



INTERNATIONAL NARCOTICS CONTROL BOARD

**Press Conference to launch
annual report of INCB**

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INTERNATIONAL NARCOTICS CONTROL BOARD



*Before starting with
the Report:
Special message on Haiti*



Haiti

- Earthquake on 12 January 2010 was a disaster of catastrophic proportions
- Caused major damage to the country, destroying notable landmarks
- Death toll exceeds 200,000
- Health conditions of injured survivors are seriously threatened unless immediate and appropriate action is taken



Haiti

- INCB has taken steps to hasten the supply of controlled medicines urgently needed by victims
- Clear guidelines are in place for the international provision of controlled medicines for emergency medical care, these were developed by INCB and WHO in 1996



Haiti

- INCB has informed Governments and major providers of humanitarian assistance (such as International Federation of Red Cross and Red Crescent Societies) that the current emergency situation justifies the application of simplified control procedures for controlled medications.
- Information at www.incb.org



**INTERNATIONAL
NARCOTICS CONTROL
BOARD**



Report

2009





INTERNATIONAL NARCOTICS CONTROL BOARD

**What is the International
Narcotics Control Board?**

INCB History

- INCB history closely tied to history of international drug control
- International Opium Commission, Shanghai, 1909
 - Held from 1 to 26 February 1909
 - Shanghai Declaration first multilateral commitment to reduce the scale of cultivation, trade and use of opium
 - Catalyst for international drug control system (1912 The Hague Convention)



INCB History

- Geneva Convention, 1925
 - **PCB** *Permanent Central Opium (or Narcotics) Board (1929-1967)*
- 1931 Convention
 - **DSB** *Drug Supervisory Body (1933-1967)*
- Single Convention on Narcotic Drugs, 1961
 - **INCB** *International Narcotics Control Board (as of 1968)*

Additional mandates for INCB under the

- 1971 and 1988 Conventions

Composition of the Board

- 13 members
 - 3 nominated by WHO
 - 10 nominated by Governments
- ➔ elected by ECOSOC for a period of 5 years
- ➔ serve in their personal capacity not as government representatives



***Board members are persons who,
“by their competence, impartiality and
disinterestedness, will command general confidence”
(Article 9 (2), 1961 Convention)***

Work focuses on six main aspects :

- ensure that cultivation, production, manufacture and utilization of drugs are **limited to medical and scientific** purposes
- ensure **availability of drugs for medical and scientific** purposes
- identify **weaknesses in the implementation** of the international drug control conventions

Work focuses on six main aspects :

- prevent illicit cultivation, production, manufacture, trafficking and use of drugs
- evaluate and recommend chemicals for possible international control
- monitor chemicals and prevent their diversion into illicit channels

INCB secretariat

→ Located in Vienna within UNODC

→ Maintains full technical independence from UNODC

→ Responsible only to the Board on matters of substance



INCB secretariat

→ Acts on behalf of the Board



→ 4 sections (about 30 staff members)

→ INCB Secretary is appointed by the Executive Director in consultation with the Board

→ New Secretary: Mr. Jonathan Lucas (Seychelles)



Dialogue with Governments



- **Correspondence**
- **Meetings**
- **Country missions**
- **Technical visits**

INCB missions 2009

- **Angola**
- **Australia**
- **Finland**
- **Holy See**
- **Hungary**
- **Ireland**
- **Jordan**
- **Malta**
- **Spain**
- **Sudan**
- **Syrian Arab Republic**



INCB reports

- Annual Report of the Board
- Report on article 12 of the 1988 Convention
- Technical reports on narcotic drugs and psychotropic substances



INCB Annual Report

Four chapters

- **Chapter I: Thematic review**
- **Chapter II: Operation of the international drug control system**
- **Chapter III: Analysis of the world situation**
- **Chapter IV: Main recommendations**



Thematic review:

Primary prevention of drug abuse

(Press release no. 2, Chapter 1 of report)

Primary prevention of drug abuse

Introduction

- **“Demand reduction”** = all activities aimed at reducing demand for drugs and includes **primary, secondary and tertiary prevention**
- Primary prevention are **measures to prevent and reduce drug abuse in populations that are either not using or not seriously involved with drugs**

Extent and nature of drug abuse

- Questions of why some people begin to use drugs and others do not is complex
- **Some factors influencing later drug use**
 - **Personal factors** (e.g. personality, mental health, life skills)
 - **Family factors** (e.g. quality of family life, transitions or significant changes in family life)
 - **Social factors** (e.g. attitude towards drug abuse in the environment, peer influence)
 - **School factors** (e.g. opportunity to attend school)
 - **Community and socio-economic factors** (e.g. cohesiveness of the community, internal migration)
 - **Vulnerable populations** (populations that are exposed to more than an average level of risk)

Strategies for preventing drug abuse

- **Early childhood** (preschool up to 6 years of age)
 - Targeted at prospective parents (home visit initiatives)
 - Higher-quality early childhood education programmes
- **Later childhood:**
 - Family-based initiatives
 - Family-skills training programmes)

Strategies for preventing drug abuse

➤ **Early and middle adolescence**

- Education aimed at raising awareness of the risks of drug abuse
- School policies on substance abuse
- Universal prevention measures (e.g. Mass media campaigns)

➤ **Late adolescence and early adulthood**

- Workplace, nightlife settings
- Post-secondary institutions



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- Prevention often in the **shadows of treatment of drug abuse**; low priority on prevention of drug abuse for youth and other vulnerable groups;
 - **Effective collaboration** among governmental and non-governmental actors can be **difficult**.

Recommendations

Governments should

- Integrate primary prevention into the national drug control strategy and use a **public health** framework
- Build capacity for and ensure **collaboration and linkage** among all Government sectors pursuing similar prevention aims
- Encourage various groups with a stake in prevention (families, schools, NGOs etc.) to **work together** towards the achievement of prevention aims

Recommendations

Governments should

- Establish mechanisms to improve the **understanding** of drug abuse and factors influencing drug abuse
- Increase their commitment to the **evaluation** of primary prevention



Regional highlights

Press release No. 3, Chapter 3 of report

AFRICA

- **Cannabis** most widely produced, trafficked and abused drugs
- Seizures of cannabis continue: Big **increase of seizures in Morocco, Tanzania** continues to report the **largest seizures** of herbal cannabis in East Africa;
- Africa vulnerable to the **diversion** of chemical precursors **ephedrine and pseudoephedrine** which are used in the illicit manufacture of methamphetamine in Central and North America; need to strengthen national precursor control mechanisms

AMERICAS

- Central America: Drug trafficking has become a major **security threat**; street gangs (*maras*) continue to be associated with international drug trafficking networks
- North America: Drug-related violence remains high in **Mexico** with doubling of death toll between 2007 and 2008
- Potential **cocaine manufacture** in South America has **decreased significantly**, from 994 tons in 2007 to 845 tons in 2008, the lowest output since 2003

ASIA

- Afghanistan: Illicit cultivation of **opium poppy decreased** in 2008 and 2009
- Illicit manufacture and trafficking of **amphetamine-type stimulants has increased** in East and South –East Asia
- Widespread abuse of **pharmaceutical** preparations containing narcotic drugs (codeine) is a continuing problem in **Bangladesh**
- Trafficking and abuse of **amphetamine-type stimulants is on the rise** in the eastern Mediterranean and the Arabian Peninsula, highest seizures of these substances made in Saudi Arabia



EUROPE

- Europe remains the **largest market for cannabis resin** (hashish) in the world
- Europe continues to account for virtually **all cocaine seizures** made outside the Americas
- **Heroin** accounts for 92 per cent of all opiate seizures in East and Central Europe (2008)
- Drug **abuse stable or declining** in several countries in Western Europe



OCEANIA

- Smuggling of pharmaceutical preparations containing **pseudoephedrine into New Zealand has risen significantly** (seizures multiplied by 13 between 2002 and 2008)
- **Demand for MDMA** (“ecstasy”) in Australia has **increased**
- **Low rate of accession** to the international drug control treaties by States in **Oceania** of concern to the Board



Special topics



Growing problem of prescription drug abuse

Press release No.4, Chapter 2

Abuse of prescription drugs

- Increasing dimension of abuse of prescription drugs is a **disturbing development**
- **Diversion of pharmaceutical** preparations from **domestic** distribution channels is an underreported phenomenon (difficult to obtain comprehensive data on the actual level of abuse of such drugs)
- Problem not confined to developed countries; **almost all countries are affected**
- Substances abused include opioids and benzodiazepines e.g. **buprenorphine, codeine, diazepam, pethidine**
- Means of diversion include **forged prescriptions, thefts from pharmacies, hospitals and doctors' offices**
- **Illegally operating Internet pharmacies** play a major role in the increasing illicit market for prescription drugs

Governments should

- devote increased **attention** to the problem of prescription drug abuse when formulating public health policies:
 - **Collect data** on abuse of these substances in their national drug abuse surveys
 - Law enforcement authorities should **regularly report seizures** of pharmaceutical preparations
 - Introduce programmes for **monitoring prescription** to reduce improper prescribing practices
 - Promote **rational use** of prescription drugs



Drugs and sexual assault

Press release No.5, Chapter 2

Drugs and sexual assault

- Use of such drugs for sexual assault **well-documented in scientific and legal literature**
- Several drugs are involved, e.g. **cannabis, flunitrazepam or GHB**
- Drugs are used with criminal intent to **weaken the resistance** of the individuals
- Commission on Narcotic Drugs resolution 52/8: Member States to adopt measures to address the use of substances to facilitate sexual assault (“**date rape**”)

Governments should:

- enhance **public awareness** of that problem
- consider imposing **stricter controls**
- **share information** on the use of such drugs
- **cooperate with industry** (e.g. develop formulations with safety features, such as dyes and flavorings, to alert possible victims to the contamination of their drinks without affecting the bioavailability of the active ingredients in legitimate drugs)
- take other measures aimed at **discouraging the use of such substances** for the commission of drug-facilitated sexual assault



Consistent drug laws and policies

Consistent drug laws and policies

- History of international drug control treaties is **success story**: Treaties enjoy near-universal adherence and global respect
- To be effective, application of treaties should be **uniform**
- States parties should pursue strategies and measures that ensure full compliance with the treaties and treaty obligations are applicable **in the entire territory** of each State party



Consistent drug laws and policies

- The Board recognizes that powers of states, regions or provinces are guaranteed in the constitutional framework of some States parties but notes that **domestic legal systems should not prevent States from full compliance with treaties**
- Policies and measures at the lower levels of States **should not undermine drug control efforts**
- States should have national coordination procedures to ensure that drug control **laws and policies are consistent**



100 years of drug control

Press release No.7



100 years of drug control

- First multinational initiative in drug control: **International Opium Commission, Shanghai 1909**,
- Commission laid groundwork for the elaboration of first international **drug control treaty**
- **Centennial commemoration** of that landmark event was held in February 2009, more than 100 delegates participated



100 years of drug control

- **Shanghai Declaration** reaffirms political commitment to a comprehensive, balanced and mutually reinforcing approach to supply and demand reduction
- Declaration called on States to **fully implement** the international drug control treaties
- **Board expresses its great appreciation to Government of China for organizing and hosting this important event**



INCB

recommendations

Chapter 4



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- Presentation of major recommendations made throughout the report
 - Recommendations addressed to Governments, United Nations Office on Drugs and Crime (UNODC), World Health Organization (WHO) and other relevant international and regional organizations
 - **Implementation of these recommendations will be reviewed by the Board**



**Thank you
for your attention**

<http://www.incb.org>