

## II. Operation of the international drug control system

### A. Status of adherence to the international drug control treaties

#### Single Convention on Narcotic Drugs of 1961

50. As at 1 November 2000, the number of States parties to the Single Convention on Narcotic Drugs of 1961 or to that Convention as amended by the 1972 Protocol<sup>24</sup> stood at 172, of which 161 were parties to that Convention in its amended form. Since the publishing of the report of the Board for 1999,<sup>25</sup> the Comoros, Georgia, Maldives and San Marino have become parties to the 1961 Convention as amended by the 1972 Protocol and Liechtenstein and Pakistan have become parties to the 1972 Protocol.

51. Of the 19 States that are not yet parties to the 1961 Convention or to that Convention as amended by the 1972 Protocol, there are 6 in Africa, 3 in the Americas, 3 in Asia, 2 in Europe and 5 in Oceania. With the recent accession by Georgia to the 1961 Convention as amended by the 1972 Protocol, all of the States that are members of the Commonwealth of Independent States (CIS) have become parties to the 1961 Convention.

52. Belize, Bhutan, Guyana and Saint Vincent and the Grenadines have yet to become parties to the 1961 Convention despite having become parties to the most recent international drug control treaty, the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.<sup>26</sup> The Board expects that accession by those States to the 1961 Convention will soon take place, thereby ensuring full implementation of the provisions of the international drug control treaties.

53. Some other States, namely Afghanistan, Algeria, Belarus, Chad, the Islamic Republic of Iran, the Lao People's Democratic Republic, Morocco, Myanmar, Nicaragua, Turkey and Ukraine, continued to be parties to the 1961 Convention in its unamended form only. The Board urges all States concerned to look into the matter and to take prompt action to accede to or ratify without further delay the 1972 Protocol amending the 1961 Convention.<sup>27</sup>

#### Convention on Psychotropic Substances of 1971

54. As at 1 November 2000, the number of States parties to the 1971 Convention stood at 164. Since the report of the Board for 1999 was issued, the Comoros, the Islamic Republic of Iran, Kenya, Liechtenstein and Mongolia have become parties to the 1971 Convention.

55. Of the 27 States that have yet to become parties to the 1971 Convention, there are 8 in Africa, 5 in the Americas, 5 in Asia, 3 in Europe and 6 in Oceania. Some of those States, namely Andorra, Belize, Bhutan, Haiti, Honduras, Nepal, Saint Lucia, Saint Vincent and the Grenadines and the United Republic of Tanzania, have already become parties to the 1988 Convention. The Governments of those States should note that the implementation of the provisions of both the 1971 Convention and the 1961 Convention is a prerequisite for achieving the objectives of the 1988 Convention. The Board again requests the States concerned, if they have not already done so, to implement the provisions of the 1971 Convention and to become parties to that Convention as soon as possible.

#### United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

56. Since the report of the Board for 1999 was issued, the Comoros, Estonia, Maldives and San Marino have acceded to the 1988 Convention. As at 1 November 2000, a total of 157 States, or 83 per cent of all the countries in the world, and the European Community<sup>28</sup> were parties to the 1988 Convention.

57. The Board welcomes the fact that a growing number of States have taken steps to establish the necessary mechanisms to implement the provisions of the 1988 Convention and to accede to it. Of the 34 States that have not yet become parties to the 1988 Convention, there are 13 in Africa, 7 in Asia, 4 in Europe and 10 in Oceania. The Board reiterates its requests to all States that have not already done so to take, as a matter of priority, all the measures necessary to accede to the 1988 Convention as soon as possible.

58. The Board notes with concern that the territorial application of the 1988 Convention has not yet been extended to some non-metropolitan territories. The

Board invites all metropolitan governments that have not yet done so to extend the territorial application of the 1988 Convention, where applicable, to their non-metropolitan territories. Likewise, the Board encourages the governments of the non-metropolitan territories to apply all the practical measures necessary to implement the provisions of article 12 of that Convention.

## **B. Cooperation with Governments**

### **Reports to the Board**

#### *Reports on narcotic drugs and psychotropic substances*

59. In performing the functions assigned to it under the 1961 and the 1971 Conventions, the Board maintains a continuous dialogue with Governments. The statistical data and other information obtained from them are used by the Board in analyses of the licit manufacture of and trade in narcotic drugs and psychotropic substances worldwide, in order to identify whether Governments have strictly enforced treaty provisions requiring them to limit to medical and scientific purposes the licit manufacture of, trade in and distribution and use of those substances.

60. Pursuant to the provisions of article 20 of the 1961 Convention, 176 States and territories submitted quarterly trade statistics for 1999; however, 46 of those States and territories submitted only partial data. Furthermore, 33 States and territories did not furnish any trade statistics for 1999. While there have been improvements in reporting by Bhutan, Cameroon, Rwanda, Sierra Leone, Tuvalu and Vanuatu during the last two years, Bosnia and Herzegovina, Liberia and Somalia have not submitted any reports during the last five years.

61. As at 1 November 2000, the number of States and territories that had furnished annual statistics for 1999 stood at 134, of which only 59 had furnished such statistics in a timely manner. Five States furnished annual statistics on seizures only. In spite of having received reminders, 75 States and territories did not furnish any statistics for 1999. The following States have not furnished annual statistics for the past three years: Afghanistan, Belize, Bosnia and Herzegovina, Comoros, Gabon, Gambia, Liberia and Somalia. The Board notes with concern that most

States were not able to meet the deadline for submitting the statistics, thereby preventing the Board from analysing the data and, where necessary, intervening in a timely manner. The Board urges the States concerned to take the measures necessary to ensure timely compliance with their reporting obligations.

62. The international and domestic movement of narcotic drugs is continuously monitored in order to identify any possible deficiencies in control mechanisms and, in particular, any diversion of narcotic drugs from licit to illicit channels. The Board notes with concern that many Governments that it had contacted because of discrepancies and imbalances in their reports did not provide any explanation. The Board urges the Governments concerned to review the situation in their countries, particularly with respect to the system of reporting by companies, to ensure that all data required under the 1961 Convention are collected, with a view to enhancing the drug control system.

63. As at 1 November 2000, a total of 156 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 1999 in conformity with the provisions of article 16 of the 1971 Convention; that figure represents 75 per cent of the 209 States and territories required to furnish such reports. The total number of reports received for 1999 was slightly higher than the number of reports received for 1998 at the same time of year. It is expected that some States will submit their annual statistical reports later. In recent years, the final number of States and territories that submitted their annual statistical reports to the Board has been approximately 170.

64. While the majority of States parties and non-parties to the 1961 and the 1971 Conventions have regularly furnished annual reports, the cooperation of some has not been satisfactory. The number of States not submitting their statistics regularly has been high in Africa and Oceania. In recent years, more than one third of the States in those regions have not furnished annual statistical reports. The Board, in close cooperation with the United Nations International Drug Control Programme (UNDCP), has endeavoured to provide assistance to those States. The Board notes with satisfaction that some States in Africa, including Gabon, Namibia, Rwanda, Sierra Leone and Zambia, improved their reporting on psychotropic substances in 1999 and 2000.

65. The failure of any State that is a major drug manufacturer, exporter or importer to submit statistical information has a significant adverse effect on the monitoring by the Board of the international movement of psychotropic substances. Canada has not yet started to report on most of the substances in Schedule IV of the 1971 Convention. However, the Board trusts that the data will be included in future reports by Canada, following the introduction in that country in September 2000 of control measures for the substances concerned. The Board notes with satisfaction that Belgium and Luxembourg, in their reports for 1999, included for the first time statistics on all substances in Schedule IV of the 1971 Convention.

66. The timely submission, comprehensiveness and reliability of the statistical reports are important indicators of the extent to which individual States have implemented the provisions of the 1961 and the 1971 Conventions. The Board continues to be concerned that many States, including those that are important manufacturers, exporters and importers of narcotic drugs and psychotropic substances, have been furnishing their statistical information after the deadlines. The Board invites those States to adopt all the measures necessary to ensure timely compliance with their reporting obligations.

#### *Reports on precursors*

67. The timely and comprehensive reporting of information to the Board as required by the 1988 Convention is the basis for the effective functioning of the international control system for precursors.<sup>29</sup> As at 1 November 2000, a total of 121 States and territories and the European Community (on behalf of all of its 15 member States<sup>30</sup>) had submitted information for 1999 pursuant to article 12 of the 1988 Convention. That figure represents 58 per cent of the 210 States and territories that have been requested to provide the information, a rate of return similar to that of previous years.

68. The Board notes that despite some improvement, only 62 per cent of all parties to the 1988 Convention have submitted the required data for 1999. The following States parties to the 1988 Convention have not reported to the Board for the last three years or longer: Belize, Bosnia and Herzegovina, Iceland, Libyan Arab Jamahiriya, Norway, Qatar, Sudan, the former Yugoslav Republic of Macedonia, Uruguay,

Yemen and Yugoslavia. The Board has contacted those States individually, requesting them to take steps immediately to implement fully the relevant treaty provisions. The Board urges all parties to the 1988 Convention that have not yet done so to submit the requisite information as soon as possible.

69. Since 1995, the Board, in accordance with Economic and Social Council resolution 1995/20, has requested the provision of data on licit trade in, uses of and requirements for substances listed in Tables I and II of the 1988 Convention. The Board is pleased to note that 90 States and territories have provided such data for 1999, which is similar to the rate of return for 1998.

70. The Board welcomes the fact that many major precursors manufacturing, exporting and importing States and territories now provide it with data on trade. The Board notes with satisfaction that the competent authorities of Germany, which had previously furnished only export data on substances listed in Tables I and II of the 1988 Convention, have provided data on all imports of those substances for 1999 and that the authorities of Switzerland have, for 1999, provided for the first time detailed statistical information on all imports and exports of precursors, categorized by country of origin and country of destination. The Board also notes that relevant information has been submitted by the European Commission on behalf of 13<sup>31</sup> of the 15 member States of the European Union. The Board welcomes the fact that many Governments, including, in particular, Governments of countries used for illicit drug manufacture or for the trans-shipment of illicit consignments, have provided data on imports of and licit requirements for precursors. The Board is pleased to note that the amount of information on potassium permanganate, a critical substance used in the manufacture of cocaine, has increased markedly, mainly as a result of "Operation Purple", an international programme launched in 1999 for tracking trade in that substance (see paragraphs 105-110 below).

71. Information on licit trade in, uses of and requirements for substances listed in Table I and II of the 1988 Convention is indispensable for preventing their diversion into illicit channels. Without such information, competent national authorities will not be in a position to monitor the movement of, and detect suspicious transactions in, those substances as required under article 12 of that Convention. The Board invites

States that have not yet done so to submit to it, if necessary on a confidential basis, information on trade in and licit requirements for precursors. The Board uses that information on a case-by-case basis to assist States in verifying the legitimacy of transactions.

*Estimates of the medical need for narcotic drugs*

72. As at 1 November 2000, 169 Governments had furnished their annual estimates of narcotic drug requirements for 2001. That figure represents 81 per cent of the total number of States and territories required to furnish such estimates. In accordance with article 12, paragraph 3, of the 1961 Convention, the Board had to establish estimates for 39 States and territories that had failed to provide their estimates in time for examination and confirmation by the Board at its sixty-ninth session, in November 2000. As in previous years, Africa was the region with the largest proportion of States that had failed to furnish such estimates (19 States and territories, or 34 per cent of all States and territories in the region).

73. The Board wishes to remind the above 39 States and territories that failed to provide their estimates for 2001 that the universal application of the system of estimates is indispensable for the efficacious functioning of the system. The estimates established by the Board, based on available information, may not in all cases accurately reflect the actual needs of the population in question. Without its own estimates, the State or territory may, in the course of the year, experience difficulties in importing in a timely manner the quantities of narcotic drugs required to meet the medical needs of its population. In addition, lack of national estimates is often an indicator of deficiencies in the control mechanisms and in the drug control administration. Without proper monitoring and knowledge of the actual requirements for narcotic drugs, there is a risk that drugs traded in a country may be diverted into illicit channels. The following States have not furnished annual estimates for five consecutive years: Angola, Comoros, Liberia, Marshall Islands and Somalia. The Board has continued to establish estimates for those countries.

74. The Board understands that the Governments of some States, particularly in Africa and Central America, have continuously experienced difficulties in implementing the provisions of the 1961 Convention related to the system of estimates. For example, they

have failed to establish mechanisms for collecting the information required. Therefore, in order to assist those Governments, the Board has prepared training material on the system of estimates, which is available to interested Governments.

75. The Board is pleased to note that Kazakhstan has begun furnishing its own estimates of narcotic drug requirements and that the Democratic People's Republic of Korea, Djibouti, El Salvador, the Niger and Rwanda, after not having furnished estimates for several years, have submitted form B for 2001. The Board, however, is concerned that Mauritania, Romania and Ukraine, which improved their cooperation with it in this area and provided the necessary data for 2000, have failed to send their estimates for 2001 in time. Guatemala and Mongolia have furnished statistics for 1999 on the consumption of narcotic drugs, but no estimates for 2001. Brazil has continued to encounter difficulties in collecting the necessary information in time and appropriately monitoring the activities of its pharmaceutical sector. The Board urges Turkmenistan to create the necessary governmental structures and control mechanisms for establishing its own estimates.

76. The Board notes with satisfaction that the number of supplementary estimates furnished by States in accordance with article 19, paragraph 3, of the 1961 Convention has decreased over the last two years. The number of supplementary estimates submitted to the Board per year declined from 650-700 to fewer than 400 in 1999 and to fewer than 300 in 2000. In previous reports,<sup>32</sup> the Board urged Governments to calculate more accurately their annual medical needs and to avoid submitting supplementary estimates if possible. Colombia, Germany, Hungary, Lithuania, New Zealand, Sweden and the United Kingdom of Great Britain and Northern Ireland have, compared with previous years, significantly reduced the number of their applications for additional quantities of narcotic drugs.

77. The increased restraint that States have shown in submitting supplementary estimates has enabled a more meaningful analysis to be made of those estimates. For example, the number of supplementary estimates furnished for fentanyl has continued to increase, reflecting the high demand for that substance (in particular, for fentanyl transdermal patches) and the introduction of new preparations into the market. For

the first time, the number of communications of supplementary estimates was higher for fentanyl than for morphine.

78. Oxycodone is among the drugs for which annual estimates have been most frequently amended, because of both increased consumption of the drug and the introduction of new preparations containing oxycodone into the market, including a range of oral tablets containing oxycodone for the relief of severe pain. There have been reports of increased medical use of ketobemidone as an alternative to opiates with fewer side effects than opiates. As in previous years, several Governments have requested additional quantities of levoalphacetylmethadol (LAAM), to be used in drug substitution programmes.

79. As highlighted in the report of the Board for 1999,<sup>33</sup> the Board continues to pay special attention to States identified as lacking opiates for medical use. It has been noted that some States have no estimates for essential analgesics for severe pain, such as morphine, and other States, such as Ethiopia, Indonesia, Madagascar and Nigeria, have extremely low (close to zero) consumption of morphine in spite of their large populations. Another group of States was identified as having very high cancer incidence but low consumption of main opioids (morphine, pethidine and buprenorphine).

80. The Board contacted the Governments of States that have extremely low consumption of, and estimates for, essential drugs for the relief of pain, with a view to clarifying the reasons for the low consumption and identifying any problems that they might have in ensuring the availability of narcotic drugs for medical purposes. The Board also requested those Governments to provide information on the policy of the authorities with respect to the management of pain among cancer patients, on alternative drugs used for that purpose, on any traditional methods used for the relief of pain and on the types of drugs used for anaesthesia.

81. Preliminary results indicate that in some States there are serious deficiencies in the system for assessing the requirements for narcotic drugs and there is no special policy on the management of acute and chronic pain, including cancer pain. Other States have cited economic reasons in explaining their low consumption levels. The Board is examining the various social, cultural and economic factors affecting analgesic prescribing practices. Finally, some other

States have indicated that their low consumption levels for morphine and pethidine during the last few years and, accordingly, their low estimates for those substances were attributable to a gradual increase in the consumption of fentanyl, which is used primarily for anaesthesia and, increasingly, for the relief of pain due to cancer.

*Assessments of requirements for psychotropic substances*

82. Assessments of annual domestic medical and scientific requirements (simplified estimates) have been submitted to the Board by Governments pursuant to Economic and Social Council resolution 1981/7 with respect to substances in Schedule II of the 1971 Convention and Council resolution 1991/44 with respect to substances in Schedules III and IV of that Convention. Pursuant to Council resolution 1996/30, the Board establishes assessments for those Governments that have failed to furnish such information. The assessments are sent by the Board to competent authorities of all States and territories that are required to use them as guidance when approving exports of psychotropic substances.

83. As at 1 November 2000, assessments for substances in Schedule II of the 1971 Convention had been submitted to the Board by the Governments of all but five countries: Bahamas, Bosnia and Herzegovina, Comoros, Gabon and Liberia. The Board has also not yet received the assessments from Kazakhstan and Turkmenistan, two States that have recently established independent control systems for psychotropic substances. Assessments for substances in Schedules III and IV have been furnished by 184 Governments, or more than 88 per cent of all the Governments requested to furnish such information. The Board notes with appreciation that, in 2000, assessments for substances in Schedules III and IV were submitted for the first time by Armenia and Luxembourg and by the territory of Gibraltar.

84. Assessments were established by the Board for 25 States and territories that had failed to submit such information. Of those States and territories, 14 are in Africa, 6 are in the Americas, 3 are in Asia, 1 is in Europe and 1 is in Oceania. The Board invites all the Governments concerned to review the assessments established for their States and territories and to provide it with comments on the adequacy of those assessments. The Board reiterates its request to those

Governments to establish their own assessments as soon as possible.

85. Unlike estimates for narcotic drugs, assessments of requirements for psychotropic substances submitted by States and territories continue to be considered valid until the Board receives new assessments. Governments may inform the Board at any time of their decision to modify their assessments. To facilitate regular updating of assessments, the Board sends to all Governments every three years a form to be used to indicate the modifications. That form was last sent to all States and territories in January 1999. Since then, 125 Governments have provided the Board with updated assessments.

86. The Board is concerned that many Governments have not updated their assessments for several years. The assessments of those States and territories may no longer reflect their actual domestic medical and scientific requirements for psychotropic substances. Assessments that are lower than the actual legitimate requirements may delay the import of psychotropic substances urgently needed for medical or scientific purposes in a country, as the legitimacy of import orders must be verified. If assessments are significantly higher than the actual legitimate requirements, there is a greater risk of psychotropic substances being diverted into the illicit traffic. The Board invites all Governments to ensure that their assessments are regularly updated and that it is informed of any modifications.

### **C. Prevention of diversion into the illicit traffic**

#### **Narcotic drugs**

87. As a result of the worldwide application of the system of estimates and the import and export authorization system, no cases involving the diversion of narcotic drugs from licit international trade into the illicit traffic were detected during 2000, despite the large number of transactions involved. The Board notes, however, that the diversion of narcotic drugs from some inadequately functioning domestic distribution channels continues to occur; the Board hopes that Governments concerned will take the necessary measures to prevent such diversion in the future.

#### **Psychotropic substances**

##### *Diversion from international trade*

88. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention has been limited to a few transactions involving quantities of only a few grams. No cases involving the diversion of those substances from licit international trade have ever been reported. In recent years, there has been a limited number of transactions involving licit international trade in all psychotropic substances in Schedule II except methylphenidate, a substance that has been increasingly traded since the beginning of the 1990s. In the past, the diversion of substances in Schedule II from licit international trade was a major source used to supply illicit markets; since then, however, cases involving the diversion of such substances have become very rare. That has been the result of Governments having implemented the control measures for substances in Schedule II foreseen by the 1971 Convention, in combination with additional control measures (assessments and quarterly statistical reports) recommended by the Board and endorsed by the Economic and Social Council. Preparations containing hallucinogens, amphetamines, fenetylline and methaqualone on the illicit markets in various regions of the world are almost entirely from clandestine manufacture and not from licit manufacture by the pharmaceutical industry.

89. Licit international trade in psychotropic substances in Schedules III and IV of the 1971 Convention consists of thousands of individual transactions each year. The Board analyses data on international trade in those substances and initiates the investigation by Governments of suspicious transactions. The Board notes with satisfaction that those investigations have indicated that, in recent years, there has been a significant decrease in the number of cases involving the diversion of substances in Schedules III and IV from licit international trade into illicit channels. That appears to have been the result of the implementation by Governments of the treaty provisions for substances in those Schedules and of the additional controls over international trade (import and export authorization system, assessment system and detailed reporting system) as recommended by the Board and endorsed by the Economic and Social Council (see paragraphs 82-86 above and 128-132 below).

90. The Board welcomes the fact that, in Canada, control measures for international trade in benzodiazepines and some other psychotropic substances went into effect on 1 September 2000. That step closed one of the last significant gaps in the international control system for psychotropic substances.

91. There are, however, a few manufacturing and exporting countries that have not yet implemented all additional control measures for several psychotropic substances in Schedule III or IV of the 1971 Convention, such as the import and export authorization system (see paragraphs 128-132 below). Traffickers may attempt to exploit the situation in those countries and divert psychotropic substances into illicit channels. In one case, it was discovered through the analysis of statistical data provided by Ghana and the United Kingdom that large quantities of diazepam were illegally imported into Ghana. It is difficult to assess the extent of such diversions. The fact that psychotropic substances are widely available on "street markets" for pharmaceutical products in some countries in Africa indicates that this source of illicit supply may still be significant.

92. Until recently, the falsification of import authorizations was the method most frequently used to divert psychotropic substances from licit international trade. The Board invites all Governments to continue to be vigilant with respect to orders for psychotropic substances and, if necessary, to confirm with the Governments of importing countries the legitimacy of such orders prior to approving the export of such substances. The Board continues to be at the disposal of Governments to facilitate such confirmation. In recent years, the substances most frequently targeted by drug traffickers have included stimulants (amfepramone, fenetylline, phentermine and pemoline), benzodiazepines (diazepam, flunitrazepam and temazepam), phenobarbital and buprenorphine.

93. Any inconsistency in applying the control provisions may facilitate diversion. The Board has recently identified two significant cases involving the diversion of stimulants in Asia and Europe and the use of falsified import documents. Those diversions could have been prevented if the competent authorities of the exporting countries had checked whether the import quantities corresponded to the assessments of the importing countries. The Board requests all

Governments to ensure strict implementation by the competent authorities of all control measures for international trade.

94. Developments in 2000 confirmed that exporting countries should exercise the utmost vigilance with respect to orders for delivery of psychotropic substances to countries with dysfunctional governmental structures and civil or military conflicts. The Board notes with satisfaction that the vigilance of the authorities of China led to the identification of an attempt to import a large quantity of phenobarbital into Afghanistan by use of a falsified import permit. Phenobarbital is used in West Asia to adulterate heroin.

#### *Diversion from domestic distribution channels*

95. Drug traffickers are using new methods in response to improved control of international trade in psychotropic substances. Reports from various regions on the abuse and seizure of psychotropic substances indicate that the diversion of pharmaceutical products containing such substances from licit domestic distribution channels is becoming an increasingly important illicit supply source. The diversion methods used by traffickers include robbery, pretended export, illegal selling by wholesalers and retailers, falsified prescribing and illegal supplying of substances without prescription. The substances are sold on illicit markets in the country where the diversion took place; if there are no illicit markets for those substances in that country, the substances are smuggled into other countries.

96. Suppression of the illicit traffic in diverted pharmaceutical products containing psychotropic substances requires close cooperation between law enforcement and drug regulatory authorities. The Board requests all Governments to ensure prompt exchange of information among their national authorities on seizures of and illicit trafficking in such products. The problem is exacerbated by deficiencies in the exchange of information between countries and the fact that illicit trafficking in diverted pharmaceutical products is given less attention by the authorities than illicit trafficking in narcotic drugs or psychotropic substances manufactured in clandestine laboratories.

97. Smuggling of diverted pharmaceutical products containing psychotropic substances has become widespread. The psychotropic substances most

frequently seized during smuggling attempts are benzodiazepines (alprazolam, diazepam, flunitrazepam and temazepam) and stimulants (amfepramone and phentermine). The Board invites all Governments to provide adequate information, training and technical means to customs officials to increase their capacity to detect illegal consignments of pharmaceutical products containing narcotic drugs or psychotropic substances.

98. The Board wishes to call the attention of Governments to the hazards of inadequately storing psychotropic substances that have been seized after having been diverted from licit manufacture and trade, which may result in such substances being stolen and again diverted to illicit markets. Governments should ensure that seized substances are either destroyed at the earliest possible date or adequately protected against any diversion attempts.

99. Considering the magnitude of abuse of psychotropic substances in many countries, trafficking in such substances must be given the necessary attention by law enforcement and judicial authorities. In some countries, national legislations may have to be amended to allow for the prosecution of the traffickers involved. Appropriate penalties should be in place as required by the 1971 Convention. The penalties for trafficking in diverted psychotropic substances should be consistent with penalties for trafficking in narcotic drugs. Seizures of psychotropic substances should be reported to appropriate international bodies so that the extent of trafficking in and abuse of those substances can be better determined and appropriate action can be taken.

100. Governments of countries into which pharmaceutical products containing psychotropic substances are smuggled should take action to counter such developments. They should investigate seizures involving such products and provide all available information to the authorities of the other countries concerned in order to identify the companies and individuals involved in the diversion of such products. In one exemplary case involving such cooperation, the authorities of the United States, in mid-1999, drew the attention of the authorities of Thailand to a sharp increase in the smuggling by mail out of that country of various pharmaceutical products containing psychotropic substances (mainly alprazolam and diazepam) and codeine. The investigation of those cases in Thailand led to the dismantling, between

November 1999 and January 2000, of three illegal suppliers who had advertised those substances on the Internet. Significant quantities of psychotropic substances and narcotic drugs were seized from those suppliers.

101. Large seizures of psychotropic substances (diazepam and phentermine) smuggled out of Thailand were recently reported in several countries in the Americas, Asia and Europe. The Board requests the Governments of those countries to provide all relevant information to the Thai authorities. The Board invites the authorities of Thailand to investigate those cases and to adopt all measures necessary to prevent the diversion of psychotropic substances from licit manufacture and domestic distribution channels and the smuggling of those substances into other countries.

102. Some Governments have achieved significant progress in preventing diversion from domestic distribution channels. The Board notes with satisfaction that action taken by the authorities of India led to a sharp reduction in the diversion of buprenorphine from licit distribution channels in that country and in the smuggling of that substance into other countries. In addition, the Board notes the efforts of the authorities of India to prevent the diversion and smuggling of benzodiazepines. In 1999 and 2000, for example, more than 1 million diazepam tablets were seized in India during attempts to smuggle them out of the country. The authorities initiated investigations into those cases to prevent further diversions, which apparently were occurring mainly at the retail level. The Board requests the countries into which benzodiazepines have been smuggled, such as Nepal and Uzbekistan, to adopt measures against the abuse of and illicit trafficking in such substances and to support the authorities of India in their investigations.

103. In June 2000, the Board organized, jointly with the International Criminal Police Organization (Interpol), informal consultations on prevention of the diversion of and illicit trafficking in benzodiazepines in Europe. The Board appreciates the efforts of the authorities in the Czech Republic to scrutinize the distribution of flunitrazepam preparations in order to prevent those preparations from being diverted and smuggled into the Nordic countries.<sup>34</sup> The Board invites the Governments of all countries in which the licit manufacture and distribution of temazepam capsules take place to increase their vigilance with



respect to the diversion of such capsules. The Board is concerned that, despite the dismantling in 1999 of temazepam trafficking rings in Belgium and the Netherlands, temazepam capsules continue to be smuggled in significant quantities into the United Kingdom.

### Precursors

104. The diversion of precursors from licit trade, either from international trade or from domestic manufacture and distribution channels, for the illicit manufacture of narcotic drugs or psychotropic substances continues. Diversion from licit channels remains the main means used by traffickers to obtain the chemicals that they need. In 2000, as in previous years, large-scale diversions of those substances from international trade were prevented when Governments took the action recommended by the Board relating to the exchange of information prior to shipment of the precursors in question between the competent authorities in exporting and importing countries to verify the legitimacy of those shipments. Through such exchanges of information, the methods and routes of diversion used by traffickers became more visible, facilitating intervention by regulatory and law enforcement authorities.

105. In 2000, Governments of major drug manufacturing, exporting and importing countries and territories in all regions continued their participation in "Operation Purple", which began in 1999 as a voluntary international initiative to monitor more strictly potassium permanganate, a key chemical used in the illicit manufacture of cocaine and included in Table II of the 1988 Convention. The operation entails tracking consignments from the manufacturing country through all trans-shipment points to the end-user, as well as scrutinizing all operators handling the transactions, and informing all relevant counterparts of suspicious transactions and stopped shipments. At the national level, regulatory and law enforcement authorities of the countries and territories concerned are fully involved in the tracking programme. The Board, in exercising its functions under the 1988 Convention, continues to give the initiative its full support. Interpol and the Customs Co-operation Council (also called the World Customs Organization) provide assistance in their respective areas of competence.<sup>35, 36</sup>

106. A detailed description of how "Operation Purple" was established, the activities undertaken by the participants and the results achieved prior to November 1999 are presented in the report of the Board for 1999<sup>35</sup> and in its 1999 report on the implementation of article 12 of the 1988 Convention.<sup>36</sup>

107. In the second phase of "Operation Purple", the Board is serving as the international focal point for the exchange of information among participating countries.

108. During the second phase of "Operation Purple", the rapid exchange of information between the participants has been maintained. The number of countries participating in the operation has increased. The Board has endeavoured to ensure that the standard operating procedures of the operation are being properly followed. It has assisted in monitoring shipments, in particular, verifying the legitimacy of shipments destined for countries not participating in the operation. The Board has also assisted in initiating the investigation of stopped or cancelled shipments monitored under the operation, in order to clarify whether the shipments have been attempts at diversion and, if so, to identify the traffickers behind those attempts. The findings of those investigations are communicated to Governments in order to alert them of new methods or routes used in the diversion of potassium permanganate.

109. In 2000, efforts continued to be made to identify unauthorized shipments of potassium permanganate and to prevent them from being exported, demonstrating the feasibility of tracking individual shipments of commonly used chemicals. Details on the shipments monitored under the second phase of "Operation Purple" are provided in the 2000 report of the Board on the implementation of article 12.<sup>37</sup>

110. Chemical analysis of samples of cocaine seized in various parts of the world has shown that the use of potassium permanganate as an oxidizing agent in the cocaine purification process is at an all-time low as a result of the strict monitoring of potassium permanganate under "Operation Purple". The Board calls upon the Governments of participating countries to maintain the current momentum and apply fully the standard operating procedures of "Operation Purple", in order to track shipments of potassium permanganate. In particular, those Governments should focus on the distribution of potassium permanganate in their

countries and on exports to countries not participating in the operation, in order to prevent the smuggling of potassium permanganate. At the same time, follow-up investigations of all stopped, cancelled or seized shipments of potassium permanganate must be conducted to identify the traffickers behind diversion attempts.

111. In order to help initiate a comparable international programme for acetic anhydride, a critical chemical used in illicit heroin manufacture, the Board convened an international meeting on acetic anhydride for law enforcement and regulatory officials from the major countries manufacturing and exporting acetic anhydride, countries affected by the transit traffic in acetic anhydride, and countries affected by illicit heroin manufacture. The meeting, hosted by the Government of Turkey, was held in Antalya in October 2000. The Governments of the United Kingdom and the United States made financial contributions to ensure the participation of countries from all regions of the world. The meeting agreed to initiate an international programme, to be known as "Operation Topaz": (a) to prevent the diversion of acetic anhydride from international trade; and (b) to intercept illicit consignments and investigate seizures of acetic anhydride in order to identify the sources of seized acetic anhydride, thereby preventing the diversion of that chemical from licit manufacture and domestic distribution channels.

112. The Board trusts that "Operation Topaz" will result in major achievements in preventing the diversion of acetic anhydride. It also trusts that, through the activities undertaken under that operation, the actual points of diversion of the acetic anhydride seized will be identified.

#### *Storage and disposal of seized chemicals*

113. The Board has noted over the last few years that, as more Governments have introduced chemical control mechanisms, the quantities of chemicals seized have increased to such an extent that the storage and subsequent disposal of those chemicals are becoming a major logistical and financial burden for the Governments making the seizures. Furthermore, the storage and disposal of the seized chemicals are often an environmental hazard in the respective countries. As stated in its report for 1999,<sup>38</sup> the Board is examining the means employed by Governments to store and dispose of such chemicals. The Board urges all

Governments that have not replied to its queries on this issue to do so as soon as possible.

#### *International meetings on precursor control*

114. The Board notes that the number of meetings related to drug control, in particular, those on precursor control issues, has grown considerably over the years. The Board welcomes this development, since it reflects the growing interest of Governments and relevant international bodies in those issues. At times, however, international and regional meetings on the same subject have been organized by different bodies without any coordination. The Board requests Governments and international bodies that might plan such meetings to share their plans with each other at an early stage and to consider combining meetings on related topics, so that the resources available to them may be used in a more effective manner. UNDCP could play a coordinating role in that respect.

### **D. Control measures**

#### **Exports of poppy seeds from countries in which no licit opium poppy cultivation is permitted**

115. The Board notes that export of poppy seeds from Pakistan has continued, despite the fact that the Government confirmed that no licit cultivation of opium poppy was taking place in the country and that the export of poppy seeds had been banned. There have recently been attempts to export poppy seeds produced in Afghanistan to India via Azerbaijan and Turkmenistan.

116. The Economic and Social Council, in its resolution 1999/32, called upon Member States to take measures against the international trade in poppy seeds from countries where no licit cultivation of opium poppy was permitted. The Board hopes that the Governments concerned will take the necessary steps, in line with that resolution, to ensure that poppy seeds traded for culinary purposes are not derived from illicitly cultivated poppy plants.

#### **Cultivation of opium poppy and cannabis in Ukraine**

117. The Board notes the intention of the Government of Ukraine to allow the cultivation of opium poppy for culinary and decoration purposes and the cultivation of

cannabis with a low tetrahydrocannabinol (THC) content for industrial use. The Government should, before a final decision is made, carefully examine whether the necessary control mechanisms are in place and whether they are adequate to ensure that the illicit production of opium or cannabis and the diversion of the licit crops of poppy straw and cannabis do not occur. Failure to apply adequate controls to the licit cultivation of opium poppy and cannabis gives rise to difficult problems involving law enforcement.

118. The Board wishes to emphasize that, under article 22 of the 1961 Convention, a State party to that Convention should prohibit the cultivation of narcotic plants if the prevailing conditions in its territory render such prohibition the most suitable measure, in its opinion, for protecting the public health and welfare and preventing the diversion of drugs into the illicit traffic.

**Provisions regarding travellers under treatment involving the use of medical preparations containing narcotic drugs**

119. Article 4 of the 1971 Convention contains a provision stating that parties to that Convention may permit the carrying by international travellers of small quantities of preparations with psychotropic substances other than those listed in Schedule I of the Convention, for personal use. Thus, international travellers being treated with psychotropic substances may be allowed to carry with them a small amount of the medical preparations prescribed by their doctors so that they may continue with their treatment while travelling in other countries.

120. The 1961 Convention does not contain a similar provision; however, because of the increasing mobility of persons being treated with main analgesics and the importance of the management of severe pain for patients travelling outside of their countries of residence, some Governments have decided to establish similar regulations regarding international travellers who carry medical preparations containing narcotic drugs.

121. In March 2000, the Commission on Narcotic Drugs adopted resolution 43/11, entitled "Provisions regarding travellers under treatment involving the use of medical preparations containing narcotic drugs". In that resolution, the Commission invited the Board, with the participation of Member States, to examine

provisions which might facilitate and enhance security in cases involving travellers carrying medical preparations containing narcotic drugs in order to continue their medical treatment in other countries.

122. The Board requested Governments to provide information on how the issue of travellers carrying medical preparations while under medical treatment was addressed in their countries. Replies were received from 107 of the 209 Governments requested to supply such information. In 90 per cent of all the countries for which information was provided, international travellers were permitted to carry small quantities of preparations with psychotropic substances for personal use. In the majority of countries (80 per cent), international travellers were also permitted to carry small quantities of preparations containing narcotic drugs for personal use.

123. The limit on the amount that a traveller may carry varies considerably from country to country. The limit may depend on the duration of the travel or of the treatment. For example, the quantity allowed may be limited to that which is needed for the duration of the flight or for a prescribed treatment of several months. Some countries link the restriction to the length of treatment, without specifying the duration, while others link it to the length of stay in the country or countries being visited.

124. Governments indicated in their replies that, as a minimum requirement, a person travelling with preparations containing psychotropic substances or narcotic drugs should carry a medical prescription or a copy of a document showing that the preparations were lawfully obtained. Forty Governments indicated that, in addition to the medical prescription, the traveller should carry a certificate issued by the competent authorities of his or her country of residence. Several Governments indicated that other requirements were also needed, such as the medical report, the bill from the pharmacy and the original labelled container. In some countries, travellers were not required to carry any documents for medical preparations containing narcotic drugs or psychotropic substances.

125. Legal provisions regarding such cases differed significantly from one country to another. Because of those differences, at present, international travellers have to obtain information on the legal requirements of their countries of destination from, for example, the

diplomatic or consular missions of those countries, from airlines or from travel agencies.

126. Having examined the replies of Governments to the questionnaire, the Board recognizes that there is a need to establish provisions for narcotic drugs similar to those for psychotropic substances as contained in article 4 of the 1971 Convention. Interested Governments could, in cooperation with WHO and the Board, develop guidelines for national regulations concerning international travellers under treatment with internationally controlled drugs. Those guidelines should include details about the type of narcotic drugs and psychotropic substances that such patients should be allowed to carry, the maximum quantities permitted, the duration of treatment and the kind of documents required for the journey and stay in the country of destination.

127. If, in some countries, travellers are not allowed to carry medical preparations containing narcotic drugs or psychotropic substances, the Governments of those countries could inform the Board, which could then publish that information in the "Yellow List" (list of narcotic drugs under international control) and/or the "Green List" (list of psychotropic substances under international control), for use by governmental authorities.

#### **Controls over international trade in psychotropic substances**

128. The Board notes with appreciation that in 2000 Thailand extended the system of import and export authorizations to include all substances in Schedules III and IV of the 1971 Convention. In Canada, that system was extended to include all but a few of the substances in those schedules. At present, export and import authorizations are required by national legislation for all substances in Schedule III in about 160 countries and territories and for all substances in Schedule IV in about 150 countries and territories. In approximately 30 additional countries and territories, import and export authorizations are mandatory for at least some substances.

129. The Board requests the Governments of all countries that do not yet control the import and export of all psychotropic substances by the system of import and export authorizations to introduce such controls. Experience has shown that countries with large manufactures of or significant international trade in

those substances but without such controls are at particular risk of being targeted by traffickers. The Board notes with appreciation that the Governments of Ireland, Lebanon and the United Kingdom, with which the Board has had a dialogue on this issue for a long time, have confirmed their intention to extend in the near future the import and export authorization system to include all psychotropic substances. The Board trusts that they will implement those controls as soon as possible. The Board invites the Governments of all other countries concerned, such as the Bahamas, Egypt, the Libyan Arab Jamahiriya, Myanmar, Nepal and Singapore, to also introduce such controls for all psychotropic substances.

130. The Board notes with satisfaction that most exporting countries examine carefully the legitimacy of import orders and the authenticity of import documents. In cases of doubt, those countries seek clarifications from the importing countries. Such contact is frequently facilitated by the Board.

131. Several exporting countries received in 2000 import authorizations for quantities of psychotropic substances much in excess of assessments established by the authorities of the importing countries. The Board is concerned about the high number of such cases, which indicates that the importing countries concerned have failed to apply the assessment system properly. The Board has requested the Governments of those importing countries to correct the situation. The Board appreciates the support received from some major exporting countries, including Germany and Switzerland, that have been consistently reminding those importing countries of any failure to comply with the assessment system. The Board reiterates its request to all Governments to establish a mechanism to ensure that their assessments are in line with their actual legitimate needs and that no imports exceeding the assessments are authorized.

132. About 90 per cent of Governments have provided in their annual statistical reports to the Board details on the countries of origin of imports and the countries of destination of exports of substances in Schedules III and IV of the 1971 Convention. The Board requests the countries that have not provided that information to include it in their future reports.

### **Internet shopping and mail deliveries**

133. The Board is concerned about the increasing use of the Internet to illicitly advertise and sell controlled substances. Online pharmacies illegally provide prescription drugs, including internationally controlled substances, to customers all over the world without the required prescriptions, through regular mail channels (see paragraphs 30 and 100 above). Some online companies advertise that they can provide prescription drugs without prescription or that the dispensing pharmacy could issue the prescription as well. Those online companies are aware of the illegal nature of their trading, since they assure their customers that, because of the large number of international mail shipments, only a fraction of such shipments can be detected.

134. There are differences in national approaches to Internet shopping and mail deliveries of internationally controlled substances. In Australia, for example, Internet shopping and mail deliveries, as long as they conform to all control requirements, are considered a means of providing an adequate supply of required medical provisions to all parts of the country. In some other countries, where adequate supply of required medications can be ascertained through the established network of pharmacies, Internet trading and mail delivery of controlled substances are prohibited.

135. Internet shopping and mail deliveries of controlled substances are illicit in all cases when international treaties and corresponding national legislation are contravened, as in the following cases: if the online company does not have a licence to deal in controlled substances; if such substances are dispensed without the required prescriptions; if the controlled substance is advertised to the general public; if controlled substances are shipped in mislabelled or inadequately labelled letters or parcels; or if the regulations of various countries concerning the import and export are not observed.

136. A survey carried out by the Board in 2000 indicated that the problem of Internet shopping has only recently come to the attention of national authorities and, therefore, only a small number of Governments have so far taken legal action to prevent its misuse. The Board invites all Governments to review their national legislation to identify whether any modifications to their laws or regulations are required to prevent the misuse of the Internet and mail

deliveries for illegal distribution of controlled substances.

137. The Board draws the attention of the Commission on Narcotic Drugs to the urgent need to further consider measures against the misuse of the Internet and mail deliveries. The Board notes that, without concerted international action, national efforts will only have a limited impact. Differences in national laws and regulations make it difficult to identify, investigate, sanction and, ultimately, prevent the illicit use of the Internet. Governments should explore the possibility of elaborating common legal standards in this area and should coordinate activities of their law enforcement authorities against the misuse of the Internet and mail deliveries.

### **International trade in diagnostic kits, reference samples and homeopathic preparations**

138. The Board reviewed the issue of control of international trade in diagnostic kits, reference samples and homeopathic preparations containing narcotic drugs and/or psychotropic substances. That review was prompted by requests from several Governments, in particular those participating in the Conference on Control of Psychotropic Substances in Europe, organized jointly by the Board and the Pompidou Group of the Council of Europe in Strasbourg, France, in December 1998. The deliberations of the Board were based on relevant information and opinions obtained from a number of Governments worldwide.

139. The Board has confirmed having given its consent to the practice by some Governments not to require import and export authorizations for international trade in diagnostic kits containing narcotic drugs and/or psychotropic substances. Each Government should continue to be responsible for setting concentration limits below which the import and export authorization system would not have to be applied for diagnostic kits in its territory. The authorities of all exporting countries should make sure that the legislation of importing countries, which may require import authorizations for those products, is always respected. Diagnostic kits containing narcotic drugs and/or psychotropic substances should be properly labelled.

140. The treaty provisions concerning international trade should be fully applied to reference samples of narcotic drugs and psychotropic substances, since those

products usually contain relatively pure substances and may be traded in quantities liable for abuse. Those treaty provisions should also be fully applied to homeopathic preparations; however, since homeopathic preparations usually contain active substances in extremely low doses, Governments may, if appropriate, exempt such preparations from certain control measures using the relevant mechanisms provided for in the 1961 and 1971 Conventions.

## **E. Scope of control**

### **Implementation of scheduling decisions for psychotropic substances**

141. The Board has contacted all Governments in order to identify whether all psychotropic substances have been placed under national control in their countries. In a few States and territories, the Governments have failed for several years to implement some scheduling decisions by the Commission on Narcotic Drugs. Such situations create loopholes in the international drug control system that can be exploited by drug traffickers. The Board reminds the States concerned, including Canada, Ireland, Mexico and New Zealand, of their obligations under article 2 of the 1971 Convention and requests them to take immediate action to establish adequate national procedures to place all substances under national control within the time frame of 180 days after the date of the communication by the Secretary-General of a scheduling decision made by the Commission.

142. Several Governments have reported difficulties in implementing the scheduling decisions within the time frame required by the 1971 Convention. The Board welcomes the commitment of some of those States to the adoption of organizational measures necessary to ensure their compliance with that time frame. The Board calls on those Governments encountering significant difficulties in ensuring prompt scheduling under their present national legislation to amend that legislation in order to comply with their treaty obligations.

### **Interpretation guidelines on stereoisomers**

143. In response to a request by the Commission on Narcotic Drugs, the Board supported WHO in

elaborating interpretation guidelines concerning the stereoisomers of substances in Schedules II, III and IV of the 1971 Convention. The Board approached all Governments with a request for information on the subject. The information received was reviewed by an informal consultation of experts organized jointly by the Board and WHO. The interpretation guidelines were approved by the WHO Expert Committee on Drug Dependence in September 2000. The Board endorses those guidelines and invites all Governments to apply them in defining the scope of control of stereoisomers of substances in Schedules II, III and IV. The guidelines are to be published by the Board as part of its "Green List" (list of psychotropic substances under international control) of December 2000.

### **Control of norephedrine**

144. The Board's assessment of norephedrine, recommending that the substance be included in Table I of the 1988 Convention, was communicated to the Commission on Narcotic Drugs at its forty-third session, in March 2000. On the recommendation of the Board, the Commission adopted decision 43/1, in which it decided to include norephedrine, including its salts and optical isomers, in Table I.

145. The Secretary-General, in his note verbale dated 25 May 2000, communicated Commission on Narcotic Drugs decision 43/1 to all States parties and non-parties to the 1988 Convention. As no request to review Commission decision 43/1 was submitted to the Economic and Social Council, the decision to include norephedrine in Table I of the 1988 Convention became fully effective with respect to each party on 20 November 2000.

### **Control of acetic anhydride and potassium permanganate**

146. In accordance with the provisions of article 12, paragraph 2, of the 1988 Convention, the Board submitted notifications to the Secretary-General in February 2000 informing him that it had information that might justify the transfer of acetic anhydride and potassium permanganate from Table II to Table I of the 1988 Convention.

147. The Secretary-General transmitted those notifications, together with the supporting information supplied by the Board, to all Governments, requesting their comments on the possible transfer of either or

both of the substances and also supplementary information, in the form of a questionnaire, which might assist the Board in establishing its final assessment of those substances and might assist the Commission in making a decision.

148. The Board, having completed its assessment on the possible transfer of the substances to Table I of the 1988 Convention, has found that the importance of both substances in illicit manufacture is well established and both substances are recognized as being essential in the respective manufacturing processes and as the chemicals of choice sought by traffickers; similarly, the public health and social problems created by cocaine and heroin remain an issue that warrants international action.

149. Significant amounts of both substances are diverted from international trade. The use of pre-export notifications, as required under article 12, paragraph 10 (a), of the 1988 Convention, is essential to prevent such diversions from taking place in the future. Furthermore, the additional information supplied by Governments in their replies to the questionnaire referred to in paragraph 147 above confirmed the Board's opinion that supplying pre-export notifications would not place an undue burden on the industry.

150. The Board is therefore recommending that both acetic anhydride and potassium permanganate be transferred from Table II to Table I of the 1988 Convention. Full details of the assessment by the Board are contained in its 1999<sup>36</sup> and 2000<sup>37</sup> reports on the implementation of article 12 of the 1988 Convention.

## **F. Ensuring the availability of drugs for medical purposes**

### **Demand for and supply of opiates**

151. The Board, in compliance with the functions assigned to it under the 1961 Convention and the relevant resolutions of the Economic and Social Council, examines on a regular basis issues affecting the supply of and the demand for opiate raw materials and the demand for opiates for licit requirements and endeavours to maintain a lasting balance between the two.

### *Stocks of opiate raw materials*

152. The Board notes that increasing production and declining exports in 1999 by India, the main opium-producing country, led to a substantial increase in global stocks of opium, which reached 122 tons in morphine equivalent at the end of that year. It is expected that the level of opium stocks at the end of 2000 will be even higher, taking into consideration the expected production level in 2000. Bearing in mind the actual quantities of opium required worldwide for the extraction of alkaloids, which averaged 94 tons in morphine equivalent per annum during the period 1985-1999, India would have to adjust its future production in accordance with the level of its stocks. On the other hand, the current stocks of concentrate of poppy straw, which stood at 57 tons in morphine equivalent at the end of 1999, are still below the current level of annual utilization. The Board hopes that the Governments concerned will take the necessary measures to raise their stocks to a level that will ensure adequate availability of the raw material in years with unexpectedly poor harvest. A more detailed analysis of the demand for and supply of opiates is contained in the 2000 report of the Board on narcotic drugs.<sup>39</sup>

### *Imports of products manufactured from seized drugs*

153. The General Assembly, in its resolution 33/168, invited Governments to increase their joint efforts to eradicate illicit cultivation of narcotic plants in order to ensure a continuing equilibrium between licit supply and licit demand, and to avoid unforeseen imbalances caused by sales of seized and confiscated drugs. The Economic and Social Council, in its resolutions 1998/25 and 1999/33, urged all Governments to continue contributing to the maintenance of a balance between the licit supply of and demand for opiate raw materials for medical and scientific needs and to cooperate in preventing the proliferation of sources of production of opiate raw materials.

154. The Board hopes that the Governments concerned will take the necessary measures in line with the relevant General Assembly and Economic and Social Council resolutions, in order to contribute to a secure and stable supply of opiates for medical purposes.

*Informal consultation on supply of and demand for opiates for medical and scientific needs*

155. Pursuant to Economic and Social Council resolutions 1999/33, on demand for and supply of opiates for medical and scientific needs, and an informal consultation was organized at the request of the Governments of India and Turkey during the forty-third session of the Commission on Narcotic Drugs, in 2000. Representatives of the main countries producing and importing opiate raw materials exchanged views on the situation of the supply of and demand for opiates for medical and scientific needs and reviewed the status of stocks of opiate raw materials, as well as opiates. It was decided that, although the level of stocks had generally improved compared with the level of previous years, there was a need to bring the stocks of concentrate of poppy straw to a level that would be sufficient to meet world demand, particularly in view of the increasing utilization of that material for the extraction of alkaloids.

*Study on the supply of and demand for opiates for medical and scientific purposes*

156. In 1999, the Board initiated a study: (a) to identify the possible impact that limiting the cultivation and production of opiate raw materials and the manufacture of opiates to a few countries or companies would have on the worldwide balance between supply of and demand for opiates and on the pricing of opiates; and (b) to review the impact of the increasing role of thebaine in the manufacture of opioids. The study included a survey of countries and companies involved in the manufacture of narcotic drugs and additional information, particularly on prices of opiate raw materials and opiates. The study also provided an overview of the global level of the demand for and supply and stocks of opiate raw materials, together with a more detailed analysis of the situation concerning the demand, supply, trade, prices and industry.

157. The Board invites Governments concerned to review the findings of the study and provide their views and comments, as well as their recommendations.

*Cooperation with the main countries producing and manufacturing opiates*

158. The Board, while examining issues affecting the supply of opiate raw materials and the demand for opiates for licit requirements, noted that commercial cultivation of a new variety of *Papaver somniferum* with a high thebaine content had taken place in Australia in 1998 and 1999 and that the use of thebaine for the manufacture of oxycodone had increased significantly, in particular during the last three years. Furthermore, for the last 15 years, global consumption of oxycodone and hydrocodone has also increased.

159. In view of the introduction of the new variety of opium poppy with a high thebaine content and the growing importance of thebaine as a raw material for the manufacture of opiates, the Board deems it necessary and important to review the current methodology used for the analysis of the global situation regarding the supply of and demand for opiates for medical purposes.

160. The Board has, therefore, requested the competent authorities of major manufacturing countries of opiates to provide their views on the feasibility and usefulness of establishing coefficients for thebaine, hydrocodone and oxycodone and updating already established coefficients for other main opiates. The Board hopes that the Governments concerned will, in view of the complex and technical issues involved, turn to the industrial sector in their countries for expertise and advice in order to provide the Board with substantive assistance in this matter.

**Consumption of psychotropic substances**

*Consumption of central nervous system stimulants*

161. Until the early 1970s, amphetamine and methamphetamine were used in large quantities as anorectics. Such use of amphetamine and methamphetamine has since been discontinued or reduced to the extent that it involves only small quantities. The medical use of phenmetrazine has been discontinued worldwide while fenetylline is prescribed in only a few countries. The use of methylphenidate for the treatment of ADD is increasing in many countries. Amphetamine and pemoline are also used for the treatment of that disorder in some countries. In recent years the use of amphetamine for that purpose has increased rapidly.



Several amphetamine-type stimulants in Schedules III and IV of the 1971 Convention are used as anorectics.

*Use of amphetamine and methylphenidate for the treatment of attention deficit disorder*

162. The United States remains the main consumer of methylphenidate, accounting for almost 90 per cent of global consumption. After increasing to around 30 per cent in the beginning of the 1990s, the rate of growth of methylphenidate consumption in the United States slowed down. In recent years, however, that consumption has again increased more rapidly, growing by 15 per cent from 1998 to 1999. In the United States the consumption of amphetamine for the treatment of ADD more than doubled from 1997 to 1998 and again from 1998 to 1999. In 1998, amphetamine accounted for one third of the stimulants prescribed for the treatment of ADD in the United States. In 1999, the consumption of amphetamine in that country, expressed in defined daily doses, was higher than the consumption of methylphenidate. Total calculated consumption of stimulants for the treatment of ADD in the United States amounted to 9 defined daily doses per 1,000 inhabitants per day in 1999, a level comparable to almost three times the total consumption of all sedative-hypnotics in that country.

163. The Board urges the competent authorities of the United States to continue to carefully monitor developments in the diagnosis of ADD and other behavioural disorders and the extent to which amphetamine and methylphenidate are used in the treatment of those disorders and to ensure that those substances are prescribed in accordance with sound medical practice as required under article 9, paragraph 2, of the 1971 Convention. The Board notes with appreciation the attention given in the United States by the scientific community and the White House to the increasing use of stimulants for the treatment of pre-school children.

164. The large-scale use of stimulants for the treatment of ADD remains a matter of controversy in the United States. Recently, class-action lawsuits have been filed in that country against a manufacturer of methylphenidate preparations and an advocacy group in connection with the use of methylphenidate.

165. Methylphenidate is used in many countries in the treatment of ADD. Amphetamine, mainly its more potent stereoisomeric form dexamfetamine, has been

used in a much smaller number of countries for the treatment of that disorder; however in some of those countries, such as Australia, it has even been chosen in preference to methylphenidate. The countries with the highest consumption levels of stimulants (amphetamine and methylphenidate) in 1999 were the United States, Australia and Canada, followed by New Zealand, Iceland, the Netherlands, Switzerland, Israel, Belgium, the United Kingdom, Norway and Germany. In some of those countries (Canada, Norway, Switzerland and the United Kingdom), the rate of use of those stimulants, though it remained relatively high, actually decreased from 1998 to 1999.

*Stimulants used as anorectics*

166. In the first half of the 1990s, the consumption of amphetamine-type stimulants that are used as anorectics and under the control of the 1971 Convention reached alarmingly high levels in some countries in the Americas. The Board repeatedly expressed its concern over that development. The Board is pleased to note that the decisive measures taken in some of the most affected countries, such as Argentina and Chile, have led to a significant reduction in the consumption levels of amphetamine-type stimulants used as anorectics.

167. The Board noted in its previous reports<sup>40</sup> the high consumption of phentermine in the United States, where that substance had been mostly used in combination with fenfluramine, a substance not under international control. After fenfluramine had been withdrawn from the market in the United States due to its serious adverse health effects, the consumption of phentermine fell by more than 90 per cent from 1996 to 1999.

168. South-East Asia has become the area with the highest consumption of amphetamine-type stimulants used as anorectics, mostly phentermine. In 1999, Singapore was the country with the highest per capita consumption of phentermine and Thailand was the largest importer of that substance for medical use. In the Hong Kong Special Administrative Region of China and in Malaysia, after a certain decline in stimulant consumption in 1997 and 1998, the calculated consumption of phentermine increased in 1999.

169. There have been reports of amphetamine-type stimulants being smuggled out of countries in South-East Asia and into other countries in that subregion or,

through Internet mail orders, countries elsewhere in the world (see paragraphs 101 and 133-137 above). Despite the fact that the combination of fenfluramine and phentermine has been identified as a major health risk and has even been prohibited in a number of countries, the illegal use of that combination remains popular in countries in South-East Asia, where it is illicitly traded under the name "Bangkok pills". The combination, which contains not only fenfluramine and phentermine, but also benzodiazepines and a number of other substances, is reminiscent of the "prescription formulas" that were popular in Latin American countries before the introduction of stricter prescription control measures.

#### *Consumption of buprenorphine*

170. Buprenorphine, a potent opioid included in Schedule III of the 1971 Convention in 1989, has been in clinical use as an analgesic for many years. Buprenorphine has recently been introduced in the detoxification and substitution treatment of heroin addicts in several countries. In 2000, the Board initiated a survey of that use. The responses already received from some Governments are summarized below.

171. France is the country with the largest number of patients under heroin substitution treatment with buprenorphine. The number of registered patients increased from 20,000 in 1996 to 62,000 in 1999. Problems of the substitution treatment identified by the French authorities relate to the diversion of some of the prescribed buprenorphine to the illicit market and the injection of buprenorphine by drug addicts. There have been a number of cases in which patients treated with buprenorphine died as a result of pharmacokinetics of combinations with other self-administered substances such as benzodiazepines and barbiturates and also alcohol. Despite those problems, the French authorities reported that they considered their experience with that substitution treatment to be largely positive, particularly in view of the diminishing heroin overdose death rate since the introduction of the buprenorphine substitution treatment in January 1996. While there were 388 death cases recorded in 1995, there were only 69 death cases recorded in 1998. The French authorities are currently considering a number of measures to make the substitution treatment with buprenorphine more effective.

172. Other European countries reporting the use of buprenorphine for the treatment of opioid-dependent patients are Denmark and Germany, where such programmes have just started, and, to a very limited extent, the Netherlands. In all those countries, as in France, specific control measures are employed, including special prescription forms and close cooperation between prescribing doctors and dispensing pharmacists. In Germany, supervised consumption in the doctor's office or the pharmacy is required. The higher threshold programme in Germany might have resulted from that country's experience with high abuse rates of buprenorphine during the 1980s.

173. The worldwide manufacture of buprenorphine has been sharply increasing and is expected to increase further with the expanding use of that substance in substitution treatment. In recent years, cases involving the abuse of buprenorphine have been reported in several countries in Africa, Asia and Europe. The Board invites the Governments of all countries concerned to monitor carefully the use of that substance in order to prevent its diversion and abuse. The level of control of buprenorphine varies from country to country. The Board encourages Governments to determine, on the basis of experience, the most adequate level of control for buprenorphine and to endeavour to achieve consistency in its control worldwide. The Board welcomes the decision of WHO to review the control status of buprenorphine and invites all Governments to provide WHO with all relevant information to facilitate that review.

#### *Consumption of other psychotropic substances*

174. Most other substances that are included in the schedules of the 1971 Convention are used as anxiolytics, sedative-hypnotics, and anti-epileptics. With the exception of amphetamine and methylphenidate (see paragraphs 162-165 above), the consumption of substances listed in Schedule II of the 1971 Convention has been discontinued or significantly reduced in all countries. Substances in Schedules III and IV are used in medical practice; some of those substances are used to a very large extent. Diazepam, a benzodiazepine prescribed mainly as an anxiolytic, and phenobarbital, a barbiturate mainly used as an anti-epileptic, are the most widely consumed psychotropic substances. Those psychotropic substances, as well as clonazepam, are on the list of essential drugs established by WHO. With the exception of

phenobarbital, the use of barbiturates has been decreasing. The consumption of non-benzodiazepine-type anxiolytics, such as meprobamate, has also been substantially reduced. Those substances have mainly been replaced by benzodiazepines.

175. The widespread availability of benzodiazepines facilitates their abuse. The incidence of benzodiazepine abuse by drug addicts in Europe is high and drug traffickers have successfully developed markets for specific substances. Benzodiazepines are not only diverted from local domestic distribution channels, but also smuggled in large quantities either across Europe or out of other regions, mainly in Asia, into Europe. Benzodiazepines are also reported to be across Asia, and out of Europe and Asia towards Africa. In some countries, the abuse of pharmaceutical products, including benzodiazepines, seems to be overtaking that of traditionally abused drugs. The Board notes with concern that, in several developing countries, benzodiazepines can be obtained in pharmacies without a prescription. The Board strongly requests all Governments to ensure adherence to prescription requirements for all psychotropic substances, including benzodiazepines.

176. The Board reiterates its request to Governments of countries in which there are high levels of consumption of benzodiazepines and increasing abuse of those substances to conduct, in cooperation with non-governmental organizations involved in the treatment and rehabilitation of drug abusers, comprehensive surveys to determine the size of the population abusing those substances.

177. The Board notes with appreciation that a number of European countries have confirmed their concern over high consumption levels of benzodiazepines and have already taken measures to remedy the situation, such as tightening prescription practices and control mechanisms and raising the awareness among medical doctors and the general public of the need to use those substances in a more rational manner. In some countries, such measures have led to reductions in consumption, while in others they have not had a tangible impact. This is perhaps attributable to difficulties involved in changing prescription cultures. The Board trusts that Governments will continue to study measures to encourage the sound medical use of

benzodiazepines. The Board notes with appreciation the intention of the Pompidou Group of the Council of Europe to convene in January 2001 a European working group to discuss the prescription of benzodiazepines.

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178. In its reports, the Board has drawn attention to the fact that combating drug abuse in line with the three international drug control treaties is not solely an internal matter for the signatory countries. Action in one country, whether liberal or restrictive, affects other countries, especially neighbouring ones.

179. In recent years, discussions supporting a more permissive approach to drug abuse problems have focused on the purported difference between “soft” and “hard” drugs. In the view of the Board, that is an artificial and risky distinction, one that is not based on evidence. That distinction is particularly pernicious when it is widely disseminated via national and international media performing their commendable task of reporting on important issues of the day. In this connection, the Board wishes to recall that, in the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control, adopted by the International Conference on Drug Abuse and Illicit Trafficking, held in Vienna in June 1987, it is stated:<sup>41</sup>

“The mass media reach a vast audience every day. While the media’s potential contribution to the campaign for preventing drug abuse is enormous, their publications and broadcasts can also be damaging and counterproductive. The use of inaccurate or misleading terminology regarding narcotic drugs and psychotropic substances and their properties, such as the artificial distinction between so-called ‘hard’ and ‘soft’ drugs, the advocacy of legalization of the non-medical use of drugs, the glamourizing of drug abuse in songs, movies and other commercial products, the emphasis given in reports of the street value of seizures to the enormous profits to be made from the illicit drug traffic, and the association of drug use with the names of successful or famous persons—all these can lead to false perceptions and can flaw the individual’s powers of judgement.”