

## **Forty-third session of the Commission on Narcotic Drugs**

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### **Statement by A. Lourenço Martins** **President of the International Narcotics Control Board**

Excellencies, distinguished delegates, Ladies and Gentlemen,

It is a pleasure and an honour for me to introduce to you the annual report of the International Narcotics Control Board for 1999 contained in document E/INCB/1999/1. I will also outline some of the highlights of the report of the Board on the control of precursors and chemicals needed in illicit drug manufacture which is prepared pursuant to article 12 of the 1988 Convention. In addition, the Board also publishes annually technical reports on narcotic drugs and psychotropic substances which I will not present in this forum. These technical reports serve as indispensable background documentation for national regulatory authorities in charge of national and international control of these substances. Copies of all reports should have been received by your Governments.

Mr. Chairman,

The international treaties do not only recognize the dangers associated with drugs but also that such drugs are indispensable in medicine. Narcotic drugs have important and wide medical uses. They are used as an anaesthetic or analgesic and for veterinary, dental and laboratory purposes. To ensure availability of such drugs for medical purposes is equally important as preventing their use for non-medical purposes. Governments and the Board have to cooperate closely to reach these dual objectives of the treaties.

Unfortunately, the medical need for opiates is not fully met in many parts of the world. The Board has, at regular intervals, examined the lack of availability of opiates in special reports, most recently in its 1995 Report *Availability of opiates for medical needs*. The Board noted imbalances in the global availability of opiates, particularly of those related to the treatment of heavy pain and recommended that Governments should critically examine their methods of assessing domestic medical needs for opiates and of collecting and analysing data, so as to make the changes required to ensure that estimates would accurately reflect the actual medical needs and that such needs are met in a more appropriate way.

Today, five years later, the objective of adequate availability of opiates to treat pain and human suffering remains unfortunately still an elusive one. Indeed, the shortfalls of morphine and other pain-relieving medicines could be called dramatic. Some figures may illustrate the gravity of the situation:

- Eighty percent of analgesic morphine consumption is consumed by only ten countries in the world.
- The average daily consumption of opioids is approximately 90 times higher in the 20 countries with the highest per capita consumption than in the 20 nations with the lowest consumption.
- More than 120 countries reported little or no opioid consumption to the Board.

The unavailability of pain-relieving medicines in many parts of the world has serious consequences, for example, for the treatment of pain caused by cancer, which is associated with severe pain especially in the late stages of the disease. According to the World Health Organization, there are 15 million new cancer cases per year in the world, of which two thirds or 10 million cases occur in developing countries. It is estimated that even in a number of technologically advanced countries, only about 10 to 30 per cent of patients suffering from severe cancer-related pain may be receiving adequate treatment. For the developing countries, the situation is even bleaker: if the supply of pain-relieving medicines remains as inadequate in those countries as it is today, this will cause a lot of unnecessary pain and suffering.

The causes for the opioid shortage in many countries in the world are manifold. One impeding factor is the inadequacy of national drug control systems. Many Governments have difficulties in assessing their opioid requirements or do not give such assessments the necessary attention. Establishing a solid and reliable assessment of medical needs is a first step to ensure that narcotic drugs are available so that patients do not suffer unnecessarily. Assistance should be provided to Governments in order to enable them to establish more reliable baseline estimates and assessments of medical needs.

Over-restrictive regulations, difficult administrative procedures, concerns about diversion and the consequences of unintentional errors or concerns about unintended addiction may also impede the availability of opiates for the relief of pain and suffering. The Board calls on Governments and the medical profession to review procedures with a view to facilitating access of patients to essential pain-relieving medicines without jeopardizing the proper functioning of safeguard mechanisms in order to minimize misuse and leaks in the system.

Another great obstacle, particularly in developing countries, is the lack of resources, both financial and human. Other social and health problems such as malnutrition and infectious diseases often take priority over pain relief for cancer patients and health personnel is not available or insufficiently trained to administer comprehensive pain management programmes. The Board proposes that access of developing countries to essential narcotic drugs is improved through encouraging preferential conditions from international suppliers for developing countries and through developing non-profit mechanisms for the use of otherwise unused narcotic products. The Board also encourages organizers of international aid programmes to consider donating, within the framework of their programmes, drugs to countries which are not in a position to secure

such substances from the international pharmaceutical market. In addition, the opioid manufacturing industry should consider making high quality opioid preparations more affordable in countries with little or no resources and low consumption levels. In order to monitor the effects of increased opiate availability in selected countries, a special programme of cooperation could be established, involving WHO, UNDCP and the Board.

However, also unlimited or excessive availability of addictive medicines on national or international markets is as much a cause for concern as are insufficient supplies. Excessive availability of such medicines frequently results in suffering of a different kind, namely in unjustified overconsumption and in dependence. The Board will examine the whole spectrum of this issue in detail in its annual report for 2000.

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Mr. Chairman,

The annual report of the Board also reviews action taken by Governments to give effect to the international drug control treaties. In so doing, our report points to achievements which deserve special mention and which may serve as a model for all Governments to maximize impact in drug control. However, it is also the duty of the Board to point to weakness and shortcomings of national drug control systems so that appropriate action can be taken. Benjamin Franklin once said that "our critics are our friends, for they do show us our faults" and the most objective analysis of situations undertaken in the Board's report will not only show faults but also give concrete suggestions for improvement. By reporting deficiencies in national control systems, concerned Governments can take remedial action and other Governments are alerted to an issue which may become critical in their own national context. Moreover, the publication of such weaknesses in the Board's report can serve as a catalyst for the necessary action at the national level. By showing both positive developments and areas where improvement is needed, readers of the report can obtain a realistic account of the global drug situation. Due to its mandate, the Board's report can never limit itself to reporting only on encouraging developments. The Board's work is guided by realism. Silence, when Government action or the lack of it endangers the objectives of the international drug control system can never be the policy of the Board.

In general, the operation of the international drug control system continues to be satisfactory. As has been the case for a number of years, no diversions of narcotic drugs from licit international trade into the illicit traffic were detected during 1999, despite large quantities of substances involved and a large number of transactions. Continuous compliance by Governments with the strict control measures set out in the 1961 Convention and the constant cooperation between national competent authorities and the Board have resulted in an effective international mechanism for controlling the movement of narcotic drugs for licit purposes.

The situation is similarly positive for psychotropic substances listed in Schedules I and II of the 1971 Convention. Preparations containing hallucinogens, amphetamines, fenetylline and methaqualone on the illicit markets in various regions of the world are almost entirely from clandestine manufacture and not from the licit pharmaceutical industry.

Stimulants, benzodiazepines, phenobarbital and buprenorphine -- all of them psychotropic substances which are listed in Schedules III and IV of the 1971 Convention - remain the most frequently diverted psychotropic substances. However, while remaining a major concern, the situation has improved. For 1999, the analyses by the Board of data on international trade in substances included in those schedules, followed by the investigation by Governments of suspicious transactions, indicated a significant decrease in the number of cases involving the diversion of those substances from international trade into illicit channels. The Board believes that this decrease is due to the efforts made by several Governments, particularly Belgium, Finland, France, Luxembourg and New Zealand which extended in 1999 the system of import and export authorizations to include all substances in Schedules III and IV of the 1971 Convention. The Board also appreciates that the United Kingdom will follow soon. As a result of better controls, traffickers usually attempt to divert substances through countries which do not have comprehensive systems in place. Therefore the Board has been very disappointed with the very limited results achieved in Canada, which has been a party to the 1971 Convention since 1987, in regard of fully applying treaty provisions for Schedule III and IV substances.

In 1998, the Board had to invoke article 14 of the 1961 Convention and article 19 of the 1971 Convention with respect to a few countries, a measure which may ultimately lead to the call for an embargo on all imports and exports of controlled drugs from and to the country concerned. However, the Board trust that respective parties will do their utmost to improve treaty compliance without delay. The invoking of those articles has already yielded positive results. All concerned Governments have either resumed cooperation with the Board or have introduced or are in a process of introducing the necessary legislative measures. I would like to stress, however, that the action by the Board will only be formally terminated when all measures required by those conventions have been taken by the Governments concerned.

Mr. Chairman,

The 1999 Report of the Board also explains its position on the issue of shooting galleries or drug injection rooms - establishments operating either with the specific authorization or with tacit approval from State or local authorities- establishments where drug abusers are allowed to abuse illicit drugs obtained from the illicit market under supervision and under, supposedly, hygienic conditions. In last year's report, the Board already urged States to consider carefully all the

implications of drug injection rooms, including the legal implications. In line with its mandate, the Board has again studied the issue and examined whether the establishment

and operation of such facilities is in line with Governments' obligations under the international drug control treaties.

The Board has concluded that drug injection rooms are not in conformity with the international drug control treaties. Drug injection rooms are places where drugs are used for non-medical purposes and without prescription . **contrary to the treaty-based requirement that drug use should be limited to medical and scientific purposes only.** And, on top of that, **abuse of illicit drugs in drug injection rooms is officially tolerated or even sanctioned and thus legitimized by Governments.** Drug injection rooms are not health rooms as they are misleadingly called in one country, they merely hide drug abusers and their problems from public view, problems which should be confronted and dealt with openly. Instead of establishing injection rooms, the Board encourages Governments to provide a wide range of treatment facilities, including the medically supervised administration of prescription drugs **in line with sound medical practice and the international drug control conventions.**

This question is not only a legal or a technical question but a policy issue as it challenges the foundations and the international consensus of the international drug control treaties. I would therefore like to invite this Commission, the principal international drug policy-making organ to position itself on the issue.

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Mr Chairman,

Throughout its entire history, the Board has been a strong supporter of conscientious, comprehensive research on the effects of all narcotic drugs and psychotropic substances. Cannabis has been one of the drugs on which extensive research has been performed for decades. The Board has always promoted such research and has, on many occasions, most recently in its 1998 annual report, reiterated the need to undertake scientific research to examine possible medical uses of cannabis. Many Governments yielded to the call from the Board and have embarked on a number of research projects in order to determine whether cannabis has medical uses.

It will take some time until the studies have been completed and their results have become known. **Until such time, none of us -- no Government, no international organization and no non-governmental organization committed to serious progress in international drug control efforts -- must allow that the medical, scientific drug trials are exploited for different aims than medical and scientific ones. Court decisions should be based only on scientifically established medical facts.** And let me emphasize that any -- any decision on the medical use of cannabis should be based on clear scientific and medical evidence and such evidence, if it exists, should be established by the medical and scientific institutions created for such purpose and not left to the general public which would not have the necessary scientific expertise. In addition, control over medical use of cannabis, and indeed, any other drug, must remain the responsibility of the competent national drug regulating authority which has to establish

and ensure the execution of licensing and other control measures in line with the 1961 Convention where cannabis is listed.

The third chapter of the Board's report gives an analysis of the drug control situation and Government measures in different regions of the world. Various sources are consulted in the drafting process : first of all Governments, many of which provide information directly to the Board. The technical expertise within UNDCP both at headquarters and in the field is also an important source for the Board. The Board also examines reports from international organizations with a drug control mandate such as the World Health Organization or Interpol or the World Customs Organization. Finally, the Board gathers important first-hand information during its country missions. After all information has been collected and analysed, the most pertinent information is selected. Space limitations prevent us from including every single important development -- such as a large drug seizures, apprehension of key drug traffickers or successes in the eradication of crops from which drugs are extracted -- in the report. Time and financial constraints prevent us from reflecting events or activities information on which reaches INCB after 1 November of the year to which the report relates. The Board therefore looks forward to receiving any additional information that Governments may wish to provide on their drug control activities.

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Mr Chairman,

I would now like to turn to the Board's report on the implementation of article 12 of the 1988 Convention.

The Board is pleased to report that during 1999 Governments have taken further steps to implement the recommendations of the Board, in particular as they relate to information exchange on individual shipments of the chemicals controlled under the 1988 Convention, to prevent their diversion into illicit manufacture. In particular, certain Governments have initiated a systematic international tracking programme for shipments of potassium permanganate, a key chemical used in the illicit manufacture of cocaine, which resulted in major successes in stopping or seizing suspicious shipments of the substance. That international tracking programme, known as "Operation Purple", has again proven the necessity for real-time information exchange and the involvement of both law enforcement and regulatory authorities in preventing the diversion of chemicals. It has also shown that such a tracking programme can be implemented successfully at the international level even for commonly used chemicals which are widely traded, such as potassium permanganate. The Board, as well as the International Police Organization (ICPO/Interpol) and the World Customs Organization (WCO) fully supported the operation. A report of the first phase of this operation which ended on 31 December 1999 is now being distributed during the current session of the Commission.

Because of the success of Operation Purple, participants have decided to extend it for an unspecified period of time, in a slightly modified form. During the current phase of the operation the Board through its secretariat serves as the focal point for the necessary exchange of information among participating countries, and additional participating countries are invited to collaborate.

A similar success has yet to be achieved in preventing diversion of acetic anhydride, a critical chemical used in the illicit manufacture of heroin which, together with potassium permanganate has been singled out among the substances included in Table II of the 1988 Convention by the General Assembly as warranting particular monitoring. During 2000, the Board will therefore initiate, in consultation with competent national authorities, an intensive global programme involving law enforcement and regulatory authorities, similar to that for potassium permanganate, with the objective of identifying and preventing diversions of acetic anhydride from both the domestic distribution channels and international trade. In addition to tracking international shipments in acetic anhydride, that programme will promote the investigation of illicit laboratory activity and smuggling of acetic anhydride, to identify the sources in order to prevent future diversions. The Board would like to thank the Government of Turkey for accepting to host the first international meeting on this issue.

In connection with law enforcement investigations of suspicious or illicit activities involving precursor chemicals, I must emphasize the importance of follow-up investigation of stopped shipments or seizures, to prevent traffickers from obtaining the substances they require from other sources, to uncover laboratories illicitly manufacturing drugs, and to identify and prosecute the traffickers involved. Those investigations need to be undertaken both domestically and internationally, in close cooperation with other Governments concerned, and, where appropriate, the Board will assist those investigations by facilitating the exchange of information.

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Mr Chairman,

I would also like to refer to the status of control of acetic anhydride and potassium permanganate. Considering the proven effectiveness of pre-export notifications, the Board concludes that information is available that may require the transfer of acetic anhydride and potassium permanganate from Table II to Table I of the 1988 Convention and has notified the Secretary-General accordingly, pursuant to article 12, paragraph 2. The Board trusts that Governments will supply all relevant comments and supplementary information that may assist the Board in conducting its full assessment as to whether either or both of the substances should be transferred from Table II to Table I of the 1988 Convention.

Furthermore we welcome the fact that a number of countries, as well as the European Commission, already have requested, or are in the process of formally requesting, such pre-export notifications for Table I substances and for acetic anhydride and potassium permanganate.

Mr. Chairman, I have highlighted only a few salient points. I hope that all competent authorities will carefully study the Board's report and give serious consideration to our practical recommendations for further action. I wish to reiterate that the Board continues to stand ready within its treaty functions to assist Governments in effectively preventing diversion of precursor chemicals. Collective actions and ingenuity have proven that we can do so. Let us together proceed further.

On a final note, I would like to stress that although drug traffickers remain very active in some regions of the world, there are positive developments: ratification of the international drug control treaties is almost universal; many Governments are taking measures to reduce drug demand and to eradicate illicit cultivation of drug crops; countries which manufacture psychotropic substances and precursors strengthen control of those substances to prevent their diversion into illicit markets; and serious research on drugs is being undertaken. It is those positive developments which encourage us all -- Governments, non-governmental organizations and the Board to continue pursuing our common objective.

Thank you for your attention.