Excellencies,

The world drug problem has neither been resolved nor has it lessened in recent years!

In fact, what we are seeing in some parts of the world is a return to the War on Drugs and human rights violations committed in its name, runaway rates of opioid abuse and a global rise in areas under drug cultivation.

This list could go on and on!

The underlying reasons are many - one certainly being that, ultimately, we have not managed to stand shoulder to shoulder and confront the problem as one.

What we are witnessing instead is that the international drug policy community is drifting further and further apart - punctuated by radical positions and harsh accusations.

The world drug problem is complex and knows no borders.

We can only respond to it together.

I am firmly convinced that a rules-based multilateralism, pursued in a spirit of trust, is the only way to seriously reduce the world drug problem!
If we look at the world drug problem under development aspects, we may even succeed in stabilising fragile societies. With such a development-oriented drug control strategy, which also includes approaches of alternative development, we can directly follow up on the achievement of the UN Sustainable Development Goals.

Ten years ago, we agreed on goals and policies to counter the world drug problem when we adopted the *Political Declaration and Plan of Action*. These include not only the often cited operational paragraph 36, but also the commitment to multilateral co-operation and the undertaking to respect human rights.

The years that followed saw the adoption of the 2014 *Joint Ministerial Statement* and the 2016 *UNGASS Outcome Document*. The commitments laid down in these three documents are complementary and mutually reinforcing. Specifically, the *UNGASS Outcome Document* is the most recent and comprehensive consensus paper in international drug policy.

The international community would be well advised not to fall short of the international consensus reflected in the *UNGASS Outcome Document*. 
This is because supply reduction and law enforcement alone are not going to resolve our drug problems.

As a crucial first step, therefore, we must realise that substance addiction is a disease!
And people who suffer from a disease need counselling, support and therapy!

What we need, therefore, is a balanced, health-oriented, evidence-based approach in drug policy.

In fact, this approach is particularly spelled out in the UNGASS Outcome Document.

In addition to supply reduction, we need a strong commitment to prevention, so people do not reach for drugs in the first place.
We need a commitment to harm reduction, to stabilise the life of drug-dependent individuals, since this is the only way they become treatable.
And we need a commitment to secure the best possible medical and therapeutic care for drug addicts, because this is the only way for them to quit their addiction.

Finally, I would like to express my hope that, given the many diverging views, we do no lose sight of our overarching aim:
To give both the persons involved in the drug cultivating areas and the drug dependent persons access to the help and assistance they need!

Thank you very much, Mr Chairman!