

2000 Substantive Session of the Economic and Social Council

July 2000

Statement by Professor Hamid Ghodse **President of the International Narcotics Control Board**

CHECK AGAINST DELIVERY

Mr. Chairman, distinguished delegates,

As stipulated in the international drug control treaties, the reports of the International Narcotics Control Board are submitted to the Economic and Social Council, through the Commission on Narcotic Drugs. The Commission examined the Board's report at its 43rd session held in March in Vienna. The extensive and detailed comments of the Commission on the findings of the Board's report have been summarized in the Report of the Commission which has, in addition to the Board's report, also been submitted to the Council.

As you will see from the report of the Commission, many Governments took the floor to comment on the findings of the INCB report for 1999. One much debated issue was the establishment and operation of so-called drug injection rooms. These are facilities provided by Governments for drug abusers to inject illicit drugs, supposedly in hygienic conditions. The Board has urged Governments to consider the legal and social implications of such drug injection rooms with the greatest care, and stated that it considers such injection rooms not to be in conformity with the international drug control because they are places where drugs are used for non-medical purposes and without prescription - contrary to the treaty-based requirement that drug use should be limited to medical and scientific purposes only. The view of the Board was supported by many Governments represented at the Commission on Narcotic Drugs, and I hope that the Council shares the concern of the Board on this issue.

One important resolution which was adopted at the session of the Commission on Narcotic Drugs aims at enhancing assistance to drug abusers. In the view of the Board, this is a laudable initiative because reducing the demand for illicit drugs is an issue which has long been neglected. The Declaration on the Guiding Principles of Drug Demand Reduction adopted at the 1998 General Assembly Special Session and the corresponding action plan for its implementation has given the issue international recognition. Governments must now meet their commitments and strengthen their efforts to prevent drug abuse and to treat and rehabilitate drug abusers. Good results can only be achieved through comprehensive, sustained long-term demand reduction programmes. Reducing the negative health and social consequences of drug abuse and other measures which are

often referred to as 'harm reduction' can be a part of an overall demand reduction programme but should not be its dominant and certainly not its only element. Furthermore, we must avoid harm reduction becoming the ultimate goal of all our actions. So-called 'harm reduction programmes' cannot be allowed to replace other vital areas of demand reduction. For example, they cannot replace drug abuse prevention programmes, they cannot replace long-term treatment programmes, and they cannot replace rehabilitation efforts. If they did, we would have totally failed to implement the political declaration adopted at the Special Session of the General Assembly in 1998. As a medical doctor who has worked with drug abusers for decades, I consider assistance to drug addicts essential and I therefore welcome this resolution. In implementing it, however, Governments should consider its eighth preambular paragraph which reminds them of their obligation to limit the distribution, use and possession of drugs to medical and scientific purposes, in line with article 4 (c) of the Single Convention on Narcotic Drugs of 1961.

Mr. Chairman,

The first chapter of the Board's report for 1999 focuses on imbalances in the global availability of opiates, particularly of those related to the treatment of severe pain. Unfortunately, the medical need for opiates is not fully met in many parts of the world. Indeed, the shortfalls of morphine and other pain-relieving medicines in some countries could be called dramatic. Some figures illustrate the gravity of the situation: Eighty percent of analgesic morphine consumption is consumed by only ten countries in the world, while more than 120 countries report little or no opioid consumption to the Board.

The unavailability of pain-relieving medicines in many parts of the world has serious consequences, for example, for the treatment of cancer, which is associated with severe pain especially in the late stages of the disease. According to the World Health Organization, there are 15 million new cancer cases per year in the world, of which two thirds or 10 million cases occur in developing countries. It is estimated that even in some of technologically advanced countries, only about 10 to 30 per cent of patients suffering from severe cancer-related pain receive adequate treatment. For the developing countries, the situation is even bleaker: if the supply of pain-relieving medicines remains as inadequate as it is today, unnecessary pain and suffering will continue.

The causes of the opioid shortage in many countries are manifold. One factor is the inadequacy of national drug control systems. Many Governments have difficulties in assessing their opioid requirements or do not give such assessments the necessary attention. Establishing a solid and reliable assessment of medical needs is the first step to ensure that narcotic drugs are available so that patients do not suffer unnecessarily. Assistance should be provided to Governments in order to enable them to establish more reliable baseline estimates and assessments of medical needs. The Board also calls on Governments and the medical profession to review procedures with a view to facilitating access to essential pain-relieving medicines without jeopardizing the proper functioning of safeguards that minimize misuse and leaks in the system. Governments should also

consult with the World Health Organization, the leading international medical authority, for advice on this issue.

In line with its mandate under the 1961 Convention, the Board also examines the issues affecting the supply of and demand for opiates for licit purposes and has endeavoured to maintain a lasting balance between the two. Following bad harvests in the main supplier countries due to adverse weather conditions in recent years, The 1999 global production of opiate raw materials is likely to exceed total consumption of opiates by approximately 175 tons of morphine equivalent. This should ensure the accumulation of adequate stocks of such substances. We can thus be sure that lack of availability of opiates for medical purposes is not related to a lack of supply.

From a medical and health perspective, the demand for opiates shall increase in many countries and there should not be any problems from the supply side in meeting this increasing demand.

Mr. Chairman,

The Board remains concerned about the large scale illicit cultivation of opium poppy which takes place in Afghanistan. Over the past years, such cultivation has spread to many areas of the country. In 1999, the production of opium reached a record level and, in addition, there are indications that heroin itself is manufactured in Afghanistan which means that chemicals such as acetic anhydride are reaching laboratories without too many obstacles. Urgent action is needed to curb cultivation and to stop chemicals from reaching the laboratories. The heroin produced in Afghanistan is trafficked within and out of the region, through the so-called Balkan route and through other routes including CIS countries to destinations in Europe, and this widespread trafficking has caused much suffering in the countries through which the substance is smuggled. Heroin abuse has soared in West Asia and a large part of the heroin abused worldwide originates from Afghanistan. This threatening situation has to be addressed at the source, but also in the countries of destination and transit. Although heroin abuse seems to be stagnating, at least in some parts of the world, for example in some countries in Western Europe, it is increasing in other areas.

Apart from heroin, the situation of cocaine abuse is of concern. European police forces continue to seize large quantities of the substance, indicating that there is high demand for this illicit drug. The same holds true for cannabis and synthetic drugs, which unfortunately are wrongly perceived as benign, harmless drugs. Altogether there is no reason for complacency and none for inaction. And while the Board appreciates the efforts that Governments have taken to address this problem, I can only appeal once again that action needs to be strengthened, particularly if the objectives adopted at the Special Session of the General Assembly two years ago are to be achieved. I count on your cooperation in this area.

Mr. Chairman,

One area where very encouraging results have been achieved is that of chemical control. An initiative, which was started in 1999, including only a limited group of Governments, under the name of "Operation Purple" has demonstrated that it is possible to control the international transactions of potassium permanganate, a chemical frequently used in the illicit manufacture of drugs, particularly cocaine. We hope that later this year, we will be able to repeat this success with respect to another chemical which is essential for illicit heroin manufacture. It has been shown that very close cooperation, the exchange of information in real time and cooperation with the Board can produce impressive results. The Board will launch this initiative at an international conference hosted by Turkey in October 2000. Countries which manufacture or trade in acetic anhydride, countries through which the substance is trafficked, and countries where it is used for heroin production, will be invited to participate at that conference. I urge you to give your support to this initiative.

Thank you for your attention.

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