-term review, guided by the principles that are essential for the EU and its Member States, in particular respect for human rights, maintaining a balanced, comprehensive, and evidence-based approach and ensuring an active role for civil society. We underline that the three international drug control conventions, as well as international human rights law continue to provide the framework for addressing the world drug phenomenon.

4. These principles will guide the EU and its Member States’ participation in the ongoing debate about the functioning of the international drug control system, including at the General Assembly’s Special Session on Drugs of 2016.

5. We have today, and for the next five years, a great opportunity to review the progress that we have made so far in addressing the drugs phenomenon and to

¹ The way the EU statements are delivered in this Commission is subject to ongoing clarifications in the context of the ECOSOC reform Resolution 68/1
² Candidate Country
³ Candidate Country Iceland continues to be a member of the EFTA and of the European Economic Area.
adapt our responses to new challenges. We cannot afford to waste this opportunity.

6. Since 2009, much progress has been made to address the world drug situation, but the problem is not solved. Too many people still lose their lives; too many people suffer from the consequences of drug abuse or trafficking. No country or region is immune to this problem.

7. Within the CND, and also in view of the Special Session of the General Assembly in 2016, we should have an open debate about challenges and appropriate solutions and about taking into account different policy options at national and regional level, while ensuring coherence and success at global level through full respect for human rights, international law, the three international drug control conventions, and relevant political documents, such as the Political Declaration on HIV/AIDS. In this regard, it is important to note that the international drug conventions are focused on public health, are human rights centred, and flexible.

8. The EU and its Member States are committed to contributing to this debate in line with the principles enshrined in the EU Drugs Strategy 2013-2020.

9. In preparing its latest drugs strategy the EU undertook a review of its policies in 2012 resulting in the EU Drugs Strategy 2013-2020 which incorporated a number of new ideas and new approaches which will be implemented in the period to 2020.

10. The Strategy fully respects the three International Drug Control Conventions, the Universal Declaration on Human Rights and UN political documents, such as the UN Political Declaration and Action Plan on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, and the UN Political Declaration on HIV/AIDS.

11. An essential principle for the EU is the respect for fundamental rights, for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights. The EU is opposed to the use of measures of any kind that are not respectful of the human being. In this regard, we oppose the death penalty in all cases and without exception, and we are consistently calling for its universal abolition. We call upon states that still maintain the death penalty to establish a moratorium on executions with a view to abolishing it.

12. The global/balanced approach. We cannot emphasise strongly enough the necessity to address with equal vigour drug demand and drug supply, including recognition of the need to increase focus on tackling the health-related challenges of the drug problem. As a feature of this, effective evidence based prevention programmes should be in place. To reduce problem drug use, access to
treatment, essential medicines care and risk and harm reduction services should be strengthened. Programmes aiming at recovery and social reintegration should be encouraged.

13. Evidence shows that a strict balance between drug demand and drug supply interventions is vital to ensuring the effective implementation of the international drug control system. In this regard, in order to avoid drug interventions having limited impacts, and sometimes unintended consequences, we should consolidate the evidence base of our policies. A scientific evaluation of all efforts to tackle drug markets and drug consumption should be conducted during these five years, to better understand the costs, benefits and the effectiveness of our policies.

14. We consider that demand reduction policies, to be effective, should cover a range of equally important and mutually reinforcing measures such as evidence based prevention, early detection and intervention, risk and harm reduction, treatment, rehabilitation, social reintegration and recovery.

15. We strongly support risk and harm reduction. Both our experience and the objective, regular evaluation of the impact of our policies, have proved that in Europe, risk and harm reduction interventions have been successful, by helping reduce the spread of infectious diseases (HIV/AIDS, hepatitis, tuberculosis) and the number of drug-related deaths.

16. Evidence has made risk and harm reduction a principle that is unanimously accepted by all 28 MS of the EU and enshrined in our common drug strategy until 2020. Risk and harm reduction measures are also successfully implemented by many other countries. We regret that even this worldwide-used term is contested.

17. There are other important issues that must be carefully considered while addressing drug demand: the spread of new psychoactive substances, the misuse of prescription medicines, the need to increase focus on drug-use related effects (e.g. morbidity, mortality and co-morbidity, HIV, Hepatitis C), the need to boost gathering evidence, research, sharing and adopting best practice and standards and to make use of best praxis in order to expand and develop demand reduction services in each country.

18. With regard to supply reduction, which is one of the three pillars of the Plan of Action, we reaffirm the need to contribute to a disruption of the illicit drugs market and a measurable reduction of the availability of illicit drugs and to continue to prevent the diversion of drug precursors.

19. We reaffirm the need to enhance capacity-building and strengthen the measures in place to combat money laundering and improve judicial cooperation within a comprehensive approach to dismantle criminal organisations, and to better align legislations and practices, with full respect of human rights. In this
regard, the European Union underlines the importance of the full and universal implementation of the UNTOC and the Protocols thereto as well as of the UNCAC.

20. Stronger interregional exchange of information and international cooperation, such as in the framework of the FATF, is necessary to facilitate the confiscation of proceeds of drug-related organised crime and criminal asset recovery and for hindering the use of tax havens by criminal organizations.

21. We encourage an increased focus on the enablers of organised crime, by addressing corruption and the link between security and development as well as on the relationship, in some cases, between terrorism and the use of the proceeds from drug cultivation and drug trafficking.

22. We consider it a priority to enhance development-oriented approaches to tackle the root causes of illicit drug cultivation on the long term, implementing measures of rural development, strengthening governance and institutions, improve access to legal markets and infrastructures and promoting the participation of local communities. Therefore, multilateral and bilateral development agencies should be encouraged to participate in the design and implementation of alternative development policies and projects.

23. In addition, we need more effective and better adapted responses to the rapidly diversifying patterns of drug demand and supply.

24. We remain concerned by the increase in trafficking of opiates, cocaine, and cannabis, the high levels of drug-related violence, and record-setting illicit opium poppy cultivation and opium production.

25. We stand ready to work with the international community to tackle the emergence and rapid spread worldwide of new psychoactive substances which are posing a threat to public health and which are a source of great concern.

26. Sharing information and best practices, acknowledging and recognising evidence at international level is essential, as is international cooperation.

27. We are strongly committed to reinforcing international cooperation, based on the recognition of common principles as well as on shared responsibility, multilateralism, respect for human rights, and respect for the relevant international conventions.

28. In order to achieve positive and concrete results, on the above (such as: reduction of the demand for drugs, of drug dependence, of drug-related health and social risks and harms and of availability of illicit drugs, disruption of the illicit drugs market, international coordination, strengthening dialogue and cooperation and the dissemination of monitoring, research and evaluation,) over the next five years, including within the UNGASS process we need to guarantee that all
relevant actors contribute to the debate. While reaffirming the importance of the CND as the preparatory body for the UNGASS, we consider that relevant UN bodies and specialised agencies should assess and report on the impact of the international drug control system on their specific mandates. We would hope that these reports could be made available to Member States well in advance at the UNGASS so that the analysis contained in such documents can be factored into the final assessment.

29. The EU Drugs Strategy reiterates the active and meaningful involvement of civil society, including scientific community, non-governmental organisations as well as young people, people using drugs and clients of drug related services in the development and implementation of drugs policies at national, EU and international level. Within the review process of the world drug policy we underline the important role of civil society and of the scientific community in providing relevant evidence to policy-makers.

Mr. Chairman,

30. We are fully committed to taking part in the debate on the fundamentals of drug policy, and to actively sharing its own achievements.

31. We will address other agenda items at appropriate times.

Thank you Mr. Chairman.