

57th Session of the UN Commission on Narcotic Drugs – CND
High Level Segment
Vienna, 13 & 14 March 2014

Statement of the German Drug Commissioner
at the opening session of the CND

Mister Chairman,

On behalf of the German delegation, permit me to congratulate you on your election to the Chair of the 57th Commission on Narcotic Drugs. May I extend my best wishes and assure you of my support for the successful execution of your tasks. I would also like to thank you for giving me this opportunity to address the Commission at the opening session of the high-level meeting.

The objective of this high-level meeting is to review the implementation of the Political Declaration adopted in 2009 especially with regard to what has been achieved since its adoption and to identify both ongoing and new challenges.

In the current drug policy debate, there is no ignoring the fact that the actuality of the UN Drug Conventions is being questioned, in some cases very intensely, not only in public fora.

Today I am already certain that the approach which contends that drug policies need to focus more on health than crime is the right one. The question is whether the three international drug conventions – in their current form – provide sufficient flexibility to do this.

It applies especially to key statements contained in the UN Single Convention of 1961 on **the prevention of drug abuse and the treatment of drug dependence**. The core statements made there continue to be modern and effective signposts for an international drug policy that must have people as its focus!

Allow me to illustrate this briefly with the aid of some fundamental principles:

[Prevention]

The 1961 UN Conference already reminded the States Party to the Convention of their obligation to take effective steps to prevent drug addiction and discussed the social conditions and protection against drug addiction. Here, the connection between people's social condition and the drug problem is clearly stated. Improving the social and economic condition of affected persons was considered an essential basis for good and effective prevention. In 1961, the States Party were in agreement that: "It happens very often that the deplorable social and economic conditions in which certain individuals and certain groups are living predispose them to drug addiction".

The recommendation, made to the States Party at the time, continues to be valid today. In keeping with WHO's concept of health, it is our task to promote and secure the physical, mental and social health of young people. Good and effective addiction and drug prevention also includes education on the risks and dangers of drug consumption. However, prevention is especially successful when people have some prospect of being able to influence how they lead their own lives. Prevention and

health promotion are elements of 'public health' and are a vital component of addiction policy to strengthen people's resources.

[Treatment]

Ladies and Gentlemen,

Despite the significance of effective drug prevention, and our optimism in achieving this objective, a fully drug-free society is still an aspiration and continues to be elusive in reality. Even the very best drug prevention scheme will not prevent people from wanting the experience of getting high and reaching for drugs. Even if not all drug consumers become dependent, consumption leads, in many cases, to dependence and serious health and social impairment. People who have become dependent need proper treatment opportunities. Punishment and imprisonment are not a remedy for dependence. The basic human rights of drug-dependent persons must be respected. Imposing the death penalty is not compatible with the respect for human rights. This is by no means a new insight. It was already enshrined in Article 36 of the 1961 UN Convention: "The Parties may provide, either as an alternative to conviction or punishment, or in addition to conviction or punishment, that such abusers shall undergo measures of treatment, education, after-care, rehabilitation and social reintegration in conformity with article 38 (1)".

The Convention also goes on to list the entire spectrum of measures of treatment, rehabilitation, after-care and social reintegration. We have had very good results offering such opportunities in the context of Germany's drug policy in the past. In order to treat drug dependence, we need to provide evidence-based procedures for use by those affected. These would include both "treatment in a hospital institution

having a drug free atmosphere”, as well as medication-supported treatment such as a course of substitution treatment. Additionally, this type of treatment makes a major contribution to harm reduction and to preventing HIV infections. For Germany, this means “taking measures aimed at minimizing public health and social consequences” and we welcome the fact that, after a protracted discussion, it was possible to arrive at a linguistic compromise in this respect. In proceeding, it is important to make use of the recommendations for action contained in the Technical Guides provided by WHO, UNODC and UNAIDS.

Ladies and Gentlemen,

Major efforts have been undertaken by the world community in the push to control the worldwide drug problem and successes have been had in the area of prevention and treatment. Nevertheless, the challenges remain considerable because huge profits from illicit drugs and the demand for individual narcotic substances that continues to increase in many areas, mean that we must continue to join forces in solidarity to address these serious challenges. We owe this much to those affected by the drugs problem.

I am convinced that, not only in the area of prevention and treatment, but also in that of alternative development, we need to make use of the positive experience gained to date in order to bring about a long-term reduction in the enormous social harm and damage to health caused by the trade in and misuse of illicit drugs. The measures discussed and adopted here will make an important contribution to this end.

Thank you Mr. Chairman.