

WRITTEN QUESTION E-0931/03
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to the Commission

Subject: Policy on reducing the risks of drug dependency

Our policy on combating drug dependency has proved a failure. Trafficking has thrived on prohibitionism, proliferating and becoming ever more profitable, providing a boost for organised crime and petty delinquency, corrupting regimes and humiliating us for our inability to tackle it.

On the other hand, from the point of view of public health, concern is sparked not only by the physical and mental harm caused by drug dependency, but also, owing to the number of people using injectable drugs – almost one million in the European Union – by the health risks linked to infection with HIV and hepatitis C among drug dependents, as well as the growing number of deaths caused by overdoses and poisoning. It might be pointed out that mortality among opiate users is 20 times higher than that of the population in general.

In the context of policy on reducing the risks of drug dependency:

1. What is the Commission's assessment of the methadone substitution programmes carried out at Member State level?
2. Does the Commission not consider that pilot programmes involving the administration of opiates under medical supervision to sufferers with a long history of unsuccessful treatments, such as those carried out in Bern, Liverpool and most recently in Asturias, should be analysed by the Commission and implemented in the remaining countries? It might be pointed out that those programmes achieved positive results, namely a reduction in crime, in the number of overdoses and deaths from poisoning, and in the number of cases of infection with HIV and hepatitis C.