

# Europe in the UN and the importance of demand reduction as an effective instrument in the international cooperation on drugs<sup>1</sup>

Introductory, what is the situation we are facing today?

The social reality of the drug phenomenon, being complex, multidimensional and changing in nature, has led more and more EU countries to developing a pragmatic, multidimensional approach towards the different aspects of this phenomenon.

More than ever, the EU is confronted with the international character of the drug phenomenon, on the supply side as well as on the demand side.

I will focus on some of the main **challenges** we face in view of the enlargement, at the same time highlighting the **possibilities** this enlargement offers for the drug policy at EU-level as well as at international level. This is a crucial period for the EU drug policy model to prove its surplus value.

Let's first take a look at the EU drug policy today.

Drug policy in most EU countries is characterised by the conviction that a realistic and dynamic approach towards the drug phenomenon is necessary.

Over the past years, more and more EU countries are considering the drug problem a matter of public health. The outbreak of the HIV epidemic, together with the acceptance of drug use as a social reality, increasingly led to EU countries developing harm reduction strategies from a health perspective.

**At member state level**, most EU countries have developed an expertise in the field of demand reduction that has shown its validity **in practice**, sometimes based upon the exchange of good practices.

Moreover, harm reduction projects in the EU are substantiated by and evaluated through **scientific research**. The UN drug conventions restrict the use of drugs to medical and scientific purposes. This has stimulated harm reduction projects to develop a project that is evidence-based, scientifically monitored and well documented.

Not without reason, this conference has dedicated its Workshop D entirely to information and evaluation, the foundation of a solid drug policy, next to the basic pillars of demand and supply reduction.

The EU expertise on demand and harm reduction will prove to be invaluable in the international debate. This is the field where the EU can and should make a difference, making abstraction from the expertise the EU has built over the past years on precursors and Amphetamine Type Stimulants, as Mr. Elissen will probably elaborate on in his introductory speech.

It is clear that public health is a priority at **EU-level** and in that special attention is given to drug demand and harm reduction. Article 152 of the EC Treaty already provided for a judicial basis for the member states to implement harm reduction strategies at EU level. More recently, Article III-179 of the draft of the European Convention clearly makes the case for action in reducing drugs-related health damage. In this respect, the Irish presidency proposed to further expand the competency of the EU with regard to public health.

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<sup>1</sup> Irish Presidency Conference, Workshop D, International Cooperation, EU Strategy on Drugs 2005-2012, 'The Way Forward', 10/11 May, 2004, Dublin Castle.

Secondly, the differences between the old member states and new ones present a major challenge for the drug policy within the EU.

One should be aware of the fact that the “drug policy model” in the initial 15 EU member states, with a focus on public health and social welfare is based on an extensive social welfare safety net. Possibilities for public health are determined by the social system of a country. In a social welfare state, the possibilities for a public health policy are more comprehensive than in a social system in which public health depends mainly on free market principles. The EU drug policy derives its success from the strength of its social preconditions and its social systems.

Some new member states are clearly in a different position. The political and **socio-economical transformations** they went through, don't allow some of them yet to build a social system that displays sufficient capability. Mr. Costa, Executive Director of the United Nations Office on Drugs and Crime (UNODC), affirmed in his speech on the occasion of the upcoming enlargement of the EU that the differences in life expectancy, health standards and social development between the old member states and the 10 new ones are a major challenge for the EU (drug) policy. In terms of drug policy, for some new member states, this means less provisions in the field of demand reduction and the lack of specific drug treatment where needed. As was the case in most EU member states during the seventies and the eighties, the emphasis of their drug policy lies within the fight against the supply of drugs.

Moreover, countries in Eastern Europe are home to the fastest growing **AIDS-epidemic** in the world. Driving the epidemic are persistently high levels of risky behaviour, specifically injecting drug use and, to a lesser extent, unsafe sex among young people. This epidemic is especially problematic in the Baltic states and south-eastern Europe.

The 2003 EMCDDA Annual report on the state of the drug problem in the acceding and candidate countries cites recent and sudden increases in HIV infection among injecting drug users in two of the Baltic States, Estonia and Latvia, where infection has spread, with prevalence rates up to 13 % and 12 % respectively in national samples of IDU's.

Therefore, it will be crucial to avoid a European drug policy characterised by two velocities. In this respect, the role of the **EMCDDA** should be further strengthened, since they will have to take a crucial role in actively sustaining the new members states in the development of their drug policy.

Over the years, the EMCDDA has become a point of reference in the field of epidemiology and demand reduction. It is clear that the strength of the EMCDDA is founded in the **scientific research** they instruct and collect, allowing evidence-based discussions and dissemination of information.

In the **forthcoming EU Drug Strategy** and its Action Plan, the role of scientific evidence will be of the essence. The Scientific Committee of the EMCDDA notes the important role that the national and EU information collection systems play in monitoring the drug phenomenon.

The role of the EMCDDA will only further gain importance. Through collecting and disseminating information on hands-on experience and **good practices** in the field of drug demand reduction action, the EMCDDA will prove to be an indispensable partner in the development of an integrated EU drug policy of 25.

In this respect, the work undertaken by the Phare assistance programme and the Phare twinning projects seems to have contributed to the promotion of best practices. This has had the beneficial effect of promoting the sharing of competencies and experiences among old and new members of the EU. For instance, in Latvia, Lithuania and Romania, a twinning project with Spain played a major role in promoting the adoption of a new structured policy plan and of a central coordination agency, along the lines of the Spanish Governmental Delegation for the National Plan on Drugs.

Furthermore, let's not forget the important role the **Pompidou Group** of the Council of Europe has had in stimulating the exchange of knowledge and experience. The Pompidou Group also supports the development of an integrated drug policy network in the Central and Eastern European Countries.

Moreover, the EMCDDA should be able to further extend its radius of action, allowing them not only to give information, but also guidance and even **orientation** to national and local governments within the work field as well.

Thirdly, what can the role of the EU be as regards international cooperation and the international drug policy?

In general, the EU is striving to **enhance the cooperation** with the UN, with the Council adopting a resolution in December of 2003. This resolution followed the Commission report 'The European Union and the United Nations: the choice of multilateralism'. This report included a clear action plan as to how this enhanced cooperation could be carried out and explicitly mentions drugs as a field for cooperation.

The council reaffirmed the EU's will to improve cooperation with the UN in areas where its contribution may have significant added value for UN activities. Clearly, this is the case for the demand and harm reduction strategies developed within the EU.

Internationally, the HIV/AIDS epidemic in several parts of the world has become a major point of concern for the UN. This concern led to an UNGASS on HIV/AIDS in 2001 and a UN system position paper on HIV prevention on drug users, explicitly advocating harm reduction strategies.

As a response to the HIV/AIDS problems, UNAIDS stresses that harm reduction forms a cornerstone of a comprehensive response.

Furthermore, the World Health Organization, WHO, launched its "**3 by 5 initiative**" in December of 2003. This WHO strategy aims to set out in clear detail how life-long antiretroviral treatment can be provided to 3 million people living with HIV/AIDS in poor countries by the end of 2005. In this respect, a ground breaking meeting was held in Melbourne in April of 2004 between WHO and harm reduction networks from East and Central Europe, Asia and Latin America. This meeting was aimed at developing for the first time concrete strategies for delivering antiretroviral (ARV) treatment to injecting drug users. The purpose of these strategies will be not only to deliver HIV prevention but also to deliver HIV treatment and care.

The current Irish presidency, already set the tone as to the role of the EU within the international drug policy cooperation.

The Irish presidency, aware of the bearing of the HIV/AIDS epidemic, hosted the first **high level conference** devoted to HIV-AIDS in Europe and Central Asia, in February of 2004. During this conference, Mr. Peter Piot, the executive director of UNAIDS and the under secretary-general of the UN expressed his regret over the "*crying lack of leadership on this issue at all (EU) levels*", despite the fact there is a growing – political – momentum in the fight against AIDS. With justice, he advocated the need for a clear European leadership in the fight against HIV/AIDS. Moreover, he stressed the need for a much more open and constructive dialogue between drug control agencies and those in charge of HIV prevention.

When it comes to demand and harm reduction strategies, the EU should take a leading role in the international drug policy debate. This is especially the case since enlargement, because the EU of 25 can carry even more weight than before. In view of the HIV/AIDS epidemic, this is not only politically a feasible option, but an absolute public health necessity.

The challenge of the HIV/AIDS problem necessitates close cooperation with all international organisations involved. Apart from UNODC, the United Nations Office on Drugs and Crime, more attention should be given towards the cooperation with UNAIDS and WHO, since they are indispensable partners in the fight against HIV/AIDS. In this context, UNAIDS has proven to be an objective ally for those countries advocating a health perspective for the drug problem and harm reduction strategies to deal with drug use. UNAIDS officially refers to countries advocating a health perspective for the drug problem as examples of how 'it should be done'.

After all, a lot of growth is still possible on the demand side of the international drug policy. On a practical level, the EMCDDA holds a wealth of information on good practices in the field of drug demand reduction projects, third countries can learn from.

On a political level, the UN drug conventions – and in particular the 1988 Convention - are mainly focussed on the supply side. Therefore, the EU should have the courage to translate its achievements on demand reduction and their integrated approach into the UN drug Conventions, so that these Conventions will mirror a truly integrated approach.

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