

Economic and Social Council

General segment

Item 14c. Social and human rights questions- Narcotic drugs

21 July 2005

Statement by Prof. H. Ghodse, President of the International Narcotics Control Board

Mr. Chairman, Excellencies, Ladies and Gentlemen,

In accordance with the provisions of the international drug control treaties, I will report on the work of the International Narcotics Control Board since the last meeting of the Council.

The annual report of the Board was officially launched in March 2005 in some 20 countries around the world. In its first chapter, the Board explains how Governments can balance efforts to reduce demand and supply in order to achieve a sustainable, long-term improvement of the overall drug control situation.

Noting that the supply of and the demand for illicit drugs are inextricably linked components of a single phenomenon, the Board emphasizes therefore, that demand reduction programmes and supply reduction programmes that are implemented in isolation, can only have limited success. The Board calls on Governments to develop and implement integrated strategies that combine components of supply and demand reduction in multidisciplinary programmes.

Mr Chairman,

At the Special Session of the General Assembly in 1998, Member States agreed to significantly reduce drug production, trafficking and abuse.

To make real progress in achieving this goal, it is imperative that governments ensure that there is operational and policy level integration of demand and supply reduction efforts.

A failure to understand the implications of the links between demand and supply of drugs can lead to an epidemic-like situation.

Mr. Chairman,

In the second chapter of the Board's report, the Board reviews the drug control situation in Afghanistan.

As you know, the Board invoked article 14 of the 1961 Single Convention on Narcotic Drugs in 2000, because the aims of the Convention were being seriously endangered by large-scale opium poppy cultivation in the country. While in 2001 opium poppy cultivation was significantly reduced, by 2004 Afghanistan had again become by far the largest cultivator of opium poppy in the world, supplying the majority of illicit markets worldwide.

Moreover, in addition to opium poppy cultivation, illicit manufacture of heroin has gained ground in the country. Furthermore, Afghanistan is also a major supplier of cannabis resin, and pharmaceutical preparations, containing narcotic drugs, and psychotropic substances are available without the required prescriptions.

Not surprisingly, the unlimited and uncontrolled availability of drugs has contributed to a significant rise of drug abuse in the country, with increasing use of injection as the mode of administration. Opium poppy cultivation overshadows legal forms of agricultural production and the illicit drug industry fuels widespread corruption.

All in all, the drug control situation poses a severe threat to national security with the potential of endangering the country's political transition.

The President of Afghanistan has reaffirmed on many occasions his strong determination to address the drug problem in his country. I was impressed by the commitment of the Honorable Amin Fatimie, Minister of Health of Afghanistan, whom I met during the recent session of the World Health Assembly in May, who briefed me on action taken to thwart illicit outlets from selling illegally obtained medicines.

Nonetheless, when the Board visits Afghanistan after the parliamentary elections scheduled for September, it will expect to see progress in the overall drug control situation.

Article 14 of the 1961 Convention remains invoked until there is a marked improvement.

The international community has an important role to assist the Government of Afghanistan in its efforts. The Board therefore supports the draft resolution adopted by the Commission on Narcotic Drugs in March which is before the Council for approval entitled: *Providing support to Afghanistan with a view to ensuring effective implementation of its Counter-Narcotic Implementation Plan.*

Mr Chairman,

Many countries are affected by armed conflict and post-conflict situations, and drug trafficking, drug abuse and related problems have the potential to imperil development and human security. Drug abuse, particularly among child soldiers, continues in countries that are emerging from conflict and civil strife.

The Board is therefore also paying close attention to the situation in other post-conflict situations. It is important that the concerned Governments and the international community act swiftly and take preventive measures before the situation escalates.

Mr. Chairman,

I would now like to draw your attention to draft resolution I entitled “Treatment of pain using opioid analgesics” adopted by the Commission on Narcotic Drugs at its 48th session which is before you.

Over the past several years, the Board has repeatedly raised, in its annual reports and in this very forum, its concern about the lack of availability of opioid analgesics. These medicines are essential in the treatment of pain and therefore in palliative care for HIV/AIDS, cancer and other chronic diseases.

Nevertheless, they appear to be luxury items in the vast majority of developing countries. Some figures on the global consumption of morphine illustrate the shortage that developing countries face in this respect: While developing countries represent about 80 percent of the world’s population, they account for only 6 percent of the world’s consumption of morphine.

The adoption of draft resolution I would contribute to reversing the situation and be a first significant step towards improving access to these essential drugs. In this context, the Board is pleased to note that the World Health Assembly in May adopted resolution 58.22 which will further strengthen the close cooperation between the Board and the World Health Organization (WHO). Together with WHO, the Board will examine the feasibility of a possible assistance mechanism that would facilitate the adequate treatment of pain in all regions of the world, and thus reduce the gap between the haves and the haves-not.

Access to medication is a human right, particularly in the context of pandemics such as HIV/AIDS, and populations everywhere should have access to palliative care.

Making narcotic drugs and psychotropic substances available to the large number of people suffering from cancer and AIDS will bring relief to the suffering and their families.

Moreover, thousands of people around the globe are in crisis conditions at this very moment. Governments should therefore ensure that essential drugs are available at all

times in adequate amounts and in the appropriate dosage forms to satisfy the health-care needs of the majority of the population.

The Board urges the Council to adopt draft resolution I as this would be a first step towards achieving the health-related Millennium Development Goals.

Mr. Chairman,

Billions of doses of medicines containing internationally controlled substances are sold illicitly over the Internet every year, by unlicensed internet pharmacies posing potentially fatal health risks to consumers.

Investigations show that around 90 per cent of such sales by Internet pharmacies are conducted without the required prescriptions. Just as Internet pharmacies do not require a prescription, they usually do not verify the age of customers. As a result, Internet pharmacies have already become a major source of drugs for children and adolescents.

Internet access is global and the number of visitors to the World Wide Web increases every day. This makes everybody a potential customer, and a potential victim of illegal Internet pharmacies.

The Board, aware of the fact that addressing the problem of illicit sales through the Internet requires close cooperation between countries and international organizations, organized expert group meetings on the subject in October 2004 and April 2005. The meetings called for the establishment of a mechanism to ensure the sharing of experience and the rapid exchange of information on specific cases. Governments also need to identify weaknesses in national regulatory systems with regard to domestic distribution of drugs. The Board also calls on Governments to cooperate with the pharmaceutical industry and Internet service providers in order to bring this trafficking to an end.

The Board urges the Council to adopt draft resolution 48/5 which calls for strengthening international cooperation in order to prevent the use of the Internet to commit drug-related crime.

Mr Chairman,

As the Council knows, the INCB enjoys excellent cooperation with Governments of Member States. However, in recent years, some Member States have experienced difficulties in complying with their obligations under the treaties. The Board calls on the authorities of those countries to take measures to rectify the situation.

Moreover, a handful of countries are still not parties to any of the three Conventions which form the cornerstone of the international drug control regime. The accession of all states to those treaties, and the universal implementation of all the treaty provisions is a prerequisite for effective drug control worldwide.

Over the past days, I have held consultations with the Permanent Representatives of those States who are present in New York to encourage their authorities to ratify those treaties without further delays.

Mr. Chairman,

In May, five new members from Australia, Colombia, Ghana, Russian Federation and Turkey joined the Board and participated in its eighty-third session. In their first session, the new members displayed not only their wide-ranging expertise of the subjects under review, but also their deep commitment to the cause of international drug control and their unwavering determination to make a difference.

I would like to use this opportunity to thank Governments for nominating and the Council electing such highly qualified members to the Board and for ensuring that the Board members are able to act independently. The Board's credibility and standing in the international community hinges on the expertise and the independence of its members.

Through you, I would like to thank the Board members who have made personal, professional and certainly, financial, sacrifices to be part of the Board and our common efforts to improve the drug control situation in the world.

I would like to thank ECOSOC President, Ambassador Akram, for his stewardship in this matter, especially during my recent briefing of Permanent Missions on the work of the Board in New York in April 2005.

Thank you for your attention.