**UNGASS 2016 on the World Drug Problem: focus on people, public health and human rights**

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(about 9 minutes)

Excellencies, Ladies and Gentlemen,

Let me start by thanking Colombia, Norway and Switzerland for inviting us to this important event.

I am very happy to be here today to speak about an issue of critical importance to global health, and of concern to all our Member States. WHO intends to contribute actively to a new agenda to address the world drug problem and, indeed, is already carrying out extensive work in this area.

We are entering the post-2015 era, fully centred on human rights, with the recently adopted Sustainable Development Goals, and with the rallying call to ‘Leave no one behind’. The global community is seeking comprehensive solutions to the drug challenge, and public health is at the core of those efforts. In simple terms, our goals are: universal access to controlled essential medicines needed for healthcare and research, effective prevention and treatment for problem drug users. To achieve those goals, we must strike a better balance between the twin objectives of restricting diversion and illicit use of drugs and improving access to controlled medicines for patients in need.

It is a fact that many internationally controlled substances are essential medicines and are critical for the relief of pain and for palliative care, for the treatment of psychiatric and neurological illnesses, for use in anaesthesia, surgery and obstetrics, and for treatment of opioids dependence.

We have learnt from the World Drug report of this year, that the annual number of drug-related deaths was estimated at about 187.000 in 2013, and has remained relatively unchanged. At the other end of the scale, **34 million people** in need of palliative care suffer or die every year without receiving it[[1]](#footnote-1). And we can safely assume that with the rise in non-communicable diseases, and particularly cancer, the number of people needing pain and palliative care will only increase.

Ladies and Gentlemen,

In their efforts to restrict diversion and non-medical use of controlled substances, numerous countries are adversely affecting their public health imperatives – in particular the provision of access to essential medicines – and violating numerous human rights obligations. Just a few weeks ago, the WHO Expert Committee on Drug Dependence was tasked – **for the fourth time in nine years** – with reviewing evidence on ketamine, an essential medicine, because of repeated calls to control it internationally…

As in the past, the Committee recommended not to schedule ketamine on the basis of a simple equation: evidence shows, unequivocally, that the medical benefits of ketamine far outweigh potential harm from recreational use. Controlling it internationally would limit access to essential and emergency surgery in large parts of the world, and would constitute a public health crisis in countries where no affordable alternatives exist.

Our Member States have made it clear, through multiple resolutions, that we must expand access to the medical use of narcotic substances, tackle the global crisis of untreated pain and address problem drug use by coordinating effective solutions with all stakeholders. Civil society’s role will be critical to this effort, by raising awareness and changing attitudes based on stigma and fear. We must also ensure that countries have sound policies in place and can use the available legal instruments, such as human rights frameworks, to expand access.

In partnership with other health agencies, WHO is already assisting Member States to develop the evidence-based policies they need to make drug policy fit for purpose in the 21st century. These include: training prescribers and healthcare workers in the rational use of opioids and other controlled medicines; more integrated, functional health systems equipped to provide pain management, palliative care, management of drug use disorders and mental health support; public-health oriented policies centred on access and universal health coverage; and, last but not least, smart regulatory systems that can discharge their responsibilities to drug control conventions while also ensuring appropriate availability and supply of controlled substances for medical use.

But WHO, UNAIDS and other health partners will not achieve those objectives alone. We must find a more common ground and better ways for countries to respect the health dimension of drug conventions and fulfil their obligations to human rights treaties and commitments to the Sustainable Development Goals.

Those obligations and commitments include another, major area of drug policy for WHO : prevention and treatment of drug use and dependence, in accordance with Sustainable Development Goal 3.5.

Our primary objectives to tackle the issue are three: 1. preventing drug use through socially and culturally sensitive policies, including consideration of social and economic determinants; 2. ensuring access to voluntary, evidence based treatment, supportive networks and counselling for people who use drugs illicitly; and 3. lowering the risk of blood borne diseases and reduce harm.

The evidence shows that prohibitive approaches and repressive laws increase the vulnerability of drug users – they do not decrease use – and they violate their right to health.

We also know that opioid substitution therapy limits illicit use, stems the spread of blood borne diseases and overdoses, and reduces criminal activity. Our approach to treatment in this area must include ethical and human rights considerations.

This remains a challenge in the two-thirds of the world where opioid substitution therapies and methadone, another essential medicine, are unavailable because of over-regulation, fear of diversion and abuse, cultural beliefs and lack of training and awareness of health workers[[2]](#footnote-2).

WHO, UNESCO and UNODC are working collaboratively on an evidence-based solution to provide national education and public health bodies with the best available evidence and standards to prevent and address substance use among young people.

We are also working with UNODC and UNAIDS on a comprehensive package of interventions for preventing and managing HIV and viral hepatitis infection among drug users, along with other major health complications, such as overdose.

Some of WHO’s work is at the structural level, by helping countries develop supportive legislation, policy and funding to address stigma and discrimination.

In conclusion, the strategy to enforce prohibition of use of internationally controlled substances and related law enforcement activities that have dominated national drug control practices have failed us. Global drug policies need to move beyond the supply and demand reduction model of drug control to one that highlights public health and development outcomes.

The drug control conventions are intended to protect human health and mandate WHO to develop the public health evidence to support world drug policies. I want to underscore again that the evidence fully supports the rational use of controlled essential medicines for palliative care, opioid addiction, mental health and anaesthesia , including the use of ketamine.

The drug control conventions as adopted in 1961 and 1971 were visionary and balanced in putting health and welfare of mankind first, and in their assertion to ensure access to controlled medicines, while preventing their diversion for illicit use : it is time that we rebalance the way these have been implemented, and that we start putting public health and human rights first .

As you know, next month, Member States will also discuss this in the WHO Executive Board. As WHO, we are committed to work with our sister UN organizations and in particular with UNODC, with our Member States, with civil society to implement new effective approaches in tackling this serious public health issue, and to design public policies that put people first in terms of preventing drug use and provide treatment for problem drug users, and ensure access for patients in need of controlled medicines.

We look forward to work with you all, in making UNGASS 2016 a success and giving us all a new start in addressing the world drugs problem.

Thank you very much for your attention.

1. WHO fact sheet, July 2015 [http://www.who.int/mediacentre/factsheets/fs402/en/](https://vconnect-node1.who.int/%2BCSCO%2B1075676763663A2F2F626A6E2E6A767A662E6A75622E766167%2B%2B/owa/-CSCO-3h--redir.aspx?C=wfVDYv4awUiZp1-7rwdn340Q0YDs_9IIDHG-KLZAFFPG2y2rak0f5EcpGASU6SIJqo_uiTQDrQY.&URL=http%3a%2f%2fwww.who.int%2fmediacentre%2ffactsheets%2ffs402%2fen%2f) [↑](#footnote-ref-1)
2. Global Health Observatory – see: <http://www.who.int/gho/substance_abuse/en/> [↑](#footnote-ref-2)