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**Prevention Strategy and Policy Makers
A “Solidarity Consortium”, 9-10 October, Rome**

(joint Initiative of the United Nations Office on Drugs and Crime (UNODC) and the Department for Anti-Drug Policies of Italy)

**Improving the implementation of the international drug control conventions through
enhanced capacity of national drug control administrations**

*Statement by Raymond Yans, President,
International Narcotics Control Board*

Excellencies, Ladies and Gentlemen,

It is a great pleasure for me to speak on behalf of the International Narcotics Control Board (INCB).

The INCB is a treaty-based body, established under the 1961 Convention on Narcotic Drugs (also called the Single Convention) with the specific mandate to monitor the compliance of Governments with the provisions of this Convention. The 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances have added additional mandates to the Board, to monitor Government compliance with the provisions for the control of psychotropic substances, and with the provisions related to chemicals that are used in the illicit manufacture of drugs (these chemicals are usually referred to as precursors).

The three United Nations drug control conventions form the basis of the international drug control system in place today. In other words, they set the international rule of law that all States have agreed to respect and implement. The three treaties count on almost universal adherence today.

The 1961 and 1971 Conventions have one overarching aim and two main concrete and practical objectives, which are equally important, and that are the focus of this “Solidarity Consortium” today. The overarching objective of the Conventions is to preserve and protect the “health and welfare of mankind”, to quote from the preamble of the Single Convention. The two concrete objectives are:

First, to limit the use of the drugs listed in the two conventions exclusively to medical and scientific use and to prevent their diversion into illicit channels, that is trafficking and abuse; and

Secondly, to ensure the adequate availability of these listed substances, substances that remain indispensable for medical and scientific purposes.

The three drug control treaties and the international monitoring have been highly successful. Diversion of narcotic drugs and psychotropic substances from licit trade channels and their subsequent abuse, which were a huge problem in the last century in many countries, have ceased since the Conventions came into force.

At the same time the medical use of those substances has expanded and continues to expand in many countries and in all regions and, in line with progress in medicine, the amounts of controlled substances that are licitly consumed continues to grow. This is a good development. However, this improvement has not taken place at equal speed in all countries and in all regions of the world.

Not everything in the field of drug control is perfect and many challenges remain, including inadequate demand reduction policies and insufficient prevention, treatment and recovery programmes in many countries, but by and large the international drug control system is a success story.

One of the remaining challenges is ensuring the adequate availability of medicines. In this respect much needs to be done.

Ensuring the adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes is at the heart of the international drug control conventions. Unfortunately, availability of those substances is limited in many countries and regions which affect the health and well being of vast populations around the world. This does not need to be this way. And for this reason, this subject remains one of the main topics of the Board's dialogue with Governments and cooperation with the World Health Organization. .

In 2011, the Board published a special report on "Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes".

In that report, the Board showed that ninety per cent (90%) of the global consumption of opioid analgesics is consumed by a very small group of developed countries: Australia, Canada, New Zealand, the United States of America and several European countries. On the other hand, 80 per cent of the world population has limited or no access to opioid analgesics for the treatment of pain.

This means that in many parts of the world pain goes untreated, a point that we highlighted at the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in September 2011. The situation is equally serious in the case of medicines containing psychotropic substances that are used to treat, inter alia, mental illnesses such as anxiety, depression and neurological disorders like epilepsy, and other medical conditions of which, one of the most being insomnia.

The above figures are based on the statistical information which Governments have to furnish regularly to the Board, pursuant to the drug control treaties.

Low availability is not related to low supply. The Board monitors the global supply of and demand for opiate raw materials and I can confirm to you that the global supply of opiate raw materials is more than adequate for the production of opiates in the quantities required for medical purposes. Global capacity for the manufacture of synthetic opioids is also sufficient. Further, the manufacture of all opioid medications has increased fivefold over the last two decades. Similarly, manufacture of psychotropic substances has been increasing whenever there has been an increase in demand.

What is the problem then?

A precondition for adequate availability is the identification of actual requirements for internationally controlled substances at the national level. Countries that are able to adequately estimate their licit requirements for narcotic drugs and psychotropic substances are generally also able to improve availability. However, the Board has noted that many countries are not able to provide adequate estimates and assessments, often due to a lack of experience in collecting the necessary information and data, and in calculating the estimates and assessments.

For example, in recent years, we have found that many low-income countries experience problems in submitting statistical reports, including estimates of their annual requirements for controlled substances, to the Board. Especially in Africa, Oceania and the Caribbean about 30 per cent of these countries have not submitted regularly the reports to INCB and for many countries in these regions the reports that were received were incomplete or otherwise lacked the required quality. These problems in reporting are the symptoms of weak regulatory systems and reflect poor structures within those Governments. Thus, inadequate availability in those countries should not come as a surprise.

However, on the positive side, I can reassure you that that availability can be improved in those countries through the provision of training for the necessary staff resources and capacity building.

The Conventions foresee controls to ensure availability and prevent diversion of controlled substances to illicit channels. Weaknesses in regulatory controls are immediately spotted by traffickers, who are usually very fast in identifying regulatory loopholes which might help in their illicit activities.

We are already noting that some of those countries with weak regulatory controls have been exploited as points of diversion to neighbouring countries. The weakness in controls in those countries might be an incentive for traffickers to exploit those countries more systematically for large-scale diversion of drugs and precursors.

This brings me to the main message I want to leave with you today.

There is urgent need to improve knowledge and skills of drug control administrators in low-income countries to enable them to fulfill their functions in implementing the treaties and ensuring that the citizens of their countries have adequate access to controlled medications.

In short, there is an urgent need for sustained capacity building and training of regulatory authorities on drug control matters.

However, over recent years there have been many changes. New countries have been created, most recently South Sudan; political turmoil in some countries and regions has destroyed Government capacities; in other cases new authorities have been established, and almost everywhere staff changes and rotates. All of this has resulted in a loss of acquired knowledge and skills, lack of expertise and in the need to improve the capacity of central regulatory drug authorities.

Furthermore, the advances in medical practice and compounds I mentioned earlier, including the development of new medicines and new treatments mean that there is a constant need for upgrading the skills of regulatory authorities around the world, particularly in developing and emerging countries.

Because of these, in a demonstration of the principle of shared responsibility, there is an urgent need to resume capacity building and training of regulatory authorities, building on our previous experiences. We need to develop and fund capacity building initiatives for regulatory drug control through coordinated efforts that would involve, for example, regional seminars and transmission of know-how from well-functioning authorities to countries in need.

Whilst there is an element of altruism in international cooperation in the field of drug control, there is also a large portion of self-interest. If national authorities and the international community neglect to enhance the knowledge base of countries with inadequate regulatory systems those countries will fall an easy prey to the traffickers and we all will suffer from the consequences of increased drug trafficking and abuse. This will endanger our collective well-being and lead to the spread of counterfeit and fake medicines.

For these reasons, it is imperative that policy makers in Governments pursue ways of finding sustainable modalities for capacity building of regulatory authorities. These efforts require resources, and I invite those Governments represented here to cooperate in this endeavor.

The Board itself, as guardian of the Conventions, is ready to assist in this process with the unique expertise at its disposal. Whilst the Board must safeguard its independence, it is seeking to work in close partnership with suitable counterparts, particularly with UNODC, and UNICRI, to jointly develop such capacity building programmes.

INCB is exploring joint ventures to provide national drug control administrations in affected regions and countries with specific training on the regulatory controls required under the treaties, including enabling States to satisfy mandatory reporting requirements under the treaties.

In closing, I am confident that with your leadership and support, we will achieve our common goal. Ultimately, the purpose of international drug control treaties and the efforts of the international community in this field is to improve availability of narcotic drugs and psychotropic substances for medical and scientific purposes, and to relieve human pain and suffering, while preventing the diversion and abuse of the substances controlled under the international drug control treaties.

Thank you very much for your attention.