INCB AND SUSTAINABLE DEVELOPMENT OBJECTIVES
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Raúl Martín del Campo Sánchez

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Mandate and functions of the INCB

• Promote and monitor compliance with the three international drug control treaties
  – Access to controlled substances for lawful purposes
  – Prevent the diversion of narcotic drugs and psychotropic substances for their improper use
  – Prevent the diversion of precursors for the illicit manufacture of drugs

• Through ongoing cooperation with governments

• Thirteen independent experts elected by the United Nations
UNGASS 2016 AND AGENDA 2030

• "We welcome the 2030 Agenda for Sustainable Development, and note that efforts to achieve the Sustainable Development Goals and effectively address the global drug problem are complementary and mutually reinforcing."

• Final document of the special session of the General Assembly on the world drug problem, entitled "Our joint commitment to effectively address and counter the world drug problem"
El problema mundial de las drogas y el desarrollo sostenible: una relación compleja
GOOD HEALTH AND WELL-BEING

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES
Goal 3: Ensure healthy lives and promote well-being for all at all ages

![Proportion of people in treatment for different drugs, global averages](image)

**FIG. 3**

- HIV: 4%
- Opioids: 1%
- Cannabis: 10%
- Cocaine: 39%
- Amphetamine-type stimulants: 2%
- Hallucinogens: 2%
- Solvents and inhalants: 3%
- Other: 11%

Source: UNODC, responses to annual report questionnaire. Note: Unweighted average of people in treatment for different drugs in different regions.

**Number of deaths (thousands)**

- Hepatitis C: 300
- HIV: 200

**Disability-adjusted life years (millions)**

- Hepatitis C: 7.5
- AIH: 6.5

**Years of “healthy” life lost as a result of disability**
- Years of life lost as a result of premature death

Source: Degenhardt and others, “Estimating the burden of disease attributable to injecting drug use as a risk factor for HIV, hepatitis C, and hepatitis B.

Notes: DALYs comprise “healthy” years of life lost as a result of both premature death and years lived with disability.
### Damage to health

**Number of deaths and years of healthy life lost (DALYs) attributable to drug use, 2015**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of deaths (thousands) attributable to drug use, 2015</th>
<th>“Healthy” years of life lost (DALYs) (millions) attributable to drug use, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS—tuberculosis</td>
<td>-25.7</td>
<td>0.0</td>
</tr>
<tr>
<td>HIV/AIDS resulting in other diseases</td>
<td>-3.6</td>
<td>-5.6</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>-12.0</td>
<td>-12.3</td>
</tr>
<tr>
<td>Liver cancer resulting from hepatitis C</td>
<td>39.0</td>
<td>27.5</td>
</tr>
<tr>
<td>Cirrhosis and other chronic liver diseases</td>
<td>19.0</td>
<td>12.1</td>
</tr>
<tr>
<td>Opioid use disorders</td>
<td>29.6</td>
<td>22.3</td>
</tr>
<tr>
<td>Cocaine use disorders</td>
<td>49.7</td>
<td>37.0</td>
</tr>
<tr>
<td>Amphetamine use disorders</td>
<td>67.5</td>
<td>40.1</td>
</tr>
<tr>
<td>Cannabis use disorders</td>
<td></td>
<td>5.3</td>
</tr>
<tr>
<td>Other drug use disorders</td>
<td>23.0</td>
<td>21.8</td>
</tr>
<tr>
<td>Self-harm</td>
<td>2.6</td>
<td>0.1</td>
</tr>
</tbody>
</table>


Notes: Error bars represent uncertainty intervals. Numbers given in charts are percentage changes from 2005.
• The treatment of addictions should be seen as part of the right to health.

• WHO: alcohol and drug consumption 5% of the burden of disease in the world

• Only 1% of the budget in health is allocated to mental health

• Only 1 in 6 people in need of care has access to treatment programs (UNODC) in Latin America is 1 in 11

• Annual cost per person in mental health ranges from $ 2 to $ 50
• The consumption of drugs is one of the conditions that most stigma brings
• Groups with high vulnerability often lack access to services
• Wide range of services for different needs
• Every dollar invested in treatment saves up to $7 for the reduction of crime rates and costs in the criminal justice system
• Each dollar in treatment saves up to $12 if savings in health care are included
• Treating the person costs 5 times less per day than keeping him in prison
2015 Availability Report

Opioid analgesics: Average annual use in 2011-2013
2015 Availability Report
Antianxiety drugs - anxiolytics: Annual average use in 2011-2013

Los límites y los nombres que figuran en el mapa y las designaciones que se utilizan en él no implican una aprobación o aceptación oficial por parte de las Naciones Unidas. El límite definitivo entre Sudán del Sur y el Sudán aún no se ha determinado. La línea de puntos representa aproximadamente la línea de control en Jammu y Cachemira convenida por la India y el Pakistán. El estatuto definitivo de Jammu y Cachemira aún no ha sido acordado por las partes. Existe una disputa de soberanía entre los Gobiernos de la Argentina y el Reino Unido de Gran Bretaña e Irlanda del Norte respecto de las Islas Malvinas (Falkland).
2015 Availability Report

Impediments to the availability of Psychotropic substances (2015)

- Lack of training or awareness: 33
- Problems obtaining: 29
- Fear of addiction: 29
- Limited resources: 28
- Fear of deviation: 23
- Cultural and social attitudes: 22
- Control measures applicable to international trade: 17
- Fear of prosecution or incurring sanctions: 18
- Cumbersome regulation: 8
- Measures adopted by the Board: 1

Number of responses from the States
Impediments to the availability of narcotics (in 1995, in 2010 and in 2015)

- Lack of training or sensitization of teachers
- Fear of addiction
- Limited resources
- Problems obtaining
- Cumbersome regulation

2015 Availability Report

2015

INCB
INTERNATIONAL NARCOTICS CONTROL BOARD
Recommendations to improve availability

- Review legislation and regulatory systems
- Establish an appropriate health infrastructure with sufficient resources
- Ensure that opioid analgesics are affordable
- Provide training to health professionals
- Disseminate information for education and awareness purposes
- Improve forecasting and presentation of information
- Establish reference frameworks for the consumption of substances under international control
- Improve international cooperation through the exchange of expertise
Misuse of prescription drugs

• Overcome "illicit" drug abuse rates in some countries
  • Wide availability (for example, in homes)
  • Erroneous perception of security
  • Consumption of substances without a prescription for self-medication purposes
  • Obtaining recipes from several doctors

• Initiatives to eliminate prescription drugs
  • Days of return of these medicines: remarkable results and low cost

• Other measures:
  • Rational expedition of recipes; sensitization;
  • Control of the filling and issuing of recipes
Use of benzodiazepines in older adults

- Risk of unjustified prescription and excessive use
- Specific marketing by the industry
- Risk of dependence and developing dementia
- Duty of governments to ensure rational prescribing practices for benzodiazepines
- Need for caregivers to be aware of the risks of excessive use
Figure 1

Be guided by the rational approach to prescription described in the WHO publication entitled Good Prescription Guide: Practical Manual, which recommends:

- That patients receive medication appropriate to their clinical needs and with a therapeutic objective duly specified,
- In the doses corresponding to your individual requirements,
- With the information, instructions and timely warnings,
- During an appropriate period in which the treatment is supervised and,
- At the lowest cost and duration possible
- Continuous training of health personnel
- Training of patients on risks
5 GENDER EQUALITY
Women and drugs

• One third of people who abuse drugs around the world are women.
• Of the people who receive treatment for drug abuse only one fifth are women.
• Disproportionate increase in the number of drug overdoses among women.
• The number of women detained for drug-related crimes is increasing.
• The risk of drug abuse is particularly high in the case of sex workers and women in prison.
Guidelines for prevention in women

1. Address **specific risk and protection factors** for adolescent and adult women.

2. Privilege the design of **family preventive** programs that address relationship problems, affection and parental supervision.

3. **Skills** for life that prevent depression and anxiety, assertiveness, stress management, communication, handling of negative emotions, image body and eating disorders
Guidelines for prevention in women

4. Management of topics specific as health sexual and reproductive, Violence in the courtship, sexual violence

5. In addition to the general sessions, sessions exclusively with women

6. Report results by gender and expand research
Guidelines for treatment in women

1.- Gender approach: accessible, considered with individual needs, seeks to empower and actively involve the user of the service

2.- Based on Evidence and with a theoretical focus

3.- The work team demonstrates respect and empathy for the user of the service
10 REDUCED INEQUALITIES
Reduce inequality within and among countries

Breaking the vicious cycle of marginalization and drug use disorders

- **Factores de riesgo**
  - Desempleo
  - Bajo nivel de educación
  - Personas sin hogar
  - Migración
  - Violencia
  - Trabajo sexual
  - Encarcelamiento

- **Exclusión social**

- **Riesgos adicionales**
  - VIH/sida, hepatitis C y otras enfermedades
  - Comportamiento de alto riesgo

- **Trastornos relacionados con el consumo de drogas**

- **Política**
  - Incorporación de programas de prevención en los sistemas de educación, bienestar social y salud
  - Tratamiento, atención, rehabilitación y reinserción

- **Política**
  - Políticas de desarrollo que tengan en cuenta las drogas; políticas sobre drogas orientadas al desarrollo
  - No estigmatización, respeto de los derechos humanos y políticas sobre drogas que tengan en cuenta el género
Los efectos del consumo de drogas en la salud aumentan con el desarrollo

Carga de los trastornos relacionados con el consumo de drogas (años de vida ajustados por discapacidad por cada 100,000 habitantes)

Índice de desarrollo humano

Promedio mundial   Por nivel de desarrollo

Fuentes: índice de desarrollo humano del Programa de las Naciones Unidas para el Desarrollo (PNUD); datos sobre la carga de la enfermedad (años de vida ajustados por discapacidad) del Instituto de Métrica y Evaluación de la Salud, Universidad de Washington, GBD Compare, 2015. Disponible en http://vizhub.healthdata.org/gbd-compare.

The world by income, FY2017
Classified according to World Bank estimates of 2015 GNI per capita (current US dollar, Atlas method)

- Low income ($1,025 or less)
- Lower middle income ($1,026–$4,035)
- Upper middle income ($4,036–$12,475)
- High income ($12,476 or more)
- No data

La incidencia de los ingresos en el consumo de drogas depende del tipo de droga.

**Anfetaminas**

- **Promedio Mundial**
- **Por nivel de ingresos**

**Cocaína**

- **Promedio Mundial**
- **Por nivel de ingresos**

**Opiáceos**

- **Promedio Mundial**
- **Por nivel de ingresos**

**Éxtasis**

- **Promedio Mundial**
- **Por nivel de ingresos**

Fuente: Banco Mundial (niveles de ingresos) y estimaciones de la UNODC basadas en las respuestas al cuestionario para los informes anuales y otras fuentes oficiales (datos sobre el consumo de drogas).

*Incluidos los estimulantes sujetos a prescripción médica.
Number of beds for treatment of addictions by level and income (WHO, 2017)

- 1.7 beds available per 100 thousand people for treatment of addictions (range of 7 to 0.7 beds)
La conexión entre el tráfico de drogas y la violencia en los países de América Latina no es automática


a Datos disponibles sobre 13 países.
b Los flujos se expresan per cápita.

Casi uno de cada cinco reclusos condenados cumple condena por un delito relacionado con las drogas

Fuente: Nota de la Secretaría sobre las tendencias de la delincuencia a nivel mundial y nuevas cuestiones y respuestas relativas a la prevención del delito y la justicia penal (E/CN.15/2016/10).
NEGATIVE EFFECTS OF LEGALIZATION IN USA WA, CO, OR, AK, DC (SAM, 2018)

- Increase in the prevalence of adolescent and adult consumption (WA 30% above the national average)
- Intensification of user consumption
- 65% Increase in new consumers
- Increased suicides in adolescents who tested positive for marijuana
- Increase of up to 210% in 911 calls due to poisoning or violence
Health and Wellbeing of Humanity

- Every policy has unwanted side effects. We Mexicans are suffering.

- We are ahead of ourselves in wanting to abolish the current policy instead of evaluating how we are not implementing it properly: INTEGRAL, BALANCED and with emphasis on PUBLIC HEALTH.

- We need to check if we are attacking the CAUSES OF THE PROBLEM: poverty, lack of opportunities, social decomposition, family values.

- After the legalization in the USA, the cartels are dealing with harder drugs: cocaine, crystal and fentanyl (Benitez-Manaut, 2017).
EFFECTS OF LOCAL LEGALIZATION IN THE USA (SAM, 2018)

- More than 250 traffic arrests to 36 states
- Increase of 844% seizures by mail
- Oregon reports that only one fifth of what it produces is consumed, the rest is trafficked
- OR 70% of what is sold is in the illegal market
- Crime rate in Colorado increased 11 times (violent increase 18%)
- Increase of 88% in fatal traffic accidents related to marijuana
EFFECTS OF LEGALIZATION IN THE USA (SAM, 2018)

- Increase in admissions to emergency rooms (OR 2000%)
- School suspensions for possession and use increased 141%
- 60% of the stores sell to minors
- Increase in the amount of alcohol consumed per city
- 29% of minors acquired marijuana through their adult friends authorized to consume.
- Children treated for marijuana poisoning (cookies, sweets and cakes) grew 150%.
The world is not forced to choose between the "militarized" application of drug legislation and the unregulated availability of drugs under international control. The treaties do not require any "war on drugs"
Thank You

raulmc.incb@gmail.com

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