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## **CHECK AGAINST DELIVERY**

### **REPORT OF THE INTERNATIONAL NARCOTICS CONTROL BOARD**

#### **STATEMENT BY MR. RAYMOND YANS, PRESIDENT, INTERNATIONAL NARCOTICS CONTROL BOARD**

**Fifty-sixth session of the Commission on Narcotic Drugs  
(11-15 March 2013)**

**Agenda Item 4 b:**

**Implementation of the international drug control treaties:  
International Narcotics Control Board**

Mr. Chair, Excellencies, Ladies and Gentlemen,

It is a pleasure to present to you the INCB Annual Report for 2012, together with the INCB report on precursor chemicals. Our reports provide an analysis of the global drug control situation, and draw attention to gaps and weaknesses in national and international drug control, and make recommendations to Governments and international and regional organizations. The reports are accompanied by the two INCB technical publications on narcotic drugs and psychotropic substances.

The INCB Annual Report for 2012 is dedicated to the memory of Professor Hamid Ghodse, member and former President of the Board, who passed away last December. Over the two decades of his membership of INCB, Professor Ghodse made an immense contribution to efforts to address the drug problem - from an international, academic and human perspective, and as a health professional in helping drug-dependent individuals and their families. Together with the Chair of the Commission and the Executive Director of UNODC, I would be pleased to welcome you at a special event to pay tribute to Professor Ghodse, to be held on Thursday 14 March at 13:15 in this Boardroom.

Mr. Chair,

Each year, INCB addresses in the first chapter of its Annual Report a topic of critical importance to global drug control efforts. This year, we call for a renewal of

shared responsibility in preventing the suffering caused by inadequate access to controlled medicines, drug abuse, drug trafficking and illicit drug production, and to reduce the crime, violence and corruption that is associated with illicit drug markets.

The drug problem is truly global and interconnected, necessitating a global solution, with action at all levels. For instance, international trade is inherent in the distribution of medicines and global cooperation is essential to ensuring the availability of controlled substances for medical use while preventing diversion. The international drug control conventions are therefore founded upon the principle of shared responsibility, a cross-cutting element of almost all drug-control issues.

INCB makes recommendations to further the application of shared responsibility principles in global drug control efforts. In this context, we reiterate the importance of maintaining a balance between supply and demand reduction efforts, with prevention, treatment and rehabilitation measures absolutely essential in reducing illicit demand for drugs; greater attention should be devoted to preventing the first use of drugs. Particularly in some Western countries where primary prevention of the use of so-called recreational drugs is sometimes too weak, which might in some cases be considered as a discouraging sign by countries committed to fighting drug trafficking.

At the national and regional levels, shared responsibility means that drug control should be included in economic and social development plans. There should be common purpose among policies and strategies for drug control, social justice, economic development and human rights, as well as those addressing corruption and organized crime. A renewed sense of shared responsibility in drug control should encompass Governments, international and regional organizations, civil society and the private sector.

However, this is contingent upon States fully meeting their treaty obligations at the national and sub-national levels. A prerequisite for effective national drug control is the adequate capacity of the national authorities responsible for the regulation of licit use of drugs. Governments should ensure that their competent authorities are adequately and sustainably resourced and staffed. INCB, together with UNODC, is developing a project to provide capacity building assistance to national drug regulatory authorities, and calls for the support of Member States.

Mr. Chair,

Despite the proven effectiveness of the three international drug control conventions, a few States have still not acceded to the conventions, leaving their territories vulnerable to diversion of controlled substances and to illicit drug cultivation, production, trafficking and abuse. INCB welcomes the accession in 2012 by the Holy See, Nauru and Niue to the 1988 Convention yet urges those countries that have not yet done so to accede to the conventions as soon as possible.

INCB has taken note of the re-accession of the Plurinational State of Bolivia to the 1961 Convention with a reservation on coca leaf. The reservation is only

applicable on the territory of the Plurinational State of Bolivia and the provisions of the Convention for other States regarding coca leaf remain unaffected.

The Board will continue its dialogue with the Government of Bolivia with regard to Bolivia's compliance with its obligations under the 1961 Convention, as well as further requirements arising from its reservation.

Mr. Chair,

In fulfilling its mandate, INCB maintains an ongoing dialogue with Governments, and we count on your cooperation and support, in particular in reporting to the Board as required by the conventions and in facilitating our missions to your countries.

In 2012, INCB conducted missions to Bangladesh, Brazil, Cambodia, Cuba, the Dominican Republic, Ecuador, the Republic of Korea, Mozambique, Nigeria, Pakistan, Peru, Portugal and Saudi Arabia. The findings of these missions are reported in the 2012 Annual Report; the missions to Cambodia and Mozambique will be reported in our Annual Report for 2013. In addition to country missions, INCB also invites Government delegations to its sessions when necessary – in 2012, delegations from Afghanistan and Papua New Guinea attended one of our sessions at our invitation.

INCB values highly its cooperation with civil society and endeavours during its country missions to meet with civil society representatives – in this regard we appreciate the assistance of the Vienna NGO Committee on Drugs. I would also like to take this opportunity to recognize the work done by civil society at the grass-roots level, often with the most vulnerable members of society, especially in the field of prevention, treatment and rehabilitation of drug users.

Mr. Chair,

The Board is concerned about the lack of progress made in addressing the drug problem in Afghanistan. Afghanistan remains the centre of illicit cultivation of opium poppy worldwide, seriously endangering the aims of the international drug control treaties. In addition, the importance of Afghanistan as a source of cannabis resin for global markets has been growing, due to the continued increase in cannabis cultivation.

In 2012 the Government of Afghanistan updated its national Drug Control Strategy and developed national drug control policies on alternative livelihoods, anti-drug trafficking and drug demand reduction. The Board welcomes these developments and expects the Government to translate policy into action, with continuous progress achieved towards the goals as set out in those policies.

The year 2012 witnessed continued commitment of the international community to assisting Afghanistan in addressing the drug problem. While the focus remains on combating illicit production and trafficking in opiates, the emerging situation with regard to illicit cultivation of and trafficking in cannabis should not be overlooked.

The Board calls upon the Government of Afghanistan and the international community to pursue a balanced approach between supply and demand reduction measures in accordance with the international drug control treaties as well as relevant resolutions of the Security Council, the General Assembly and the Economic and Social Council on drug control.

Mr. Chair,

The issue of adequate availability of internationally controlled substances for medical and scientific purposes continues to be a priority area. An account of various activities of the Board regarding this issue, our observations on the global situation and our suggestions on how to promote adequate availability within countries and globally are included in Chapter II of the Annual Report for 2012. I will provide to the Commission more comments on the subject of availability during the consideration of the respective agenda item. However, I would like to emphasize that greater efforts are required from Governments and other stakeholders in order to achieve the necessary improvement in the availability and rational use of narcotic drugs and psychotropic substances for medical purposes.

Let me now come to a topic that has been a priority initiative of the Board and the Commission for a number of years: the development of an electronic import/export authorization system for narcotic drugs and psychotropic substances. Required by the 1961 and 1971 Conventions, import and export authorizations are at the heart of the international drug control mechanism. A well-functioning import and export authorization system is crucial for drug control authorities to ensure the availability of drugs for medical and scientific purposes. At present, such authorizations continue to be exchanged only in the form of paper.

The Board has emphasized the importance of making this central component of the drug control system function as smoothly as possible, in particular through the development of an international electronic import/export authorization system, and we were pleased when the Commission last year adopted resolution 55/6, in which you requested UNODC to develop such a system and invited the Board's secretariat to administer it. As requested in that resolution, the Board provides more information in this regard in our Annual Report. I am proud to report today that the first prototype of the system will be presented to Member States at a side event on Thursday, 14 March 2013, at 2.20 p.m. in room M2.

The pilot phase is scheduled to start later this year and it is hoped that a functioning system will be ready by next year's meeting of the Commission. This initiative would not have been possible without the support of Member States - in terms of input on the system design, but also in terms of financial contributions. I would like to take this opportunity to thank Governments for the support provided. However, for INCB to be able to further develop and maintain the system, continued financial contributions are required. One particular area in which support will be needed is complementary training. While the system will be web-based and user-friendly, some

capacity building may be required on the side of some national competent authorities. I welcome the follow-up resolution that has been tabled at this session, and I hope that you will all support it.

Mr. Chair,

New psychoactive substances represent a growing threat to public health. We have seen unprecedented levels of abuse in recent years, even though some such substances of abuse are not so new. While these substances are not under international control they can have similar psychoactive effects to internationally controlled substances. There are hundreds of new psychoactive substances on the market, with the marketing of these substances over the Internet posing a further challenge.

To address this challenge, Governments have been adopting some countermeasures beyond those provided for by conventions, with the aim of limiting the availability of new psychoactive substances. Such measures include early warning systems, stricter controls of retailers, emergency control measures, and generic scheduling. Concerted action by Governments is necessary - a chain is only as strong as its weakest link, and the manufacturers and distributors of new psychoactive substances will quickly adapt their operations to take advantage of any gaps in control measures. The exchange of information between national Governments and between institutions at the national level is crucial. In particular, Governments should exchange information on legal mechanisms that they have put in place at the national level for the control of these new substances. INCB would be ready to play a role in this regard, based on our long experience acquired with regard to substances not controlled (I am thinking here about precursors that are not yet under international control). INCB encourages Governments to establish mechanisms (including early warning systems) to monitor the emergence and abuse of these substances. Primary prevention and education about the risks of these substances are key to deterring abuse in the first instance. Treatment and rehabilitation programmes should also take into consideration the abuse of these substances.

INCB welcomes and supports the efforts of UNODC in collecting and disseminating information regarding new psychoactive substances. In our Annual Report, we encourage UNODC to continue gathering information regarding these substances, and invite UNODC to continue to provide technical assistance in this regard. Further, the Annual Report includes a recommendation encouraging the World Health Organization to examine the health hazards of emerging psychoactive substances. We also encourage Governments to consider using the existing scheduling mechanism under the treaties, where applicable. Together with you, INCB will continue to follow with great attention this critical issue.

Mr. Chair,

The abuse of prescription drugs has become a serious health and social threat in many countries, and is continuing to spread in all regions of the world. Just as an example, abuse of prescription drugs by injection in South Asia is increasing the risk of

HIV, hepatitis B and hepatitis C infection. The abuse of medicines containing narcotic drugs has become a major public health threat in North America. There is a also continuing increase in some countries in the already high levels of consumption and abuse of pharmaceutical preparations used for the treatment of attention deficit hyperactivity disorder (ADHD), including those preparations containing methylphenidate.

This may be due in part to widespread availability arising from unethical practices including poor prescribing practices.

INCB's recommendations to address the problem include education of health professionals, tighter controls on storage and distribution, and raising the awareness of the public about the health risks of abusing prescription drugs. Efforts are needed to guarantee the availability and rational use of medicines for treatment of pain and illness but at the same time prevent their abuse.

Medical cannabis schemes are permitted under specific conditions outlined in the 1961 Convention, yet pose a challenge in some countries. If medical cannabis schemes are not adequately regulated, they can contribute to increasing levels of cannabis abuse, such as in some states of the United States of America. Evidence suggests that, in some jurisdictions, registered "patients" do not present medical histories that warrant such prescribing or dispensing. Such a situation could be considered as a step towards the legalization of cannabis for recreational use by proponents of initiatives to legalize the possession of drugs for non medical or not scientific use. To put it plainly, if such "medical" schemes are not well managed and supervised (as requested by the 1961 Convention) they could be seen as "back-door legalization" for recreational use. Gravely, if medical cannabis schemes are not adequately regulated, they can contribute to increasing levels of cannabis abuse.

Therefore INCB reiterates that medical cannabis programmes must be implemented in full compliance with the provisions of the 1961 Convention. INCB calls on the Governments of all countries where medical cannabis schemes are in place to take the necessary steps to ensure that these programmes are regulated in full compliance with the convention, and to adopt measures to reduce the risk of diversion of cannabis administered under these programmes.

Mr. Chair,

INCB welcomes initiatives aimed at furthering international drug control in conformity with the international drug control conventions. INCB has noted with concern that a number of declarations and initiatives include proposals for the legalization of narcotic drugs and psychotropic substances for purposes other than medical or scientific use, and the cultivation of cannabis plant for non-medical use.

INCB warns against initiatives that aim to broaden the use of internationally controlled substances beyond medical and scientific purposes. The limitation of controlled substances to medical and scientific purposes is the cornerstone of the

international drug control framework, the fundamental purpose of which is to protect health and promote welfare, preventing suffering caused by drug abuse and through inadequate access to medicine for pain and illness.

Mr. Chair,

In the United States of America in November 2012, voters in the States of Colorado and Washington approved ballot initiatives which would allow the recreational use of cannabis in these jurisdictions. INCB has reiterated that the 1961 Convention limits the licit use of narcotic drugs - *including cannabis* - to medical and scientific purposes. INCB has taken note of a statement made by the Office of the Attorney General of the United States in December 2012, subsequent to the finalization of our report, that regardless of any changes in state law, growing, selling or possessing any amount of marijuana remains illegal under federal law. However INCB has to underline, it is our mandate, the central role of the 1961 Convention which needs to be implemented worldwide, on the national level, but also on the sub-national level.

In our Annual Report, we highlight achievements and identify weaknesses in drug control, based upon information obtained from official government sources and the reports of international and regional organizations. I recommend that you consult Chapter III of our report, which provides an analysis of the world situation.

Mr. Chair,

The almost universal adherence to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 is proof of the political will that exists to, inter alia, prevent the diversion of precursors into illicit manufacture of drugs. The INCB annual report on the implementation of Article 12 of the 1988 Convention provides an insight into precursor control efforts. Governments continue to strengthen their control over the import and export of substances listed in Table I and Table II of the 1988 Convention. Where loopholes exist, Governments have been quickly closing them, in some cases using temporary emergency measures, with a view to implementing longer-term solutions. A growing number of countries are addressing the diversion of pharmaceutical preparations used in illicit manufacture of drugs by enacting legislation to control them in the same way as they do the raw materials.

Most countries involved in significant trade in precursor chemicals use INCB's Pre-Export Notification system (PEN Online), with more countries joining each year. In those regions where it is used consistently, the PEN Online system has made it far more difficult for traffickers to obtain scheduled precursors from international trade.

The decreasing number of reported incidents involving diversion of precursors from licit international trade serves to highlight the effectiveness of the control system. The diversion of acetic anhydride occurs from domestic distribution channels and is then smuggled across borders, destined for illicit heroin laboratories throughout Afghanistan.

Potassium permanganate used in the illicit manufacture of cocaine is obtained by traffickers by illicitly manufacturing the substance; by diverting it from domestic production; and through smuggling. But neither acetic anhydride nor potassium permanganate are known to have been obtained from international trade channels in recent years.

Traffickers are increasingly searching for new ways to illegally obtain the chemicals required for illicit drug manufacture. Diversion in regions where domestic law enforcement and regulatory capacity is limited pose significant risks nationally but also regionally and beyond. Illicit manufacture of and subsequent trafficking in methamphetamine on a large scale is now common in parts of Africa. For that reason, the Board coordinated Operation Ephedrine and Pseudoephedrine Intelligence Gaps in Africa (known as Operation EPIG) in 2012, which brought together 51 countries to gather and share information on the trade, trafficking and illicit use of ephedrine and pseudoephedrine throughout Africa.

Furthermore, new, non-scheduled substances are increasingly being used in illicit drug manufacture. There has been a notable shift away from pseudoephedrine and ephedrine and towards the use of non-scheduled esters of phenylacetic acid in the illicit manufacture of methamphetamine in some regions. European countries have been inundated with suspicious trade of and smuggling in tons of *alpha*-phenylacetoacetonitrile (APAAN), a substance that has no legitimate industrial use and which has been used in illicit precursor manufacture, and in illicit amphetamine and methamphetamine manufacture. The situation is so serious that the Board decided to begin the scheduling process for this substance, before its use in illicit drug manufacture can spread.

In 2012, the Board launched the *Precursors Incident Communication System* (PICS). PICS provides national authorities with 24/7 access to the only secure, real-time intelligence system devoted exclusively to incidents involving precursors. In less than a year, the system has grown to over 230 focal points from 60 Governments and 8 regional and international agencies. And the system has alerted users to more than 450 incidents involving 75 countries and territories in every region of the world.

The precursor challenges of the future are here, today. In order to adequately and quickly respond, a renewed look at international cooperation beyond the minimum requirements set forth in the articles of the 1988 Convention is necessary. Addressing diversion from domestic trade channels; proactive participation in innovative intelligence sharing and cooperative activities at the international level; and the ability to quickly communicate emerging diversion patterns including those involving new precursor chemicals through systems such as PICS; will be instrumental in further denying drug traffickers' access to precursor chemicals. The establishment of a similar system would however be fully conceivable in the control of "legal highs", these new psychoactive substances - the problematic issue to which I referred earlier.

Mr. Chair, Excellencies,

While we face many challenges in drug control, there is much that can and should be done, and we already have in place the road map for action – the three international drug control conventions. Universal adherence, compliance and implementation of the conventions is the optimal way to tackle the array of drug problems that we as society face today. Key to efforts aimed at enhancing the implementation of and compliance with the conventions, and improving the functioning of the international drug control system is the adequate capacity of national competent authorities. We therefore encourage Governments to ensure that their regulatory authorities are appropriately resourced and to support the provision of technical assistance. International cooperation and appropriate prioritizing at the national level must continue to play a central role in tackling trafficking, drug abuse, prevention, treatment and rehabilitation. I commend to you the INCB Annual Report for 2012 and the 2012 report on the implementation of article 12 of the 1988 Convention, and welcome your feedback, which will be taken into consideration by the Board as appropriate.

In promoting and monitoring the implementation of the conventions, our efforts are ultimately humanitarian. We are working to reduce human suffering - whether caused by inadequate access to controlled medicines for the treatment of pain and illness or by drug abuse, and drug-related crime and violence.

Thank you.