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**Fifth Session of the African Union Conference of Ministers for Drug Control
Addis-Ababa, Ethiopia
(11–12 October 2012)**

**Statement by Raymond Yans
President of the International Narcotics Control Board**

Excellencies, Ladies and Gentlemen,

Thank you for the opportunity to address the 5th Session of the African Union Conference of Ministers for Drug Control in my capacity as the President of the International Narcotics Control Board.

As you know the International Narcotics Control Board is an independent and quasi-judicial body established by the 1961 Single Convention on Narcotic Drugs to monitor the implementation by States of that Convention and subsequently the Convention on Psychotropic Substances 1971 and the United Nations Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988, which are the three United Nations international drug control conventions.

The issues addressed by your Conference are of great concern to the INCB as they directly relate to the primary mandate of INCB, which is to promote Government's compliance with the three United Nations conventions on drug control.

The two main objectives of the international drug control treaties are the prevention of diversion and abuse of controlled substances and, at the same time, ensuring the availability of those substances exclusively for medical and scientific use.

With this dual goal in mind, INCB works together with governments to ensure the functioning of the international drug control system which is crucial in maintaining a healthy society and in preventing the suffering and harm caused to individuals and society by drug abuse and drug trafficking.

However, the international drug control system is at the same time also critical in ensuring legitimate access to drugs for medical and scientific purposes. The theme of

this Conference “Promoting good practices in drug policy development and implementation” is, therefore, very important to INCB.

In particular, I welcome this meeting as it considers the matter of drug control policies and their implementation as a matter of great importance and priority in the African continent.

We all know that drug trafficking poses an ever increasing challenge to the African continent, as African countries are increasingly exploited by international crime for diversion and transshipments of various drugs, leading to increasing levels of abuse in Africa, in particular in those countries through which these drugs are shipped.

We all know also that many countries in the continent face difficulties to adequately respond to the challenge and remain concerned over the inadequacies of regulatory drug control in the region.

We also know that it is not only drug trafficking and abuse that pose problems but that most African countries also face difficulties in ensuring the adequate supply of narcotic drugs and psychotropic substances required for legitimate medical treatment.

A well functioning drug control system is a prerequisite to respond to both of these challenges. Therefore, development and implementation of drug control policies are a very timely and important matters to discuss, and INCB welcomes that it is the focus of this conference. Allow me to comment on the “African Union Plan of Action on Drug Control and Crime Prevention 2013-2017” and the “African Common Position on Controlled Substances and Access to Pain Management Drugs”.

The African Union Plan of Action on Drug Control 2013-2017

This Plan provides a comprehensive and well-balanced approach to the problems of drugs and crime, corruption and terrorism, and forms a fundament for joint action to tackle these challenges that constitute obstacles to social and economic development.

In particular, the Board welcomes the emphasis the Plan places on prevention of drug abuse in Pillar 1 of the Action Plan on “Improving Health and Social impact of illicit drugs”.

INCB is of the opinion that well developed prevention programmes significantly reduce the risk of drug abuse and have an overall positive impact on public health and the cohesion of society. Community-based prevention programmes can play a crucial role in avoiding the occurrence of drug trafficking and abuse in neighbourhoods and are often one of the most cost-effective social policy measures to prevent the deterioration of life conditions in communities.

I would also like to bring to your attention the importance of adequately addressing the matter of control of licitly manufactured narcotic drugs and psychotropic substances, which should be considered in an Action Plan as important as the problem of abuse of illicit drugs.

As you are aware, the three international drug control treaties are the basis of the international drug control system. The main components of this system relate to measures with regard to:

- (a) illicit manufacture and trafficking;
- (b) prevention of drug abuse, and treatment and rehabilitation, and
- (c) control of the licit movement of narcotic drugs and psychotropic substances for medical and scientific purposes.

INCB hopes that African countries will address all three components and that adequate attention will be afforded to the control of licitly manufactured controlled substances. Any new African-wide effort on drugs and crime needs to pay due attention to the control and regulation of drugs required for medicinal purposes in order to be successful.

Of all regions of the world, it is above all Africa where licit drug control has been deteriorating to an extent that the efforts to tackle trafficking and abuse cannot be successful without adequately addressing licit drug control at the same time.

While many African countries have developed overarching national drug control strategies, the mechanisms for monitoring and controlling licit use and licit trade in narcotic drugs, psychotropic substances and precursor chemicals remains underdeveloped in many cases.

Among the reasons are:

- lack of capacity
- lack of training of national of national drug control administrators,
- deficient legal and regulatory frameworks.

As a result, treaty obligations are not met, and necessary medicines are not available to treat pain and mental illness in many countries. At the heart of the problem, is the lack of capacity to estimate actual licit requirements (call estimates for narcotics and assessments for psychotropic substances) and produce mandatory reporting under the treaties, a sine qua non for the production of estimates and assessments.

The deficiencies outlined result in two inter-related problems:

- (i) insufficient availability of licit drugs for medical needs; and
- (ii) diversion of narcotic drugs and psychotropic substances into illicit traffic, including street markets where counterfeit medicines or diverted pharmaceutical products lead to irrational use of drugs, including drug abuse.

For instance, diversions and abuse of benzodiazepines are reported from many African countries. Reports on abuse and seizures of preparations containing narcotic drugs (mainly codeine, dextropoxyphene and pethidine) and psychotropic substances (pemoline, buprenorphine, and benzodiazepines such as temazepam and flunitrazepam) from various countries indicate that the diversion of such products is becoming the most important source for illicit drug suppliers.

The African Common Position on Controlled Substances and Pain Management

Excessive limitation of the supply of scheduled substances for medical purposes by the competent authorities can also lead to low availability of essential drugs, such as opioids needed for the treatment of pain and psychotropic substances for the treatment of mental illness. INCB, therefore, welcomes the African Union Common Position on Controlled Substances and Access to Pain Management Drugs, which should facilitate wider access to effective opioid medication for pain management and medicines for the treatment of mental health disease in Africa.

The matter of inadequate availability of controlled substances in African countries has been a long standing concern of the Board.

You may recall the INCB Special Report on Availability of Internationally Controlled Drugs which published in 2011¹. In that report, INCB brought into focus the stark contrast in consumption levels in the different regions of the world. It identified countries and regions with particularly low levels of licit consumption of medicines containing controlled substances.

INCB showed that almost all countries in Africa had licit consumption levels of opioids for pain relief management which are considered to be “very inadequate” (*consumption of opioid analgesics in quantities equal to or less than 100 S-DDD per million inhabitants per day*). *Can you imagine 100 doses a day per for 1 million people!*

National authorities have the responsibility to take appropriate remedial measures when consumption levels are so low. Impediments to availability vary from country to country but for many African countries inadequate drug control systems are at the core of the problem.

A precondition for adequate availability is the identification of actual requirements for internationally controlled substances at the national level. Over the years, INCB has recognized that countries that are able to adequately estimate and assess their licit requirements for narcotic drugs and psychotropic substances are generally also able to improve availability. This is because the process of developing the mechanism and expertise to make appropriate estimates and assessments can lead to improved supply of internationally controlled substances. By identifying the quantities required,

¹ [Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes \(French\)](#)

inadequacies of the national health infrastructure and pharmaceuticals supply chain can be detected and eventually remedied.

I am aware that many countries face difficulties to provide adequate estimates and assessments, often due to a lack of experience in collecting the necessary information and data, and in calculating the estimates and assessments. To support these countries, INCB has, in cooperation with the World Health Organization, developed a “Guide on estimating requirements for internationally controlled substances”².

The guide, launched in March 2012, and available to all governments, it was dispatched to them, but is also available free of charge in the INCB web pages in all UN official languages, aims to assist Governments to more accurately calculate their needs for medicines, their actual requirements, The INCB hopes that the guide will be widely used can contribute to improve availability by ensuring that that estimates better match quantities required under existing treatment facilities.

Conclusions

INCB is aware of the fact that African countries face enormous challenges in tackling the problems of diversion and trafficking of drugs on the one hand and ensuring the availability of drugs for medical purposes on the other hand.

INCB is ready to assist your countries in their endeavor to remedy the situation. As a first step, the Board would recommend that the competent authorities of your countries assess their legitimate requirements for internationally controlled drugs with the help of the Board’s guide and further support by the Board as required.

At the same time, the INCB encourages your competent authorities to devote adequate attention to the issue of diversion and abuse of licitly manufactured drugs, which at present appears to be not fully addressed in most countries of Africa.

Basic requirements to tackle both problems are a functioning drug control system, wit adequately trained personnel and resources. To help your countries to achieve this goal, the Board is available provide training for capacity building for African countries.

I am cognizant that the establishment of well functioning drug control systems will require time and effort. The current situation calls for immediate action so as to prevent any further deterioration.

INCB therefore, calls upon your governments to take the necessary measures and to implement with the support of the Board, of UNODC and WHO the necessary steps which will lead adequate supply of controlled substances for medical requirements, and an improved drug control system that would also contribute to effective prevention of diversion of controlled substances to trafficking and abuse.

² [Guide on Estimating Requirements for Substances under International Control \(French\)](#)

I would like to take this opportunity to inform you that INCB is working with UNODC and other partners in developing programmes to provide training to national drug regulatory authorities to enhance capacity and provide training in this area.

I encourage the African Union at the regional level and all of you at the national level to ensure that this matter is appropriately covered in your regional and national drug control and health plans and that this matter also receives due attention in your discussions with development cooperation partners, including UNODC, in order to ensure that this initiatives are well resourced and become a reality in the near future.

The African Union Plan of Action on Drug Control and the African Common Position on Controlled Substances and Pain Management are important tools to reach these goals. The Board stands ready to assist, within its mandate, the African nations to implement these important new instruments.

Thank you for your attention.