

*Check against delivery*

**STATEMENT BY DR. LOCHAN NAIDOO,  
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**Fifty-eighth session of the Commission on Narcotic Drugs  
Special segment on preparations for the special session of the General  
Assembly on the world drug problem (UNGASS) to be held in 2016  
Vienna, 9-17 March 2015**

Mr. Chairman, Excellencies, Ladies and Gentlemen,

UNGASS provides an opportunity to re-think what we have been doing over the last 50 years. The world has changed, and world drug policy has also evolved. But have the objectives of the drug treaties, which are to ensure the health and welfare of our populations, really become outdated? I don't think so.

We do believe that policy changes can be achieved within the existing legal drug control framework. The discussion is ongoing and that is encouraging. If we analysed one by one the existing arguments however, and let us do this briefly today – we may discover that there is little that actually divides us on the fundamental issues. So let us make a critical assessment of existing drug control policies and discuss how the principles of a balanced approach are implemented in practice.

**Health and welfare: the main objectives of drug control**

The drug issue is first and foremost a matter of public and individual health and welfare. These are the key words in the preambles of all three drug control conventions. As highlighted in the Board's report for 2014, demand reduction and related matters are of primordial importance. I cannot explain it better than articles 38 and 20 of the 1961 and the 1971 Conventions that stipulate that Governments shall take all practicable measures for the prevention of drug abuse and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved. In fewer words, today as then prevention, treatment, rehabilitation and social reintegration remain central to tackling the drug problem. However, the implementation, priority and resources assigned to demand reduction have not always been up to the challenge.

**Availability of internationally controlled substances for medical purposes**

The fact is that access to medicines contained controlled substances is very uneven, with consumption concentrated primarily in Canada, the USA, Western Europe, Australia and New Zealand. Approximately 5.5 billion people, or three quarters of the world's population, live in countries with low levels of, or non-existent access to medicines containing scheduled substances. But what are the reasons? Aren't they

quite complex? If we analyse overconsumption of some psychotropic substances, for example, we would discover that it is not the regulatory regime that it is at fault.

The Board was among the first to signal that major discrepancies existed among various regions. It has also repeatedly stressed that the situation could be substantially improved through corrective action by States which should address the regulatory, attitudinal, knowledge-related, economic and procurement-related problems identified as the main causes of inadequate availability. To that end and as a contribution to the UNGASS, the Board has decided to supplement its annual report for 2015 with an updated version of its 2010 special report on availability (entitled [Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes](#)).

### **Socioeconomic factors**

Poverty, food shortages, economic inequality, social exclusion, deprivation, migration and displacement, access to education and employment prospects, and exposure to violence and abuse, are some of the socio-economic factors that impact on both the supply and demand sides of the drug problem. These are important drivers of the illicit drug phenomenon and they need to be taken into consideration within a comprehensive, integrated and balanced approach to the world drug problem. When assisting persons living with substance abuse disorders, we must look deeper at socio-economic issues such as poverty, marginalization, gender imbalances and child development. I cannot over-emphasise the role and responsibility of families and society in protecting children by creating environments that are conducive to prevention and the development of resilient personalities.

### **Decriminalisation**

Nothing in the Conventions requires States to incarcerate drug users. The Board has repeatedly emphasized the need for proportionality, and for a balanced approach in which prevention, treatment and rehabilitation take a leading role.

### **Respect for human rights**

Drug-related policies and strategies must reflect due regard to human rights. For example, State parties need to make full use of international legal instruments to protect children from drug abuse and ensure that national and international drug control strategies are in the best interests of the child.

Once again and in line with developments within the United Nations, the Board urges all countries that continue to retain the death penalty for drug-related offences to consider abolishing capital punishment for this category of offences.

### **Role of enforcement**

No matter what the future shape of drug control may be, supply reduction and enforcement of regulations will continue to be critical as part of an integrated and balanced approach. In implementing the treaties, the international community has focussed on international organized crime, corruption and money laundering related to drugs. In many cases, such as for example precursors and new psychoactive

substances, governments should participate in extensive exchange of real time information, which would permit them to focus on the most critical activities.

### **So, what is the future?**

Perhaps the only point of dissent is how exactly to resolve the problems. Is the regulation of a legal drug market for non-medical use a real solution? Would it work? Would it eliminate crime and secondary black markets?

Any future approach cannot be based on individual experiments or regionally-based approaches, for the world is interconnected and interdependent. Importantly such approaches would be contrary to and undermine the principles of common and shared responsibility and concerted action by the international community.

What exactly can we learn from the experience with other addictive but legally available substances such as tobacco and alcohol? UNODC estimated a few years ago that the prevalence of drug abuse was much lower than that of alcohol and tobacco. Indeed, these two highly regulated substances kill tens of times more than narcotic drugs and psychotropic substances.

Why do all countries distribute most medicines in pharmacies and on prescription? It is because many of those substances when administered without expert supervision have seriously toxic and noxious effects and could constitute a hindrance to health and welfare.

If, hypothetically, you were to decide to de-schedule controlled substances such as cannabis and regulate it as some Governments do alcohol and tobacco, will your Governments bear the cost and responsibility of an enlarged abuse and addiction problem and any other negative health and social consequences that may arise? The experience with alcohol and tobacco should act as cautionary tales rather than as regulatory models.

Leaving aside that there is no objective evidence that such schemes would have an impact on organised crime, violence, black and parallel markets, corruption and so on, who would produce, distribute and regulate other seriously dangerous drugs such as methamphetamine? Here again, governments should think first of the health of their (young) populations.

There are also new challenges such as designer precursors and new psychoactive substances (NPS). We all agree how complex it is to deal with an ever changing spectrum of substances made especially to avoid controls. Some of these were originally developed in search of new medicines and were abandoned because of their addictive and toxic profiles. Now they are being manipulated and introduced for profit through addiction at the expense of the health our peoples and our youth. This is a matter that must urgently be addressed.

Ladies and Gentlemen,

It would seem that some are calling for internalising crime, turning the illicit gains from harming citizens into taxes. Others say that drug control has resulted in more drugs, more crime and violence.

I would say to you that the imbalance of the policies implemented by States, or the absence of action, may have had some of those consequences. Failure to undertake timely and sufficient prevention and education, invest in treatment, rehabilitation and social reintegration, namely, failure to develop and implement sustained demand reduction programmes, coupled with absence of appropriate and balanced supply reduction measures, such as criminal justice systems that embody proportionality for drug offences and which are fair and non-discriminatory have contributed to what some today see as intractable situations.

I would say to you that they are not intractable and that the inaction or failure of the past to implement integrated and balanced actions does not need to be replaced with acquiescence or appeasement. Such an approach will not lessen the world drug problem; it will worsen it.

The drug control treaties are not outdated, neither irrelevant nor inapplicable. Like the charter of the United Nations and the Universal Declaration of Human Rights, the drug control treaties have stood the test of time and remain valid and relevant today.

What needs revalidating is the commitment of States towards the full application of the treaties. Governments need to devote the required resources to all aspects of the world drug problem and not to narrow areas, sometimes for reasons of expediency.

International cooperation, solidarity, common and shared responsibility and concerted international action must remain at the centre of tackling the world drug problem together. "Go-it-alone" strategies will only undermine the common and collective good of the international community.

Let me finish by stating once again that the future of drug control is in your hands, in the hands of governments. Governments have a responsibility towards their citizens and, individually and collectively, towards the whole international community.

Let us all be up to the challenge, and assume and act on our responsibilities.

Thank you and I wish you success in your deliberations.