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SECRETARY OF STATE ASSISTANT  
TO THE MINISTER FOR HEALTH

**Statement of the  
Portuguese Secretary of State Assistant to the Minister of Health,  
Dr. Fernando Leal da Costa,  
at the 58th Session of the Commission on Narcotic Drugs**

*Vienna, 9 March 2015*

Thank you, Mr. Chairman,

Distinguished Delegates, Ladies and Gentlemen,

Let me start by welcoming your election, Ambassador, as Chair of the 58th Session of the Commission on Narcotic Drugs. We have many important issues to consider over the coming days and I would like to assure you of the full cooperation of my delegation in successfully carrying out our work. Let me also add, at this point, that Portugal fully associates itself with the statement made by the European Union.

Mr. Chairman, it is a great honour to be in Vienna and to give my contribution to the ongoing debate on drugs policy. Evidence-based knowledge acquired over the last decades, allowed us to consolidate our policy, with concrete proposals for integrated responses on prevention, treatment, risk and harm reduction and reintegration, within a decriminalisation framework of personal consumption and possession of drugs, below defined quantities.

As we get closer to the date of the 2016 United Nations General Assembly's Special Session on the world drug problem, we should use all available scientific evidence to guide our discussions and take it into account whenever formulating future policies.

Portugal has always privileged an open and inclusive debate. We are ready to share our thoughts, but most importantly to listen to the experiences of other countries, the scientific community, as well as international organizations and the civil society. Thus, we are aware of new models based on a public health approach to the drug problem, and we follow with interest those experiences and look forward the results of their implementation. We are both curious and anxious to have access to public and published results but we believe in the proof of time and tend to be cautious when looking into health and social data that are either too young or too short to be representative enough to change a policy option.

Mr Chairman,

As you might know, in 1999, the Portuguese Government approved the first National Strategy on Drugs, a historic turning point in the structuring of a global policy on drugs. This was shortly after the last UNGASS on the world drug problem and influenced in part by the discussions that were held then. Our policy prioritize prevention and reduction of drug use among the population and the reduction of health and social consequences related to drug use, contributing to the attainment of a high level of health protection, well-being and social cohesion. The idea is to reinforce the resources in the context of demand reduction by sending to treatment drug addicts and pointing out those that are not addicted but need a specialized intervention. We expect to contribute to the resolution of the problem in an integrated and constructive way, looking at the drug addict as a sick person, who nevertheless must be responsible for a behavior that is still considered an offence in Portugal.



It is a multidisciplinary and balanced approach that gives due consideration to supply and demand reduction, focused in the promotion of public health, as well as in law enforcement activities.

Mr. Chairman, Delegates,

Portugal adopted measures that allowed us to improve the understanding of drug addiction as a chronic and treatable multifactorial health disorder. Reducing drug use and its consequences by improving the coverage, quality and effectiveness of demand reduction interventions are the pragmatic aims of the Portuguese drugs policy, with particular attention to vulnerable groups, including young people and high risk groups and the prevention of polydrug use.

In Portugal, according to the results of the last General Population Survey, it was verified for almost all drugs a decrease in lifetime prevalence and recent use, as well as decrease in continuity rates of use. I would like to highlight another of the many positive aspects of our integrated policy, which is a downward trend since 2000 in the number of cases diagnosed with HIV infections overall and associated with drug addiction. Also, in general, the prevalence of HIV infection and the proportions of new infections among patients in drug treatment have been declining over the years. The implementation of a wide range of harms and risk reduction measures had a direct impact and contributed to these improvements.

This strategic model is reflected in the adequacy of responses to address the issue and taking on board the new approaches and challenges in the field of drugs. In many respects, existing drugs and patterns of drug use are very different from those of the past. Also, a large variety of new psychoactive substances, not controlled by international law, continues to emerge in the

market, frequently produced and sold with the intention to mimic the effects of controlled drugs. That is a major cause for concern. Like many other European countries, we adopted legislative solutions to provide a response to the problems associated with the use of new psychoactive substances.

An open dialogue sustained with our international partners should provide the tools to review the progress made and the difficulties encountered, contributing to identify the main challenges to be addressed by the 2016 United Nations General Assembly Special Session on the world drug problem. In this regard, it is essential that policies, current or new ones, be implemented in full respect for the UN Conventions which provide the international legal framework for addressing the drugs phenomenon and the Universal Declaration on Human Rights. These are the cornerstones of the global response to the world drug problem.

We firmly believe that, in the framework of the international treaties we have flexibility to gradually build more humane policies, based on solid scientific evidence and on the respect for human rights

I take the opportunity to recall Portugal's unequivocal opposition to the death penalty in all cases and under all circumstances, including for drug-related offences. In this regard, we recall in particular the absolute prohibition in international human rights law of the execution of persons for crimes committed before they were 18 years of age. We call on those States that still retain the death penalty to respect the international minimum standards on its use and to establish an immediate official moratorium as a step towards its permanent abolition.



We would like to take this opportunity to reiterate the importance of the engagement of civil society in the development and implementation of drug demand reduction policies, both at the national and the international levels. Civil society has been playing an active role in the elaboration and implementation of our own policy and we're sure that it can provide a valuable contribution to the debate leading to the UNGASS, in 2016, and then beyond it.

Concluding, allow me to pledge our unwavering commitment to the successful conclusion of this process.

Thank you for your attention.

