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Draft report

Rapporteur: Marwan **Al-Dobhany** (Yemen)

Addendum

Implementation of the international drug control treaties

1. At its 3rd and 4th meetings, on 22 and 23 March, the Commission considered agenda item 4, which read as follows:

“Implementation of the international drug control treaties:

“(a) Changes in the scope of control of substances;

“(b) International Narcotics Control Board;

“(c) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;

“(d) Other matters arising from the international drug control treaties.”

2. For its consideration of item 4, the Commission had before it the following:

(a) Report of the International Narcotics Control Board for 2010 (E/INCB/2010/1);

(b) Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes (E/INCB/2010/1/Supp.1);

(c) Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2010 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2010/4);



(d) Competent National Authorities under the International Drug Control Treaties (ST/NAR.3/2010/1);

(e) Note by the Secretariat on ensuring availability of controlled medications for the relief of pain and preventing diversion and abuse: striking the right balance to achieve the optimal public health outcome (E/CN.7/2011/CRP.3).

3. Introductory statements were made by the President of the International Narcotics Control Board (under item 4 (b) and (c)), the Secretariat (under item 4 (c)) and the World Health Organization (under item 4 (c)). Statements were made by the representatives of Colombia (on behalf of the Group of Latin American and Caribbean States) and the observer for Hungary (on behalf of the European Union; Albania, Andorra, Armenia, Bosnia and Herzegovina, Croatia, the former Yugoslav Republic of Macedonia, Iceland, Liechtenstein, Montenegro, Norway, the Republic of Moldova, San Marino, Serbia, Turkey and Ukraine associated themselves with the statement). Statements were also made by the representatives of China, India, Cameroon, Switzerland, Thailand, El Salvador, the Sudan, Venezuela (Bolivarian Republic of), Bolivia (Plurinational State of), Morocco, Belgium, Australia, the United Kingdom of Great Britain and Northern Ireland, Chile, the United States of America, Peru and the Russian Federation.

4. Statements were also made by the observers for Mexico, the Republic of Korea, Sri Lanka, Croatia, the Philippines and Indonesia, as well as by the observer for the International Federation of Red Cross and Red Crescent Societies.

Deliberations

1. Changes in the scope of control of substances

5. Some speakers noted the emerging abuse of non-controlled substances in many regions. Particular concern was noted with regard to the abuse of ketamine, which had been placed under national control in a number of countries.

2. International Narcotics Control Board

6. Many speakers expressed appreciation for the report of the International Narcotics Control Board, which served as an up-to-date source of information for Governments. Two speakers expressed concern regarding the presentation of some information in the report and called on the Board to ensure that its annual report took into consideration information provided by Governments and to maintain a dialogue with Governments, which were invited to provide the Board with the most up-to-date information available.

7. The importance of adherence to the international drug control conventions was highlighted by many speakers. Reiterating that the primary goal of the treaties was to safeguard health, some speakers stated that more attention should be paid to drug demand reduction.

8. Several speakers underlined the importance of shared responsibility in implementing the international drug control conventions, highlighting the necessity of harmonizing and coordinating strategies and policies. The need for technical cooperation and technical assistance in developing countries and the importance of

sharing information, especially on recently detected substances, were also highlighted.

9. Many speakers referred to the thematic chapter of the Board's report, on corruption, noting the extent and severity of the problem and the risk posed by corruption to international drug control. Concrete action by the international community, in cooperation with civil society, was required to address drug-related corruption.

10. A number of speakers recognized the role of the Board as a global focal point for the facilitation of precursor control initiatives. The need for wider use of the Pre-Export Notification Online (PEN-Online) system, particularly in Africa, and for timely responses to suspicious transactions was noted by several speakers.

11. The work of the Board in providing countries with timely information on imports and exports of internationally controlled substances was recognized as playing a key role in preventing diversion.

12. A number of speakers made presentations on national and regional action to address the issue of synthetic cannabinoid receptor agonists and designer drugs.

3. International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion

13. Many speakers expressed the view that the goals of ensuring the availability of drugs for medical and scientific purposes while preventing their diversion were not mutually exclusive. Some speakers urged vigilance to ensure that efforts to improve availability did not cause an undue relaxation of drug control policies.

14. Many speakers noted with grave concern the findings of the Board's report that 80 per cent of the world's population had limited or no access to opioid analgesics for the treatment of pain and that approximately 90 per cent of the global consumption of opioid analgesics took place in developed countries.

15. Many speakers drew attention to the barriers to improved availability of internationally controlled drugs, and called on the International Narcotics Control Board, the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO) to improve the availability of internationally controlled drugs for medical purposes, for example through capacity-building, the Access to Controlled Medications Programme or the development of updated model laws. The importance of the economic accessibility of internationally controlled medicines was emphasized by some speakers.

16. Some speakers noted that national capacity to assess the estimates for narcotic drugs and psychotropic substances and to report to the International Narcotics Control Board was limited and invited the Board to assist Governments in fulfilling their reporting obligations, particularly in building the capacity of competent national authorities.

4. Other matters arising from the international drug control treaties

17. Some delegations expressed their concern that the WHO Expert Committee on Drug Dependence had not been convened to assess substances for possible

scheduling under the Single Convention on Narcotic Drugs of 1961 and the Convention on Psychotropic Substances of 1971 and, noting the role of the Expert Committee within the drug control system, called for the resumption of its activities as soon as possible.
