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Selective Concern: The 2005 Report of the International Narcotics Control Board and the Need for Accountability

1. Background

The International Narcotics Control Board (INCB) is a thirteen-member body of independent experts charged with monitoring implementation of three international drug control treaties known as the UN drug conventions. These conventions oblige governments to curb the illicit supply, traffic and consumption of narcotic and psychotropic drugs while making such drugs available for medical purposes. Each year, pursuant to its mandate in the 1961 Single Convention, the Board collects information from signatory states and issues recommendations for future action to national governments and international agencies.

Article 14 of the 1961 Single Convention on Narcotic Drugs permits the Board to recommend actions against governments that fail to carry out the Convention's provisions. These may include opening consultations with the offending government, proposing that the government carry out a national study on the issue of drug control, or publishing a report about the government's non-compliance. Beyond its formal remedial powers, the INCB engages in correspondence with national or local governments on issues of concern, undertakes fact-finding missions to some twenty countries each year, and issues an annual report that highlights shortcomings of non-compliant governments and commends those deemed to have acted appropriately. Although formally independent of the United Nations, INCB reports are regularly invoked as a source of guidance at annual

meetings of the UN's Commission on Narcotic Drugs (CND) and by national governments formulating law and policy.

2. The 2005 INCB report

On March 13, 2006, INCB president Hamid Ghodse presented the Board's 2005 report to the 49th session of the CND. The report details government drug control measures, while making scant or no reference to critical issues such as substance abuse treatment, needle and syringe exchange to prevent HIV transmission, or drug users' human rights.

2.1 Treatment for substance abuse

The 2005 INCB report consistently emphasizes drug control and concerns about drug diversion at the expense of discussing access to drug treatment.

The Board notes that worldwide consumption of methadone has increased by almost three and one half times in the last decade (para. 103). Rather than noting the public health benefits of increased availability of a medication proven to reduce demand for illicit drugs and HIV risk, the Board raises concern about potential diversion of methadone into illicit markets, and urges governments to consider restricting access through supervised methadone consumption, short dispensing intervals, and central registration of all opioids prescribed for medical use (para. 75).

The Board also considers buprenorphine—another effective opiate substitution treatment—exclusively in terms of its potential for diversion. In 2005, the World Health Organization (WHO) added buprenorphine (and methadone) to its list of essential medicines. Rather than recognizing this development and commending the governments that began implementing buprenorphine treatment in 2005, the Board repeatedly references the use of buprenorphine for illicit purposes. The 2005 report urges WHO to consider buprenorphine diversion in determining the control status of the medication, but makes no reference to the substantial impact rescheduling would have on access to substance abuse treatment or HIV prevention (para. 652).

2.2 HIV prevention

The 2005 INCB report expresses concern about HIV epidemics driven by injection drug use, yet fails to make a single mention of strategies proven to reduce HIV transmission among injecting drug users such as needle and syringe programs.

The Board notes the existence of or potential for drug-related HIV epidemics in Afghanistan, Azerbaijan, China, Egypt, India, Indonesia, Kazakhstan, Lao People's Democratic Republic, Lesotho, Libya, Nepal, Nigeria, Malaysia, Myanmar, Russia, Swaziland, Thailand, Vietnam, and Zambia, as well as in Central Asia (paras. 206, 274, 265, 300, 437, 467, 475, 478, 517, 559, 562, 572). In many of these countries, the Board mentions needle sharing as a source of HIV risk. In no case does the Board cite evidence of the effectiveness of needle and syringe programs or recommend that governments establish such programs. In the case of Libya, the Board commends the government's efforts to combat drug-related HIV without specifying what these efforts are (para. 265).

The Board reports on its 2005 fact-finding mission to Russia and expresses the hope that sufficient funds will be available to carry out drug treatment in that country (para. 587). Yet the Board fails to note that the government of

the Russian Federation imposes a total ban on substitution treatment despite an HIV epidemic that is highly concentrated among injecting drug users. Instead, the Board commends the commitment of the Russian government to addressing the problem of drug abuse and drug trafficking (para. 572).

The Board expresses regret at the opening of a drug injection room in Norway, stating that such facilities violate international drug control treaties and urging the government of Norway to comply (para. 590). In so doing, the Board fails to note a September 2002 analysis by the legal affairs section of the United Nations Drug Control Programme (UNDCP) which concluded that efforts to reduce injection drug users' exposure to HIV pathogens—the central purpose of drug injection rooms—could be considered treatment of the kind mandated by the 1961 and 1971 drug conventions.

In 2004, Bulgaria passed legislation punishing possession of any amount of illicit drugs with imprisonment of between three to five years. Since the passage of this legislation, the number of new injection drug users in Bulgaria has not declined, while rates of needle sharing, drug overdose, and heroin dependence in prison have all increased. Reporting on its June 2005 fact-finding mission to Bulgaria, the INCB notes only that the government has the “political commitment and the will to deal with drug abuse, drug trafficking and organized crime” (para. 614).

3. Conclusion

Drug abuse and its harms cannot be solved by law enforcement alone. As a body of experts responsible for monitoring and guiding the global response to illicit drugs, the INCB has an obligation to address issues of drug abuse treatment and HIV prevention, and to do so using clear standards of evidence and appropriate criteria for evaluating success or failure. The 2005 report, by contrast, expresses only selective concern and treats public health as an issue of minor importance.