

Principal-level Informal Briefing to Member States,  
UN work on the world drug problem  
ECOSOC, New York, 20 November 2015

Deputy Secretary-General, Your Excellencies, Dear Colleagues  
and Friends,

Thank you for the opportunity to be part of this meeting and to learn from you, how best we can be of help, as you prepare for the forthcoming UN General Assembly in April 2016.

One of the advantages of being one of the last to speak is that we can always say, “what I wanted to say has already been said.” This is really very true in this case as my colleagues before me have covered many of the points that I had intended to cover. But allow me to re-echo a few issues and to put on the table some additional points.

One, we very much welcome the growing consensus that in moving forward, global and national drug policies need to be more balanced, drawing on the role of other sectors, beside law enforcement agencies. We are particularly encouraged by the increasing voices to have a more prominent role for what is usually referred to as the public health approach.

What I would like to do is to highlight some of the considerations in developing a public health approach.

First, public health is about people. Policies, therefore, need to be people-centred.

Second, public health is concerned with the whole continuum - prevention, treatment, care, rehabilitation, and recovery. Each of these dimensions are important and need to be given the attention they deserve. The world will be far better off if less and less people abuse drugs. We used to say, “prevention is better than

cure”. But we have also learned from HIV that sometimes treatment IS prevention.

Third, drug addiction is a medical condition, and it needs to be treated as we treat all medical conditions. People with this particular medical condition need to be treated with respect and decency.

Fourth, some of the controlled drugs are essential medicines. For example, cancers tend to be very painful. The normal pain killers do not work. The fact that many people do not have access to these medicines, subject them to very distressful and difficult months and years before they die.

Fifth, public health also involves dealing with the “cause of the causes” – so called socio-economic, and environmental determinants of health. It is therefore not enough to deal with the causes, but we must deal with the cause of the causes.

These concepts are not completely new. In fact, in many previous global and national drug policies, you will find them to be well articulated. The reality, however, is that when it comes to implementation, they are treated as “poor cousins” or at best “soft options”. Our Prayer is that in moving forward, they will no longer be regarded as soft options, but legitimate components of the overall drug policies. After all, the overall objective of global and national drug policies is to improve the wellbeing of citizens of the world.

We look forward to hearing your comments, advice and guidance.