

## NETHERLANDS

### Statement thematic intersessional 19 October 2020

#### **Drug treatment and health services continue to fall short of meeting needs and deaths related to drug use have increased**

Thank you, Mr. Chair, for giving me the floor. I also want to thank the Secretariat for organizing these thematic intersessional meetings as well as presenters and panelists for the valuable information they provided. These meetings are an excellent opportunity to share knowledge, experiences and best practices that can contribute to accelerating the implementation of our shared commitments.

I will focus my intervention mainly on the first challenge of this thematic session: 'drug treatment and health services continue to fall short of meeting needs and deaths related to drug use have increased'.

The Netherlands fully aligns itself with the statement made by the distinguished delegate of the European Union, also on behalf of its Member States concerning this challenge. The statement is right to emphasize the effect of the current COVID-19 crisis. COVID-19 and its economic consequences only increase this challenge. We all face even greater obstacles in fulfilling our commitments towards the most vulnerable in our societies.

Mr. Chair,

Over the last decade, there has been wide recognition of the health approach as a sound basis for devising multifaceted and more effective policies to address the world drug problem. It is based on the premise of providing health services that meet the needs of people who use drugs. The health approach

requires drug policy to cover multiple fields, together constituting links of a chain, or a 'continuum of care', namely: prevention, treatment, care, recovery, rehabilitation, social reintegration and harm reduction. Interventions in these fields should be evidence-based.

One example of this approach in Dutch drugs policy that I would like to share in the framework of this meeting concerns the so-called 'drug consumption rooms'. They are both relevant to harm reduction and an important link in the chain of care offered to people who use drugs.

After the appearance of informal drug consumption rooms starting from the early nineteen seventies, the first formal drug consumption room opened its doors in 1994 in the city of Maastricht. Since then, their number has steadily increased to reach 24 operational drug consumption rooms throughout the country today. They are run by addiction treatment or social relief services and funded by the cities and municipalities.

Drug consumption rooms are professionally supervised healthcare facilities where people struggling with an addiction can consume drugs in a safe and hygienic environment. Heroin and freebase cocaine are the drugs most used.

The range of services offered has developed over time, in parallel to the objectives of the drug consumption rooms: whereas in the early days, the principal aim was to reduce public nuisance and to get people who use drugs off the streets, nowadays these rooms in addition offer not only a safety net with essential medical and social assistance, but also a springboard towards better living conditions and referral to third-party facilities for further recovery, participation and re-integration into society.

This combination of harm reduction, health care and social assistance for people who use drugs has had major results. Public nuisance has decreased

and the 'open drug scenes', or open drug markets, in the cities have disappeared. The living conditions, health and quality of life of the drug consumption rooms' clients have strongly improved. Heroin use has continued to decline over the years, in particular injecting drug use. The number of newly diagnosed HIV cases among injecting drug users is now virtually 0%.

Mr. Chair,

Another more concrete example of drug treatment implemented in the Netherlands concerns GHB addiction. Gamma hydroxybutyrate is a very addictive drug with high levels of relapse after treatment. Addicts feel the need to use every few hours (even at night) and easily overdose and become comatose. The addiction also easily causes loss of income, homelessness, debts and physical and mental health problems, as well as nuisance and disturbance in the public space. It therefore demands a disproportionate amount of time and capacity from healthcare and public safety professionals given its prevalence.

To deal with this problem, the Netherlands developed a new approach, implemented in close collaboration by three core partners: the municipality, the police, and addiction care. People with GHB addiction are the subject of frequent and case-focused meetings, identifying the individual needs for support. These meetings decide on customized measures with a view to supporting the individual over a period of time in working towards a stable life. The first results of this approach are promising. We will continue monitoring the results and sharing relevant information with interested parties.

Mr. Chair,

I hope that these examples of a multifaceted and evidence-based approach aimed at the most vulnerable speak for themselves. Such measures, centered on health care and assistance to people who use drugs, can help us to meet our commitments, because they can be effective in reducing prevalence and, above all, in saving human lives. In the context of the current pandemic this is even more acute. The experiences of the health professionals in the Netherlands during the lockdown have shown us how essential their services are to reach and stay in contact with marginalized people that otherwise would fall off our radar.

Mr. Chair,

In spite of strong political commitment in recent years, the reality in many countries is a decrease in coverage of harm reduction services, like needle exchange and opioid substitution programmes. We are concerned that this may result in increased transmission of HIV, hepatitis C and other blood-borne diseases associated with drug use, and eventually, more deaths.

Embracing the health approach and investing in harm reduction services can help us to counter this trend and live up to our commitments. Only if we leave no one behind, including people who use drugs, we will be able to successfully work towards the Sustainable Development Goals.

Thank you.