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**INTER-AMERICAN DRUG ABUSE
CONTROL COMMISSION**

CICAD

**SIXTY-FIRST REGULAR SESSION
April 24-26, 2017
Washington, D.C.**

**OEA/Ser.L/XIV.2.61
CICAD/doc.2322/17
16 May 2017
Original: English**

Remarks: Opioid Crisis

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**61st Regular Session of the OAS' Inter-American
Drug Abuse Control Commission (CICAD)
April 24-26, Washington D.C.
OAS General Secretariat Building**

Remarks: Opioid Crisis

It is an honor to be here. I want to thank the Chair, Vice Chair, CICAD Executive Secretary, and the CICAD Secretariat for the opportunity to speak on such a critically important topic tied to today's drug-control challenges.

As you are aware, the United States is in the midst of an opioid epidemic. In 2015, my country saw over 33,000 people die from overdoses involving prescription or illicit opioids. This is a shocking 91 deaths per day and an increase of nearly 60% over the last 5 years. Of these 33,000 deaths, 60 percent – or nearly 20,000 overdose deaths – involved heroin or synthetic opioids, including fentanyl and fentanyl related compounds. Fentanyl is an extremely dangerous drug – it is orders of magnitude more potent than heroin, and two milligrams is potentially lethal for a human. In the illicit market, drug traffickers often mix fentanyl with heroin or other drugs, or press it into counterfeit pills.

The United States is witnessing a shocking growth in illicit fentanyl use, which in turn is resulting in an alarming increase in fentanyl-related overdose deaths. From January 2013 to December 2016, a total of 50,440 fentanyl reports were identified by Federal, State and local forensic laboratories in the United

States. During 2016, there were 28,751 fentanyl reports compared to 1,041 reports in 2013, a significant increase over the past four years.

We are working diligently both domestically and with our international and regional partners to save lives by curbing the illicit manufacture and trafficking of fentanyl. We want to work closely with our friends and colleagues in the OAS to raise awareness about the presence of fentanyl and fentanyl-related compounds in our hemisphere. Our hemispheric goals should be to prevent fentanyl being introduced into more supply chains, to help others in our hemisphere detect whether fentanyl is present in their communities, and to exchange this information so we can better understand and target the hemisphere's opioid crisis.

At the 60th UN Commission on Narcotic Drugs, voting member states agreed unanimously to internationally control the two essential fentanyl precursor chemicals – ANPP and NPP. This CND action will require all UN member states who are parties to the 1998 treaty to control production and export of these chemicals, which will disrupt criminal organizations from acquiring, producing, and trafficking illicit fentanyl into our region.

While not a panacea, this action – which was brought about by international drug control bodies in record speed – will help protect the health and security of our citizenry. This is an example of how the international drug policy regime can

effectively and promptly respond to today's drug-control challenges. It was an enormous step forward in the fight against the opioid crisis, but our work is only just beginning. We must now double down on our efforts and develop approaches that specifically address the opioid crisis.

Certainly, drug trafficking and demand reduction challenges are not new to this hemisphere; illicit opioid use presents some similarities to, as well as differences from, other trafficking issues we've discussed here before. Let me highlight the differences first –opioids like fentanyl and its analogues are far deadlier to the user than cocaine, methamphetamine, or heroin. Fentanyl is a legitimate pharmaceutical pain reliever, one of the most potent in existence that can quickly kill the unknowing user. The quantities commonly used are far smaller than cocaine and heroin and therefore the trafficking and transportation routes are often different. Fentanyl and its analogues are generally sent through exporting and mail services, not shipped as more easily recognizable contraband bales on speed boats or fishing trawlers. Given the small quantities, it can also be trafficked easily across borders on a human body or in vehicle via standard points of entry. Much of this illicit fentanyl is manufactured in China. We are working with China to prioritize its control of fentanyl analogues that are disrupting our hemisphere, and we applaud China's decision effective March 1, to place Chinese

control on four additional fentanyl analogues, including carfentanil, a potent elephant and rhinoceros tranquilizer not approved for human use.

The similarities between this opioid epidemic and previous drug crises help us to identify tools to attack the problem. First, as agreed in the outcome document from the 2016 UN General Assembly Special Session on the World Drug Problem (UNGASS), we must advance efforts to reduce demand by preventing illicit use and pharmaceutical misuse as well as treating the substance user; these are our first lines of defense.

On the demand side, we must treat the person, not the drug, and offer holistic services. Substance use disorders require both biological and psychosocial treatment. Medicated Assisted Treatment (MAT) like methadone is an effective way to treat the biological cravings for opioids. However, we need to add a word of caution. An equally critical intervention to address the drug-seeking behavior is psychosocial treatment. If underlying psychological (e.g. abuse, trauma) and contextual social issues (e.g. gang membership, drug availability) are not addressed in tandem with the medical intervention, drug users can simply replace an opioid addiction with another drug.

Furthermore, the most cost-effective intervention remains the prevention of drug experimentation in the first place. Prevention activities have been validated

scientifically in a number of settings, including in schools, within the family, in the community, through media and public awareness campaigns, in the workplace, and through policy change. We must initiate prevention programs and evaluate their effectiveness regularly.

The existing international drug-control regime, including the drug control conventions, the United Nations Office of Drugs and Crime (UNODC), the International Narcotics Control Board (INCB) and the World Health Organization (WHO), provide the required platforms for member states to share best practices and lessons learned. Cooperation via these tried and true institutions helps us identify practical and effective solutions.

Availing ourselves of existing international data collection tools is more important than ever as we work to identify and detect the presence of illicit fentanyl in our region. At this point, we cannot say that we fully understand the threat of fentanyl and other synthetic opioids in our hemisphere. We urge all OAS member states to feed information into these existing tools, such as (1) the UNODC's Global Synthetics: Monitoring, Analyses, Reporting, and Trends (SMART) program, which collects and analyzes data provided by countries on the presence of synthetic drugs, including new psychoactive substances; and (2) the critical INCB programs that strengthen exchange of information among member states, to reduce the diversion of precursor chemicals, including ANPP and NPP,

into illicit markets. This information is critical, because UNODC and the INCB can employ it to frame the scope of the synthetics challenge.

A major challenge being that the illicit manufacture of fentanyl is a traffickers dream business model; it is inexpensive and highly profitable. With this in mind, the international community must be aware that any community with heroin use may also be experiencing a threat from illicit fentanyl. We must work together to reduce these threats in our hemisphere.

Decades of our mutual experience battling the drug problem show that voluntary international cooperation is vital to success in addressing and countering the world drug problem. Now more than ever we need to continue these efforts. In our region, CICAD plays the leading role in fostering this essential cross-border coordination and information sharing, and we look forward to close cooperation as we address one of our greatest drug policy crises in decades.