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**Statement by Dr. Viroj Sumyai,  
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**62nd Commission on Narcotics Drugs – Ministerial Segment  
Side event: A health-centred approach to drug dependence,  
a multi-factorial health disorder**

**14 March 2019, Vienna Austria**

Excellencies, distinguished delegates, ladies and gentlemen,

I am pleased to speak to you today about the importance of a health-centred approach to drug dependence.

Concern for the health and welfare of humankind is the cornerstone of the international drug control framework and at the heart of the three international drug control conventions.

Article 38 of the 1961 Convention and article 20 of the 1971 Convention require Governments to take all practicable measures for the prevention of drug use and the early identification, treatment, education, after-care, rehabilitation and social reintegration of persons affected by drug dependence. Article 14 paragraph 4 of the 1988 Convention commits States to taking measures to eliminate or reduce illicit demand for narcotic drugs and psychotropic substances.

Despite the commitment made by States in drafting and adopting the three conventions, only one out of six people with drug use disorders globally have access to treatment services. Priority should be given to making treatment and rehabilitation services available to people suffering from drug use disorders.

The [thematic chapter of the INCB Annual Report for 2017](#) focused on treatment, rehabilitation and social reintegration for drug use disorders as essential components of drug demand reduction. We noted that treatment services for drug dependence tend to be available mainly in larger cities. Women with drug problems have disproportionately less access to treatment and rehabilitation services and are affected by a lack of gender-sensitive treatment services.

Another important facet of the treatment gap is the difference in the type of treatment available.

INCB has called on States to apply a comprehensive approach when assessing and addressing the needs of special populations, such as women, children, people in prisons, people affected by mental health disorders, migrants, refugees, ethnic minorities, and people engaged in sex work. The Board has drawn attention to the fact that these sensitive population groups have particular needs that require specific treatment approaches. This is a matter close to my heart.

An important aspect relating to the quality and availability of treatment services is access to medications to support the treatment of drug dependence. It is the fundamental

objective of the international drug control conventions to ensure access to narcotic drugs and psychotropic substances for medical and scientific purposes.

Treatment of drug dependence should be considered as a part of the right to health. An element often discussed the provision of so-called “drug consumption rooms”. INCB has reiterated that for such facilities to be consistent with the conventions, certain objectives must be advanced. The objective of such sites should be to reduce the adverse consequences of drug abuse through the provision of or active referral to treatment and rehabilitation services and social reintegration measures. And such facilities must not replace demand reduction programmes, particularly prevention and treatment activities.

The obligation of States parties to provide treatment for people with drug use disorders is central to improving public health worldwide. Strengthening the prevention and treatment of drug use disorders is a critical target in attaining Sustainable Development Goal 3, to ensure healthy lives and promote well-being for all at all ages. Countries should be aware of and utilize the resources and tools for drug dependency treatment and care made available by WHO and UNODC. I would also like to recognize the valuable work being done by NGOs in prevention and treatment of drug use disorders. This is something we often see during INCB country missions.

I applaud cooperative efforts to promote an integrated and balanced approach to drug treatment by effective interaction between the public health, drug control and law enforcement sectors. At the Commission last year, the heads of WHO and UNODC and I, on behalf of INCB, made [a commitment](#) to support Member States in addressing the world drug problem through implementing the UNGASS recommendations. We agreed to put people at the centre of a balanced, comprehensive and multidisciplinary approach, and recognized the need to have a greater focus on the health and well-being of people.

[In recommendation 8 of this year's Annual Report](#), we call on States to look at existing best practices and develop effective strategies for the prevention of drug use, as well as mechanisms to address dependence through evidence-based treatment, rehabilitation, aftercare, and social reintegration.

The Board stresses that respect for human rights and the rule of law are central to treaty implementation. We highlight the need to guarantee that people affected by drug use disorders must have access to treatment and rehabilitation that is available, accessible and non-discriminatory.

In fact, I would like to encourage all Governments to study closely and implement the recommendations we made last year in [chapter I of our Annual Report 2017](#); doing so will go a long way to guaranteeing a health-centred approach to drug dependence and, as we emphasized in this year's report, extrajudicial actions have no place in drug control.

Respecting the rights of people affected by drug use disorders to health and treatment services will contribute to reducing the stigma and discrimination associated with those disorders and of course, is part of our commitment to achieve SDG 3.

I thank you for your attention.