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**STATEMENT BY MR. WERNER SIPP
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**Economic and Social Council Coordination and Management Meetings 2015
22 July 2015, New York
Item 19 (d): Narcotic drugs
Report of the International Narcotics Control Board**

Mr. President, Excellencies, Distinguished Delegates, Ladies and Gentlemen,

I have the honour to present to you today the [Annual Report of the International Narcotics Control Board for 2014](#) in accordance with the international drug control conventions.

The INCB is mandated by the international drug conventions to publish annually a Report on its work, on the functioning of the international drug control system and on developments in global drug control. It has to submit this Report to the Council through the Commission on Narcotic Drugs.

This year's Annual Report is its 46th since the Board's establishment in 1968. It is complemented by our [Annual Report on Precursors Chemicals](#), prepared pursuant to Article 12 of the 1988 Convention, as well as our technical publications on [narcotic drugs](#) and [psychotropic substances](#), which review the functioning of the **licit** international trade in these substances. All these reports were previewed at the fifty-eighth session of the Commission on Narcotic Drugs last March, and like all our publications, they are available in our web page¹.

I would like to recall the treaty based mandate of the INCB:

In co-operation with Governments, it shall endeavour

- 1) To limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes,
- 2) To ensure their availability for such purposes, whilst preventing their diversion from licit to illicit markets,
- 3) And to prevent illicit cultivation, production, manufacture and use of drugs, and illicit trafficking in drugs.

The goal of the United Nations framework on drugs is the safeguarding of the health and welfare of humankind. In the pursuit of this objective, the conventions regulate the licit trade in narcotics drugs and psychotropic substances with the aim of making these substances available for use in medical treatment to those who need them, regardless of where they live. INCB monitors Governments' control over this licit trade. It also monitors Governments'

¹ www.incb.org

control over chemicals used in the illicit manufacture of drugs and assists them in preventing the diversion of those chemicals into illicit traffic.

The Board has to identify weaknesses in national and international control systems and to draw attention to these weaknesses in order to implement remedial measures.

In the lead-up to the **Special Session of the General Assembly on the World Drug Problem** which takes place in **April 2016**, the Board looks forward to continuing to engage with the Council, with governments, with international and regional stakeholders and with civil society. I want to take this opportunity to thank you for the ongoing support the Council has offered the Board.

The role of the Board in the UNGASS process is to contribute to the assessment of UNGASS 2016 in light of its mandate and its experience in the framework of the conventions. Its role is

- To clarify and underline the approaches and principles of the existing drug control system
- To identify shortcomings and loopholes in drug policies
- And to make concrete recommendations based upon the conventions.

Our Annual Report 2014 is designed to be a substantive contribution of INCB, within its mandate, to UNGASS 2016 and the global debate on the "right way" in drugs policy.

Mr. President, Distinguished Delegates, Ladies and Gentlemen,

As in previous years, the Annual Report 2014 is structured into 4 chapters: a thematic chapter, a chapter focusing on the functioning of the international drug control system, a chapter presenting a region-by-region analysis of the global drug problem, and a final chapter comprising recommendations.

The [thematic chapter of our Annual Report 2014](#) relates to the *implementation of a comprehensive, integrated and balanced approach to addressing the world drug problem*. We think that this topic is of particular relevance for the preparation of the **Special Session of the General Assembly on the world drug problem** in 2016.

In chapter I of our Report 2014, we recall that the ultimate goal of the 3 conventions is to **ensure "health and welfare of humankind"**. To attain this goal, the conventions contain a wide range of obligations for Member States. The principle of a **comprehensive, integrated and balanced approach** is not a goal in itself, but the central strategy to pursue the ultimate goal of health and welfare **and** to comply with these obligations.

As the drug problem is extremely complex and multifaceted, it affects not only health, but also security, political stability, environment, economic livelihood and numerous other areas of society. **Drugs are the cause of many social problems and at the same time the result of social problems.**

That is why the drug problem cannot be tackled by isolated measures, but only by strategies which must be **comprehensive, integrated and balanced**.

- "Comprehensive" means that all aspects of the drug problem have to be addressed.

- "Integrated" means that the measures in different fields have to be inter-linked and coordinated.
- "Balanced" means that they should have the same political weight.

The principle of the 'balanced approach' is set out in the provisions of the conventions, and has since been further elaborated and broadened in the Political Declarations of 1998, 2009 and 2014.

A drug policy based on a balanced approach has to take into account multiple factors of the drug problem: It has to establish an appropriate balance not only between **demand** and **supply** reduction interventions, but also with policies in **other affected** areas.

a) With respect to the drug **demand reduction** policy, the Board believes that demand reduction should be at the core of any drug policy. Demand reduction includes drug prevention, dependence treatment, rehabilitation and reintegration measures, as well as measures to reduce the adverse consequences of drug abuse.

The drug control conventions place a great deal of importance on demand reduction. The Single Convention on Narcotic Drugs contains the obligation of Governments to "*take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved*" (article 38 (1)).

The Board regrets that in many parts of the world this provision has not received the consideration it deserves. The Board will persist in its efforts to ensure that this treaty obligation is more comprehensively implemented.

b) With respect to the **supply and law enforcement side** and namely the **penal sanctions**, I would like to reiterate that the conventions do not require the criminalization of drug abuse. The conventions provide the possibility for States to make use of treatment, education, after care, rehabilitation and social integration measures² as an alternative to conviction or punishment, or in addition thereto.

An essential element of the balanced approach is the principle of **proportionality of sanctions**. Punishment should be proportionate to the gravity of the crime and to the degree of criminal responsibility of the offender. The Board considered the principle of proportionality in detail in its 2007 Annual Report. Now like then, INCB reiterates its recommendations, and encourages all Governments to re-examine them in preparation for the UNGASS 2016. The international drug control conventions encourage and facilitate proportionate responses by States to drug-related offences and offenders. **Disproportionate responses undermine the aims of the conventions and undermine the rule of law.**

In this context, let me refer to the issue of **death penalty for drug related offences**. Last year, when launching our Annual Report 2013, we encouraged those States that still provided for the death penalty for drug-related offences in their national legislation and continued to impose it, to consider its abolition for drug-related offences in recognition of the growing number of international legal and policy pronouncements to this effect. This year, we have reiterated that call in the foreword to our Annual Report 2014.

² Articles 38, 20 and 14 of the 61, 71 and 88 Conventions, respectively.

c) Furthermore, the principle of a 'balanced approach' means that drug policy must:

- Keep in mind the socio-economic and socio-cultural conditions and consequences of the drug abuse in communities,
- Take into account possible negative impact and unintended consequences of drug policies,
- Undertake not only crop eradication in addressing illicit cultivation, but also to combine it with efforts promoting alternative development strategies,
- Facilitate greater participation and cooperation between all relevant stakeholders, including civil society groups, in the strategic planning, implementation and monitoring of drug control policies,
- Adhere to international human rights standards in all fields of drug control activities and respect human rights when implementing drug control measures.

In light of the Board's long-standing experience, we note that these commitments are very often not met in some countries around the world.

As the Board has repeatedly underscored, **the health and the welfare of humankind** are central to the international drug control treaties. Thus, **the treaties aim to ensure adequate availability** of controlled substances for rational medical and scientific purposes. On this important question, we must once again note with great concern that despite the progress achieved in recent years, three quarters of the world's population has limited or inadequate access to medicines for the treatment and management of pain associated for instance with illness, injury, child birth, surgical interventions and palliative care. The Board will publish a special Report on this issue together with its next Annual Report 2015 before the UNGASS session in 2016.

A common response through **international cooperation** is essential to an integrated and mutually reinforcing strategy to drug control, and the international drug control conventions are essential tools in fostering that cooperation.

Chapter I of this year's report comes to a number of **conclusions** and **recommendations**.

Let me highlight some of these **conclusions**:

- The current system of drug control designed by the three conventions and further developed by the Political Declarations of 1998, 2009 and 2014 is **not** - as many critics pretend - a prohibitionist system, relying simply on interdiction and law enforcement. It is a balanced system, driving toward improving public health and welfare, based on the underlying principles of proportionality, shared responsibility, and compliance with international human rights standards. It also provides for a certain degree of flexibility. **Drug policies in many countries do not comply with these principles, which often leads to deficiencies in the implementation of the drug control system.**
- The drug control system as such - based on the conventions and the Political Declarations - is not synonymous with a '**war on drugs**'. Though there are policies in some parts of the world which indeed could be characterized as "war on drugs", these policies are in clear contradiction with the principle of a "comprehensive, integrated and balanced approach", the principle of "proportionality" and the principle of "shared responsibility". The "war on drugs" which may exist in some regions and which has multiple causes, is not to be

stopped by changing the existing drug control system as such, but rather by **fully implementing the underlying principles of this system**.

Our chapter I contains 8 specific **recommendations** to Governments, which I would like to summarize briefly:

- ✓ Governments should give due consideration to the universally recognized **principles of international law** in respecting the obligations they have assumed by ratification of the drug control conventions.
- ✓ Governments should ensure that **demand reduction** is one of the first priorities of their national drug control policies.
- ✓ Governments should give due consideration to their obligation to ensure the **availability** of controlled substances for medical and scientific purposes.
- ✓ Governments should effectively address all relevant **socio-economic factors**, as part of a comprehensive approach that incorporates drug control into the broader socio-economic development agenda.
- ✓ Government efforts should involve **all relevant stakeholders** in planning, implementing and monitoring those policies;
- ✓ Respect for **human rights norms** is essential in elaborating drug-related strategies and policies and in implementing these policies, as well as the full use of the international legal framework in order to protect children from the illicit use of drugs, and involvement in the production and trafficking of drugs.

Mr. President, Distinguished Delegates, Ladies and Gentlemen,

Let me now provide a short overview of **Chapter II** which [deals with the functioning of the international drug control system](#) and States' overall treaty compliance. In this year's report, the Board conducted a special review of the drug control situation in 4 countries, namely: Papua New Guinea, the United States of America, Uruguay and Uzbekistan.

The chapter also highlights five special topics, which are:

- ✓ The control measures applicable to programmes for the use of **cannabis for medical purposes** (pursuant to the 1961 Single Convention)
- ✓ The **availability** of narcotic drugs and psychotropic substances in **emergency** situations
- ✓ The use of **methylphenidate**
- ✓ New **psychoactive substances**, and
- ✓ The development by INCB of an **International electronic import and export authorization system** for narcotic drugs and psychotropic substances

Our focus on [methylphenidate](#), a stimulant primarily used in pharmaceutical preparations for the treatment of Attention Deficit Hyperactivity Disorder (or ADHD), and included under Schedule II of the 1971 Convention on Psychotropic Substances, is due to a rise in its abuse. Our Annual Report notes a marked increase in consumption of this substance and

recommends that Governments closely monitor developments in diagnoses of ADHD, prescriptions patterns for methylphenidate, and ensure that prescription practices meet the highest medical standards, as set out in the 1971 Convention on Psychotropic Substances.

Once again this year, the Board highlights the growing prevalence of '[new psychoactive substances](#)', or 'NPS', which pose a serious threat to public health. There has been a significant increase in demand and abuse of these substances, with the number of NPS having increased by 53% over the past year.

We also draw attention to the mechanisms that exists to ensure that medicines are available in [emergency situations](#) caused for example by natural disasters and armed conflict. The special topic seeks to increase awareness and implementation among Governments of the special arrangements that exist to ensure that medicines reach those who need them even in those very difficult circumstances whenever required. We called on Governments on several occasions to use these simplified procedures, the latest being the devastating earthquake in Nepal in April this year.

In [Chapter III of the Annual Report](#), we present an analysis of the global drug control situation region by region. I want to emphasize that this chapter, in particular, relies upon the information available to the Board from national reports as well as the reports of international and regional organizations. Therefore, I would like to strongly encourage all Governments to share information on their drug control efforts, successes and challenges with INCB on a regular and ongoing basis.

The Annual Report concludes with its [Chapter IV](#) where the Board makes recommendations to Governments and international and regional organizations to enhance the operation of and compliance with the conventions.

These recommendations broadly relate to **demand and supply reduction, availability for medical purposes** and licit international trade, **non-scheduled substances**, particularly NPS, as well as **treaty compliance**.

The Board invites all Governments to study these recommendations in Chapter IV and those in Chapter I as well as [the recommendations contained in previous years' reports](#), in order to advance their implementation, [particularly in a view to UNGASS 2016](#).

In closing, I would like to thank you for your attention and interest and for your support for the work of the Board.

I am looking forward to our continued dialogue and would now be pleased to welcome your comments.

Thank you.