

Foreword

The present report is being published in the year 2012, which marks the centennial of the adoption of the first international drug control treaty, the International Opium Convention signed at The Hague on 23 January 1912.¹ The 1912 Convention, as it came to be known, can be thought of as the cornerstone of international drug control. The present report of the International Narcotics Control Board is dedicated to the hundredth anniversary of the adoption of that historic convention.

Prior to the adoption of the 1912 Convention, the world was experiencing an abysmal situation with regard to drugs. In most countries, trade in drugs was not regulated and substance abuse was widespread. In the United States of America, for example, about 90 per cent of the narcotic drug consumption at that time was for non-medical purposes. In China, the amount of opiates consumed each year at the beginning of the twentieth century is estimated to have averaged more than 3,000 tons in morphine equivalent — significantly more than global consumption (both licit and illicit) 100 years later. The signing of the 1912 Convention reflected the recognition at that time of the need for international cooperation in drug control.

At the end of the nineteenth century and the beginning of the twentieth century, non-governmental organizations worked tirelessly to promote the well-being and welfare of the general population in the face of powerful business interests in the then internationally legalized drug trade. Those non-governmental organizations succeeded in bringing Governments together, first in Shanghai (in 1909) and then in The Hague (in 1912), to agree that priority must be given to the protection of individuals and communities against drug abuse and addiction, which at the time afflicted a very large proportion of the population.

The centennial of the adoption of the 1912 Convention is an appropriate occasion for recalling the tremendous efforts by those progressive non-governmental organizations and to acknowledge the positive response of Governments at that time. It is important to note that, also today, many non-governmental organizations promote the right of people to be free from drug abuse.

In signing the 1912 Convention, Governments recognized the importance of drugs being available for medical and scientific purposes and, at the same time, acknowledged that people must be protected against the risk of becoming dependent on dangerous drugs and losing their freedom as a result of drug dependence. Subsequent conventions reinforced that principle, highlighting the importance of providing for treatment, rehabilitation and social reintegration programmes for drug-dependent persons to help them to overcome their dependence and regain their freedom, recognizing that being free from drug addiction is a human right.

Over the past 100 years, significant achievements have been made in international drug control, which is now based on the three international drug control conventions: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol;² the Convention on Psychotropic Substances of 1971;³ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.⁴ Those conventions enjoy almost universal adherence, demonstrating the confidence that Governments have in them and in the international drug control system. The international drug control system is a great example of how multilateralism can succeed in bringing benefits to humanity, preventing the abuse of drugs, as well as the harm caused by such abuse, while ensuring adequate availability

¹ League of Nations, *Treaty Series*, vol. VIII, No. 222.

² United Nations, *Treaty Series*, vol. 976, No. 14152.

³ *Ibid.*, vol. 1019, No. 14956.

⁴ *Ibid.*, vol. 1582, No. 27627.

of drugs for medical and scientific purposes, including the treatment of pain and mental illness.

The diversion of narcotic drugs and psychotropic substances has been almost completely eliminated at the international level. Drug traffickers and illicit drug users now resort primarily to illicitly manufactured drugs. Implementation of the 1988 Convention has led to a well-functioning international system for the control of precursor chemicals, preventing their diversion for use in illicit drug manufacture. The control of some precursors has been so effective that drug traffickers and illicit drug manufacturers have now resorted to using non-scheduled substances as substitutes for the more closely monitored precursor chemicals.

While much has been achieved in international drug control over the past century, significant challenges lie ahead, many of which are highlighted in the present report.

Countries throughout the world are faced with the challenge posed by marginalized communities, which are vulnerable to drug-related problems. That subject is addressed in the present report in chapter I, entitled “Social cohesion, social disorganization and illegal drugs”. In that chapter, the Board, while recognizing the importance of personal responsibility, describes how, in some communities, drug abuse has become almost endemic, part of a vicious cycle involving a wide array of social problems relating to violence, organized crime, corruption, unemployment, poor health and poor education. Those communities pose a risk not only to the persons living in them, but also to the wider society of which the communities are a part.

Social cohesion — the ties that bind people together in communities and society — can be an indicator of the health of communities, and drug abuse and criminality can be a symptom of a “fractured” society — a society suffering from lack of cohesion. Threats to social cohesion can include social inequality, migration, political and economic transformation, an emerging culture of excess, the growth of individualism and consumerism, shifting traditional values, conflict, rapid urbanization, a breakdown in respect for the law, and the existence of an illicit drug economy at the local level. While a combination of those threats can be seen in many communities throughout the world, their existence does not mean that marginalization and drug problems are inevitable. It is important to respond to the needs of communities experiencing social disintegration before a tipping point is reached, beyond which the capacity for effective counteraction becomes insufficient.

Much is being done by Governments to address the causes and meet the needs of marginalized communities experiencing drug problems. However, much more can be done to address those problems. In this report, the Board provides some examples of efforts under way to deal with these problems and makes a number of cross-cutting and multidisciplinary recommendations. Key to such efforts is involving local people at every stage of any intervention. Addressing the needs of marginalized communities experiencing drug problems can be challenging for Governments and local organizations, but the consequences of not doing that are much more significant and should be avoided at all cost.

Ensuring appropriate access to internationally controlled substances used for medical purposes is another challenge. About 80 per cent of the world’s population has limited or no access to controlled substances; that means that in most countries many people are suffering unnecessarily. In some countries and regions, however, overconsumption of certain controlled substances is a growing concern, as it may lead to additional health problems. Recently, the international community joined in recognition of the challenge of non-communicable diseases at the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, held in New York in September 2011. As a participant in that meeting, I emphasized the importance of the appropriate availability of internationally controlled substances for the relief of pain and treatment of mental illness. I also emphasized

that substance use disorders were preventable and treatable, and I stressed the need for primary prevention programmes.

World drug problems are particularly affected by globalization. Drug control action in one country or region can have an impact on individuals or society as a whole in other countries or regions. The present report includes an analysis of the world drug control situation, considering national drug control action, policy and legislation, regional cooperation, illicit drug crop cultivation and illicit drug production, trafficking and abuse, as well as treatment and rehabilitation for drug abusers. In many countries, data on the extent of drug problems are clearly lacking, which makes it difficult to decide on the appropriate action to be taken.

One major challenge to the international drug control system is the recent decision by the Government of the Plurinational State of Bolivia to denounce the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol. At the same time that it announced its decision, the Government made known its intention to reaccede to the Convention with a reservation. The Board has noted with regret that unprecedented step taken by the Bolivian Government and is concerned that, inter alia, while the denunciation itself may be technically permitted under the Convention, it is contrary to the fundamental object and spirit of the Convention. If the international community were to adopt an approach whereby States parties would use the mechanism of denunciation and reaccession with reservations, the integrity of the international drug control system would be undermined and the achievements of the past 100 years in drug control would be compromised.

In its report for 2011, the Board outlines many of today's challenges in drug control. As we celebrate the centennial of the signing of the International Opium Convention at The Hague in 1912, let us also celebrate the achievements of the international drug control system in the past century and bolster our efforts to make the next century of drug control even more successful than the last one.



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