



Annual report

INCB is required to publish an annual report on its work. The report provides a comprehensive account of the global drug situation, analyses trends in drug abuse and drug trafficking and suggests necessary remedial action. Each annual report is supplemented by technical reports on narcotic drugs, psychotropic substances and precursors. The technical reports provide details on estimates of the annual legitimate requirements in each country, as well as data on the licit production, manufacture and consumption of, and trade in, drugs and their precursors worldwide. The reports are submitted to the Economic and Social Council through the Commission on Narcotic Drugs.

OTHER UNITED NATIONS ENTITIES IN THE FIELD OF DRUG CONTROL

General Assembly

The General Assembly provides policy guidance on international efforts to restrict the use of drugs to medical purposes. It operates in this field through the Secretary-General and the Economic and Social Council, which is assisted and advised by the Commission on Narcotic Drugs.

Recognizing the central role that must be played by the United Nations in fostering concerted international activity in this field, special sessions of the General Assembly were convened in 1990 and 1998 to consider the world drug problem. At its twentieth special session, held in 1998, the Assembly adopted a political declaration and action plans to address the drug problem in all its forms.

Economic and Social Council (ECOSOC)

The Charter of the United Nations established the Economic and Social Council as the principal organ to coordinate the economic, social and related work of the United Nations and the specialized agencies and institutions. The Council consists of 54 Member States. The Council elects the members of INCB and reviews its work at its annual sessions, held either in New York or Geneva.

Commission on Narcotic Drugs

The Commission on Narcotic Drugs was established in 1946 and is the central policymaking body within the United Nations system for dealing with global drug control questions. It comprises 53 member States, elected by the Economic and Social Council. Also attending the annual sessions of the Commission are observers representing other States, other United Nations organs and agencies and organizations with an interest in drug control.

One of the central functions of the Commission on Narcotic Drugs is to advise on changes in the current system of international drug control, making proposals for new conventions and drug control instruments. The Commission makes decisions on which new substances are to be brought under the control of the conventions and decides what level of control is required. To this end, it receives information and recommendations from WHO on narcotic drugs (substances under the control of the 1961 Convention as amended by the 1972 Protocol) and psychotropic substances (substances under the control of the 1971 Convention) and from INCB on precursor chemicals (substances under the control of the 1988 Convention), which it may accept or reject in the light of economic, social, legal and administrative factors that are considered relevant.

United Nations Office on Drugs and Crime

The United Nations Office on Drugs and Crime (UNODC) coordinates international efforts to combat illicit drugs and international crime. Its headquarters are in Vienna and it has 20 field offices, as well as liaison offices in New York and Brussels.

UNODC is mandated to assist Member States in their efforts to address illicit drugs, crime and terrorism. In particular, it carries out the Secretary-General's functions under the international treaties in those areas and assists the Commission on Narcotic Drugs and INCB in the implementation of their treaty-based functions.

UNODC plays a very important role in providing technical assistance, through expertise and training, to help Governments set up adequate drug control structures and to develop comprehensive national plans. These may encompass a wide range of activities such as integrated rural and alternative development and the enforcement of drug-related laws, drug abuse prevention, the treatment and rehabilitation of drug abusers and legislative and institutional reforms.

World Health Organization

WHO, the leading international health authority, is actively involved in activities to prevent drug abuse, which is a major health problem in many countries.

The international drug control conventions assign specific responsibilities to WHO in terms of initiating changes in the control of substances and placing substances in appropriate schedules. WHO studies the medical and scientific characteristics of drugs to assess dependence liability, therapeutic usefulness and public health and social problems related to their abuse. Once the assessment is completed (by a group of experts), WHO communicates to the Commission on Narcotic Drugs the findings, together with recommendations on control measures. The scheduling decision is taken by the Commission, which also takes into account economic, social, legal and other factors.

In accordance with article 9 of the 1961 Convention, WHO also nominates candidates with medical, pharmacological or pharmaceutical experience for service as INCB members. Three of the 13 INCB members are elected from a list of persons nominated by WHO.

MEMBERSHIP

The current members of INCB and the year in which their terms expire (on the eve of the May session of the Board) are:

Member	Country	Year in which term expires
Hamid Ghodse	Iran (Islamic Republic of)*	2012
Carola Lander	Germany	2012
Melvyn Levitsky	United States of America	2012
Marc Moinard	France	2015
Jorge Montaña	Mexico	2012
Lochan Naidoo	South Africa	2015
Rajat Ray	India *	2015
Viroj Sumyai	Thailand	2015
Sri Suryawati	Indonesia *	2012
Camilo Uribe Granja	Colombia	2015
Raymond Yans	Belgium	2012
Xin Yu	China	2012
Vacant		2015

* Elected by the Economic and Social Council from a list of persons nominated by WHO.

INCB sessions are held three times a year: in February, May and November.

Secretariat

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INTERNATIONAL NARCOTICS CONTROL BOARD



The International Narcotics Control Board Mandate and activities



UNITED NATIONS



The International Narcotics Control Board (INCB)

is an independent, quasi-judicial expert body established by the Single Convention on Narcotic Drugs of 1961 by merging two bodies: the Permanent Central Narcotics Board, created by the 1925 International Opium Convention; and the Drug Supervisory Body, created by the 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs.

INCB has 13 members, each elected by the Economic and Social Council for a period of five years. INCB members may be re-elected. Ten of the members are elected from a list of persons nominated by Governments. The remaining three members are elected from a list of persons nominated by the World Health Organization (WHO) for their medical, pharmacological or pharmaceutical experience. Members of the Board shall be persons who, by their expertise, competence, impartiality and disinterestedness, will command general confidence.

Once they have been elected, INCB members serve impartially in their personal capacity, independently of Governments.

MANDATE

The mandate of INCB is to promote Government compliance with the provisions of the international drug control conventions.

The international drug control conventions currently in force are:

- The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol
- The Convention on Psychotropic Substances of 1971
- The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

The three conventions are designed to ensure the safe use of potentially dangerous psychoactive substances, as well as to prevent the use of drugs that have no medical value. They recognize that such substances often have legitimate scientific and medicinal uses that must be protected but that the abuse of such substances gives rise to public health, social and economic problems.

About 250 substances are controlled under the conventions. The conventions list the substances in different schedules with levels of control that vary depending on the balance between their therapeutic usefulness and the risk of their abuse, including diversion for illegal purposes.

States that become parties to the conventions are obliged to adopt appropriate legislation, introduce the necessary administrative and enforcement measures and cooperate with international drug control agencies and with other States parties to the conventions. Internationally devised control measures are thus translated into national control measures by individual States within their own legal systems.

HISTORY OF INTERNATIONAL DRUG CONTROL

In February 1909, the first international drug control conference, the International Opium Commission, was held in Shanghai, China. Almost three years later, the International Opium Conference began at the Hague on 1 December 1911 and culminated with the signing of the International Opium Convention on 23 January 1912. The 1912 International Opium Convention endeavoured to bring about the gradual suppression of the abuse of opium, morphine and cocaine and to limit the use of narcotic drugs to medical and other legitimate purposes.

Following the establishment of the League of Nations in 1919, international control of narcotic drugs made continuous progress. The International Opium Convention signed in Geneva on 19 February 1925 brought the international trade in narcotic drugs under effective international supervision. The 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs introduced the obligatory system of estimates to limit the manufacture of and trade in narcotic drugs to medical and scientific purposes. Each country must furnish annually advance estimates of the narcotic drugs needed for those purposes. The estimates were binding and determine the maximum amounts to be manufactured or imported in any given year. The Convention of 1936 for the Suppression of the Illicit Traffic in Dangerous Drugs was aimed at achieving effective and adequate penal sanctions and formulated general principles to that end. Two international agreements designed to

bring to an end the practice of opium smoking were adopted in 1925 and 1931.

The League of Nations assumed the responsibility for overseeing the implementation of the earlier drug control treaties. The Permanent Central Board, established by the 1925 International Opium Convention, and the Drug Supervisory Body, established by the 1931 Convention, assisted the League in carrying out the drug control functions. Both performed duties similar to those performed by INCB today. In addition, the Advisory Committee on Traffic in Opium and Other Dangerous Drugs performed the functions of a policy-making body for the control system, work that is carried out by the Commission on Narcotic Drugs today.

In 1946, the newly founded United Nations assumed the drug control functions and responsibilities formerly carried out by the League of Nations. By that time, with several international agreements and two control bodies, the existing international drug control machinery had become very complex. Therefore, the United Nations decided in 1948 to begin work on drafting a new, single convention that would replace the existing international instruments and would provide for a single body to perform all control functions except the policymaking function, which had been entrusted to the Commission on Narcotic Drugs.

The Single Convention on Narcotic Drugs of 1961 created the International Narcotics Control Board, which became fully operational in 1968, four years after the entry into force of the Convention.

INTERNATIONAL DRUG CONTROL CONVENTIONS

Single Convention on Narcotic Drugs of 1961

The 1961 Convention, which was expanded and strengthened by the 1972 Protocol, is considered a major achievement in international drug control because it consolidated all previous conventions and streamlined the international drug control machinery.

The 1961 Convention establishes strict controls on the cultivation of opium poppy, coca bush, cannabis plant and their products, which, in the Convention, are described as “narcotic drugs” (although cocaine is a stimulant drug rather than one that induces sleep). Control is exercised over 119 narcotic drugs, mainly natural products, such as opium and its derivatives, morphine, codeine and heroin, but also synthetic drugs, such as methadone and pethidine, as well as cannabis and coca leaf.

Parties to the 1961 Convention undertake to limit the production, manufacture, export, import, distribution and stocks of, trade in and use and possession of the controlled drugs so that they are used exclusively for medical and scientific purposes. The production and distribution of controlled substances must be licensed and supervised, and Governments must provide estimates and statistical returns to INCB on the quantities of drugs required, manufactured and utilized and the quantities seized by police and customs officers.

The control system established under the 1961 Convention functions well, and the system of estimates first introduced by the 1931 Convention is considered to be the key to that success. The system of estimates covers all States, regardless of whether or not they are parties to the 1961 Convention.

Each year, INCB publishes in a technical publication information about the licit movement of the internationally controlled narcotic drugs.

Convention on Psychotropic Substances of 1971

The 1971 Convention was adopted to curtail the abuse of certain psychotropic substances, which had resulted

in public health and social problems in some countries. The 1971 Convention extends the same principles of control as those of the 1961 Convention to drugs such as central nervous system stimulants, sedative-hypnotics and hallucinogens. One hundred sixteen psychotropic substances are controlled by the 1971 Convention.

On the basis of the experience gained from the system of estimates enshrined in the 1961 Convention and recommendations by INCB, a system assessment, similar to the system of estimates has been developed to prevent diversion from legitimate manufacture and trade. As a result, the diversion of this class of drugs to illicit channels has been significantly reduced.

Each year, in a technical publication INCB publishes information about the licit movement of the internationally controlled psychotropic substances.

United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

The 1988 Convention focuses on action against drug trafficking and contains comprehensive provisions on extradition, mutual legal assistance and the prevention of money-laundering.

Article 12 of the 1988 Convention introduces a number of control measures on key chemicals (precursors) frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. The chemicals have a wide variety of legitimate uses. The article entrusts INCB with the responsibility of monitoring the implementation by Governments of the measures of control over such substances. In addition, INCB is responsible for assessing chemicals for possible international control. Some 30 chemicals are controlled by the 1988 Convention.

INCB reports yearly to the Commission on Narcotic Drugs on Government implementation of article 12 of the 1988 Convention.

ACTIVITIES

Analysis of reports provided by Governments

There are currently more than 180 States parties to the conventions. They provide to INCB estimates and assessments, as well as statistics, on the actual manufacture of, international trade in and consumption of internationally controlled substances. INCB analyses the data to see whether drugs are accounted for at the main stages of production, manufacture and trade. If there are any discrepancies, they are investigated and the causes clarified. INCB also monitors Government control over chemicals used in the illicit manufacture of drugs and cooperates with Governments in preventing the diversion of such chemicals into illicit channels.

Evaluation and support of national efforts

By examining and analysing the information it receives from more than 200 countries and territories, INCB monitors whether the conventions are being effectively implemented throughout the world. Through its continuous evaluation of national efforts, INCB is able to recommend action and suggest adjustments to both international and national drug control regimes. Where appropriate, the Board recommends to the relevant United Nations organs, specialized agencies and Governments that technical or financial assistance be provided in support of Governments' efforts to comply with their treaty obligations.

Dialogue with Governments

To further the aims of the conventions, INCB maintains ongoing discussions with Governments. If those aims are being endangered by any country, INCB can recommend remedial measures or, as a last resort, propose sanctions against the defaulting country. INCB communicates with Governments, through regular consultations and special missions. Such “quiet diplomacy” has brought about the strengthening of legislation in several countries that have acknowledged the need for coordination of national drug control efforts.

Training for Government officials

To enhance the functioning of national drug control administrations, the INCB secretariat conducts training programmes for drug control administrators. The training focuses on meeting treaty obligations, especially those that relate to cooperation between INCB and parties to the conventions. National administrations may send officials to the INCB secretariat for training. Depending on the availability of funds, regional training seminars are organized in close cooperation with the United Nations Office on Drugs and Crime or other competent international organizations, in particular WHO.