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From:	General Secretariat of the Council
To:	Delegations
Subject:	EU Statement on the occasion of the sixth intersessional meeting of the Commission on Narcotic Drugs at its sixty-second session, (Vienna, 16-18 October 2019) - Thematic Session 3: Synthetic opioids and the non-medical use of prescription drugs pose increasing risks to public health and safety, as well as scientific, legal and regulatory challenges, including with regard to the scheduling of substances

Delegations will find in annex the final version of the European Union Statement on *"Thematic session 3: Synthetic opioids and the non-medical use of prescription drugs pose increasing risks to public health and safety, as well as scientific, legal and regulatory challenges, including with regard to the scheduling of substances"* which was expressed, on behalf of the EU, at the intersessional meeting of the CND in Vienna on 16-18 October 2019.

European Union Statement

on the occasion of the 6th Intersessional Meeting

of the 62nd Session of the Commission on Narcotic Drugs,

Vienna, 16-18 October 2019

Thematic Session 3: ***Synthetic opioids and the non-medical use of prescription drugs pose increasing risks to public health and safety, as well as scientific, legal and regulatory challenges, including with regard to the scheduling of substances***

I have the honour to speak on behalf of the European Union and its Member States.

Mr. Chair, Excellencies, Ladies and Gentlemen,

1. The European Union and its Member States wish to thank you for organizing this intersessional meeting. These discussions should help us fulfil our joint commitment to effectively address the world drug situation, as stated in the 2016 UNGASS Outcome Document and reiterated in the March 2019 Ministerial Declaration.

2. Synthetic opioids and the non-medical use of prescription drugs pose different challenges in different places around the world**.** In that context, sharing information, best practices and lessons learned is of particular importance.

3. We are concerned about the appearance of new potent opioids, mainly fentanyl derivatives, on the market. Overall, 56 new opioids have been detected on Europe's drug market and are currently monitored by the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA). This includes 35 fentanyl derivatives. Currently, the problem affects only a few EU Member States, and new fentanyl derivatives are still playing a relatively small role in Europe's drug market in general. However, trends show that their market share is increasing. Member States confronted with the problem are reporting high rates of overdose related deaths and extensive health consequences.

4. Moreover, we see that next to big families of new opioids reported through our EU Early Warning System, such as fentanyls and U-compounds, there are more and more individual synthetic opioids reported, with no structural link between them. This makes it more difficult to plan public health responses or anticipate possible effects of new substances entering the market. It makes also the use of generic scheduling impossible for these substances.

5. Experience shows that the successful management of the situation requires a policy which is not only balanced and evidence-based, but also comprehensive in its approaches.

6. Firstly, Mr. Chair, actions are needed in areas such as monitoring, early detection, control and drug supply reduction.

7. From 2016 to 2018, the EMCDDA and Europol assessed the risks regarding 7 fentanyls in detail, after signals were detected through the EU Early Warning System. More than 250 overdose deaths were reported, many of which were attributed directly to these substances. In addition, the EMCDDA also issued six alerts to its network across Europe related to these and other new fentanyls. We would also like to underline the need to duly take into account not only the acute harms (overdose deaths) caused by these opioids, but also the chronic harms they may cause.

8. Since 1997 the EU through its Drugs Agency's Early Warning System, has developed the capacity to detect, identify and assess the associated risks, in order to respond rapidly and effectively to the emergence of new psychoactive substances, by applying control measures when necessary.

Moreover, since November 2018, the EU's new legislation strengthens our existing processes: on the one hand, by streamlining and accelerating data-collection and assessment procedures, and on the other hand, by introducing shorter deadlines to ban new psychoactive substances more efficiently. The EU and its Member States stand ready to share their experience.

9. Collecting relevant and reliable data is instrumental in getting a better overview of the drug situation worldwide reflected in the World Drug Report. The EU and its Member States are actively engaged in the ongoing work on the improvement of the quality and the effectiveness of the Annual Report Questionnaire (ARQ).

10. Data is also needed for evidence-based scheduling decisions. So far, 13 synthetic opioids have been scheduled in the CND and the work continues. The ECDD will continue their evaluation work next week. We welcome their efforts in preparing scheduling recommendations**.** We also encourage UNODC to continue its work on the integrated UNODC Opioid Strategy and underline the importance of close cooperation with the INCB and the WHO.

11. It is also worth noting that evidence based scheduling and the implementation of the scheduling decisions are not possible without solid and quality laboratory analysis**,** sharing chemical and analytical data**,** and easing access to reference materials and test samples of internationally controlled substances.

12. Secondly, Mr. Chair, strengthening our actions is crucial in the areas of prevention, harm reduction and treatment, and the capacity building that is required for their implementation.

13. Drug related overdose deaths is considered one of the key indicators that reflects the impact of drug abuse on population health. Most of those deaths are linked to the use of opioids, even though the EU is not facing the problem at same scale than other countries (USA and Canada).

14. The opioid problem arises by illicit opioid use and from use as prescription medicines. Especially, capturing the size of the illicit opioids market and misuse is challenging.

15. Fatal overdose deaths are most likely to occur in specific situations, such as lost or reduced tolerance to opioids shortly after prison release, hospital discharge, or interruption of treatment. But many overdose deaths are preventable. We can reduce risks of overdose through accessible treatment and services, retention in opioid substitution treatment, prison aftercare, overdose risk assessments, and in general through harm reduction measures. For example, as part of a comprehensive system of harm reduction responses six EU Member States provide highly targeted services for their key affected populations, such as supervised drug consumption facilities, and ten European countries now provide take-home naloxone programmes.

16. We want to stress that interventions are most effective, if tailored to the needs of target groups and provided by trained or specialized professionals and peers. It is important to protect citizens against health, social and societal harms associated with synthetic opioid use, to tackle marginalization and stigmatization and to contribute to reintegration in society.

17. Finally, Mr Chair, I would like to say a few words about the specific phenomenon of the misuse of medicines. Here again, experience shows the benefits of a combined action. Responses include controls on availability such as disposal schemes for waste and surplus medicines, and prevention approaches such as practitioner training, especially relevant health-care professionals and, where appropriate, education and public awareness raising, as well as the establishment of quality standards to improve prescribing practices. Moreover, drug treatment providers need to be ready to treat people associated with misuse of medicines. It is to be noted that work for better monitoring of the phenomenon is underway in the EU, and this includes monitoring of acute events through sentinel sites (Euro-DEN Plus) and EU-funded projects such as Access to opioid Medication in Europe (ATOME). This is of course in addition to the crucial ongoing collaboration between our Drugs Agency - the EMCDDA - and the European Medicines Agency (EMA).

18. We should also highlight that EU Pharmaceutical legislation provides the possibility for more stringent requirements for medicines containing narcotic or psychotropic substances. This includes continuous monitoring of abuse, dependence and withdrawal as well as misuse. In addition, the European Medicines Agency has taken further actions to improve the product information for patients and health care professionals of medicines containing narcotic and psychotropic substances.

19. It is important not to forget the key importance of authorized medicinal products such as opioids in the treatment of pain and drug dependence. Evidence-based responses to the misuse of medicines, as stated earlier, enable to address the misuse while preserving availability of medicines, taking into account that there are not many therapeutic alternatives for chronic pain management and analgesics.

20. In conclusion, Mr. Chair, the EU and its Member States would like to underline the proven efficiency of a comprehensive policy that includes monitoring, control, early detection, investigation, as well as prevention, harm reduction and treatment, while promoting capacity building in these areas.