Report of the International Narcotics Control Board on Follow-up to the Twentieth Special Session of the General Assembly



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The Report of the International Narcotics Control Board for 2008 (E/INCB/2008/1) is supplemented by the following reports:

Report of the International Narcotics Control Board on Follow-up to the Twentieth Special Session of the General Assembly (E/INCB/2008/1/Supp.1)

Narcotic Drugs: Estimated World Requirements for 2009; Statistics for 2007 (E/INCB/2008/2)

Psychotropic Substances: Statistics for 2007; Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971 (E/INCB/2008/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2008 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2008/4)

The updated lists of substances under international control, comprising narcotic drugs, psychotropic substances and substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, are contained in the latest editions of the annexes to the statistical forms ("Yellow List", "Green List" and "Red List"), which are also issued by the Board.

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The text of the present report is also available on the website of the Board (www.incb.org).



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strategy (figure II). A total of 128 States and territories (89 per cent of those responding) have comprehensive drug control legislation in place, 113 States and territories (78 per cent of those responding) have set up a coordinating committee on drug control and 107 States and territories (74 per cent of those responding) have developed and implemented drug control strategies. A better understanding of drug-related problems has reinforced coordination at the national level and cooperation between different professional and national authorities.

11% (31)90 (37)21% 26% (29)80 20% 70 (41)Percentage (n=144) (31)29% 21% 60 50 40 (99)69% 30 (76) (72)53% 50% 20 10 0 Drug control legislation Coordinating committee Drug control strategy ■ Adopted before 1998 ■ Adopted after 1998 □ None

Figure II

Capacity-building in national drug control

Note: The number of States and territories (144) is displayed in parentheses; percentages have been rounded off.

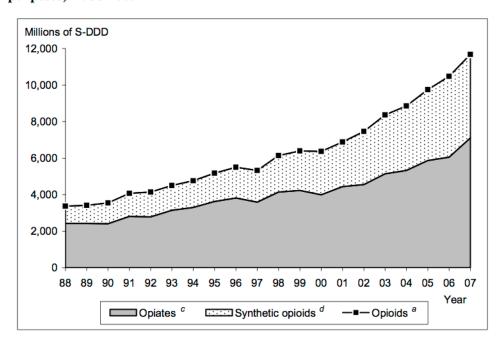
C. Promoting availability of opiates for medical needs

61. Pursuant to the aims of the international drug control treaties, the Board has made continuous efforts to ensure that narcotic drugs, opiates in particular, are available for medical and scientific purposes. In 1996, the Board, in cooperation with WHO, issued a special report entitled Availability of Opiates for Medical Needs. 11 The report contained various recommendations for consideration by Governments, the United Nations International Drug Control Programme (now UNODC), the Commission on Narcotic Drugs, WHO, international and regional drug control, health and humanitarian organizations, educational institutions and non-governmental health-care organizations and other health-care representatives, all of whom were encouraged to promote the adequate availability of opiates for the treatment of pain, particularly that related to cancer.

¹¹ United Nations publication, Sales No. E.96.XI.6.

- 62. In its annual report, the Board has consistently addressed the issue of making opiates available for medical needs, urging Governments to critically examine their methods of assessing domestic medical needs for opiates and to take the steps necessary to remove impediments to the adequate availability of those drugs for medical and scientific purposes. As a result, global consumption of opioid analgesics for the treatment of moderate to severe pain, expressed in defined daily doses for statistical purposes, increased by more than 2.5 times during the past decade. This is largely the result of efforts by Governments, WHO and health professionals to improve the relief of pain due to cancer.
- 63. A review of trends in global consumption of opiates and synthetic opioids for the 20-year period 1988-2007 (see figure III) indicates that the consumption of opiates increased steadily, almost tripling after 1987. The consumption of synthetic opioids almost quadrupled during that same period. The increase occurred mainly in countries in Europe and North America, which together accounted for about 89 per cent of global morphine consumption in 2007, for example.

Figure III Global consumption of opioids, in millions of defined daily doses for statistical purposes, 1988-2007



- Opioids: opiates and synthetic opioids.
- b The statistical defined daily doses for statistical purposes (S-DDD) are technical units of measurement for the purpose of statistical analysis and are not recommended prescription doses.
- ^c Including buprenorphine, an opiate under the control of the Convention on Psychotropic Substances of 1971.
- Including pentazocine, a synthetic opioid under the control of the Convention on Psychotropic Substances of 1971.
- 64. The results of the 2007 survey reveal that concern about addiction is the factor that has the greatest impact on the availability of opioids for medical needs (see figure IV). Other factors, such as reluctance to prescribe or stock opioids,

insufficient training of health-care professionals and the existence of restrictive laws, also play an important role. While concern about addiction is the most influential factor in all regions, the existence of restrictive laws and regulations appear to play a significant role in Asia, and in countries in the Americas reluctance to prescribe or stock those medications is seen as having a greater impact on the availability of opioids than other factors.

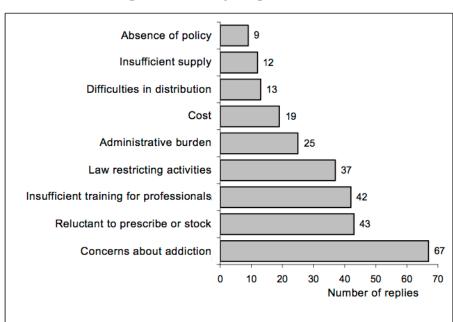


Figure IV

Main factors affecting the availability of opioids for medical needs

Note: The results shown in the figure are based on replies submitted by countries and territories (n=144) responding to a specific multiple-choice question. The countries and territories could choose one or more factors contained in that question.

D. Strengthening efforts in reducing demand for illicit drugs

- 65. Demand reduction is a core component of the international drug control treaties. Pursuant to article 38 of the 1961 Convention as amended by the 1972 Protocol and article 20 of the 1971 Convention, parties are required to take all practicable measures for the prevention of abuse of narcotic drugs and psychotropic substances and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved. According to article 14, paragraph 4, of the 1988 Convention, parties are required to adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering and eliminating financial incentives for illicit traffic.
- 66. The objectives of demand reduction programmes are to prevent and reduce the abuse of drugs, treat the addicted and reduce the adverse consequences of drug abuse. Demand reduction programmes provide for and encourage the active participation of the general public and target those at particular risk, regardless of

the location or economic conditions. Community-, school- and family-based prevention programmes promote proper attitudes about the availability and abuse of drugs and the perception of their risks. They may also increase awareness of vulnerability, risk and factors that are closely associated with a disposition to abuse drugs.

- 67. The Board first brought the issue of drug demand reduction to the attention of the international community in its report for 1993, 12 in which the Board referred to the crucial importance of drug demand reduction programmes. The Board has also expressed its appreciation for the initiative taken by the General Assembly in adopting, at its twentieth special session, the Declaration on the Guiding Principles of Drug Demand Reduction (Assembly resolution S-20/3, annex), further raising awareness of the importance of that issue.
- 68. In the Declaration, Member States pledged to invest in demand reduction programmes. A series of actions were called for, including: regularly assessing the nature and magnitude of drug abuse; ensuring that demand reduction programmes covered all areas of prevention, from discouraging initial use to reducing the negative consequences of drug abuse; forging partnerships among national and community-based stakeholders; tailoring approaches to address the needs of the population in general, as well as those of specific groups, in particular youth; and ensuring that disseminated information was accurate and reliable.
- 69. The survey conducted by the Board in 2007 on the implementation of the international drug control treaties (see para. 10 above) indicated that there had been positive developments in the area of demand reduction since 1998: 103 States and territories (72 per cent of respondents) indicated that they had developed and implemented both demand reduction and supply reduction policies since 1998. Most of the responding States and territories reported having put in place policies for demand reduction (108 States and territories, or 75 per cent of respondents). Such policies focused on three areas: reduction of harm associated with drug abuse, prevention of drug abuse and treatment of drug addiction. Of those States and territories that had not yet adopted policies on demand reduction (35 States and territories, or 24 per cent of respondents), some reported having in place measures on demand reduction, particularly in the areas of preventing drug abuse and treating drug addiction.
- 70. While welcoming those positive developments, the Board emphasizes that demand reduction programmes need to be implemented continuously and be based on thorough assessments of drug abuse at the local level. In addition, such programmes should be comprehensive, focusing on all the areas mentioned in the Declaration, including prevention and treatment.

E. Countering money-laundering and promoting judicial cooperation

71. Chapter I of the report of the Board for 1995¹³ was devoted to the issue of money-laundering. In that chapter, fighting money-laundering was identified as being vital to any approach to countering drug trafficking. International trafficking

¹² United Nations publication, Sales No. E.94.XI.2.

¹³ United Nations publication, Sales No. E.96.XI.1.

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