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**STATEMENT BY DR. LOCHAN NAIDOO,
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**African Union Conference of Minister of Drug Control (CAMDC6)
6-10 October 2014, Addis Ababa**

Mr. President,
Excellencies,
Distinguished delegates and colleagues,
Ladies and gentlemen,

I am pleased to address you this morning on the critical issue of sustainable development and the world drug problem, and I congratulate the President and Bureau of ECOSOC on their initiative in convening this high-level panel discussion. It is also timely, given the conclusion just last week of the second meeting of the High-level Political Forum on Sustainable Development held under the auspices of this Council.

On behalf of the International Narcotics Control Board Secretariat, it is my great honour to address the 6th Session of the African Union Conference of Ministers of Drug Control.

I would like to take this opportunity to congratulate the African Union Commission, Member States, and Regional Economic Communities for their continued efforts in support of effective drug control policies. The inter-governmental framework provided by the African Union has allowed us to meet here today – And the continuing concern for our people is why the issues discussed at this conference are a matter of urgency.

While many of the drug-related challenges faced by Africa are not unique, their negative impact on countries in the region continue to be disproportionately high. They affect development and prosperity - the public health and the safety of people in this region but also those far beyond its vast borders.

As President of the International Narcotics Control Board, my responsibility is to work with INCB's partners - including States, international organizations, NGOs and other civil society groups to promote and protect the health and welfare of humankind, the goals championed in the drug control conventions - As I stand here today, I can see that I am not alone in this cause.

Over a century ago, the members of the international community came together to negotiate the Opium Convention, the first multilateral instrument to address the scourge of drug abuse

and addiction. Since then, and despite many differences of opinion, the international community has remained unanimous on one point: this is a struggle that no country can win alone.

The drug control conventions aim to promote and protect public health. These conventions, drafted by, and almost universally ratified by states, are the bedrock of the drug control framework in that they represent the minimum standards agreed upon by the members of the international community.

The conventions have entrusted the Board with the important role of acting as custodian of the international legal drug control framework but this role cannot be fulfilled without the support of member states. And so, I stand here today, in a spirit of cooperation and unity for we must be united in our efforts so that we may be successful in achieving our goals.

[General Issues related to Capacity]

On behalf of the Board, I would like to welcome the adoption by the African Union of its Plan of Action On Drug Control (2013-2017) and in particular, the importance it ascribes to capacity building as a key priority area.

The Plan of Action is an ambitious initiative to promote capacity building through the elaboration of a Continental Common Position related to capacity building in research, prevention and treatment and in its adoption of measures to facilitate the licit movement of narcotic drugs, psychotropic substances and precursor chemicals and to increase the capacity of the criminal justice systems of African States in dealing with drug-related crime.

In reflecting the importance of building capacity and treatment, the Member States of the African Union have done nothing more than paying due heed to what the drug control treaties have enjoined the States to do.

I know we have all heard claims that the treaties are “unbalanced” or that they emphasized one aspect of tackling the drug problem in detriment of another. The reality is that such statements are not based on a reading of the provisions of the treaties and do not do justice to the visionary and humanistic approach of your predecessors in Government when they drafted those treaties.

Both the 1961 and 1971 Conventions in their Articles 38 and 20, call on Governments to take all practicable measures for the prevention of abuse, the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved, and to coordinate their efforts to these ends.

At the same time, they call on Governments to promote the training of personnel in the treatment, after-care, rehabilitation and social reintegration of persons affected by drug abuse.

They further call on governments to take all practicable measures to assist persons whose work requires them to gain an understanding of the problems of drug abuse and of its prevention, and also promote such understanding among the general public.

Thus, the international legal framework at our disposal is nothing but balanced. It may be true to say that in some cases authorities may not have followed and implemented the balance envisaged in the treaties.

But the African Union strategy is now addressing those concerns.

On this last point, it is often said, that drug-traffickers seek the path of least resistance. Where loopholes in national controls exist, trafficking thrives, claiming with it innumerable victims, including humanity's most precious commodity, its youth.

I have just referred to the apparent unbalance approaches and investment, which in the past have appeared to neglect demand reduction and favoured supply reduction activities, such as law enforcement operations. In so doing, the indispensable role played by national regulatory authorities, the Board's primary interlocutors, has also often been neglected.

The importance of the work of national competent authorities cannot be overstated. They are at the front lines of their countries' efforts to facilitate licit trade and to prevent diversion of controlled substances into illicit channels. They are also responsible for estimating their country's requirements in narcotic drugs and psychotropic substances in order to ensure that the medical needs of their populations in terms of access to narcotic drugs and psychotropic substances are met while at the same time preventing their misuse. The treaties require Governments to submit this information to INCB to monitor international trade, prevent diversion, and above all assist Governments to ensure that they possess adequate levels of control substances to ensure that they are in a position to meet the medical needs of their people. Regrettably, I have to inform that most Governments in Africa fail in this field.

These tasks are considerable and the resources at the disposal of national regulatory authorities are often not commensurate to the scope of challenges faced.

In order to bolster the capacity of national competent authorities in the region, INCB provided training to representatives of the national competent authorities of twelve West African countries in June 2013 in Addis Ababa, Ethiopia. Jointly organised with the United Nations Interregional Crime and Justice Research Institute (UNICRI), the seminar aimed at strengthening the capacity of the participating national competent authorities to comply with their reporting obligations under the United Nations drug control treaties, reinforcing cooperation between governments in the West African region and INCB, and promoting synergies between regional stakeholders. The Board has published a wealth of training materials, covering [narcotic drugs](#), [psychotropic substances](#) and [precursors](#)) that are available in our web page, as well as [Guidelines](#) (also available in [French](#) and [Arabic](#)) to assist Government in estimating their licit requirements for controlled substance.

With the support of African Union States, more capacity building activities of this kind could be offered by INCB in various other parts of the continent. In the Board's experience these activities have, yielded considerable beneficial results in strengthening the capacity of national authorities while fostering increased cooperation between participating countries and the Board and creating constructive relationships among countries in a same sub region at a relatively low cost.

[Availability]

Distinguished colleagues,

From a drug-control perspective, one of the areas in which capacity-building in Africa is the most needed is in the implementation of measures to increase the availability of narcotic drugs and psychotropic substances to meet medical demand.

Given this fact, the Board is heartened by the inclusion in the AU Plan of Action of measures to promote the greater availability of narcotic drugs and psychotropic substances for medical and scientific purposes.

Both the Single Convention on Narcotic Drugs of 1961 and the 1971 Convention on Psychotropic Substances, recognise that the medical use of narcotic drugs and psychotropic substances continues to be crucial for the relief of pain and suffering and that sufficient provision must be made to ensure the availability of these substances for the good of humankind.

The reality however, is that despite sufficient supply to meet global needs, almost 80% of the world's population still does not have adequate access to narcotic drugs and psychotropic substance to treat severe pain related to illness or injury, for the treatment of psychological conditions or illness, for surgery, dental care and child birth, to name but a few.

In a Special Report of the issue published in 2010, ([Special Report: Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purpose – French - Arabic](#)) the Board identified a host of obstacles to the availability of narcotic drugs and psychotropic substances including cultural attitudes towards pain and treatment, fear of addiction, legal and administrative barriers, and a lack of training among medical practitioners. The submission of inadequate estimates/assessments for required quantities of these substances was also identified as a major cause of this problem and in the case of psychotropic substances, a lack of data reported to the Board.

In order to facilitate the elaboration by governments of estimates/assessments which reflect actual need, the Board, in partnership with the WHO has elaborated a Guide on Estimating Requirements for Substances under International Control for use by national competent authorities.

Within the mandate conferred upon it by the drug control treaties, INCB stands ready to assist the African Union and its member states in the implementation of the African Union Plan of Action to ensure that narcotic drugs and psychotropic substances for treating specific conditions are available and accessible to those in need.

[Decriminalisation/Depenalisation/Legalisation]

Ladies and gentlemen,

While seeking to foster the adequate availability of narcotic drugs and psychotropic substances, the 1961 Single Convention on Narcotic Drugs and the 1971 Convention on Psychotropic Substances restrict the use of these substances to medical and scientific purposes

and for good reason. These substances without appropriate medical supervision can have negative health consequences, and their misuse and abuse can have very serious impact on health, even death.

The Board is aware that some alternatives to the existing drug policy framework are being discussed which are aimed at introducing the legalisation of controlled substances for non-medical or recreational use. While it is the prerogative of States to discuss changes to the existing framework, the Board firmly believes that permitting the recreational use of drugs would have a significant and irreversible adverse impact on public health and social well-being.

The arguments put forward by the advocates of legalisation do not withstand critical evaluation. The proposals in favour of legalisation have tended to present possible legalisation benefits against the costs of maintaining existing legal controls, without adequately addressing either the benefits of those controls or the social, economic and public health costs associated with removing them.

The Board is of the opinion that the normalisation of such substances would contribute to decreasing perceptions of harm associated with drug abuse, especially among adolescents, leading to an increase in demand, misuse and addiction.

Many of the proponents of legalisation believe that the taxation of these substances will outweigh the costs associated with their use. However, this has not been the case with substances like nicotine and alcohol. The misuse of addictive substances has placed burdens on healthcare systems, increased risks to the safety of society and, from an economic standpoint, has fed corruption and has caused significant losses in productivity. No amount of taxation can offset the social and economic costs associated with drug abuse. This can only be achieved through an investment in prevention.

In elaborating the conventions, there was consensus among the international community of the need to establish several drug-related activities including trafficking and money-laundering as criminal offences. The recognition of the need for criminalisation of these acts was a result of the perceived need to deter their commission but also had a declaratory function – it was a statement that States consider these acts to be dangerous and in need of rebuke.

The Conventions have been criticised by some on the basis that they criminalise addiction rather than treating it as a public health matter. This interpretation is simply, not borne out by a reading of the Conventions for while they enjoin States to criminalise drug-related behaviour, they also provide the possibility, in the case of persons suffering from drug dependence, for the imposition of non-punitive measures to promote treatment, education, aftercare, rehabilitation and social reintegration, in addition to or as an alternative to conviction or punishment.

The Board shares the position expressed by ECOWAS which calls on governments and other stakeholders in the region to treat drug use and addiction as a public health issue with socio-economic causes and consequences.

In addition, the Board has repeatedly called on Governments to ensure that their criminal justice responses to drug-related criminality respect basic human rights and are consistent

with the principle of proportionality, including by considering abolishing capital punishment for drug-related crime.

[Concluding remarks]

Ladies and gentlemen,

In concluding, I would like to reiterate that common problems call for concerted action.

It is only by working together that we can find practical solutions to the important challenges with which we are confronted. These challenges are many and may sometimes seem difficult to overcome - but they are not insurmountable if they are addressed in common purpose.

There is an Ethiopian saying that: “when spider webs unite, they can tie up a lion”.

I would like to congratulate all AU Member States for the important work you have been doing within this forum to find shared and coordinated solutions for an effective, fair and humane drug control policy.

The Board is ready to support you in your work and knows that it can count on the continued support of the African Union and of its Member States in the pursuit of its important mandate.

I wish you success in your deliberations and thank you for having given me the privilege of being with you here today.

Thank you.
