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FACTSHEET

Special focus: drug control and human rights

The year 2018 marks several milestones' anniversaries, namely the seventieth anniversary of the adoption of the Universal Declaration of Human Rights in 1948, the twenty-fifth anniversary of the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights in 1993, and the thirtieth anniversary of the adoption of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

The Board continues to stress the importance of the respect for human rights in the drug control measures undertaken by States parties. In particular, the Board highlights the need to protect and guarantee the right to health, the rights of alleged drug offenders and drug users at all stages of criminal proceedings, the need for proportionality in State responses to drug offences and the abolishment of the death penalty for drug-related offences. In all cases and without exception, extrajudicial responses to drug-related criminality are unacceptable under the international drug control and human rights frameworks.

In the light of the aforementioned anniversaries, countries should reflect on their national legislation and practice in responding to drug trafficking and abuse and ensure that these measures are implemented in full compliance with international human rights standards and norms.

Substance use disorders: one of the most stigmatizing health conditions worldwide

Only a fraction of the people who use drugs go on to develop drug use disorders. However, drug use disorders account for the largest share of disabilities caused by drugs worldwide. Although only 10 per cent of people who use drugs are affected by drug use disorders, they account for more than half (17 million) of the 28 million years of healthy life lost due to drug use.

The report also identifies a number of treatment strategies to help people affected by drug use disorders reduce or stop drug use and achieve healthy and productive lives.

Inclusive treatment and access to drug dependence treatment

The Board draws attention to the fact that special population groups such as women, children, people in prisons, people with mental health disorders, migrants, refugees, ethnic minorities and people engaged in sex work face unique challenges when it comes to drug use and drug use disorders and therefore have particular needs that require specific treatment approaches.



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The Board maintains that access to treatment of drug dependence should be seen as an element of the right to health. A number of principles must be met when providing treatment: it must be affordable, of appropriate quality and meet certain standards. Further, treatment should be voluntary and respect people's autonomy. Compulsory treatment, that is, treatment without express consent of the concerned individual, should not take place, except under very special and specific circumstances.

INCB calls on States to deliver treatment services through a multi-tier structure

The Board calls upon Governments to develop a cadre of human resources (such as specialist doctors, nurses, counsellors, occupational therapists, etc.) comprising skilled and trained personnel to provide evidence-based treatment for drug use disorders. States' collaboration with non-governmental organizations and civil society partners is essential to improve the availability and reach of treatment services and to reduce stigma and discrimination.

States are called upon to ensure that effective treatment services are made easily accessible to all those who need them. In addition to this, continued research into newer interventions to find effective treatments for all types of drug use disorders is required.

The Board encourages the sharing of best practices and training of professionals in the area of treatment and rehabilitation of drug use disorders among States and appeals to those States in a position to do so, to engage in technical assistance activities.

National requirements for travellers carrying medical preparations containing internationally controlled substances

The international drug control conventions provide special measures to ensure that travellers with medical conditions requiring treatment with controlled substances are not obliged to interrupt treatment if they travel abroad by allowing them to carry preparations containing small quantities of narcotic drugs and psychotropic substances for personal medical use.

INCB calls on Governments to widely disseminate their regulations applicable to imports of controlled substances for personal medical use to prospective travellers, and to their competent national authorities, law enforcement agencies, customs, immigration and border control authorities, as well as tour operators, and to make them available to the Board, which updates and publishes them regularly on its website.

INCB further calls on Governments not to delay or importune such travellers when visiting their countries.



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The therapeutic use of cannabinoids

A growing number of Governments are authorizing the use of cannabinoids for medicinal purposes. Such use is permissible under the 1961 Convention, as amended by the 1972 Protocol, provided that a number of conditions are met. While there are indications that some cannabinoid derivatives could be used for the treatment of certain health conditions, there is no clarity about the composition of the medications (active principle and dosage), pharmaceutical dosage form, best route of administration or side effects.

The Board would like to remind Governments that the usefulness of a drug must take into account the balance between risk and benefit. Therapeutic efficacy and safety are basic conditions that have to be established before a drug is licensed and marketed.

The Board recommends for Governments considering the medical use of cannabinoids to examine the results of scientific studies and trials and ensure that prescription for medical use is performed with competent medical knowledge and supervision.

Non-medical cannabis legislation violates international obligations

The Board reiterates that any measures that permit the use of cannabis for non-medical purposes are contrary to the 1961 Convention as amended (article 4, paragraph (c) and article 36) and the 1988 Convention (article 3, paragraph 1 (a)). Limiting the use of controlled substances to medical and scientific purposes is a fundamental principle of the international drug control treaties to which no exception is possible.

Closing the “global pain divide”

Based on its mandate, since its inception and its first special report on the subject in the 1980s, the Board has been drawing the attention of States parties to the importance of ensuring internationally controlled drugs are made available for medical purposes. INCB again highlights the great disparity in the availability of narcotic drugs and psychotropic substances around the world.

The Board encourages countries to ensure adequate access to opioid analgesics in countries with low levels of consumption. The Board has continued to emphasize the importance of ensuring the rational medical use of opioid analgesics. However, despite the emphasis on the need for the adequate availability of controlled drugs for medical and scientific purposes, it also remains important for States parties to ensure rational prescribing. This involves making sure that health-care professionals receive adequate training and means required to address the “global pain divide” and that the authorities are fully capable of managing their regulatory systems to ensure access and availability of opioid analgesics and prevent diversion and the risk of abuse.



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The risk of long-term opioid use and consumption of opioid analgesics

Global consumption of opioid analgesics has been increasing in recent decades: the consumption of fentanyl increased considerably, particularly in high-income countries. The increase does not relate to a proportionate increase in the morbidity rate of cancer but rather to an increase in the prescription of strong opioid analgesics for the treatment of chronic non-cancer pain. This increase is driven by patterns of use in a small number of countries and by poor prescribing practices, aggressive marketing and inadequate controls.

The Board continues to emphasize the importance of ensuring the rational medical use of opioid analgesics. However, besides emphasizing the adequate availability of and access to controlled drugs for medical and scientific purposes, it is also very important for States parties to ensure rational prescribing and that measures are in place to prevent diversion.

The increase in the abuse of prescription opioids and the consequent increase in overdose deaths has so far been limited to certain countries. However, all Governments should be aware of the risks associated with the abuse of prescription drugs as they work to ensure adequate access for medical and scientific purposes.

The Board encourages Governments to adopt the necessary measures and to work with public health authorities, pharmacists, manufacturers and distributors of pharmaceutical products, physicians, consumer protection associations and law enforcement agencies, to promote the rational prescribing of medicines containing narcotics and psychotropic substances under international control and to educate the public about their appropriate use.

Opioid overdose epidemic

Some countries, notably the United States and Canada, continue to face a deadly opioid epidemic markedly driven by the increasing presence of street drugs adulterated with fentanyl.

All Governments should be aware of the risks and work to ensure that controlled substances are available for medical and scientific purposes. In this context, it is also important to prevent the development of poor prescribing and aggressive pharmaceutical marketing practices.



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INCB emphasizes that extrajudicial treatment of drug-related criminality is contrary to the drug control treaties

The Board reminds Governments that extrajudicial action to address drug-related criminality, purportedly taken in pursuit of drug control objectives, is fundamentally contrary to the provisions and objectives of the three international drug control conventions, as well as to human rights norms to which all countries are bound. All drug control actions should be undertaken in full respect of the rule of law and due process of law.

Reprioritizing international support for Afghanistan

The Board is very concerned about the overall drug control situation in Afghanistan. Once again INCB calls the attention of the international community to the challenges faced by Afghanistan and stresses that efforts to stabilize the country will not be successful in the long run without also effectively countering the nation's illicit drug economy. Drug control is a cross-cutting task: unless local, national, regional, and international efforts to address this challenge are effectively pursued, poverty, insurgency, terrorism, and obstacles to development will remain unaddressed.

INCB PRECURSORS REPORT

Scheduling of fentanyl precursors

Upon the recommendation of INCB, the Commission on Narcotic Drugs decided to place under international control in Table I of the 1988 Convention two fentanyl precursors, 4-anilino-*N*-phenethylpiperidine (ANPP) and *N*-phenethyl-4-piperidone (NPP), in March 2017. Those decisions became effective for States parties in October 2017. Fentanyls and their analogues have been at the root of the opioid overdose epidemic affecting North America in recent years.

New developments in acetic anhydride trafficking

Acetic anhydride is a key chemical for manufacturing heroin. There was a substantial increase in the trafficking of acetic anhydride worldwide with the number of trafficking incidents reaching a two-decade high and involving quantities that could be used to manufacture more than three times the one-year potential illicit global demand for heroin. INCB-facilitated cooperation among Governments has helped to link isolated incidents, shedding light on the way traffickers operate and contributing to ongoing investigations. Increased demand for acetic anhydride over Internet trading platforms was also observed.



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Cocaine – more focus on domestic diversion

Most of the chemicals destined for the illicit manufacture of cocaine were seized in their country of origin. This means that illicit substances were not diverted from international trade, proving that the international monitoring and control system is effective. Consequently, the Board's report on precursors urges Governments to take further action to enhance controls within their national boundaries. Although there is evidence of illicit manufacturing of potassium permanganate, a cocaine precursor, and of use of substitute chemicals, the scale of such activities is unknown.

Illicit manufacture of amphetamine-type substances

International operations under INCB Project Prism have produced evidence for the first time that APAAN, a substance brought under international control upon the recommendation of INCB in 2014, is used in the illicit manufacture of the amphetamine found in fake "captagon"³ tablets in the Middle East.

There is also evidence of significant illicit manufacture of certain precursor chemicals that are not controlled internationally but that are controlled at the national level in some countries. Seizures of precursor chemicals used for manufacturing new psychoactive substances confirm the illicit manufacture of such substances and the need for Governments to review procedures for licensing entities dealing with those chemicals, and putting in place an efficient system for end-user declarations.

Internet-facilitated trade in precursors

The Board invites Governments to cooperate with the private sector in preventing the use of the Internet for the diversion of chemicals, including measures to encourage self-regulation or to regulate Internet-related service providers, to counter trafficking.

³ Captagon was originally the registered trade name for a pharmaceutical preparation containing fenethylline, a synthetic stimulant. "Captagon", as encountered in seizures across West Asia today and referred to in the Annual Report, is a counterfeit drug compressed into pills or tablets that are similar in appearance but distinct from the original pharmaceutical preparation. The active ingredient in counterfeit "captagon" is amphetamine, typically combined with other substances.