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**Prohlášení
Statement
Déclaration**

Vienna, March 11th, 2009

STATEMENT BY THE CZECH REPUBLIC
ON BEHALF OF THE EUROPEAN UNION

at the High Level Segment of the 52nd session of the Commission on
Narcotic Drugs
(11 - 12 March 2009)

Final Version

Thank you, Madame Chairperson,

Your Excellencies, Ladies and Gentlemen,

1. I have the honour to speak on behalf of the European Union (EU). The Candidate Countries Croatia and the Former Yugoslav Republic of Macedonia¹, the Countries of the Stabilisation and Association Process and the potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Armenia, Georgia and Moldova associate themselves with this statement.
2. Let me begin by congratulating you, Your Excellency, for chairing the High Level Segment of the 52nd session of the Commission on Narcotic Drugs. We would like to assure you of the full cooperation of the European Union in carrying out your work.
3. It is a great honour to participate in this High Level assessment of the progress made since the 1998 UN General Assembly Special Session when the international community unanimously adopted the Political Declaration and its Action Plans. On that occasion we jointly set commitments and objectives with a clear aim – to improve the world drug situation through a significant reduction in both drug demand and drug supply. The 1998 Special Session was important for many reasons, not least because drug demand reduction took the centre stage through the adoption of the Declaration of the Guiding

¹ Croatia and The Former Yugoslav Republic of Macedonia continue to be part of the Stabilisation and Association Process.

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Principles of DDR, the first international instrument in this area of drug control. The Declaration recognises that drug demand reduction should cover all areas, from discouraging initial use to reduction of the negative health and social consequences of drug abuse for all including recent drug users.

4. However, the UNGASS review and the period of reflection that followed have clearly shown that the aims and objectives as set out in the existing UN declarations, action plans, and measures related to the world drug problem were ambitious and that the goals have not been achieved, either in terms of any measurable reduction or by any proven containment of the use of any illegal drug globally within the last 10 years.
5. The European Union believes that the main reason for limited achievements has been a lack of implementation of a balanced and comprehensive approach. In addition, despite reductions in the supply of some illicit drugs in some regions, there are significant limitations and problems in countering global trafficking in narcotic drugs and psychotropic substances that have prevented the attainment of the supply-related targets established at the twentieth special session of the UN General Assembly.
6. The effective implementation of the commitments made at the twentieth United Nations General Assembly Special Session (*UNGASS*) would require strong political will and practical solutions. The three international drug control conventions continue to provide the international legal framework for tackling the world drug problem.
7. When entering the UNGASS review process, the EU Member States were ready to share experiences and lessons learned from the implementation of EU drug policy in the past decade with our partners from across the world, while taking note of their experiences. We also believed that new trends in world drug production, trafficking, and use, and the related impacts on individuals and societies that have emerged in the past decade represent major challenges that require responses that take into account the most recent insights and best available scientific evidence. Such an approach would ensure that the international drug control system continues to be up-to-date, realistic and as Executive Director of UN Office for Drugs and Crime (*UNODC*) said, "fit for purpose".
8. In line with the goals and targets set in the 1998 Political Declaration, the EU Drugs Strategy for 2000-2004 focused on a significant reduction of the supply and demand for illicit drugs, while - *inter alia* -

introducing objectives that aimed at preventing and reducing health-related harms associated with drug dependence, in order to reduce those consequences.

9. The EU Drugs Strategy 2005-2012 built on the lessons learned during the period 2000-2004. The objectives of the Strategy were revised, specified and focused on more realistic and measurable results, to be implemented through two subsequent EU Drug Action Plans. The overall aims of the Strategy are to protect and improve the well-being of society and of the individual, to protect public health and to offer a high level of security for the general public. This is to be attained through a balanced approach to reducing the demand for and supply of illicit drugs. The drugs strategy and its Action Plans are based first and foremost on the fundamental principles of EU law and, in every regard, uphold the founding values of the Union: respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights. They are also based on the relevant UN Conventions, the International Declaration of Human Rights and other relevant international instruments.
10. The EU Drugs Action Plan 2009-2012 specifies a large number of objectives and actions with the aim of reducing the prevalence of drug use among the population and reducing the social and health damage caused by the use of and trade in illicit drugs.
11. The evaluation of the EU Drugs Action Plan 2005-2008 and subsequent annual reports of the European Monitoring Centre for Drugs and Drug Addiction (*EMCDDA*) have shown that the availability of illicit drugs and their consumption in the EU has stabilised overall in the second half of the past decade, albeit at a historically high level. In the field of prevention, progress has been made, but there is still a lack of investment and evaluation of the effectiveness of the programmes offered. Regarding drug treatment, research has advanced and shows results in individual cases, but the overall impact of treatment on drug problems is still unclear.
12. In the field of supply reduction, the cooperation between Member States has improved and initiatives to find common responses to new threats have emerged in recent years that – for example – aim to tackle drug trafficking through emerging routes. The trade in illicit precursors within the EU has been reduced. We would like to stress the importance of effective and operational cooperation in the enforcement of international law in tackling illegal drug production and trafficking. Here, we want to recognise the attention that the

Political Declaration and its annexed Plan of Action pay to this aspect of the Global Drug Policy.

13. In the past decade, the EU has taken up its shared responsibility towards third countries by providing considerable technical assistance, primarily in promoting sustainable, alternative development and for the implementation of measures in drug demand and drug supply reduction. The EU is the major contributor to the activities of the UNODC and the United Nations Joint Programme on AIDS (*UNAIDS*) related to drugs.
14. Regarding drug problems, the results in the EU are encouraging. The number of problem drug users in the EU has stabilised, and a rising portion of them are seeking treatment. In the same time, many EU Member States have managed to stabilise and reduce the number of new infections with HIV/AIDS and other blood-borne diseases, while the number of drug-related deaths has shown a downward trend. When compared to other regions in the world for which data are available, new infection rates and fatal drug overdoses in the EU are relatively modest.
15. However, there are challenges emerging. For instance, after decades of cocaine use levels staying very low compared to other developed countries, we see a rising trend of this phenomenon in a number of EU Member States. This may reflect the search of traffickers for new markets, combined with a shift of drug preferences in young adults, and requires a swift, balanced and effective response.
16. We see the relatively favourable developments in the EU drug situation as a result of a comprehensive drug demand reduction policy applied across the EU. Measures to reduce the health and social consequences of drug use are an integral part of such a policy and involve, *inter alia*, a needle and syringe exchange programme aimed at the prevention of HIV/AIDS and other blood-borne diseases, the substitution treatment of opiate addiction, and outreach work. Such measures are labelled as "harm reduction" in EU policy documents and elsewhere. We consider them of wider importance since they protect not only drug users but also society as a whole. It is an EU drug policy principle that harm reduction cannot replace prevention, treatment, and rehabilitation – and cannot be replaced by them.
17. During negotiations the European Union highlighted the importance of harm reduction and its principles for effective drug policies.

18. The Secretary-General of the United Nations, the High Commissioner on Human Rights, and the heads of UNAIDS and of the Global Fund on AIDS, Tuberculosis and Malaria (*GFATM*) and many other international bodies have been united in their support to include the above-mentioned concept as an integral and essential element of comprehensive drug demand reduction policies and an indispensable component of HIV/AIDS prevention strategies amongst injecting drug users. Eventually, the Political Declaration does not include the term and replaces it with the new term "support services".
19. The effectiveness of those "support services" has repeatedly been confirmed by the World Health Organisation (*WHO*), UNODC, UNAIDS and other bodies, and by an extensive number of high-quality scientific studies. Today, over 80 UN Member States from all regions of the world have introduced such measures. There is no evidence that they would facilitate drug use or increase the number of drug users in communities; also, such measures do not aim at any form of legalisation of illicit drugs.
20. As indicated above, the cornerstone of the EU drugs policy is to base policy measures on the best available evidence and information. In this context, the importance of enhancing the global mechanisms to collect, monitor and analyse reliable and comparable drug-related data and information cannot be overstressed. Without high-quality, comparable data we cannot understand properly what the situation is, and without a clear understanding of the situation we have no chance to make successful, appropriate, evidence-based decisions. This is why the EU will continue to invest heavily in producing good and comparable data. The information lies at the very heart of the effectiveness of future measures. Therefore we strongly support the further assessment of data needs for UN drug policy, and the development of a detailed plan of action in this area. The Political Declaration is rather modest when data collection and evaluation is concerned.
21. To conclude, the EU would like to emphasise the need for close cooperation between the UNODC and all relevant UN organisations in the area of demand and supply reduction, while respecting each organisation's individual role and mandate. Such an integrated approach is necessary for mainstream policies and guarantees a more effective use of resources in line with the coherence of the system as a whole or "delivering as one".

Thank you, Madame Chairperson.