

Speech

Speaker	Alexis Goosdeel, EMCDDA Director
Title of speech	Public health approach as a base for drug policy — the European experience
Occasion	UNGASS Side Event organised by Portugal
Date	20.04.2016

Dear Chair,

Ladies and Gentlemen,

I would like to thank very much Portugal for its invitation to make a presentation on the ‘public health approach in drug policies in Europe’. What I want to do here today is to share with you some information and some reflections about what has been developed over time in Europe and how it can inspire us for the future.

First of all, I would like to remind you that the public health approach that is commonly considered as one of the two pillars of the European ‘**balanced approach**’ on drugs has not been revealed to us in a matter of days or weeks. **We have learned it the hard way**, with a considerable number of people dying directly or indirectly from the heroin epidemics that started at the end of the seventies/early eighties.

The heroin epidemic was characterised by a high number of deaths from overdose in many European cities, and by the exponential spread of HIV and later of HCV drug-related infections in most countries. It is important to understand that it is the nature of the problem that has shaped the approach, in other terms, the problem was a HEALTH PROBLEM.

The second element that I would like to highlight is the DIVERSITY of the situations in the countries, of the approaches, and of the speed of adaptation to the new circumstances. The European Union is made up of 28 countries with different cultures, history and social beliefs, but also different drug situations.

Third, there has been a growing change towards PRAGMATISM, following — sometimes with

considerable delay — the example of some pioneers. The position of those who invented what later became **harm reduction** was first of all that they wanted to save lives. As somebody told me in the late eighties, ‘we would prefer that person stops consuming heroin, but above all we want her to stay alive, and maybe decide to quit drugs later’.

FLEXIBILITY in the interpretation of the legislation has also been one of the characteristics of that period. Each country, according to its situation, its political priorities and its legal system, has taken measures or proposed interpretation of the law with the aim of reducing harm and avoiding sending to prison people that were just using drugs.

The legal changes made take **four main forms**:

1. Changes in laws to reduce the maximum prison sentence, as in **Finland, Greece, and the Czech Republic**;
2. Changes in laws to remove prison sentences for minor offences, as in **Belgium and Slovenia**;
3. Changes in laws to be able to simply close a minor case, such as those developed (was already there, but further developed) in **Austria** and introduced in **Poland**. We call this ‘**depenalisation**’ (removing the penalty).
4. Changes in laws to modify the status of the offence from criminal to non-criminal (which then also removes the prison sentence), as in **Portugal, Luxembourg, Croatia** and, most recently, **Malta**. We call this change in status ‘**decriminalisation**’. It is still an offence, just not a criminal offence.

What we do not see in Europe is what we call ‘**legalisation**’.

My last point is SOCIAL EXPERIMENTATION, which I could also call ‘POLITICAL COURAGE’.

Indeed, to deal with the situation, and feeling the need to innovate, without necessarily possessing the complete evidence and information to have all guarantees before deciding, has often required policy-makers to take courageous decisions.

One more question: has scientific evidence become the sole criteria for policy-making on drugs in Europe?

Obviously not, and this is to be expected, as the role of scientific evidence is not to substitute but to serve the governance of the ‘polis’, the city.

But scientific evidence, as shown in the experience of Portugal, is certainly established and

capable of providing support, if monitoring systems are flexible enough to remain adapted to their objective, and that there is a strong evaluation mechanism put in place to assess the cost-effectiveness and the efficacy of the interventions.

Thank you very much.