



European Union Statement
on the occasion of the 3rd Intersessional Meeting
of the 63rd Session of the Commission on Narcotic Drugs,
Vienna, 19-21 October 2020

Thematic session 1: Drug treatment and health services continue to fall short of meeting needs and deaths related to drug use have increased; and the rate of transmission of HIV, the hepatitis C virus and other blood-borne diseases associated with drug use, including injecting drug use in some countries, remains high

I have the honour to speak on behalf of the European Union and its Member States. The following countries align themselves with this statement: Turkey§, the Republic of North Macedonia*, Montenegro*, Serbia*, Albania*, Bosnia and Herzegovina*, Ukraine, Iceland+, Norway+, the Republic of Moldova and Georgia.

Mr. Chair, Excellencies, Ladies and Gentlemen,

1. The European Union and its Member States wish to thank you for organizing this intersessional meeting. *We would also like to thank the Secretariat for the comprehensive and concise background material provided for this meeting.* The discussions of the upcoming days should help us accelerate the implementation of our joint commitments to effectively address the world drug problem, in line with the 2016 UNGASS Outcome Document and the 2019 Ministerial Declaration.
2. Effective drug demand reduction strategies including risk and harm reduction strategies are cornerstones when it comes to addressing the world drug situation in a comprehensive manner. We are of the opinion that all of us can do more and can do better in that regard.

§ Candidate Country

* Candidate Countries the Republic of North Macedonia, Montenegro, Serbia and Albania as well as potential Candidate Country Bosnia and Herzegovina continue to be part of the Stabilisation and Association Process.

+ Iceland and Norway are members of the EFTA and of the European Economic Area

3. We therefore welcome the focus of this thematic debate on three important issues that need to be addressed: the effectiveness of treatment and health services, the worryingly high numbers of drug-related deaths and the continued high transmission rate of blood-borne diseases among people who use drugs. Mr. Chair,

4. Non-discriminatory access to health care and social services is a human right. Nevertheless, treatment and health services continue to fall short of meeting needs – particularly those of vulnerable groups and people who use drugs.

5. This topic is even more relevant when we look into prison settings. People in prison should be offered treatment and health services on a level equal to those available in the community and it is vital that those programmes can be accessed easily without fearing any negative consequences. Moreover, ensuring continuity of care after release is essential.

6. When it comes to treatment, the International Standards for the Treatment of Drug Use Disorders by the WHO and UNODC are a good guidance on effective treatment options. But we should not stop there: it is in the hands of the clinical and scientific community to regularly adapt treatments to upcoming trends as well as to develop new effective forms of treatment.

7. We should pay good attention to the lessons learned from the ongoing COVID-19 crisis and adapt our treatment systems accordingly in order to be able to react far more flexibly. Making good use of the tools that the digitalised world offers us may be one step in the right direction.

Mr. Chair,

8. It goes without saying that offering treatment and health care services that meet the needs of people who use drugs is one of the most efficient ways to reduce the number of drug-related deaths. By saying this, I would like to shift our focus to the **second important point of today's agenda**.

9. We are saddened by the high number of people dying from drug use, particularly as we have solid knowledge of the measures that can reduce the number of deaths. More than ever, the Coronavirus crisis showed us that far more has to be done in order to save those lives. On the other hand, some countries used the crisis to improve their policies and are now more flexible towards users' needs. We should consolidate and share those experiences and learn from them.

10. Opioid substitution therapy is the gold standard in treating people with opioid dependence. But we are far away from reaching sufficient levels of availability and access. New pharmacotherapies are available on the market. They are safer and more effective for people in substitution therapy. Practitioners should make good use of them.

11. In addition, we deem it necessary to provide measures that reduce the negative health and social consequences from drug use as laid down in the EU Action Plan on Drugs. Those have proved to offer a meaningful contribution towards saving lives. Thanks to such measures, including outreach and low-threshold services and an enabling and empowering environment for people who use drugs, we will make a major step forward towards effectively addressing the world drug situation, as we committed to in the 2016 and reiterated in the 2019 Ministerial Declaration.

12. On the other hand, we also need to focus more on new drugs, new consumption trends and new user groups. We regularly need to check if our policies are still fit for purpose, or if new developments contribute to rising numbers of deaths and non-suitable counter-actions are in place.

13. In order to be successful, it is also key to involve civil society organisations in the development and implementation of these measures to reduce drug-related deaths – and of course wherever possible beyond that.

Mr. Chair,

14. Another important concern is the continuing high rate of transmission of blood-borne infections among people who use drugs – which will be the **last point of our agenda for today**.

15. The regular progress reports on achieving the 2030 Agenda Sustainable Development Goals (SDGs) demonstrate that that there is one transmission mode where we stay far behind the goals that we have set. It is the transmission of HIV and viral hepatitis due to unsafe drug use.

According to UNAIDS, although they represent a small proportion of the general population, in 2019 injecting drug use accounted for 10% of new adult HIV infections globally. The situation may have deteriorated with COVID-19 – first research indicates that due to interrupted prevention and treatment programmes, the figures will rise even more.

16. And again we have to state that we have solid knowledge of the measures that can reduce the transmission of blood-borne diseases due to drug use. I will give but one example of the tools that can help countries in adapting their policies: this is the currently updated guidance on *Prevention and control of infectious diseases among people who inject drugs*, published by two EU Agencies: the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the European Centre for Disease Prevention and Control (ECDC).

17. In order to be successful, we believe that countries need to implement a comprehensive package of services for persons who use drugs. This should include targeted HIV and hepatitis prevention, low-threshold access to diagnosis and anti-retroviral treatment as well as accompanying care and support programmes.

18. Particularly during the ongoing COVID-19 pandemic, we should concentrate our efforts on this key population in order to make sure that their vulnerability is not increased further.

Mr. Chair,

19. Let me conclude. There is already good evidence for effective drug demand reduction and harm reduction strategies, many guides and tools exist to share that knowledge. The UNODC and many others are supporting states in implementing those measures. On that basis, we should aim at accelerating the implementation of our commitments.

Thank you!
