

**STATEMENT BY PROFESSOR HAMID GHODSE,  
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at the 52<sup>nd</sup> session of the Commission on Narcotic Drugs  
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**AGENDA ITEM 7 B:  
REPORT OF THE INTERNATIONAL NARCOTICS CONTROL BOARD**

Madam Chairperson, Excellencies, Ladies and Gentlemen,

Allow me at the outset to congratulate you, Ambassador Ashipala-Musavyi of Namibia, on your excellent management of the preparatory process leading up to this very important fifty-second session of the Commission on Narcotic Drugs. I am confident that the Commission will be guided most efficiently under your able leadership.

Madam Chairperson,

The first chapter of the annual report of the Board examines the history of international drug control, highlighting both the progress that has been made and the challenges that remain to be addressed.

International drug control developed during a long process of global change and movement and has its roots in the International Opium Commission, which was convened one hundred years ago in February 1909 in Shanghai, China. The momentum created in Shanghai led to the adoption of the International Opium Convention, the first legally binding, multilateral drug control treaty, which was signed in 1912 at The Hague.

The conferences of Shanghai and the Hague were followed by a series of multilateral agreements that addressed the cultivation, manufacture, trafficking and abuse of opium and other narcotic drugs. The efforts of the international community resulted in the adoption of the three international drug control treaties. The control system established by these treaties can be considered one of the 20<sup>th</sup> century's most important achievements in international cooperation. Over 95 per cent of Member States, covering 99 percent of the world's population, have agreed to be bound by the provisions of the treaties.

The licit control system set up by the international drug control treaties has managed to absorb the significant increase of the number of substances controlled under the Conventions and the continuously rising licit demand for narcotic drugs and psychotropic substances. This is an achievement that cannot be over-emphasized.

Madam Chairperson,

Treaties are not cast in stone and can be changed when necessary. Adjustments to the treaties can be made, particularly with respect to the substances placed under international control. The process is simple: If there is evidence to justify the removal of a substance from one or more schedules of the Conventions, parties should submit that evidence to the Secretary-General. This will initiate a rescheduling procedure which will eventually lead to a democratic vote in this Commission. The Commission is the eminent policy-making body on drug control with a history of more than six decades. Such a venerable body should not become an arena where certain acts or symbolic gestures divert from serious debate or where international conventions are undermined.

Madam Chairperson,

A balanced look at the current situation also has to take into account the drug control challenges that need to be addressed by the international community.

One such challenge is to ensure the availability of internationally controlled drugs for medical and scientific purposes. Access to controlled medicines, including morphine and codeine, is considered by the World Health Organization (WHO) to be a human right. There is sufficient supply of opiate raw materials worldwide. Yet, according to WHO, access to these substances is virtually non-existent in over 150 States. In human terms, this means that as many as 86 million persons around the world might suffer from untreated moderate to severe pain.

The reasons for this underutilization of medications are varied and complex. A survey of Governments, carried out by the Board in 2007, identified the main obstacles to a wider availability of these substances. The results, which are published in the recently issued UNGASS report, show that concerns over addiction is the factor that is most frequently cited as having the greatest impact on the availability of opioids for medical needs. Other issues, including insufficient training of health-care professionals and the existence of restrictive laws also play an important role.

To deal more effectively with the challenge, the Economic and Social Council and the World Health Assembly called on WHO to improve access to opioid analgesics. That led to the creation of the Access to Controlled Medications Programme, an initiative in which the Board is an active participant.

The Board urges all Governments concerned to identify the impediments in their countries to the adequate use of opioid analgesics for the treatment of pain and to take steps to improve the availability of those narcotic drugs for medical purposes. The Board also intends to work with WHO to identify methods to be applied in countries in order to arrive at adequate estimates for internationally controlled substances.

The Board encourages Governments of countries where the consumption of opioid analgesics is low to stimulate rational use of those drugs through the Access to Controlled Medications Programme. Governments might also consider working with the pharmaceutical industry with a view to making high-quality opioid analgesics more affordable in the poorest countries. Organizers of international aid programmes might consider donating essential drugs as part of their aid programmes.

Madam Chairperson,

The second chapter of the report deals with the normative aspects of the Board's work. In particular, the Board reviews the operation of the international drug control treaties as well as any challenges and proposes relevant remedial actions.

One development of concern is the continued illegal sale of internationally controlled substances over the Internet. So-called Internet pharmacies that sell pharmaceutical preparations without the necessary prescription continue to flourish in cyberspace and pose a significant risk for youth and other groups that are vulnerable to drug abuse.

The scale of this trafficking is staggering: In the United States, it was reported that 34 illegal Internet pharmacies had dispensed more than 98 million doses of hydrocodone, a powerful narcotic drug, in 2007. The European Monitoring Centre for Drugs and Drug Addiction reports that increasingly online drug retailers have the potential to spread new drug-taking practices or products, and they use marketing strategies that respond rapidly to changing legal and market situations.

Taking action against these activities is very difficult as such "rogue" pharmacies can easily relocate to jurisdiction with inadequate legislative and law enforcement capacities.

Over the years, the Board has collected from national authorities information on their experience in addressing the problem of the illegal sale of pharmaceuticals through the Internet and on the measures taken to counteract such transactions. The information received from Governments indicates that most countries do not have sufficient legislation, administrative regulations and cooperative mechanism to counter those activities.

Together with national experts, experts from international organizations such as the Universal Postal Union, International Criminal Police Organization, World Customs

Organization, Internet service providers, financial services and pharmaceutical associations, the Board has developed a set of guidelines which will assist Governments in addressing this important problem.

The guidelines contain information that will assist Governments in their efforts to prevent the use of the Internet for drug trafficking. On behalf of the Board, I will officially launch the guidelines tomorrow, 17 March, and encourage Governments to attend the presentation.

Madam Chairperson,

In all regions of the world, drugs are frequently trafficked through courier services. The most commonly smuggled drugs are heroin, cocaine, cannabis, MDMA (ecstasy), LSD and amphetamines. Pharmaceutical preparations containing narcotic drugs or psychotropic substances are also trafficked (e.g. benzodiazepines).

Drug traffickers like to use these services because the drugs can be easily concealed and operational costs are low. The Board encourages Governments to increase their vigilance with regard to cases involving the misuse of courier services for drug smuggling and to adopt measures to effectively counter that illicit activity.

Madam Chairperson,

Over the past few years, the Commission has adopted important resolutions on ketamine, a potent anesthetic. Ketamine is not currently under international control but abused in many countries in the world, particularly in the Americas, East and South-East Asia, South Asia and Oceania.

To assess the scope of the ketamine problem, the Board has requested all Governments to provide it with information on the specific legal or administrative measures, adopted by Governments pursuant to Commission on Narcotic Drugs resolution 49/6, including information on measures to control ketamine and on ketamine imports, exports, seizures, abuse and trafficking. A total of 91 States and territories have provided the Board with information. The majority of the Governments monitor ketamine closely. In fact, seventy-three per cent of the responding countries and territories stated that they were in a position to provide information on total manufacture, imports and exports of ketamine per year. About half of the respondents reported having placed ketamine on the list of substances controlled under national legislation.

The Board has communicated the information it obtained from Governments to WHO for use in its critical review of ketamine, which is scheduled to take place later this year, in 2009. To facilitate the verification of the legitimacy of imports and exports of ketamine, the Board will make available information on the national requirements already in place in individual countries.

Madam Chairperson,

The third chapter of the annual report reviews the drug control situation in different regions of the world. In addition to Government reports, the Board also uses information from United Nations entities, for example, from the United Nations Office on Drugs and Crime or the World Health Organization. Intergovernmental organizations and non-governmental organizations active in drug control also supply the Board with information.

Nevertheless, it is not possible to reflect every important development of drug control in the 210 countries and territories that the Board covers. Single large drug seizures, successes in the eradication of crops from which drugs are extracted can often not be adequately reflected in our report. Another constraint is time, as our cut-off date for information is 1 November to ensure that the report is available in all official languages of the United Nations by the time of the meeting of the Commission. Still the report provides a valuable overview of major developments with regard to drug trafficking and abuse in the world.

Madam Chairperson,

Throughout its forty years of existence, the International Narcotics Control Board has valued and benefited from the knowledge of NGOs and other actors of civil society in addressing the drug problem. In many countries, NGOs are the backbone of demand reduction activities, staffed with highly professional and dedicated people who carry out important tasks, sometimes with little recognition and minimal financial compensation. I would like to take this opportunity to thank all the organizations who work very hard to support Governments in their implementation of the international drug control treaties.

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Madam Chairperson,

I would now like to turn to the Board's 2008 report on the implementation of article 12 of the 1988 Convention.

Since the twentieth special session of the General Assembly, the international community has successfully worked together to tackle issues in precursor control. Nevertheless, over the last decade the issues and problems have evolved. Today we face challenges that compel us to draw perspective from our past experiences and to look into the future with vigilant eyes.

Over the past few years the world has achieved results in the area of precursor control. Since 2001, global seizures of acetic anhydride had gradually declined. During 2007 and 2008, the Board was pleased to note the achievements that have resulted in preventing acetic anhydride from reaching clandestine heroin laboratories in Afghanistan. For example, in 2008, countries in Europe seized 121 tons and countries in Asia seized 33 tons of acetic anhydride. The seizures were a result of actions of the Governments participating in Project Cohesion, an international initiative supported by INCB to monitor the movement of heroin chemicals. But unfortunately, heroin continues to be manufactured and the devastating consequences are still suffered throughout the world. Therefore, it is crucial that Governments continue to support ongoing international efforts to prevent the diversion of acetic anhydride in and around Afghanistan.

The concerns of the Board regarding Afghanistan were echoed by the Security Council of the United Nations in its resolution 1817, adopted in June 2008. In that resolution, the Council calls upon all Member States, in particular those producing chemical precursors, and those neighbouring Afghanistan and the countries on the trafficking routes, to fully implement the provisions of article 12 to eliminate the loopholes utilized by traffickers to divert chemical precursors from licit commerce.

The same resolution urged Governments that had yet not done so, to register with and utilize the online system for pre-export notifications, the PEN Online. As many of you are aware, the rapid exchange of information on individual shipments of precursor chemicals through the PEN Online has established itself as an indispensable tool for detecting and preventing diversions of precursor chemicals. The online system facilitates communications between exporting and importing Governments regarding the legitimacy of transactions. It was officially launched in 2006 is currently being utilized by over 100 Governments.

It is also important to highlight the encouraging results achieved by international cooperation under Project Prism, the initiative targeting the diversion of chemicals used in the illicit manufacture of amphetamine-type stimulants. During 2008, shipments of 50 tons of ephedrine and pseudoephedrine were prevented from falling into criminal hands. That quantity of chemicals would have been enough to illicitly manufacture approximately 40 tons of methamphetamine, one of the most dangerous abused drugs. Moreover, relevant investigations carried out by Governments have identified links between cases of diversion, as well as provided critical information on trafficking routes and destinations. Precursors destined for North America have been identified as being diverted in or through countries in Africa, Central America and West Asia, while Europe has been used for transit.

Diversion from the licit trade is the most common source of the precursors and other materials used for the illicit manufacture of drugs. Voluntary and close cooperation with

various sectors of the chemical industry is an important element of effective chemical control. Therefore, the Board is pleased to present a guideline for the designing of a voluntary code of practice for the chemical industry. Governments are encouraged to use this voluntary code as a supplement to mandatory controls, which provides an appropriate, flexible, rapid and adequate tool for dealing with this ever-changing problem.

Madam Chairperson,

Despite such results, Governments continue to be confronted by several threats that demand urgent attention.

Universal adherence to the 1988 Convention is essential to achieve the goals in precursor control. While the Board is encouraged to note that 182 States are currently party to the 1988 Convention, it remains concerned that half of the countries in Oceania have not yet ratified the Convention. The Board therefore urges those Governments that have not yet done so to implement the provisions of article 12 and become party to the Convention without further delay.

Additionally, the strengthened monitoring and control of shipments of ephedrine and pseudoephedrine destined for North America has contributed to the prevention of the diversion of those substances in that region. As controls over the raw materials have been reinforced, criminal organizations are now targeting countries with less stringent or non-existent controls over pharmaceutical preparations containing those substances. The Board urges Governments to take note of this trend and take immediate action. It is imperative to ensure that mechanisms are in place to control pharmaceutical preparations containing ephedrine and pseudoephedrine in the same manner as the scheduled substances themselves.

The exploitation of countries with less stringent controls by criminals, acts as a reminder to Governments of the importance of putting in place appropriate legislative control measures to prevent diversions. The Board reiterates the importance of establishing and strengthening national control measures in order to build the necessary foundation for effective monitoring of the movement of precursor chemicals. Let's remember that more than ten years ago, at its twentieth special session in 1998, the General Assembly, called upon Governments to adopt and implement the relevant national laws and regulations in line with the provisions of article 12 of the 1988 Convention.

While the number of attempted diversion of chemicals frequently utilized in the illicit manufacture of cocaine, particularly potassium permanganate, from licit international trade continues to decrease, traffickers continue to find the way to acquire the supplies they need. Building on the positive results achieved in relation to acetic anhydride, the Board encourages relevant Governments to develop similar strategies to replicate such successes to combat the diversion of chemicals used in the illicit manufacture of cocaine in South America.

Madam Chairperson,

In conclusion, as always, the Board is prepared to assist Governments in their drug control efforts within its treaty mandate. We look forward to working together closely with you again this year.

Thank you, Madam Chairperson.