UNITED NATIONS
INTERNATIONAL NARCOTICS
CONTROL BOARD

INCB OICS

NATIONS UNIES
ORGANE INTERNATIONAL DE
CONTRÔLE DES STUPÉFIANTS

Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria
Telephone: +43-1-26060, Telefax: +43-1-26060-5867 / 5868, Telex: 135612 uno a
E-Mail: secretariat@incb.org Internet Address: http://www.incb.org/

CHECK AGAINST DELIVERY

KEYNOTE SPEECH
BY PROFESSOR HAMID GHODSE,
PRESIDENT, INTERNATIONAL NARCOTICS CONTROL BOARD

Special event commemorating the centennial of the signing of the International Opium Convention

Vienna, 13 March 2012

Madam Chair, Excellencies, Ladies and Gentlemen,

The International Opium Convention of 1912 was the first international drug control treaty and is the core of the international drug control system. The adoption of the Convention was a turning point in multilateralism, based on the recognition of the transnational nature of the drug problem and the principle of shared responsibility. The states signing the Convention recognised the importance of ensuring access to drugs for medical and scientific purposes, and that the public should be protected from drug abuse and drug dependency. Today we celebrate the centennial of the signing of this Convention, and look back upon the achievements since its adoption.

Madam Chair,

Prior to the adoption of the 1912 Convention, the global drug situation was abysmal. Substance abuse was widespread and, in most countries, the trade in drugs was not regulated and there were no international controls. In 1906, 1.5 % of the world's population was using opium, and around 41,000 tons of opium were produced globally, five times the global level of illicit opium production around a hundred years later. In China at the beginning of the twentieth century, opiate consumption is estimated to have been at least 3,000 tonnes in morphine equivalent, an order of magnitude much greater than combined licit and illicit *global* consumption a hundred years later.

In the United States of America, about ninety per cent of narcotic drugs were used for non-medical purposes in the early twentieth century. In Europe, and elsewhere in the world, there were a large number of opium dens.

In the nineteenth century, cocaine was used for medical purposes in Europe and in the United States, but without a scientific basis for many of its uses, including its use in the treatment of opiate addiction, leading to a large number of cocaine-related deaths and disabilities. By the late nineteenth century, cocaine was being primarily used for non-medical use and at around this time, the large scale export of cocaine and morphine to China commenced.

A large proportion of the population was suffering from the effects of drug abuse and addiction, facilitated by the unregulated trade in drugs. Seeing the devastating effects, there was a movement of progressive non-governmental organizations that worked to reverse this situation and to promote the health and welfare of the public. There was a growing recognition that individuals must be protected against becoming dependent on drugs and from drug abuse.

It became apparent that consumer countries were unable to deal with their drug addiction problems without the cooperation of the supplier countries. It was recognized that supplier countries could not ignore their responsibility regarding the development of drug abuse and addiction problems in consumer countries. This recognition of "shared" or "joint" responsibility was one of the first steps towards international cooperation in drug control. The first attempts were made through bilateral agreements but it was soon observed that these good intentions were being undermined by the smuggling of drugs through or from other countries. This in turn led to the development of a multilateral solution.

The International Opium Commission was convened in Shanghai, China, in February 1909. A landmark event, the Commission brought together 13 States to discuss international drug control for the first time. The Commission led to the signing, three years later, of the International Opium Convention at The Hague on 23 January 1912. The Convention enshrined the recommendations arising from the 1909 Commission in the first legally binding, multilateral treaty concerning drug control.

Governments had recognised the importance of some drugs for medical uses, and the principle of drug use only for medical and scientific purposes was enshrined in the Convention. Signatories to the Convention agreed to control the production and distribution of opium and to impose limits on the manufacture and distribution of certain drugs, mainly morphine, heroin and cocaine. Some countries made a large fiscal sacrifice in agreeing to the Convention for the benefit of mankind. A mandatory record-keeping system was imposed. In 1914 it was decided that the Convention would enter into force by the end of that year. The Peace Treaty of Versailles of 1919 required all of its signatories to sign the 1912 Convention.

International drug control came under the auspices of the League of Nations in 1920, when the first Assembly of the League of Nations established an Advisory Committee on Traffic in Opium and Other Dangerous Drugs. Three drug control conventions were subsequently developed under the auspices of the League of Nations.

As it became clear that the aims of the Convention could not be achieved without international monitoring, the 1925 International Opium Convention introduced a number of provisions, including furnishing of statistics on the production and stocks of opium and coca leaf, and the system of import certificates and export authorizations for licit international trade in controlled drugs, which will sound familiar to you, given that they have been incorporated into the 1961 Single Convention on Narcotic Drugs. The 1925 Convention created the Permanent Central Board, a predecessor of the International Narcotics Control Board, which commenced operation in 1929, a year after the Convention came into force. In the intervening period between 1925 and 1929, there is evidence that at least 100 tonnes of manufactured alkaloids (opiates and cocaine) were diverted to illicit traffic. However, once the export-import authorization system took effect under the supervision of the Board, the diversion of opiates became very difficult. The Convention also introduced the first provisions related to cannabis, by prohibiting the export of cannabis resin to countries that prohibited its use, and by preventing illicit international trade in cannabis.

The 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs limited world manufacture of narcotic drugs to the amounts needed for medical and scientific purposes, by introducing a mandatory system of estimates.

With recognition that the international laws controlling legal shipments of narcotic drugs were not adequate for dealing with the transit of drugs, the 1936 Convention for the Suppression of the Illicit Traffic in Dangerous Drugs was the first treaty targeting international drug trafficking. However, its impact was limited as it entered into force at the beginning of the Second World War.

International drug control came under the auspices of the United Nations in 1946. That year, the Commission on Narcotic Drugs was established and took on the functions of the former League of Nations Advisory Committee. The 1946 Protocol amending the Conventions of 1912, 1925, 1931 and 1936 reaffirmed the commitment of the international community to maintain control over addictive drugs.

After the Second World War, States recognized that developments in pharmacology and chemistry had resulted in the discovery of drugs, in particular synthetic drugs, that were not covered by the 1931 Convention. The 1948 Protocol placed such substances under international control.

The 1953 Opium Protocol introduced strict provisions on the consumption, production, export and stockpiling of raw opium. Production for export was limited to the countries that had exported opium during the year 1950 – Bulgaria, Greece, India, Iran, Turkey, the Union of Soviet Socialist Republics, and Yugoslavia. However, the Protocol did not enter into force until after it was superseded by the 1961 Convention.

Many elements of the 1912 International Opium Convention and the subsequent conventions are remarkably familiar to us and form the cornerstone of the international drug control system as we know it today.

The international drug control system was by 1960 rather complicated. States therefore adopted the 1961 Single Convention on Narcotic Drugs, merging all existing drug control treaties, and extending the control system to include the cultivation of plants grown as raw materials for narcotic drugs. As in the earlier treaties, the dual aim of the Convention was to ensure the availability of narcotic drugs for medical and scientific purposes, and prevent diversion to the illicit market. The 1961 Convention was subsequently amended by the 1972 Protocol, which emphasised the need to increase efforts to prevent illicit production of, traffic in and use of narcotic drugs, and which highlighted the need to provide prevention, treatment and rehabilitation services. The 1961 Convention streamlined the international drug control machinery, and the Permanent Central Board established in 1925 and the Drug Supervisory Body established in 1931 together became the International Narcotics Control Board in 1961. The Single Convention introduced new obligations regarding treatment and rehabilitation, and included the synthetic drugs placed under international control by the 1948 Protocol.

The adoption in 1971 of the Convention on Psychotropic Substances resulted from growing concern about the abuse of psychotropic substances, which were at the same time recognised as being indispensable for medical and scientific purposes.

The 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was adopted in the face of growing transnational organized crime and drug trafficking, and challenges in addressing drug-related crime and money laundering at the international level. The 1988 Convention harmonized the definition and scope of drug offences and was aimed at improving international cooperation and coordination among relevant authorities, and to provide Governments with the legal wherewithal to combat illicit drug trafficking. It introduced a mechanism for preventing the diversion of substances used in the manufacture of narcotic drugs and psychotropic substances, the framework for the precursor control system in place today.

The development of the international drug control system has been a dynamic process, evolving in response to emerging substances of abuse, with growing importance accorded to prevention, treatment and rehabilitation. The contemporary drug control conventions, as in 1912, are humanitarian in their aims of ensuring access to controlled drugs for medical and scientific purposes, thereby preventing suffering from pain and illness, and protecting the right of individuals to be free from drug dependence.

Madam Chair, Excellencies,

Today, we celebrate not only the centennial of the 1912 Convention but also the achievements of international drug control over the past century. The three international drug control conventions enjoy almost universal adherence. Diversion of narcotic drugs and psychotropic substances has been almost fully eliminated at the international level,

and a well-functioning international system for the control of precursor chemicals has been established.

Levels of illicit drug consumption have been drastically reduced over the past century. For example, in 1906, 1.5 % of the world's population were using opium, compared with a prevalence of opiate abuse of 0.25 % today. Levels of illicit opium production are now a fifth of the level of opium production over a century ago. Illicit opium and coca leaf production is now much less pervasive than at the turn of the twentieth century. The international drug control system is a fine example of how multilateralism can address issues of a trans-boundary nature.

Madam Chair, Excellencies,

Despite these remarkable achievements, of which Governments and civil society should be proud, critical challenges remain. Strong efforts are required by the international community to address these challenges, to ensure that narcotic drugs and psychotropic substances are limited to licit medical and scientific use, and that diversion of controlled substances from licit to illicit channels is prevented.

Accession to the conventions and national drug control legislation are prerequisites for effective control measures. The conventions and ongoing international initiatives, such as the Paris Pact, provide a framework for continued and enhanced international and regional cooperation in drug control.

In implementing the provisions of the conventions, there must be a balance between supply and demand reduction measures. In improving drug control systems, Governments must ensure that these improvements are not to the detriment of the availability of internationally controlled substances for medical and scientific purposes. Law enforcement measures should be accompanied by measures to provide alternative, licit and sustainable livelihoods. Capacity building and technical assistance can assist governments in improving their implementation of the provisions of the conventions, although the responsibility to comply with the conventions rests with each country itself.

The will and determination to implement and comply with the conventions needs to be furthered in the years to come. The integrity of the conventions must be safeguarded if the international drug control system is to function effectively, and if individuals are to be protected from the suffering associated with drug abuse and drug dependency, while ensuring the appropriate access to controlled drugs for medical and scientific purposes. Only if the conventions are effectively safeguarded and implemented, will the next century of international drug control be as successful as the first.

Thank you.