

# Prohlášení

## Statement

## Déclaration

Vienna 16.03.2009

### **STATEMENT BY THE CZECH REPUBLIC ON BEHALF OF THE EUROPEAN UNION**

at the 52nd session of the Commission on Narcotic Drugs  
(16 - 20 March 2009)  
As delivered

Agenda Item 5:  
DRUG DEMAND REDUCTION

Thank you, Madame Chairperson,

1. I have the honour to speak on behalf of the European Union (EU). The Candidate Countries Croatia, The Former Yugoslav Republic of Macedonia<sup>1</sup> and Turkey, the Countries of the Stabilization and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, member of the European Economic Area Iceland, as well as Armenia, Georgia, Moldova and Ukraine, associate themselves with this statement.
2. The European Union remains firmly committed to reducing the high level of drug abuse in Europe and worldwide. The 2008 Annual Report on the State of the Drugs Problem in Europe, published by the European Monitoring Centre for Drugs and Drug Addiction, shows that drug use in Europe appears to be stabilising, and that progress can be noted in the way in which EU Member States are addressing this issue. For most forms of drug use, the overall assessment is that we are not seeing increases, and in some areas the trends appear to be downward.
3. However, the most recent data continues to point to an overall increase in cocaine in some Member States of the EU, which seems to

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

be reflected in the increasing demand for treatment for cocaine use, which now even exceeds the demand for opioid treatment in some countries, regions and cities. The need to further invest in research into and the broadening of effective treatment measures for cocaine dependence still remains critical.

4. Madame Chairperson, in response to the world drug problem, the European Union reaffirms its commitment to shared responsibility and underlines that it is vital to adopt an integrated, multidisciplinary and balanced approach, in which demand reduction plays a crucial role. Therefore, drug demand reduction represents a key element in the EU Drugs Strategy 2005 – 2012 and the EU Action Plan on Drugs for the years 2009 – 2012 which signal the Union's ongoing commitment to measurably reduce the use of illicit drugs and the harm it causes to public health and society.
5. The year 2008 was not only an important year of reflection for the 1998 UNGASS review process. The EU Drugs Action Plan 2005-2008 entered into its final year of implementation. The EU Drugs Strategy 2005-2012 has identified the objective that in order to give clear indications about the merits and shortcomings of current actions and activities at EU level, evaluation should continue to be an integral part of an EU approach to drugs policy. As a result, the European Commission conducted a final evaluation of this Action Plan with the aim to inform the development of the EU Drugs Action Plan 2009-2012.
6. The final evaluation report pointed out in general:
  - a. That EU Member States' drug policies are converging and that there is a shift towards underpinning national policies with Action Plans. This convergence has taken place against the background of an expansion of the number of Member States from 15 to 27.
  - b. The European Union is committed to an evidence-based approach which focuses on a continuous analysis of the problem and objective assessment of the public policy response to it. The objective is to come to a better understanding of which policies work best. That evidence so far shows that the EU is succeeding in at least containing the complex social phenomenon of widespread drug use and abuse in the population, and that is increasingly focusing on measures to address the harm caused by drugs to individuals and society. The EU has managed to do so during a period in

which the world's illicit opiate production rose sharply and an unprecedented traffic of cocaine has been targeted at the EU.

7. In the field of drug demand reduction, the evaluation of the EU Drugs Action Plan 2005-2008 showed some important challenges for the future, including – inter alia:
  - a. Member States have invested in a variety of prevention programmes, but the scientific evidence-base underpinning these programmes is still weak.
  - b. Most EU Member States have implemented a wide diversity of treatment programmes for dependent drug users and an increasing number of Member States have developed quality guidelines for these programmes.
  - c. Treatment options and/ or settings are required for new or emerging types of drug problems, including polydrug use, intensive cannabis use or crack cocaine addiction.
  - d. In the field of harm reduction, major progress has been reached in recent years. Measures such as needle and syringe exchange programmes, in combination with health education and advice, outreach work, and substitution treatment in combination with psychosocial assistance are available all Member States.
  - e. Information and data on the social consequences of drug abuse is inadequate, including information on social reintegration and rehabilitation of dependent drug users into society.
  - f. Drug services in prison and other custodial settings still need to be improved so as to prevent the spread of infectious diseases and to reduce the risk of drug related death.
8. After the thorough analysis of the outcomes of the EU Drugs Action Plan 2005-2008, the European Council adopted in December 2008 a new EU Drugs Action Plan for the period 2009-2012.
9. This Action Plan builds on the lessons from the evaluation. In the section on drug demand reduction, a number of key objectives and future outcomes have been formulated. These include, inter alia:

- a. To further prevent or delay the first use of drugs and the risks associated with it. This is to be done through making systematically available effective prevention programmes in relevant settings.
  - b. To prevent high risk-behaviour of drug users – including injecting drug use - through targeted prevention measures, by making use of early intervention programmes aiming vulnerable groups and specific high-risk groups that are at risk of developing drug problems.
  - c. To enhance the effectiveness of drug treatment and rehabilitation by improving the availability, accessibility and quality of services, covering a variety of psychosocial and pharmacological approaches.
  - d. To enhance the quality and effectiveness of drug demand reduction activities, taking account of specific needs of drug users according to gender, cultural background, age, etc. By 2012, it is perceived that an EU consensus is developed on minimum standards and benchmarks for prevention, treatment, harm reduction and rehabilitation interventions and services.
  - e. To develop and implement prevention, treatment, harm reduction and rehabilitation services for people in prison and to ensure access to health care, and finally:
  - f. To ensure access to harm reduction services, in order to reduce the spread of HIV/ AIDS, hepatitis C and other drug-related blood-borne infectious diseases and to reduce the number of drug-related deaths in the EU.
10. Madame Chairperson, the European Union would like to stress the adverse effects that use of illicit drugs has on society, especially as it impacts on public health, social cohesion and public order. Acknowledging the negative role that poverty, social exclusion and the lack of prospects may have with regard to increased drug use, the European Union continues to support demand reduction initiatives in many third countries, stressing all these initiatives should be fully consistent with the dignity and human rights of drug addicted persons. Drug demand and harm reduction projects funded by the European Union in those countries amount to about 40 million € per year, according to its most recent figures, and covers projects in

different parts of the world. Furthermore, the EU stresses the importance of the role and commitment of NGOs in the field of drug demand reduction.

11. At this point, Madame Chairperson, the European Union would like to point to the alarming situation with regard to HIV/AIDS. We continue to actively support the activities undertaken to confront HIV/AIDS in different parts of the world. The continuing lack of awareness of drug-related health risks, such as HIV/AIDS, hepatitis and other blood-borne diseases as well as drug-related overdose deaths, is of great concern to us. We are deeply concerned by the global presence of the HIV/AIDS epidemic and its linkages in particular with injecting drug use, as highlighted also in the 2008 UNAIDS Report on Global AIDS Epidemic. In June 2006, the General Assembly High-Level Meeting on AIDS unanimously adopted a Political Declaration in which Member States reaffirmed the targets set out in the 2001 Declaration of Commitment on HIV/AIDS, and committed themselves to pursuing all necessary efforts towards the goal of universal access to HIV/AIDS prevention, treatment, care and support by the year 2010. The alarming situation in many regions requires an innovative and pragmatic approach toward the development of effective responses in line with International Drug Control Treaties and other binding international instruments.
12. The European Union reiterates the importance of the role of international organisations in coordinating and streamlining the global response to HIV/AIDS, and welcomes the improvements already made. We would also like to express our full support to the UNODC as a leading organization in the UNAIDS family to address HIV/AIDS prevention and care among injecting drug users and in prison settings as well as its tasks to coordinate the response to HIV/AIDS.
13. Finally, Madame Chairperson, let me conclude by assuring EU firm commitment to the Declaration on the Guiding Principles of Drug Demand Reduction and its concomitant Action Plan adopted in 1998. EU continues to be engaged in the assessment process to identify successful practices and elements, which require further action.

Thank you, Madame Chairperson.