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**STATEMENT BY DR. LOCHAN NAIDOO,
PRESIDENT,
INTERNATIONAL NARCOTICS CONTROL BOARD**

**Economic and Social Council Coordination and Management Meetings 2014
15 July 2014, New York
Item 17 (d): Narcotic drugs
Report of the International Narcotics Control Board**

Mr. President, Excellencies, Ladies and Gentlemen,

On behalf of the International Narcotics Control Board, allow me to congratulate His Excellency Martin Sajdik on his election as President of the Economic and Social Council, and the members of the Bureau. INCB is grateful for – and counts upon - the ongoing support of the Council, particularly through the Bureau. You, the Members of the Council, have, in electing us as Members of the Board, entrusted us to carry out the mandate given to us by the Parties to the Conventions to ensure that the three international drug control conventions are fully implemented. At a time when various quarters are discussing alternatives to the international drug control system, and when some jurisdictions are taking steps contrary to the conventions, INCB continues working to ensure that States comply with the treaties that they themselves developed and entered into. The Board stands ready to engage with the Council, including through its Bureau, on a more frequent basis, in particular at this critical time of drug policy debate leading up to the 2016 Special Session of the General Assembly on the World Drug Problem.

It is an honour to present to you today, as required by the drug control conventions, the INCB Annual Report for 2013, together with the INCB Annual Report on Precursor Chemicals. These reports were presented to the fifty-seventh session of the Commission on Narcotic Drugs in March. The reports are also accompanied by our technical publications on narcotic drugs and psychotropic substances, also a treaty obligation, which review the functioning of licit international trade in these substances for medical and scientific purposes.

The INCB Annual Report for 2013 is the 45th report of the Board since its establishment in 1968 and the entry into force of the 1961 Single Convention on Narcotic Drugs. Since then, significant achievements have been seen in global drug control and new challenges have emerged, posing a significant threat to the health and well-being of individuals, families and communities. As we move towards the 2016 special session of the General Assembly, it is critical that Governments and inter-governmental bodies such as this Council review progress made in addressing drug abuse and illicit drug cultivation, production, manufacture and trafficking, and identify strategies to improve responses to these societal ills. In this regard, I was pleased that you devoted your meeting this morning to the

High Level Panel Discussion on “Sustainable Development and the World Drug Problem: Challenges and Opportunities”.

The thematic chapter of our Annual Report for 2013 explores the economic consequences of drug abuse and the ways in which drug abuse affects health, public safety, crime, productivity and governance. Drug abuse can disproportionately affect specific populations – such as women, low-income populations and those most vulnerable of all: children. Indeed, children have a right to be protected from drug abuse, and this right is enshrined in Article 33 of the Convention on the Rights of the Child. Governments have a legal - and, I may add, moral - obligation to protect society’s most valuable resource from drug abuse and its consequences.

Investment in drug abuse prevention, treatment and rehabilitation is *the* wise “investment choice” which can lead to significant savings in health-care and crime-related costs and alleviate the suffering associated with drug abuse. In fact, demand reduction may be the best form of supply reduction and alternative development. For every dollar spent on prevention, Governments can save up to ten dollars in subsequent costs. Sadly, we are far from successful in this regard. Only one in six problem drug users worldwide receives the drug abuse treatment they need. In Africa, only one in eighteen problem drug users receives treatment.

In this digital and globalized age, we need to invest in “smart” families and “smart” communities. We need to follow a people-centred, evidence-based approach with full respect for human rights, translating the learnings of the past century of drug control into concrete action on the ground. In our report, we set out recommendations aimed at reducing the economic consequences of drug abuse, including: prevention, treatment, rehabilitation and reintegration; more efficient justice systems and alternatives to incarceration; strengthened governance; integration of supply reduction into development programmes; maintaining and enhancing regulatory control systems, and, implementing the provisions of the three conventions and the resolutions and decisions of the Commission on Narcotic Drugs, this Council, and the General Assembly.

Excellencies,

At this juncture, allow me to recall that the preambles to the three drug control conventions express the concern of the Parties for the health and welfare of mankind. Indeed, the international drug control system - and the three drug control treaties upon which the system is founded - has at its very core the health and well-being of society as the ultimate goal. INCB, in implementing its mandate to monitor and promote treaty implementation, reiterates that the goal of the conventions is to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, yet at the same time prevent their illicit cultivation, production and trafficking, diversion and abuse.

Just last week I had the honour of addressing the General Assembly high-level meeting on the review of progress achieved in the prevention and control of non-communicable diseases, where I highlighted the abysmal reality of limited and disproportionate access to internationally controlled medicines for the treatment of pain and mental and neurological disorders. The use of medicines containing narcotic drugs for pain relief is concentrated mainly in North America, Western Europe and some countries of Oceania. 92 per cent of global licit medical use of morphine is consumed by just 17 per cent

of the world's population; while the rest of the world population (83 per cent) consumes just 8 per cent. We clearly have a palliative care problem on our hands, since over 70 per cent of cancer deaths actually occur in low- and middle-income countries. As long as these medicines remain inaccessible to the large majority of people around the world, patients will not be able to derive the health benefits to which they are entitled under the Universal Declaration of Human Rights. In other countries, however, overprescribing of opioid analgesics and their availability in quantities greater than those required for sound medical treatment may be leading to the diversion and abuse of those substances, with consequences such as overdose and addiction. Prescription drug abuse has increased in all regions, and in some countries even exceeds the level of abuse of "illegal" drugs. INCB calls upon all States to develop strategies, including prescription drug disposal initiatives, to address this form of abuse.

INCB is committed to working with Governments to maintain a balance between supply of and demand for the raw materials required for the manufacture of all medications containing opiates. The data provided to us by Member States shows that the amount of opiate raw materials available for the manufacturing of narcotic drugs for pain relief is more than sufficient to satisfy the current demand level - as reported by Governments - and that global stocks are increasing. However, capacity building is required to improve national efforts in estimating medical and scientific requirements for narcotic drugs and psychotropic substances, in ensuring secure and timely delivery to those patients in need, and to overcome impediments to licit access. It is up to Governments to move from words to action, with the assistance of the World Health Organization and civil society, to ensure the rational use of these important medicines.

The soon-to-be launched electronic International Import and Export System (I2ES), developed pursuant to resolutions of the Commission on Narcotic Drugs, will facilitate and expedite the work of national competent authorities in facilitating licit trade in narcotic drugs and psychotropic substances, and in reducing the risk of diversion to illicit channels. We count on your support in ensuring the sustainable functioning and use of the system.

Excellencies,

New psychoactive substances (known as NPS) are substances of abuse which are not controlled under the treaties and pose an additional public health challenge in all regions. INCB recently launched the international initiative "Project ION" (International Operations on NPS) to support information exchange and cooperation between Governments on countering the trafficking of these substances.

Significant results in preventing the diversion from international trade of the precursor chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances have been achieved as a result of national efforts, supported by INCB's Pre-Export Notification Online (PEN Online) system and cooperative mechanisms. However, the successes in preventing diversion of and trafficking in the 23 internationally scheduled precursors have led traffickers to alter their practices to avoid detection. Traffickers have resorted to diversion from licit trade at the domestic rather than international level and to increasing use of non-scheduled and newly emerging chemicals in the illicit manufacture of drugs. Following INCB's recommendation, the Commission on Narcotic Drugs decided, during its fifty-seventh session in March 2014, to schedule for international control the substance *alpha*-phenylacetone nitrile (APAAN), a pre-precursor used in the illicit manufacture of

amphetamine. INCB's online Precursors Incident Communication System (PICS) allows Governments to share real-time intelligence on diversions, attempted diversions and seizures of precursors and assists governments to launch investigations.

Excellencies,

You have tasked INCB to monitor compliance with the three treaties and I will briefly highlight some key issues of concern.

While the three international drug control conventions enjoy universal adherence, a number of States are yet to accede to them, rendering their territories more vulnerable to diversion of controlled substances, drug abuse and illicit cultivation, production and trafficking. This is of particular concern in Oceania, where the non-parties to the conventions are concentrated and where many States do not have a clear picture of the drug abuse and drug trafficking problems on their territories. INCB urges those States that have not yet acceded to the conventions to do so as a matter of priority. On a positive note, I am pleased to congratulate Timor-Leste upon its recent accession to the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances and encourage the authorities to complete accession to the 1961 and 1971 Conventions soon.

In December 2013, legislation was passed in Uruguay concerning the legalization of production, sale and consumption of cannabis for non-medical purposes. INCB has reiterated that such legislation contravenes the 1961 Convention.

INCB has also expressed concern about legislative developments in the states of Colorado and Washington, in the United States, aimed at legalizing cannabis use for "recreational", or non-medical, purposes. State-licensed cannabis retailers opened on 1 January 2014 in Colorado, and may open in Washington later this year.

The 1961 Convention limits the use of cannabis to medical and scientific purposes only, and INCB is committed to continuing its dialogue and cooperation with the Governments of the United States and Uruguay with a view to facilitating continued compliance with the treaties, to which they are party.

INCB has also reiterated the importance of ensuring that medical cannabis programmes, where they exist, are fully compliant with the provisions of the 1961 Convention, so as to prevent diversion and abuse. INCB has invited the World Health Organization to evaluate the potential medical utility of cannabis and the extent to which cannabis poses dangers to human health.

We remain gravely concerned about the drug control situation in Afghanistan and the neighbouring region. Illicit opium poppy cultivation in Afghanistan reached a record high in 2013; illicit opium production also increased. At the same time, the area of opium poppy eradication decreased by over 20 per cent compared with the previous year. The illicit cultivation of the cannabis plant and production of cannabis resin remain an additional challenge in a fragile region. In May 2000, INCB invoked article 14 of the 1961 Convention with regard to Afghanistan, in order to ensure the implementation of the treaties, and called for international cooperative action to resolve the situation. Cooperation between INCB and the Government of Afghanistan has improved in recent years and positive steps have been taken by the Government, for instance in strengthening control of licit activities, improving

treaty-mandated reporting, and participating in precursor control activities. However, continuing international and regional cooperation and support is essential if progress is to be seen and if the National Drug Control Strategy of Afghanistan is to be translated into sustainable and measurable results.

There has been an increase in trafficking of opiates through East Africa, and cocaine in North and East Africa, as well as an increase in illicit manufacture and trafficking of methamphetamine in Africa. A ten-fold increase in heroin seizures in East Africa has been accompanied by an increase in levels of abuse in that sub-region. Heroin is increasingly trafficked through West Africa, mainly to Europe, and is also trafficked to Southern Africa. INCB has noted that the political situation in West Africa in recent years has been marked by serious security risks, including drug trafficking and exploitation by transnational criminal networks, due to weak law enforcement and security responses. We call upon all Governments and relevant international and regional organizations to step up efforts to address the threat posed by drug trafficking and organized crime.

Illicit cultivation of cannabis is increasing in Europe and cannabis is the most frequently mentioned drug of abuse among those entering treatment for the first time in Western and Central Europe. Cocaine trafficking routes to Europe have diversified and while the Balkan route remains the most commonly used route for drug trafficking in Eastern and South-Eastern Europe, the amount of heroin trafficked along this route declined in the past year. In Eastern and South-Eastern Europe, new psychoactive substances are an emerging problem, coming primarily from Asia but with some manufacture occurring in Europe as well. INCB remains concerned about the manufacture of and demand for heroin and amphetamine-type stimulants in East and South-East Asia.

Excellencies,

INCB's ongoing dialogue with your Governments is essential to improving the implementation of the conventions with a view to safeguarding the health and well-being of your citizens. We count on your cooperation and support, for instance in meeting treaty-based obligations for reporting to the Board and in facilitating country missions. Civil society also has an important role to play, and during its country missions the Board continues to meet with non-governmental organizations working on the ground to help individuals and families affected by drug abuse or to improve access to essential medicines.

Mr. President, Excellencies,

In closing, there is much work ahead of us if we are to see improvements in the global drug control situation. I urge you to convey the recommendations contained in the INCB Annual Report and Precursors Report to your Governments and to promote their implementation.

You, the Member States of the United Nations and Members of the Economic and Social Council, have decided that the conventions are key to addressing the global drug problem. At this time when some are considering alternative approaches and when some jurisdictions are pursuing paths that are not consistent with the conventions, we must recall again that the conventions were developed out of concern for the health and welfare of humanity. The conventions are designed to prevent and reduce the immeasurable suffering caused by drug abuse and the associated illicit cultivation, manufacture and trafficking, while

at the same time ensuring access to essential controlled medicines. The international drug control system is founded upon a balanced approach to drug control, requiring due attention to both demand reduction – prevention, treatment and rehabilitation - and supply reduction – law enforcement and judicial measures, with respect for human rights. The conventions provide for flexibility by Governments in terms of sanctions for drug-related offences, and the principle of proportionality must be followed. Earlier this year, INCB encouraged States to consider the abolition of the death penalty for drug-related offences.

We must all play our part in preventing human suffering, by preventing drug abuse and the associated ills or by ensuring that patients receive the medicines needed to treat pain and mental and neurological disorders. INCB looks forward to continuing to work with you as we pursue these humanitarian goals.

Thank you.