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**Panel discussion on the impact of the world drug problem on the enjoyment of human rights**

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Mister Chair, Your Excellences, Distinguished Delegates, Ladies and Gentlemen:

Let me start with a word of appreciation for your kind invitation to the WHO Secretariat to participate in this panel discussion. Indeed, public health issues are indispensable to any discussion on drug policy, and human rights issues are indispensable to both - drug policy and public health.

In its 1948 constitution, the World Health Organization for the first time established the right to health as a fundamental, inalienable human right. The preamble to WHO's constitution states that *the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief economic or social Condition*. The International Covenant on Economic, Social and Cultural Rights, also reminds us that the right to health must be extended to everyone without discrimination. And in the context of today's discussion we need to make it very clear – including people who use drugs and people with drug use disorders.

Yet we know that drug users and people with drug use disorders experience discrimination in accessing appropriate health care services, due to the lack of adequate treatment, the significant stigma that they face, prejudices, non-professional attitudes and false beliefs of some health professionals about treatment of drug users, as well as the general lack of information and training available on meeting their healthcare needs and rights.

Drug use disorders, from a public health perspective, are first and foremost health conditions associated with substantial mortality, morbidity and social problems - and - drug use disorders are both preventable and treatable. And, as such, persons with drug use disorders have the right to be provided with the same level of treatment and care as persons with any other health conditions.

This relates not only to a person's right to treatment of substance use disorders - for example opioid substitution therapy or prevention/treatment of blood-borne diseases - but also to their fundamental right to prevention and treatment interventions for all other health conditions that they may have! Harm reduction interventions such as needle exchange programs for injecting drug users, outreach prevention services have proven to be effective in - prevention of drug-related blood-borne infections and improving access to health services to those in need.

Furthermore, the right to health and appropriate health care must also be extended to all population groups, including vulnerable and marginalised groups, People who are imprisoned are deprived of their freedom by appropriate legal provisions, but they should not be deprived of their right to health, and people with drug use disorders in custodial settings, where, as We know well, the risk of HIV transmission is so high, should have access to prevention and treatment interventions, including treatment for drug - dependence and prevention and treatment of drug-related health conditions Such as HIV, TB or mental disorders In this context I would like to emphasize people with drug dependence using drugs should not be punished for their drug-taking behaviour, which is a result of their disease and, as such, should not be treated as criminal behaviour and result in criminal sanctions and imprisonment, but rather as a behavioural syndrome of the underlying disease which requires adequate treatment, rehabilitation and psychosocial support along the way to recovery, or, when full recovery is difficult to reach, "highest attainable" level of health.

Female drug users often fail to receive appropriate care and support for their drug use disorders, in particular during pregnancy, as well as other diseases, and not only because of absence of specialized drug treatment services for women, but first and foremost because of stigma, lack of timely referrals and often discriminatory attitudes of health professionals and societies at large.

But let's not forget about another important dimensions of human rights in drug policy discourse. In accordance with the Convention on the Rights of the Child, children have the right to be brought up (live) in a drug free environment. Children at risk must also benefit from policies, - programmes and services to prevent and reduce substance use on the one hand, and from measures to prevent their involvement in illicit production and trafficking on the other.

Addressing the world drug problem, WHO promotes what is called "health in all policies" meaning that health is not just a responsibility of the health sector. This is extremely important in relation to all peoples enjoyment of human rights. In practice that means promoting public health objectives in all sectors and appropriate engagement of all sectors in achieving public health goals, –including the criminal justice sector. This should also be recognized in international cooperation on development when implementing a , human rights and public health oriented drug policy.

It is sometimes stated that the UN Drug Conventions is an obstacle to achieving the right to health.

Let me remind you that the ultimate goal of the UN Drug Conventions is to protect the health and welfare of humankind. There is nothing in the conventions that request Member States to introduce policies that violates human rights or public health.

The conventions envisage, the use of public health measures to reduce the health and social harm due to drug use. To quote "Member States should give special attention to, all practicable measures for prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and Social reintegration of the persons involved". The implementation of the Conventions should, on the one hand – ensure the adequate availability of controlled medicines – while simultaneously preventing abuse, diversion and trafficking. Access to controlled medicines has been the topic for a side event just this morning in the

Human Rights Council.

It is also clear that the conventions allows Member States to introduce - administrative offences when t is dealing with minor offenses such as possession of small quantities of drugs for own use to provide as an alternative, treatment and care, especially when it is about offenses by young people.

WHO's technical guidance, for example, on prevention and treatment of drug use disorders, on prevention and harm reduction for people with injecting drug use and HIV and on opioid substitution treatment are all evidence based and are recommended to all countries and communities.

In conclusion, Mr Chair, just because a person is a drug user or having drug use disorder, the person does not and should not lose the right for health and the right for appropriate, timely and effective health care preventive, curative and rehabilitative. This should be the case, wherever the person may be in the community, in the health care facility or in legal detention. WHO is a strong advocate for a public health – and human rights approach to counter the world drug problem by providing ethical and - evidence —based policy option and provide leadership on matters critical to health. Let us work together to make this a reality. We look forward to working with all stakeholders towards the UN Special Session on World Drug Problem in 2016 and beyond.

Thank you for your attention.