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**Statement by Dr. Viroj Sumyai, President,
International Narcotics Control Board (INCB)**

Sixty-second session of the Commission on Narcotic Drugs

**Item 9(c) Implementation of the international drug control treaties:
International Narcotics Control Board**

18 March 2019, Vienna Austria

Mr. Chair, Excellencies, Ladies and Gentlemen,

It is an honour to report to the Commission on the work of the International Narcotics Control Board and present the [2018 INCB Annual Report, the Special Report on availability](#) and the [Precursors Report](#)¹.

Our annual report presents an overview of the global drug control situation and functioning of the international drug control system and identifies shortcomings in implementation of the conventions. Our Annual Report represents, also, an important channel of communication with Governments, conveying our recommendations towards the goal of safeguarding public health and well-being.

This year's Annual Report is supplemented by a Special Report entitled "[Progress in ensuring adequate access to internationally controlled substances for medical and scientific purposes](#)". The Precursors Report marks the 30th anniversary since the conclusion of the 1988 Convention. Today, I will report on some of the work undertaken by the Board in response to your requests and outline some of the major challenges and developments of the last year highlighted in the three reports.

Access to and availability of controlled medicines remain a challenge in many countries. As a result, people go without adequate treatment and may even have to experience surgical procedures without anaesthesia. Such situations are often compounded in natural disasters and emergency situations and, to mitigate them, we encourage Governments to make use of the available [simplified procedures to facilitate the export of controlled medicines](#).

Drug use prevention and treatment remain limited in many countries and we note that in some countries where the prevalence of opioid dependence is significant, the use of effective treatments, including those supported by pharmacological interventions, remain limited. Regrettably, we also note that in a few countries poor regulation and overprescribing of controlled medicines has led to increases in drug dependence, overdose and diversion.

To help Governments, our supplement on 'Progress in ensuring adequate access to internationally controlled substances' presents a way for Governments to make real progress to address access to and availability of controlled medicines towards alleviating suffering and achieving Sustainable Development Goal 3.

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¹ Available in all official languages of the United Nations [here](#).

In the *chapter on cannabis and cannabinoids for medical, scientific and “recreational” use: risks and benefits* we emphasize that poorly regulated medical cannabis programmes can have adverse effects on public health and may increase non-medical cannabis use. Also, poorly regulated medical cannabis programmes can increase the risk of diversion of cannabis to non-medical use and may also contribute to the legalization of “recreational” cannabis use by reducing perceived risk associated with use, especially among youth.

To prevent such risks, Governments should

- control the production and supply of cannabis for medical use as required by the treaties and provide INCB estimates and statistics of national requirements and use for medical purposes;
- ensure appropriate and adequate medical and regulatory supervision of medicinal use, and
- maintain the integrity of their pharmaceutical regulatory systems.

INCB is ready to continue supporting your governments meet their treaty obligations in this regard.

INCB reiterates that personal cultivation of cannabis for medical use is inconsistent with the obligations under the Single Convention of 1961, including because it heightens the risk of diversion, presents health risks, as dosages and levels of THC consumed may be different from those medically prescribed, and because it does not permit national authorities to exercise the controls required by the 1961 Convention.² We also note that smoking, whether cannabis or cannabinoids, is not a medically accepted way to deliver standardized doses of a medicine, because of the varying composition of the active components and the health risks to patients from inhaling carcinogens and toxins present in smoke.

Our report reviews recent legal developments concerning non-medical use of cannabis. We reiterate that your conventions limit the use of controlled substances, including cannabis, to medical and scientific purposes. Legalization of cannabis for “recreational” purposes, as seen in a small number of countries, represents a challenge to the signatories of the treaties and their universal implementation, but above all a significant challenge to health and well-being, particularly among young people.

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After intense consultations and with the agreement of the Government of Afghanistan, INCB has invoked article 14 bis of the 1961 Convention. The purpose being to call on the relevant United Nations bodies and agencies to provide further assistance to address the drug control challenges in the country. We draw the attention of the international community to the challenges faced by Afghanistan. We stress that efforts to stabilize the country will not be sustainable unless the country’s illicit drug economy is effectively controlled. Unless local, national, regional and international efforts to address those challenges are effectively pursued, poverty, insurgency, terrorism and obstacles to development are likely to remain unaddressed. INCB will continue working with the Government of Afghanistan and its international partners to redress the drug control situation in the country.

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² Inter alia, article 28 of the 1961 Convention.

The 2018 INCB Annual Report includes recommendations on criminal justice responses to drug-related crime, with due respect for the principle of proportionality and human rights. We also urge States to develop effective strategies for the prevention of drug use and provision of treatment, rehabilitation, aftercare and social reintegration services. The fundamental goal of the three international drug control conventions is to safeguard the health and welfare of humanity, which includes the full enjoyment of human rights.

The final chapter of our annual report provides your Governments with our recommendations to promote compliance and implementation of the treaties. I will mention just 5, but INCB urges Governments to study and give effect to all its 26 recommendations:

- INCB calls upon all States to respect their legal obligations under the conventions, which are binding. We emphasize that the fundamental objective of the international drug control conventions is to safeguard the health and welfare of humankind. To this end the conventions limit the use of narcotic drugs and psychotropic substances to medical and scientific purposes;
- We reiterate our call to all States to address drug-related crime through formal criminal justice responses, in accordance with applicable human rights instruments and obligations and in adherence to internationally recognized due process standards;
- INCB also re-states its position on capital punishment for drug-related offences and again encourages those States that retain capital punishment for drug-related offences to consider its abolition for that category of offences;
- We call on States to develop effective strategies for the prevention of drug use and to address dependence through evidence-based treatment, rehabilitation, aftercare and social reintegration; and
- Governments should work with INCB to expand partnerships to counter the manufacture, sale and distribution of and trafficking in non-medical synthetic opioids and the harm they cause.

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Our special report on “*Progress in ensuring adequate access to internationally controlled substances for medical and scientific purposes*” is informed by the responses from over 130 Governments, representing 78 per cent of the world population, to an INCB survey administered to all countries, as well as inputs from civil society organisations. The results show a global disparity in availability of controlled medicines, evident in the imbalanced distribution of opioid analgesics around the world and in the use made of the available morphine for pain management.

The data show an increase in the consumption of analgesics, mainly in high income countries. Such consumption often relates to costly synthetic opioids, not to affordable morphine. The morphine that is produced is not used by pharmaceutical companies for palliative care medications, but for other purposes. In fact, only 10 per cent of available morphine was directly consumed for pain management. The reduced availability of morphine for palliative care and pain management has a negative impact on health care, especially in low- and middle-income countries that cannot afford synthetic opioids.

In our conclusions, INCB charts [the way ahead](#) and urges Governments to take further action, including:

- To consider enabling a broader range of health-care professionals, including specially-trained nurses, to prescribe controlled medicines, particularly in low-income countries;
- To include palliative care in the curriculums of medical and nursing schools;
- To strengthen training on rational prescribing of controlled medicines;

- To prioritize public health concerns when issuing licences to manufacturers, traders and distributors;
- To ensure that the pharmaceutical industry makes available affordable controlled medicines, including those required in palliative care; and
- if advertising of controlled medicines to the public is permitted at all, consider banning or restricting it.

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Let me highlight a few elements of our report on article 12 of the 1988 Convention, the [Precursors Report](#).

2018 marked the thirtieth anniversary of the 1988 Convention. Significant results have been achieved since the adoption of the Convention: much is due to your efforts and your use of the various tools developed by INCB, which have resulted in there being virtually no diversion of scheduled precursors from international trade to illicit channels. Let me reflect this in a few numbers:

- 113 governments have asked to receive pre-export notifications in advance of a planned export to their territory,
- 162 governments are registered to use the [PEN Online system](#) to pre-notify each other about proposed shipments of scheduled precursors, and
- 110 countries and territories use [INCB's PICs System](#).

Those numbers are a sign of success and are the reason why there is little diversion from legitimate international trade. To continue improving we urge all Governments to actively participate in INCB activities and systems.

INCB assessed and recommended to include APAA, a precursor of amphetamine and methamphetamine, and two precursors of MDMA ("ecstasy") in Table I of the 1988 Convention. All three chemicals have no known legitimate uses beyond limited research and analytical purposes, and can be classified as "designer" precursors, made to circumvent existing controls. The Commission has already acted on our recommendations. We pledge to continue to support you in this regard and urge your Governments to update your lists of substances under national control on a regular basis and notify INCB of cases and substances that you consider require the Board's attention.

At the same time, the emergence and availability of "designer" precursors without legitimate uses poses a significant challenge. INCB is calling for an international policy discussion on the options available to address the challenge posed by "designer" precursors. Efforts could focus, for instance, on establishing a common legal basis that would enable authorities worldwide to disrupt the supply of such chemicals to illicit drug manufacturers. INCB invites Governments to continue cooperating with each other and INCB to close information gaps on precursor trafficking. Cooperation at all levels is key: where capacity and resources for the identification of chemicals are limited, INCB invites the international community to assist the governments concerned.

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Let me update the Commission on INCB's work to implement [resolution 61/5](#) adopted last March. Then, you asked INCB to promote the utilization of the electronic International Import and Export Authorization System (I2ES), inviting INCB to identify and make concrete proposals to address obstacles to wider participation in I2ES. You also invited the Board to provide training and technical support to competent national authorities on I2ES.

In the section in chapter II entitled "[Challenges and opportunities in promoting paperless trade for internationally controlled substances: the International Import and Export Authorization System \(I2ES\)](#)" (paragraphs 335 to 353), you will find our report as well as recommendations on further action and support needed to implement I2ES.

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INCB has also been providing training to your competent national authorities, and we report back to the Commission also in Chapter II of the Annual Report under the heading [INCB Learning](#) (paragraphs 354 to 361). Here, we report on the training activities undertaken by the Board to improve the capacities of competent national authorities, and which are being implemented in cooperation with UNODC and WHO. INCB Learning has been the vehicle to provide capacity building to competent national authorities also on I2ES and address some of the obstacles impeding the wider take up of the system pursuant to last year's Commission resolution.

Through INCB Learning, the Board is assisting Member States in implementing the recommendations of the [2016 General Assembly Special Session on the world drug problem](#) relating to strengthening the capacity of competent authorities and reducing barriers to access and availability of controlled medicines. Since its inception in 2016, INCB Learning has provided training to officials of over 80 countries in Africa, South-East Asia, Oceania, Europe and Central America. This work is continuing, and further support and resources are needed to this effect.

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The implementation of INCB's recommendations as contained in the INCB 2018 Annual Report, its supplement and the Precursors Report will contribute towards achieving the Sustainable Development Goals, particularly Goal 3, concerning good health and well-being. Working in the spirit of the international drug control system and implementing INCB's recommendations can positively support your Government's commitment to promoting the health and welfare of humankind.

Our report draws attention to the risks emerging from laws and regulations that depart from what is provided for in the conventions. We call upon Governments to ensure that drug control measures fully comply with the international drug control system, as well as with international human rights standards and norms, and the rule of law.

2018 marked two important milestones for the international drug control system: the 50th anniversary of INCB and the 30th anniversary of the 1988 Convention. Along the years, the achievements have been numerous and could not have been reached without your cooperation. To face the new challenges, we must persist on this path of mutual support and **together** look at how we move forward.

This brings me to my closing remarks.

I trust you will return to your capitals with copies of the INCB 2018 Annual Report, the Special Report on availability and the Precursors Report, and the **Board's recommendations** contained therein. I urge you to advocate for the implementation of these recommendations and look forward to your feedback on achievements and challenges faced.

INCB's work would not be possible without **cooperation and ongoing dialogue** with Governments and their competent national authorities. Your cooperation and participation in and support of INCB initiatives is key.

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

Your support for INCB's treaty-mandated work and initiatives as well as your participation and contributions are critical to treaty implementation and achieving the health and well-being objectives of the treaties and sustainable development goals.

I look forward to your observations.

Thank you.
