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**Statement of the President of the International Narcotics Control Board (INCB),
Mr. Cornelis P. de Joncheere**

Economic and Social Council Management Segment

Item 19 (d) – Narcotic drugs

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Madam President, Excellencies, Ladies and Gentlemen,

On behalf of the International Narcotics Control Board, I am pleased to present to you the INCB 2018 reports, which contain an overview of our findings and recommendations directed to Governments and international organizations. I understand that you have received an electronic copy of the reports and I will in the next few minutes present some highlights.

We are faced with an increasingly complex world drug problem, accompanied by great human suffering and loss of life. An estimated half a million people die every year because of drug abuse and overdose. Our reports provide an analysis of the current situation and make recommendations towards improving the implementation of the drug control treaties and the functioning of the international drug control system. At the same time, these efforts contribute to achievement of the Sustainable Development Goals, particularly goal 3, on ensuring healthy lives and promoting well-being for all.

The aim of the 1961 Single Convention on Narcotic Drugs and the 1971 Convention on Psychotropic Substances is to ensure the availability of these substances for medical and scientific purposes, while preventing their diversion and abuse. INCB's two annual technical publications review the functioning of the international system of estimates, assessments, and statistical returns, based on the information reported to INCB by national authorities, and provide details at the national level of the consumption of these substances for licit purposes. Let me highlight a few points from the reports.

The prevalence of many of the conditions requiring pain management and palliative care, including cancer, is increasing in low- and middle-income countries. However, **access to and availability of controlled substances for medical use** remains an enormous challenge in many countries, where many people are left without adequate treatment, and may even have to undergo surgical procedures without adequate anaesthesia. This is occurring despite the fact that these medicines, such as morphine, are low-cost, and we have the knowledge to remedy the situation.

At the other extreme, in a few high-income countries, particularly here in North America, with high levels of consumption of opioids, aggressive marketing of synthetic opioids and their over-prescription and use without adequate medical supervision and oversight has led to dire consequences – where we are seeing high levels of opioid dependence and increases in opioid overdose deaths. Sound regulatory control, in line with the requirements of the conventions, and proper medical supervision to ensure rational use of these substances, are key to overcoming this problem and saving lives. We have to make sure that there is no spill over of these experiences in this part of the world to other countries and at the same time we should take care

that the oversupply that we see here should not hamper the efforts to increase the availability where it is really needed and where people do not have access to these substances.

INCB has been closely monitoring the global disparity in the availability of narcotic drugs and psychotropic substances for medical and scientific purposes. We have been providing guidance to Governments, in the form of recommendations in our special reports on availability, in 2010 and 2015, and at the regional and national seminars delivered through our INCB Learning programme. A special supplement to the 2018 annual report reviews global progress in implementing these recommendations and the operational recommendations made by the General Assembly at its 2016 special session on the world drug problem. Our special report was informed by responses to an INCB survey from over 130 Government authorities, representing three-quarters of the world's population, and of civil society.

Our analysis shows some promising developments. Impediments to availability arising from cultural issues and biases are progressively diminishing. However, impediments such as a lack of training or awareness, problems in sourcing and supply, and limited financial resources in health systems are increasingly reported.

INCB data show that the increase in the use of expensive synthetic opioids, mainly in high-income countries, has not been matched by an increase in the use of affordable morphine.

The availability of some essential psychotropic substances has declined or remained stable in the majority of countries that provided consumption data to INCB, despite an increasing number of people living with anxiety disorders and epilepsy. Here again we see a further global disparity: higher consumption of these substances is being reported in higher-income countries, yet most of the people living with epilepsy live in low- and middle-income countries and have little access to these needed medicines.

Our report on availability offers a way forward for Governments to take concrete actions towards ensuring access and availability for medical use, which, if implemented, will alleviate the suffering and contribute to achievement of the Sustainable Development Goal 3. We are supporting national authorities to improve the availability of controlled substances for medical purposes through the INCB Learning programme, and also cooperate with the World Health Organization and the United Nations Office on Drugs and Crime in this area.

A special issue relates to national disasters and other **emergency situations** where we often see a great shortage of controlled medicines. To mitigate this, we encourage Governments to utilize the simplified procedures to facilitate the export of controlled medicines in these situations. This is highlighted as a special topic in the Annual Report.

We are raising the alarm about this lack of availability and calling upon Governments and the international community to take action. The High-Level Meeting on Universal Health Coverage will take place two months from today at the General Assembly. I urge you and your Governments to seize this unique opportunity to make a global commitment to take concrete action to address the inadequate and imbalanced availability of controlled medicines for the treatment of illness and pain under appropriate medical supervision.

The second highlight is the **thematic chapter** of our 2018 Annual Report that looked at the risks and benefits of cannabis and cannabinoids for medical, scientific and "recreational" use.

We warn of the risks if **medical cannabis programmes** are not properly regulated. The 1961 Single Convention on Narcotic Drugs does indeed permit the use of cannabis for medical purposes, and specifies the conditions that must be put in place by Governments. As for opioids, Governments must control the production and supply of cannabis for medical use, and provide INCB with estimates and statistics of national requirements of cannabis for medical purposes. Governments must ensure that medicinal cannabinoids are used under medical supervision, and

maintain the integrity of the pharmaceutical regulatory systems. These control measures are aimed at preventing diversion to illicit channels and abuse.

Poorly-regulated medical cannabis programmes, which do not meet these conditions, carry that risk of diversion to illicit channels and may result in adverse effects on public health and increase non-medical use, and may weaken the public perception of the risks associated with cannabis use. INCB remains committed to helping governments to meet their treaty obligations relating to the use of cannabis for medical and scientific purposes.

As you know, the World Health Organization has made a number of recommendations to the Commission on Narcotic Drugs regarding the **scope of control of cannabis and cannabis-related substances**. INCB is cognisant of the deliberations of the Commission on that matter, and we stand ready to assist States Parties in the implementation of their related treaty obligations, whatever the outcome of the Commission's deliberations on this important matter will be.

We are very concerned about the **legislative developments concerning the "recreational" use of cannabis** and the potential impact it has on health, particularly among young people. These developments are contrary to the treaties, and to the commitments made by States to one another to limit the use of narcotic drugs and psychotropic substances *exclusively* to medical and scientific purposes. This is a fundamental principle of the drug control treaties, and represents a challenge to the States Parties to the treaties.

The Board remains engaged in dialogue with the Governments of countries where such developments are and have taken place.

Another issue of concern is the situation in **Afghanistan**, which is deteriorating further. With the agreement of the Government of Afghanistan, INCB recently invoked article 14 bis of the 1961 Single Convention. We have taken this step as a serious call for urgent assistance from the United Nations bodies and agencies to help address the drug control challenges faced in Afghanistan. We have reiterated that efforts to stabilise the country will not be effective unless the illicit opiate economy is addressed. There is too much at stake, in Afghanistan and beyond its borders. I encourage you, the Permanent Missions to the United Nations Headquarters, to see what you can do in the various fora in which you are active to step up the support of the international community to help improve the situation in Afghanistan.

For many years the Board has taken a health and human rights approach in addressing the world drug problem. In a special topic in our Annual Report, we have reiterated our condemnation of **extrajudicial responses to suspected drug-related offences**. We have noted with serious concern that such responses are reported to continue in several countries, in particular in South and South-East Asia, frequently at the behest of senior political figures, or with their active encouragement or tacit approval. INCB is appealing to all Governments to address drug-related crime through formal criminal justice responses, in accordance with the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, and in accordance with internationally recognized due process standards.

In our regional analysis, we noted that several jurisdictions in South Asia were considering reintroducing or making greater use of the **death penalty** for drug-related crimes. Although the determination of sanctions is a prerogative of States, INCB continues to encourage all States that retain the death penalty for drug-related offences to commute sentences that have already been handed down and to consider abolishing the death sentence for drug-related offences.

We also continue to draw attention to the importance of **prevention and treatment**, which is a very important treaty requirement, and make a specific recommendation that States develop effective strategies for the prevention of drug use and mechanisms to address drug dependence through evidence-based treatment, rehabilitation, aftercare and social reintegration.

Over to our **2018 Precursors report**. On the 30th anniversary of the 1988 Convention, we reflect upon the results achieved in international precursor control, preventing chemicals from being used in illicit drug manufacture, and there are now virtually no scheduled precursors being diverted from international trade. Yet significant challenges remain, particularly the availability of “designer” precursors, which have no legitimate uses, having been designed specifically to circumvent the controls. Often closely related to other such chemicals, they emerge on and then disappear from the illicit market in connection with the scheduling decisions. Because of their absence of legitimate uses, the key element of international precursor control – which is the monitoring of legitimate trade flows – does not apply. INCB has called for an international policy discussion to explore means of addressing the proliferation of “designer” precursors, as well as to address new psychoactive substances, to prevent these potentially harmful substances from reaching people.

Madam President, Excellencies, ladies and gentlemen,

INCB celebrated in 2018 its fiftieth anniversary. As we look forward to the continuation of our treaty-mandated work, we count on your support and cooperation.

We are grateful for the **ongoing cooperation** of your Governments, through meeting your reporting obligations, receiving the INCB missions, and engaging in and supporting INCB activities. For example, to date 237 officials from 88 countries and territories have been trained through the INCB Learning programme. Use of the INCB pre-export notification system (PEN-Online) and the Precursors Incident Communication System (PICS) by countries has resulted in hardly any diversions from licit international trade. Project Ion and its IONICS system are helping to address the supply of new psychoactive substances. And our Global OPIOIDS Project is facilitating cooperation between Governments to address the illicit flow of non-medical synthetic opioids. We are working with the Universal Postal Union to address the trafficking of these very potent substances in international letter, parcel and express mail systems.

Our web-based International Import and Export Authorization System (I2ES) was developed by INCB and UNODC to promote paperless trade in internationally controlled substances by facilitating online exchange of import and export authorizations. I2ES serves as a secure platform for generating and exchanging import and export authorizations between trading countries in full compliance with the 1961 and 1971 conventions. Through wide use by Governments of the system, the international system of control of narcotic drugs and psychotropic substances can become more secure, more accurate and more efficient. And I encourage you to pass the word on to your capitals to sign up to the use of this system, available free of charge to all Governments.

All of these initiatives are designed to help governments ensure the availability of controlled substances for medical, scientific and industrial use while preventing diversion to illicit channels and abuse, and to prevent the illicit manufacture of drugs. Yet the continued operation of these tools and activities depends often upon extrabudgetary support to the Board.

In closing, full compliance with the drug control conventions and the implementation by Governments of the INCB recommendations, and the various resolutions and declarations of the Commission on Narcotic Drugs, the Council and the 2016 special session of the General Assembly, is key to realizing the health and welfare objectives of the conventions. INCB stands ready to support you and your governments in this endeavour.

Thank you very much.
