

62nd Session of the Commission on Narcotic Drugs

Norwegian statement at the Ministerial Segment

Vienna, 15 March 2019

Minister of Health and Care Services, Mr. Bent Høie

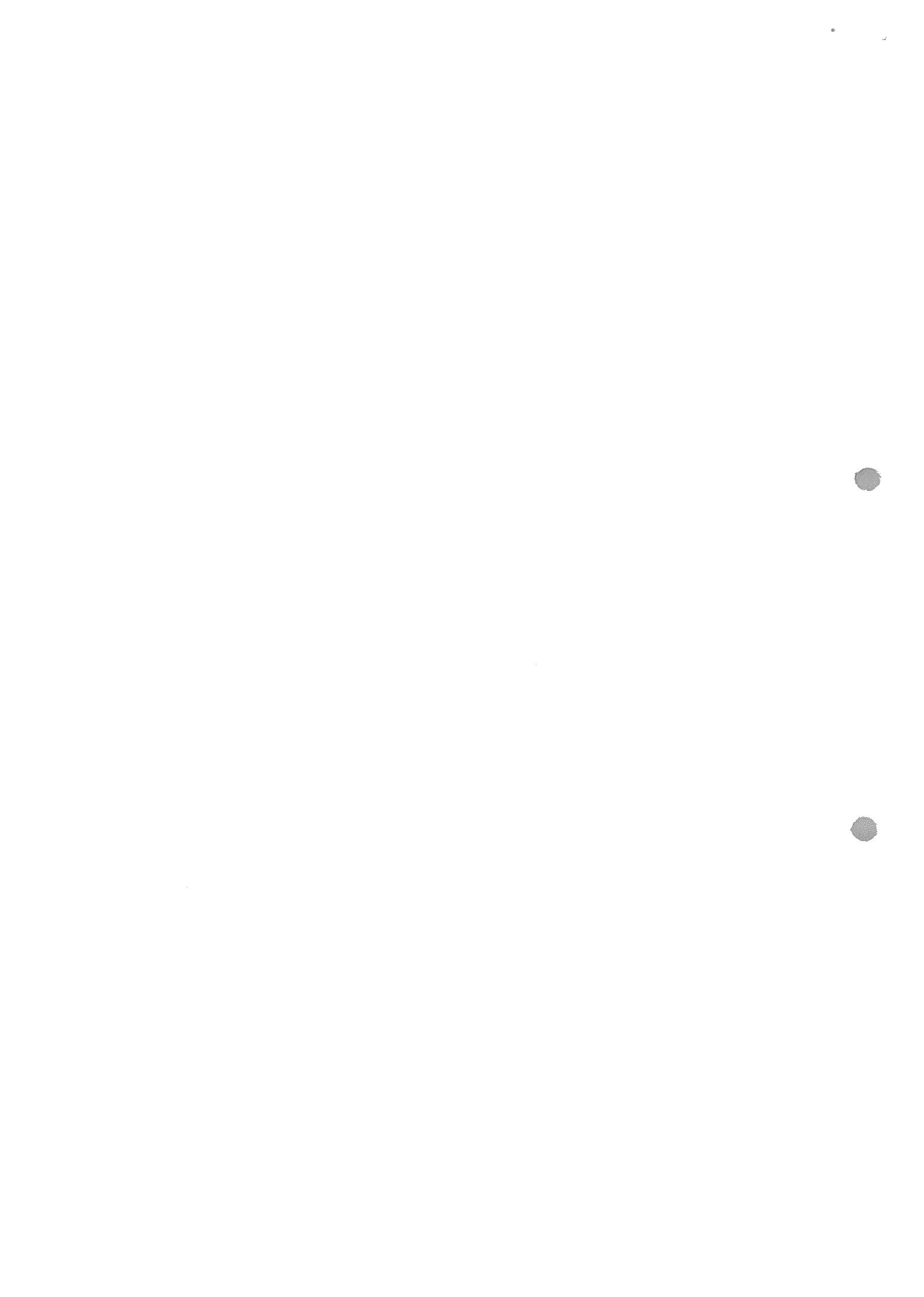
Thank you Chairperson,

Firstly, let me thank the Facilitator for the 2019 preparations and the secretariat for their tireless contribution to prepare this session. Our gratitude also to all delegates for the endless time they have spent on negotiating the document we are about to adopt.

Today, while looking back and planning for the future, we have to admit that the World Drug Problem still remains a considerable challenge.

We must question the realism of highly ambitious goals like the elimination of drug related problems or slogans like "A Drug-Free World: We Can Do It".

To me and with the privilege of hindsight, these aims and slogans have not only been too optimistic, they have even been an obstacle to the implementation of evidence based and effective measures to help and remedy harms inflicted upon people who use drugs. The question is now, do we once again sense a tendency to lapse into "more of the same" without critically questioning if we will achieve the desired effects?



The magnitude of the problem, illustrated by the data collected, and new challenges – it reminds us about limited success in addressing the problem properly and a risk of resignation is present. A success is imperative.

Time is more than ready to turn our backs to old attitudes and critically examine our former approaches. As a global society, we should agree on the basic assumption that drug policy is about human beings. Drug policies are about reducing harm to the world society, reducing harm to nations, to regions, to communities and to the millions of individuals affected by drugs and the drug trade.

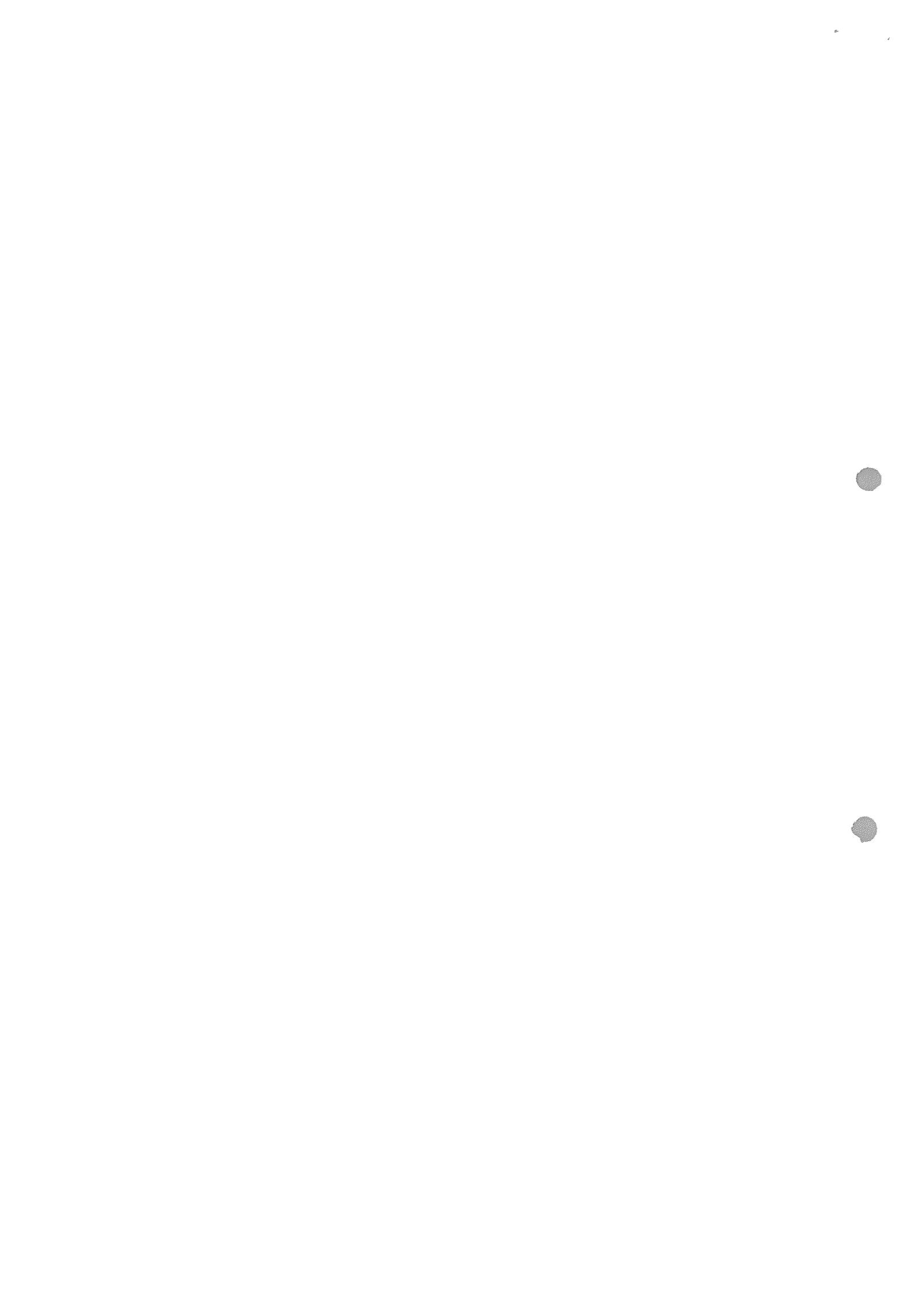
It is time to stress the need for a health-oriented perspective.

It is time to stop punish addicted and sick persons for possession and use.

Old customs however, they die hard, and a shift takes political will and political action.

We need political will to secure access to legal medicines, to reduce the suffering of individuals, to fix governance challenges and we need political will to respect human rights and implement the rule of law.

To address the nexus between organized crime, terrorism and the drug problem and to counter the criminal networks behind drug trafficking, we need political will to ensure forceful international cooperation and to counter corruption and the involvement of corrupt authorities in making drug trafficking possible.

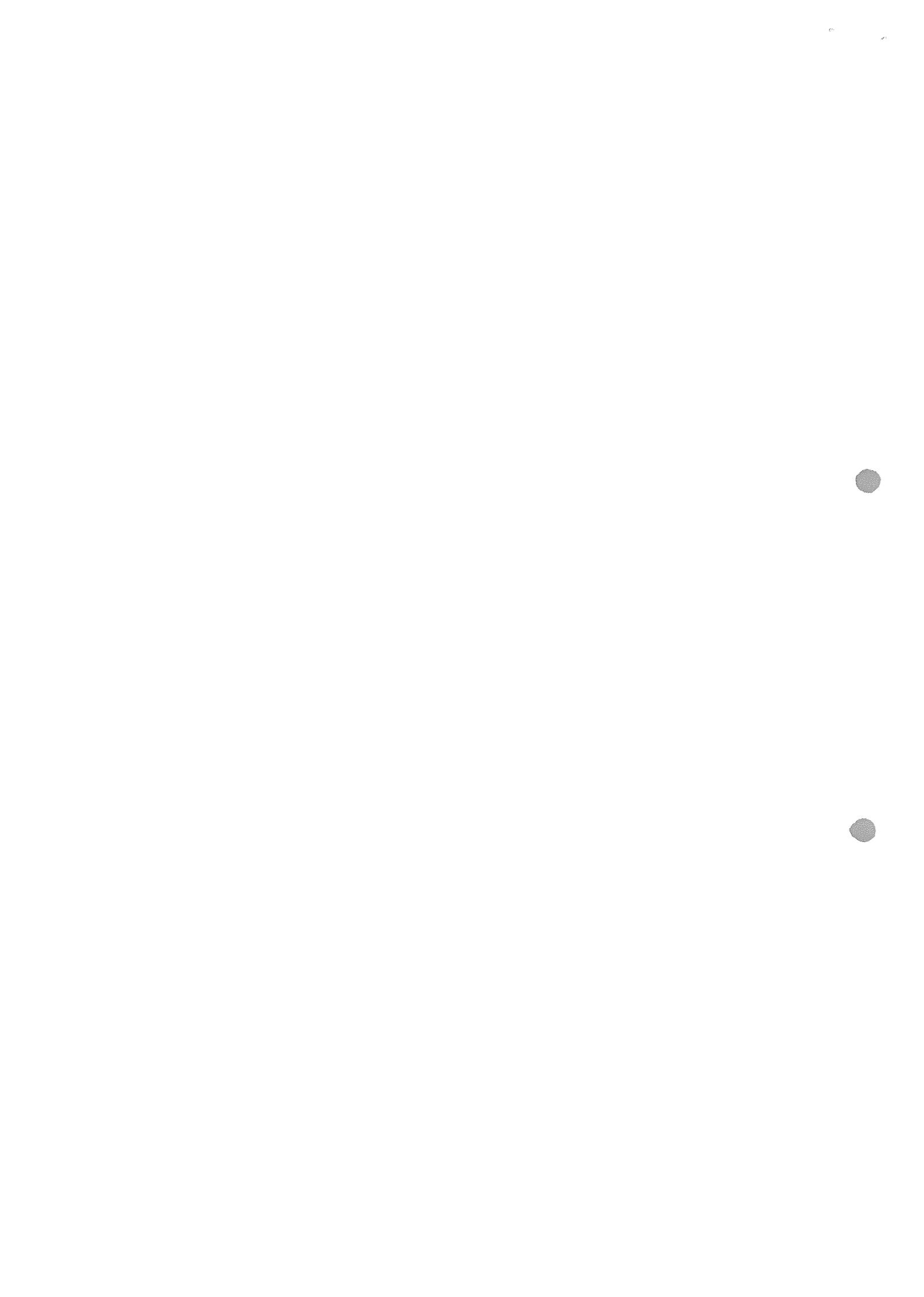


Fortunately, we recognize with satisfaction that a perspective grounded in health and public health has been gradually included and paid attention to over the last years. The same is true of a human rights-based approach. We also recognize with satisfaction more acceptance for and inclusion of civil society. These developments show us that we are moving in a direction we appreciate.

Norway recognizes the drug control treaties as the framework for international drug policy, and thereby the obligation for national drug policies to comply with these. There is however room for a flexible interpretation of the conventions, allowing for variation and adaption to different national contexts and regional challenges. This is necessary for the future preservation of the conventions and to obstruct possible calls to violate the treaties. When this is said, let us not forget that there are other essential treaties we also have to respect.

As a general view, Norway calls for more proportionality in judicial responses to drug-related offenses, taking into consideration both mitigating and aggravating factors. Sanctions for drug-related offences should be proportionate to the severity of the crime.

Norway oppose the death penalty in all circumstances and without exception. We call upon states that still maintain the death penalty to establish a moratorium on executions for drug offenses, as a first step towards the abolition of the death penalty.



We also want to highlight the need for drug control efforts to focus on those who benefit the most from the illegal drug trade, rather than those harmed most by it; those running the criminal organizations, rather than users who have fallen victim to these.

My Government advocates paying higher attention to the World Drug Problem also in the implementation of the new Sustainable Development Goals. In this respect, the work of the World Health Assembly, the Human Rights Council, and the UN General Assembly in New York and even the Security Council, could and should supplement the activities of the CND.

When Norway held the Chair of the CND in 2017, the then Director General of the WHO participated in the high-level opening segment. This sent a very important signal that health should be at the center whenever drug policy is being discussed.

The overall goal for any drug policy should be to prevent and reverse the adverse and harmful consequences of substance use on individuals and the society. Norway pursues a knowledge-based drug policy, which aims to prevent substance abuse, advance harm reduction, save lives and ensure dignity.

On my initiative, we are in Norway now in a process of formally changing the authorities' response to personal use and possession of drugs from



punishment to health, treatment and follow-up. Legalizing the use and possession of drugs however is no option.

The drug reform involves a significant shift in Norwegian drugs policy. A shift in attitude towards the drug problem - and how we as society will face this problem.

Furthermore, we recognize that many people with extensive drug problems and mental illness live under unworthy conditions and have been difficult to reach with today's treatment offers. We have therefore decided to establish a trial of heroin-assisted treatment and expect that a group of marginalized users' life conditions will be improved. Depending upon the experiences and new knowledge we gain in this project, we will later conclude whether this should be a permanent offer.

Norway has a strong focus on prevention as the first choice from both a human and a financial perspective. In this regard, we are proud to have supported the International Standards on Drug Use Prevention that has been recognized by all Member States on numerous occasions. We highly welcome the fact that this is now a joint publication with the World Health Organization.

I am very proud that over the last years Norway has tabled two important resolutions addressing HIV/AIDS among people who use drugs.



The HIV section in UNODC has had an important global role for many years, and as the spread of the viruses for HIV and Hepatitis C is similar, it makes sense that they also take on board the responsibility to address prevention and treatment of hepatitis C along the work they do on HIV. In order to provide support and advice to the section, UNODC five years ago set up a Strategic Advisory Group on HIV and drug use. We think this entity, with members from UN agencies, multilateral organizations, member states and civil society, should continue as a resource for the section as well as for other entities.

At this year's commission, Norway has tabled a resolution to promote measures to prevent and treat viral hepatitis C among people who use drugs. According to the World Health Organization, approximately 71 million people have chronic hepatitis C. A significant proportion will go on to develop cirrhosis or liver cancer and the number of deaths attributable to hepatitis C in this group is greater than from other causes of death related to drug use.

The resolution on hepatitis C aims to strengthen domestic and global efforts and to ensure continued political commitment to effectively address and counter viral hepatitis among people who use drugs. I encourage all of you here to support the adoption of a resolution that in clear terms express the global commitment to prevent and treat viral hepatitis C among people who use drugs.

I thank you!

