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**STATEMENT BY PROFESSOR SEVIL ATASOY, PRESIDENT, INTERNATIONAL  
NARCOTICS CONTROL BOARD**

**Fifty-third session of the Commission on Narcotic Drugs  
(8 March 2010)**

**AGENDA ITEM 9 B:**

**REPORT OF THE  
INTERNATIONAL NARCOTICS CONTROL BOARD**

Mr. Chair, Excellencies, Ladies and Gentlemen,

In the beginning of my statement, I would like to inform you that just a week ago, the International Narcotics Control Board has lost its First Vice-President Professor Tatyana Dmitrieva who passed away in Moscow on 1 March 2010.

Professor Dmitrieva's contribution to the Board and to international drug control was exemplary and significant. She was a prominent doctor, psychiatrist and health-care administrator who served her country, the Russian Federation, as the Minister of Health from 1996 till 1998. The Board was honoured by her membership. She will be remembered by us as a most distinguished and honourable colleague.

Mr. Chair,

Before I introduce the annual report of the Board for 2009, I would like to refer to the catastrophic earthquake that struck Haiti on 12 January 2010. The earthquake caused major damage to the country. The estimated death toll exceeds 230,000. The health conditions of those who survived but are injured are threatened by a potential shortage of medicines. The Board has therefore taken steps to hasten the supply of medicines containing internationally controlled substances urgently needed by victims. Together with the World Health Organization, the Board developed, in 1996, clear guidelines for the provision of medicines for emergency medical care. The Board has informed Governments and major providers of humanitarian assistance such as International Federation of Red Cross and Red Crescent Societies that the current emergency situation justifies the application of simplified procedures for controlled medications.

Mr. Chair,

I will now highlight some of the main points of the annual report of the Board. The first chapter of the annual report examines the primary prevention of drug abuse, a crucial area of demand reduction. Primary prevention promotes a lifestyle without drugs. It is aimed at preventing or delaying the first use of drugs and the transition to drug abuse. Most drug use begins during adolescence and early adulthood. when young people start developing

cognitively and socially. Primary prevention therefore needs to target these life stages or even the stages before adolescence to be effective. Initiatives to promote the health and social development of children up to 6 years of age, in the preschool phase, can have the effect of averting a range of future problems, including drug use. It is important to include parents and families in prevention strategies, raising their awareness of the harm caused by drug use.

Mr. Chair,

Successful primary prevention strategies need to be both universal and specific. On the one hand, they need to be universal as no one - rich or poor, young or old - is immune to drug abuse. Large-scale efforts can be very effective towards raising awareness of the problem. On the other hand, in every region, in every country, there is a population of young people which is exposed to more than an average level of risk of drug abuse. The challenge for actors in drug prevention is to systematically offer protective conditions and experiences to all children and youth, particularly those who are more vulnerable.

The value of non-governmental organizations and Government agencies working together is nowhere more apparent than in the comprehensive long-term efforts to reduce the demand for illicit drugs. Partnerships with civil society need to be forged at the local, national and international level to ensure the most efficient use of scarce resources and to increase effectiveness in reducing the prevalence of drug abuse. Credible non-governmental organizations promoting the well-being of children and youth can lead prevention efforts at the local level. Due to their vast experience in that area, such organizations have an important perspective that should be heard at the policy-making level. Governments should encourage various groups with a stake in prevention to work together towards achieving freedom from drug abuse. Limited resources are most effectively and efficiently utilized when relationships are characterized by open communication and commitment to collaboration.

Mr. Chair,

Widely publicized health problems or even deaths of some well-known personalities have shed light on the increasing dimension of the abuse of pharmaceutical preparations containing substances under international control. In the United States of America, where the problem is well documented, the abuse of prescription drugs is more widespread than the abuse of cocaine, heroin, hallucinogens, MDMA and inhalants together. However, prescription drug abuse is not restricted to the United States of America alone but it occurs in many countries. The most frequently mentioned prescription opioids abused are buprenorphine, hydrocodone, oxycodone and methadone but the problem is not limited to narcotic drugs. The abuse of benzodiazepines, alone or in combination with alcohol, is a problem which remains largely unrecognized in many countries.

The Board recommends that Governments launch prevention programmes to make youth and families more aware of the dangers of abusing pharmaceutical preparations containing narcotic drugs and psychotropic substances. The Board is ready to support Governments in their efforts to combat the abuse of prescription drugs.

Mr. Chair,

The use of drugs and other intoxicating substances for the commission of sexual crimes is widely known and has been reviewed extensively in scientific and legal literature. These substances are used with criminal intent to weaken the resistance of the victims. Substances involved are benzodiazepines or cannabis both of which are under international control as well as substances not under international control such as ketamine. The drug doses involved in such criminal activities are higher than those used for therapeutic purposes. Food

and drinks are used to disguise the drugs, which are often consumed in combination with alcohol.

By adopting resolution 52/8, the Commission on Narcotic Drugs called on Member States to adopt measures to address the use of substances to facilitate sexual crimes. The Board welcomes the adoption of that resolution and calls on Governments to implement it to address the problem of using a variety of substances to facilitate the commission of criminal offences. Most importantly, the Board encourages Governments to enhance public awareness of that problem. People need to know that food or drink left unattended might be contaminated with certain substances to facilitate the commission of crimes.

The cooperation of the pharmaceutical industry can be crucial in limiting the misuse of drugs as “date-rape” drugs. It is possible to develop formulations with safety features such as dyes and flavorings to alert possible victims to the contamination of their drinks, without affecting the bioavailability of the active ingredients in legitimate drugs. The Board encourages Governments to solicit the support of the pharmaceutical companies in question in dealing with that problem.

Mr. Chair,

A special section of the annual report of the Board is devoted to the commemoration of the first multinational initiative in drug control, the International Opium Commission. The International Opium Commission was held in Shanghai in 1909 and laid the groundwork for the development of the first international drug control treaty, the International Opium Convention of 1912. The Shanghai Commission, a landmark event, was commemorated in February 2009, with the participation of more than 100 delegates. The Shanghai Declaration, which was adopted at that meeting, reaffirms the global political commitment to a comprehensive, balanced and mutually reinforcing approach to supply and demand reduction. The Board expresses its great appreciation to the Government of China for organizing and hosting this important event.

The Shanghai Declaration calls on all States to implement the international drug control treaties. The three Conventions, which are the foundation for international action against the world drug problem, enjoy near-universal adherence and global respect. However, the low rate of accession by States in Oceania to the international drug control treaties remains a matter of concern to the Board. The Board urges the States in Oceania that are not yet parties to those treaties to ratify them without delay.

True effectiveness of the treaties can only be achieved if their provisions are applied. One important treaty obligation of countries is to regularly submit information, especially on drug seizures. The Board requests all Governments to send duly completed reports questionnaires to the Secretary-General in the prescribed intervals. As a scientist, I feel that it is my duty to stress before this Commission the need for accurate data and informed analysis. This is particularly important in our times where globalization has increased the number and reach of global health policies and initiatives.

Mr. Chair,

It is the duty of the Board to monitor and support the implementation by Governments of the provisions of the international drug control treaties. Pursuant to the treaties, the parties should take such legislative and administrative measures as may be necessary to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs. The Board must draw the attention of parties to situations, where the provisions of the treaties, which had been agreed by the States themselves, appear not to be implemented,

Mr. Chair,

Treaties should be applied uniformly and across the entire territory of each State party. It is therefore advisable for States to have national coordination procedures to ensure that drug control laws and policies are consistent and that policies and measures at the levels below the national level do not undermine drug control efforts. The Board recognizes that powers of federal states, regions or provinces are guaranteed in the constitutional framework of some States parties. However, domestic legal systems should not prevent parties from fully complying with treaties. States parties have to pursue strategies and measures that ensure full compliance with the treaties. Treaty obligations must be applicable in the entire territory of each State party.

Mr. Chair,

The third chapter of the annual report reviews the drug control situation in different regions of the world. In addition to Government reports, the Board uses information from United Nations entities, for example, from the United Nations Office on Drugs and Crime or the World Health Organization when preparing this chapter. Intergovernmental organizations and non-governmental organizations active in drug control also supply the Board with information.

However, it is not possible for the Board to reflect every important development of drug control in more than 200 countries and territories worldwide. Single large drug seizures, successes in the eradication of crops from which drugs are extracted can often not be adequately reflected in our report. Please also note that our cut-off date for information is 1 November to ensure that the report is available in all official languages of the United Nations by the time of the meeting of the Commission. In spite of these constraints, I trust that the report provides a detailed overview of major developments with regard to drug trafficking and abuse in the world.

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Mr. Chair,

I would now like to turn to the Board's 2009 report on the implementation of article 12 of the 1988 Convention.

Accomplishments in the area of precursor control demonstrate that when Governments join forces, solutions to common problems are found. In 2009, determined actions of the international community have restrained criminal operations by reducing the availability of chemicals for illicit drug manufacture.

Project Prism and Project Cohesion, international initiatives facilitated by the Board, have enabled Governments to exchange data on trade, diversions and seizures. Results of these initiatives include increased seizures of acetic anhydride; more effective monitoring of suspicious transactions and the identification of trafficking trends and networks.

The Commission on Narcotic Drugs by its Resolution 49/3 that requested Member States to provide the Board with the annual estimates of their legitimate requirements for imports of key ATS precursors, has contributed to these efforts. In 2009, more than 120 Governments provided the Board estimates of their legitimate requirements. The Board is thus pleased to note that this system is regarded by countries as a valuable instrument to ensure that chemical substances are traded only to fulfil the legitimate needs of industry.

The automated online system for the exchange of pre-export notifications, the PEN Online, has also proven to be an effective tool that is now used by 110 countries and territories. Since March 2006, close to 30 000 pre-export notifications have been sent to a total of 181 countries via PEN Online. The Board urges Governments that have yet not registered with PEN Online, to do so and start using this mechanism that allows immediate exchange of information between importing and exporting countries.

Countries are responding to the menace of chemical diversion and are following the Board's recommendations by strengthening precursor control legislation. For example, in 2009, several Governments introduced new regulations to prevent diversion of ephedrine and pseudoephedrine in their territories. The Board also welcomed the decision of the Government of Afghanistan not to authorize any imports of acetic anhydride into its territory.

Mr. Chair,

Notwithstanding these actions and the results achieved in the area of precursor control, the threat of powerful criminal networks continues to challenge the efforts of the international community.

The Board has noted a significant decline in attempts to divert raw ephedrine and pseudoephedrine. But now criminals are increasingly trafficking these substances in the form of pharmaceutical preparations. Traffickers are quickly adapting to the introduction of stricter regulations and are also increasingly sourcing non-scheduled chemical substances.

Mr. Chair,

Drug trafficking organizations exert enormous amounts of violence, jeopardizing security in many countries. The wealth generated by drug and chemical trafficking allows these criminals to continue menacing the peace and welfare of our societies. The commitment of the international community to stop trafficking in precursor chemicals must stand strong and firm.

We have learned that collective efforts can achieve positive results. The Board urges Governments in the Americas to use the experiences gained from initiatives under Project Cohesion targeting acetic anhydride in Asia, to formulate similar strategies to target chemicals used in the illicit manufacture of cocaine. The Board will continue to support such activities within the scope of its mandate.

All stakeholders in chemical trade have a role to play in precursor control and voluntary cooperation with the industry is crucial. In 2009, the Board developed a tool to guide and assist Governments in establishing a framework for effective voluntary cooperation with the chemical industry. The Board has published these "Guidelines for a voluntary code of practice for the chemical industry" and I invite all Governments to make use of them. I am sure that, with your cooperation, they will soon prove to be another essential tool for precursor chemical control.

Mr. Chair,

In conclusion, as always, the Board is prepared to assist Governments in their drug control efforts within its treaty mandate. We look forward to working together closely with you again this year.

Thank you, Mr. Chair.