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EMBARGO:

**19 February 2009,
1100 hours CET**

MESSAGE FROM THE PRESIDENT

In 1909, one hundred years ago, drugs were unregulated and widely abused. Consumption of opiates in China alone was estimated to be more than 3,000 tons of morphine equivalent, far in excess of global illicit and licit consumption today. In the United States, about 90 per cent of narcotic drugs were used for non-medical purposes.

The International Opium Commission, convened in 1909 in Shanghai, China, set out to change that situation and spurred efforts to create an international drug control system. This was the starting point for an international treaty system which today rests on the three main international drug control treaties: the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Multilateral drug control should be considered one of the greatest achievements of the 20th century. All major States in the world are party to the international drug control Conventions. The Board assists Governments in their efforts to control drugs by managing an ever expanding global control system. The number of internationally controlled substances has increased from a few dozen to more than 200 today.

The system has effectively curtailed diversions of narcotic drugs from the licit to the illicit market. Controls over psychotropic substances have brought about a substantial reduction in the prescription of barbiturates and other hypnotics. These successes have forced traffickers to resort to illicit drug manufacture.

To pretend that challenges do not exist would be to deny reality. The Board has called on Governments to make availability of narcotic drugs for medical purposes a priority public health issue. As a result of the under-utilization of these drugs in many countries, the World Health Organization (WHO) estimates that at least 30 million patients and a possible 86 million suffer untreated moderate to severe pain annually. Governments should make use of the WHO Access to Controlled Medications Programme to improve the availability of drugs for medical purposes.

Treatment of drug addicts should be in line with sound medical practice and should not be used as an instrument to establish or maintain social control. Drug substitution programmes have their place in drug policy – not necessarily as the ultimate goal but as an interim stage that would eventually lead to the development of a healthy, drug-free lifestyle. Drug substitution programmes should be supported by psychosocial care.

Governments must also seriously address the other questions of demand reduction, particularly prevention of drug abuse. We should recall the clear message of the Special Session of the General Assembly in 1998: Drugs represent a danger for our societies and drug control, control of both demand and supply, is the collective responsibility of all nations.





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The international community may wish to review cannabis, which, over the years, has become more potent and is associated with an increasing number of emergency room admissions.

Drug regulations are no panacea and regulations alone cannot eliminate illicit drug trafficking and abuse. I can therefore understand that the question is raised whether it would be more economical to do away with all drug regulations and leave it to market forces to regulate the situation. I believe that this is the wrong question, similar to questioning whether it is economical to try to prevent car accidents or to treat infectious diseases. History has shown that national and international control of drugs can be effective and it is therefore the choice to be made.

Hamid Ghodse

President of the International Narcotics Control Board