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**Statement by Dr. Viroj Sumyai, President,
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**Economic and Social Council
Coordination and Management Meeting**

Agenda item 19(d): Narcotic drugs

2 July 2018, New York

Madam Chair, Excellencies, Ladies and Gentlemen,

In my capacity as President of the International Narcotics Control Board, it is an honour to be with you today to present to the Economic and Social Council the [Annual Report of the International Narcotics Control Board for 2017](#).¹

At the outset, I would like to thank the Council and its Bureau for its support to the Board over the years as well as congratulate the President of the Council, H.E. Marie Chatardová, who I recently met in Vienna, on the successful organization and conduct of the work of the Council.

2018 marks the seventieth anniversary of the Universal Declaration of Human Rights. Consequently, our Annual Report focuses on the linkages between human rights and drug policy. 2018 also marks the twenty-fifth anniversary of the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights. This year we will also commemorate the fiftieth anniversary of the establishment of the International Narcotics Control Board.

The global drug control situation is not without complexities and challenges. Facilitating access to and availability of controlled substances for medical and scientific purposes and helping prevent diversion is at the core of INCB's mandate. It is also the core commitment your Governments made by adhering to the drug control treaties. INCB works with your Governments in implementing and monitoring these conventions in order to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, prevent diversion, drug abuse, illicit cultivation, production and trafficking, and provide treatment and rehabilitation services.

The [INCB Annual Report](#) and [Precursors Report](#) for 2017 present our findings and recommendations for action by the international community.

Chapter one of our Annual Report focuses on [treatment, rehabilitation and social reintegration for drug use disorders as essential components of drug demand reduction](#). In it, we draw attention to the need to protect the rights of people impacted by drug use disorders and that five out of six people in need of drug dependence treatment lack access to such services. We emphasize that stigma remains a significant obstacle to accessing treatment services and make a suite of recommendations to Governments to address the situation.

¹ The INCB Annual Report 2017 is available in the six languages of the United Nations [here](#).

Our report shows that treatment of drug dependence is highly cost-effective and we emphasize that treatment of drug dependence is to be seen as an element of the right to health, something that is not yet a reality.

[In Chapter two](#), we review the functioning of the international drug control system and outline key requirements of treaty compliance with a reference to specific countries and highlight key policy issues.

On the [non-medical use of cannabis](#), we emphasize that any measure that permits the use of cannabis for non-medical purposes is contrary to the international drug control conventions. The policies pursued in Uruguay, some jurisdictions in the United States and now in Canada are contrary to the international drug conventions and the undertakings those countries made to the international community and their citizens to promote health and well-being. The Board is continuing its dialogue with those Governments.

The principle of shared responsibility and the principle that treaties are binding on parties and must be implemented in good faith form the cornerstone of the rule-based international order that includes the drug control conventions. The 'general obligations' of the 1961 Convention cannot be reneged. It is these general obligations that were agreed as the sine qua non to achieving the objective of protecting health and promoting the welfare of people. Piecemeal treaty implementation is not an option. We have repeatedly called for and will continue to call for universal compliance with the drug control treaties and will continue to engage with Governments to this end. Further action rests collectively with you, the international community.

On "**drug consumption rooms**", we reiterate that their ultimate objective must be to reduce the adverse consequences of drug abuse without condoning or encouraging drug use and trafficking, and that such facilities must provide or actively refer patients to treatment, rehabilitation and social reintegration services, with rehabilitation and social reintegration remaining the ultimate objective.

Also in **Chapter two**, we devote attention to the situation in Afghanistan and refer to our ongoing consultations with the Government of Afghanistan under Article 14 of the 1961 Single Convention.

We again urge the international community to reprioritize its support for Afghanistan in the face of the worsening security and drug control situation in the country.

With regard to [drug control and human rights](#):

- We underline that the drug control treaties must be implemented with full respect for human rights;
- We reflect on the right to health and drug control, including:
 - the need to ensure adequate availability of and access to internationally controlled drugs for medical use;
 - the treaty obligation to prevent drug abuse and ensure early identification, treatment, education, aftercare, rehabilitation and social reintegration of people affected by drug abuse; and
 - that access to health care, rehabilitation and social reintegration services must be non-discriminatory and also available in prison settings.

With reference to article 33 of the Convention on the Rights of the Child, we highlight that children must be protected from drug abuse and from being used in the illicit production of and trafficking in drugs.

[In our special topic on human rights](#), we again emphasize that the rights of drug users and alleged drug offenders must be protected, including in the health care system and at all

stages of the criminal justice process. We state unequivocally that extrajudicial responses are unacceptable and violate the international drug control and human rights frameworks as well as internationally recognized due process standards. This has become all the more poignant in view of what has sadly been happening in a number of countries. We continue to engage with the Governments concerned, calling on them to put a stop to such reprehensible actions and to immediately bring those responsible to justice.

We also underline that States are required to be proportionate in their responses to drug-related offences and in their treatment of offenders.

Again we have called on States that retain the death penalty for drug-related offences to commute death sentences already handed down and to abolish the death penalty for such offences.

In our special topic on [the risk of long-term opioid use and the consumption of opioid analgesics](#), we highlight that, while the global medical consumption of opioid analgesics has been increasing in recent decades, particularly in high-income countries, a “global pain divide” has emerged. The imbalance in the availability of opioid analgesics has had a disproportionate impact upon low- and middle-income countries. I call on all States to collaborate with each other and with the Board and other relevant bodies, such as WHO, to quickly close this gap. At the same time, it is critical that all Governments ensure rational prescribing practices and implement measures to prevent diversion and risk of abuse.

We stress the urgent need to continue addressing the **current overdose epidemic** in North America. We encourage Governments to work with public health officials, pharmacists, manufacturers and distributors of pharmaceutical products, physicians, consumer protection associations and law enforcement. Possible measures include public education about the risks of inappropriate prescription practices and misuse, and appropriate regulation of the industry and of any marketing.

Where Governments have authorized or are planning to permit [the therapeutic use of cannabinoids](#), we recall that such use *is* permissible under the 1961 Convention provided that certain conditions are met. We recommend that Governments that have authorized or are considering such measures examine the results of scientific studies and ensure that prescribing is performed with competent medical knowledge and supervision, and based on best available scientific evidence and consideration of potential risks to health.

In the special topic on the national requirements for [travellers carrying medical preparations containing internationally controlled substances](#), INCB reiterates that the conventions provide special measures to ensure that people undergoing treatment with controlled substances are not forced to interrupt their treatment when travelling abroad.

In the special topic on [new psychoactive substances \(NPS\)](#), we report on our work with Member States on sharing information in real time on NPS incidents. We do this through INCB’s [Project Ion](#) and its communications platform [IONICS](#) as well as the long established [initiatives in the field of precursors](#). Project Ion now encompasses a global network of 125 countries and territories. In 2017, some 76 substances were reported through IONICS.

We also report on [illegal Internet pharmacies and the sale of internationally controlled drugs on the Internet](#) and we call on Governments to take advantage of the [INCB Guidelines on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet](#).²

Let me bring to your attention some aspects of the Board’s work to support the implementation of the [UNGASS 2016 outcome document](#), also covered in the report.³

² Available in all official languages of the United Nations at www.incb.org

³ General Assembly resolution [S-30/1](#): see in particular operative paragraphs 2, 2(e) and 2(f).

We have developed a new electronic platform, [I2ES](#), to facilitate international trade in controlled substances, on which the Commission on Narcotic Drugs adopted resolution 61/5.

Through [INCB Learning](#)⁴, as outlined in the [UNGASS 2016 outcome document](#), we are working to enhance the capacity of national authorities to better estimate their requirements for medicines.

More recently, we launched the Operational Partnerships to Interdict Opioids' Illicit Distribution & Sales Project, the [OPIOIDS Project](#) for short, which supports national and international efforts to prevent synthetic opioids, including fentanyl-related substances, from reaching drug abuse markets.

For all these initiatives, we require your full engagement and participation as well as your political and financial support. We thank those Governments that already participate and support our work and call on all your Governments to join in and support these initiatives, and contact us for information.

INCB is also cooperating with international organizations. I was pleased that the World Health Organization and the United Nations Office on Drugs and Crime accepted my invitation to enter into a [cooperative initiative](#) earlier this year to assist states in implementing the UNGASS 2016 operational recommendations.

We are also working with WHO in the field of non-communicable diseases in order to facilitate access to needed medicines and address treatment needs of people affected by drug use disorders, towards achieving Sustainable Development Goal 3 on good health and well-being that will be the focus of a high-level segment of the General Assembly in September.

In Chapter three of our Annual Report, we analyse the world drug situation and highlight developments that have come to our attention at the regional level.

In compiling this Chapter, we rely on the information your Governments provide us. Therefore, the chapter is only as good as the information available to us and I encourage all your Governments to send us information on new developments in your countries as soon as they happen.

We also draw attention to the fact that Oceania remains the region with the lowest rate of accession to the drug control treaties worldwide. During my short stay in New York, I will meet the Representatives of some of these countries to call on their Governments to become parties to the drug control treaties as a priority.

Chapter four contains the Board's recommendations. I urge you to support and implement these measures.

Our report on implementation of article 12 of the 1988 Convention, **the [precursors report](#)**, provides a detailed account of the latest trends and developments in legitimate international trade and trafficking in precursors. In it, we provide [an overview of the actions taken by your Governments](#) and the Board to deny traffickers access to the chemicals they need for illicit drug manufacture.

⁴ INCB Learning provides training for competent national authorities to strengthen national capacity to regulate and monitor the licit trade in narcotic drugs, psychotropic substances and precursor chemicals. Since its inception in 2016, INCB Learning has provided training to 68 Governments and officials from [Africa](#), [South-East Asia](#), [Oceania](#), [Europe](#) and [Central America](#). Further workshops planned for 2018 are for francophone countries in Africa, and for the authorities of countries in Central America.

We also focus on [Internet-facilitated trade in precursors and related challenges](#), including the growing sophistication of traffickers' attempts to obtain the chemicals they need for illicit drug manufacture.

The precursors report also illustrates how, throughout the year, INCB assists Governments in preventing diversion and facilitating investigations. In the past year, this has been particularly important in relation to acetic anhydride. There has been a substantial increase in the trafficking of acetic anhydride worldwide. The number of incidents reached a two-decade high. The quantities involved would be enough for up to three-and-a-half years of potential global illicit heroin manufacture. INCB-facilitated cooperation among Governments has helped to link isolated trafficking incidents, shed light on the *modi operandi* of traffickers and contribute to the conduct of investigations.

The Precursors Report also deals with our recommendation and the consequent decisions of the Commission on Narcotic Drugs to schedule under the 1988 Convention two fentanyl precursors in 2017. Those decisions will not only save lives in the current fentanyl crisis that mainly countries in North America have been witnessing, but also will make it harder for criminals illicitly to produce and obtain a number of deadly fentanyl analogues.

We make [recommendations](#) on enhanced information-sharing, multilateral operational cooperation, domestic law enforcement, and the use of existing tools and cooperation mechanisms in order to identify, disrupt and dismantle organized criminal groups involved in trafficking precursors.

Viewed together, the [precursors reports constitute a comprehensive source of reference](#) for global precursors-related data.

In addition to the annual report and the precursors report, INCB publishes annually two **technical publications** that provide an in-depth overview of the licit requirements and international trade in [narcotic drugs](#) and [psychotropic substances](#) from which diversion into illicit markets has been virtually eliminated.

This brings me to the final point of my presentation.

Our ongoing dialogue with your Governments is crucial to monitoring and facilitating the implementation of the drug control treaties. Their ultimate objective is promoting and safeguarding the health and welfare of people.

INCB's work to ensure the functioning of the international drug control system requires the cooperation of your Governments and your competent national authorities.

We count on your Governments' continued cooperation in reporting to us and in accepting INCB country missions. These enable us to gain a first-hand perspective of the drug control achievements and challenges your countries face, and to tailor our recommendations to your needs.

INCB and I look forward to continue working with all of you and hearing your observations.

Thank you.
