Thankyou Chairperson,

Fellow Ministers, Excellencies, Representatives of Civil Society, Ladies and Gentlemen.

Unquestionably, the major undertaking over the past couple of months has been that of the Ministerial Declaration, that we have all approved yesterday. It is in essence a narrative, that provides us with a path, through which we may attempt to address the present drug problem and that of the coming ten years. The key to me is that any drug policy must in effect respect human rights and more specifically, these must be reflected in any policy or strategy, if we are to make any headway in the future. In effect, the starting point here should specifically reflect the maxim – “Do unto others, as you would have done unto yourself”.

The consensus and the recognition achieved through the UNGASS 2016 outcome document, has provided us with a major framework, from which to tackle the World Drug Problem. Moreover, the 17 Sustainable Development Goals, have also provided us with the further impetus to indeed undertake the necessary challenges, that should result in a better world for all of us and for future generations.

The UNGASS 2016 Outcome Document, as you are all very well aware, consists of seven chapters, namely: Demand Reduction, Availability and Access to
Controlled Medicines, Supply Reduction, Human Rights – Youth – Children and Communities, New Psychoactive Substances (NPSs), International Cooperation and Alternative Development. Under each of these chapters cum headings, there are a number of operational recommendations which total up to about 100. It is indeed our duty and responsibility to make the grand attempt to address these recommendations over the coming years, keeping in mind that along with these we also need to attend to the SDGs related to Goal 3, namely to “Ensure healthy lives and promote well-being for all at all ages”.

The side event we are to co-host next Tuesday at the normal CND segment along with our colleagues from Switzerland, Portugal, Morocco, The Pompidou Group, the Council of Europe and the EMCDDA, highlights the fact that only one in six world-wide, (some 17%), have access to medical treatment and of these, it is even more difficult for those with an opioid dependency syndrome to obtain the desired essential medicines. A useful set of guidelines is therefore to be put forward which tackles this issue effectively and which thus, should in principle, increase availability and access to treatment for this cohort in dire need of medical care.

At the so-called opposite end of the scale, we find the issue of the treatment of drug users as criminals. This needs a radical change and can be helped to no ends by the use of the Conventions per se, in order to provide the means through which drug users may be offered treatment, education and other social services in order to assist them in this regard, rather than sending them off to prison. More needs to be done in this sphere of alternatives to coercive sanctions, and it is not at all justified anymore for one to hide behind the Conventions and argue that such cannot be done, as what the conventions state is very clear for all to see and hence duly acknowledged.

Moreover, it is our duty to also provide for a fair hearing for those involved in the production and trafficking in illicit substances and to also accord proportionate sentencing, which under no circumstances should involve the death penalty, if we profess to adhere to respect the Human Rights of the individual. This fact was also brought further to the fore, at the latest 7th World Congress against the Death Penalty held last month (27th Feb – 1st March) in Brussels.
We must also further acknowledge, that we live in a fast-changing world, and we have all witnessed over the last ten years situations in which, few of us would have predicted that the main factor to influence a whole set of situations, would be that of demographics. The prediction for the world population by the turn of the century was that of 11bn, but now it would appear that this is to fall short to some 9bn, as a result of the increase in education, notably that of women and secondly due to more urbanisation. With further urbanisation and independent educated women, fertility rates are expected to drop in the developing countries to probably match those of the developed ones, which would in turn result in possibly having fewer births than those departing.

In addition, with the increase in wealth and more prominently, a decrease in poverty, combined with an ageing population, the use of the mobile phone with internet connectivity is going to be the main feature of all our lives in the coming years. With all the good that this provides, such as connectivity, this has a downside too – that of, for example, obtaining your substance of preference via your phone which arrives at your door courtesy of your postman. No more problems with meeting your buyer in places where it is not preferable to go – all comes straight to your door via a touch of a few buttons, or a command on your mobile. In the future, yet again no substance will need to come to your door at all, but the same experience may be obtained by, again, a touch of a button, or your voice command – this goes way beyond what we understand at present as virtual reality, but a real sensation – a euphoric effect on the touch of a button…

Indeed, it would appear that we have a lot to do and also to think about in relation to what the world will look like in the future, in order to be able to tackle the world drug problem for the generations to come, but at least the UNGASS outcome document of 2016 provides us with a sporting chance.

Chairperson,

We very much appreciate your positive Presidency to date and also acknowledge that of your predecessor and hope that this augurs well for the way forward to the mid-term assessment in 2024/25.