

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

64. As at 1 November 2002, the number of States parties to the Single Convention on Narcotic Drugs of 1961¹⁹ or to that Convention as amended by the 1972 Protocol²⁰ stood at 179, of which 173 were parties to that Convention in its amended form. Since publication of the report of the Board for 2001,²¹ Belize, Eritrea, Guyana and Saint Vincent and the Grenadines have become parties to the 1961 Convention as amended by the 1972 Protocol and the Islamic Republic of Iran and Morocco have become parties to the 1972 Protocol amending the 1961 Convention.²²

65. Afghanistan, Algeria, Chad, the Lao People's Democratic Republic, Myanmar and Nicaragua continue to be parties to the 1961 Convention in its unamended form only. The Board notes that in Algeria the 1972 Protocol amending the 1961 Convention has been ratified by a presidential decree and in Myanmar the Government has decided to accede to the 1972 Protocol. The Board trusts that those States will soon deposit their instruments of accession or ratification. The Board urges all States that have not yet done so to take prompt action to accede to or ratify the 1972 Protocol without further delay.

66. Of the 13 States that are not yet parties to the 1961 Convention, there are 3 in Africa, 4 in Asia, 1 in Europe and 5 in Oceania.

Convention on Psychotropic Substances of 1971

67. As at 1 November 2002, the number of States parties to the Convention on Psychotropic Substances of 1971²³ stood at 172. Between 1 November 2001 and 1 November 2002, Belize, Eritrea and Saint Vincent and the Grenadines became parties to the 1971 Convention.

68. Of the 20 States that have yet to become parties to the 1971 Convention, there are 4 in Africa, 3 in the Americas, 5 in Asia, 2 in Europe and 6 in Oceania. Some of those States, namely Albania, Andorra, Bhutan, Haiti, Honduras, Nepal and Saint Lucia, have already become parties to the United Nations

Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.²⁴ The Board reiterates its request to the States concerned 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

69. Since the report of the Board for 2001 was issued, Eritrea, Israel, Rwanda and Thailand have acceded to the 1988 Convention. As at 1 November 2002, a total of 166 States, or 87 per cent of all the countries in the world, and the European Community²⁵ were parties to the 1988 Convention.

70. Of the 26 States that have not yet become parties to the 1988 Convention, there are 8 in Africa, 5 in Asia, 3 in Europe and 10 in Oceania. The Board reiterates its request to those States which have not already done so to take, as a matter of priority, the necessary steps to put into effect the measures required under the 1988 Convention and to accede to that convention as soon as possible.

B. Cooperation with Governments

Reports to the Board

Reports on narcotic drugs and psychotropic substances

71. In performing the tasks assigned to it under the 1961 Convention and the 1971 Convention, the Board maintains a continuous dialogue with Governments. The statistical data and other information received 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 enforced treaty provisions requiring them to limit to medical and scientific purposes the licit manufacture of, trade in and distribution and use of those drugs, while at the same time ensuring their availability for the sick.

72. Parties to the 1961 Convention have the obligation to submit their annual statistical reports to the Board not later than on 30 June following the year to which they relate, and the Board requests Governments to submit reports on psychotropic substances before that date. The Board continues to be concerned that many States, including some that are major manufacturers, importers, exporters or users of narcotic drugs and psychotropic substances, do not comply with that requirement. The late submission of reports makes it difficult for the Board to monitor manufacture of, trade in and consumption of drugs. It also delays the analysis of the availability of narcotic drugs for medical purposes and the examination of the balance between the supply of and the demand for opiate raw materials. The Board urges all States that experience difficulties in complying in a timely manner with their reporting obligations to take all measures necessary to ensure the observance of the deadline set in the 1961 Convention for the submission of annual reports.

73. The Board examines the statistical data and other information received from States and contacts the competent authorities, as necessary, in order to clarify inconsistencies identified in their reports that may indicate shortcomings in national control systems and/or the diversion of drugs into illicit channels. The Board notes that the reports submitted by most States have generally been reliable. However, Italy and the United Kingdom, both major manufacturing and exporting countries, will have to improve the quality of their reporting. Some States experience difficulties in providing complete reports to the Board because their national reporting systems do not ensure the collection of all required information. India, for example, has failed to report data on consumption of some narcotic drugs in recent years, since such data are not readily available through the national reporting system. The Board invites each of the States concerned to strengthen its domestic reporting mechanism in order to ensure the submission of all mandatory reports to the Board.

74. As at 1 November 2002, a total of 168 States and territories had submitted to the Board annual statistics on narcotic drugs for 2001, in conformity with the provisions of article 20 of the 1961 Convention. That figure represents 80 per cent of the 209 States and territories required to furnish such statistics. A total of 191 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2001; that

figure represents 91 per cent of the 209 States and territories requested to furnish those data, although 33 States and territories submitted only partial statistics on international trade. The Board notes with satisfaction that the total number of reports received for 2001 by 1 November 2002 was the highest ever recorded.

75. The Board notes that, in 2002, some States, including Brazil, Cameroon, the Democratic People's Republic of Korea, Haiti, Solomon Islands and Zimbabwe, finally improved their reporting on narcotic drugs. The majority of States, regardless of whether or not they are parties to the 1961 Convention, have regularly provided statistical reports; however, there are a few States parties to the 1961 Convention that have not been complying with their reporting obligations for several years. The Board has repeatedly reminded those States of their obligations and urged them to ensure regular reporting. The Board will consider further measures to ensure their compliance and will continue to monitor closely the situation in those States.

76. As at 1 November 2002, a total of 171 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 2001 in conformity with the provisions of article 16 of the 1971 Convention. As is the case for reports on narcotic drugs, the Board notes with satisfaction that the current rate of submission of reports for psychotropic substances (82 per cent) is the highest ever recorded.

77. The cooperation of some States, however, continues to be unsatisfactory. Africa and Oceania continued to be the regions with a high proportion of States not submitting their reports regularly. In recent years, more than one third of the States in those regions have failed to submit annual statistical reports. That is related to serious shortcomings in the monitoring of psychotropic substances in those countries. The Board notes with satisfaction that some States, including Azerbaijan and Solomon Islands, have submitted for the first time since 1996 their annual statistical reports on psychotropic substances. Improvements have been observed in the reporting by Kazakhstan, Nicaragua and Uruguay.

Reports on precursors

78. The reporting of information to the Board as required under the 1988 Convention is an indicator of

the existence of adequate mechanisms for monitoring precursors and of the appropriate coordination of government bodies responsible for the collection of data on chemicals. As at 1 November 2002, a total of 120 States and territories and the European Community (on behalf of its 15 member States) had submitted information for 2001 pursuant to article 12, paragraph 12, of the 1988 Convention. That figure represents 57 per cent of the States and territories requested to provide that information, a rate of return similar to that of previous years.

79. The Board notes that only 59 per cent of the parties to the 1988 Convention continued to comply with their treaty obligation to provide the necessary information. The Board notes that a number of States have resumed reporting to it after not having done so for several years. Those States which, though they are not parties to the 1988 Convention, have resumed reporting are the Democratic People's Republic of Korea and Solomon Islands. At the same time, the Board notes with regret that there are still States parties to the 1988 Convention that have never reported to it, among them Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia and Yugoslavia. The Board urges all States that have not yet done so to submit the required information as soon as possible.

80. 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 Table I and Table II of the 1988 Convention. The data are submitted on a voluntary basis and, if requested by Governments, are treated by the Board as confidential. As at 1 November 2002, a total of 93 States and territories provided such data for 2001, which is similar to the rate of return of previous years. Nearly all of the major manufacturing, exporting and importing countries and territories and trans-shipment points furnished such information for 2001.

81. The knowledge about licit international trade in acetic anhydride, the critical chemical used in the illicit manufacture of heroin, and potassium permanganate, the key chemical used in the illicit manufacture of cocaine, has grown steadily. While most of the major exporting countries provided their export data for 2001, the Board noted with satisfaction that the number of countries and territories furnishing their import data for those substances on form D for 2001 almost

doubled within the past few years. That development is mainly attributed to the intensive monitoring of international trade in acetic anhydride under Operation Topaz and potassium permanganate under Operation Purple, as well as to the transfer of those two substances from Table II to Table I of the 1988 Convention in 2001. The Board is monitoring the effects of that rescheduling.

82. While the number of Governments providing data on licit trade in ephedrine and pseudoephedrine, precursors used in the illicit manufacture of methamphetamine, has remained high, little information is currently available on the patterns of licit international trade in the other precursors used in the illicit manufacture of amphetamine-type stimulants. In view of the continued diversion of those substances into illicit drug manufacture, the Board provided in 2002 a forum for launching a new initiative, named Project Prism, to improve the monitoring of licit international trade in those substances and to prevent their diversion (see paragraphs 96-134 below). The Board calls upon all Governments to collect in a systematic manner data on their exports and imports of those substances and furnish them to the Board so that it can better assist Governments in identifying suspicious transactions involving those substances and preventing their diversion.

Estimates of requirements for narcotic drugs

83. The Board wishes to remind all Governments that the universal application of the system of estimates is indispensable for the functioning of the control system for narcotic drugs. Lack of adequate national estimates is often an indication of deficiencies in the national control mechanism of a country. Without proper monitoring and knowledge of the actual requirements for narcotic drugs, there is a risk that drugs traded in a country may be in excess of medical needs and may be diverted into illicit channels or used inappropriately.

84. As at 1 November 2002, 170 States and territories had furnished their annual estimates of narcotic drug requirements for 2003, or 81 per cent of the States and territories required to furnish such estimates; that number is higher than the number of States and territories (166) that, by 1 November 2001, had furnished those estimates for 2002. In spite of reminders sent by the Board, 39 States and territories failed to provide those estimates in time for

examination and confirmation by the Board; the Board had to establish estimates for them in accordance with article 12, paragraph 3, of the 1961 Convention. The Board also established estimates of narcotic drug requirements for Timor-Leste, which became independent during 2002. While, in previous years, Africa was the region with the largest proportion of States that had failed to furnish such estimates, the cooperation of African States in that regard has improved.

85. The Board encourages all States and territories for which it established estimates for 2002 to carefully review those estimates and revise them, if appropriate. It should be noted that the estimates established by the Board, although they are based on the estimates and statistics reported in the past, have in some cases been considerably reduced, as a precaution in view of the risk of diversion of those drugs into illicit channels. As a result, those established estimates may be inadequate and the States and territories concerned may experience difficulties in importing in a timely manner the quantities of narcotic drugs required to meet their medical needs. The Board therefore urges those States and territories to take all the measures necessary to properly establish estimates of narcotic drug requirements and to furnish those estimates to the Board in a timely manner. The Board is ready to assist those States and territories by providing clarifications on the provisions of the 1961 Convention related to the system of estimates.

86. The Board examines the estimates received from States, including supplementary estimates, with a view to limiting the use and distribution of drugs to the amount required for medical and scientific purposes and to ensuring adequate availability of those drugs for such purposes. The Board has contacted many States prior to confirming estimates when, based on the information available to it, those estimates appear to be inadequate. The Board is pleased to note that, in 2002, as in previous years, most States provided feedback promptly. The Board notes the increased cooperation of the authorities of the United Kingdom in that respect. However, some States appear to have persistent difficulties providing realistic and comprehensive estimates of their drug requirements, in particular, as they relate to the manufacture of narcotic drugs or the utilization of narcotic drugs for the manufacture of other substances. The Board invites all States, in particular India and the Russian Federation, to take measures to

provide comprehensive and at the same time adequate estimates of their drug requirements in the future.

87. A number of States, including States such as Canada, China, Italy and the Netherlands, which could be expected to have established mechanisms for collecting information on the medical requirements for narcotic drugs in their territory, have furnished their estimates for 2003 with considerable delay. As stated in the report of the Board for 2001,²⁶ such late submissions have a negative impact on the analysis by the Board. The Board notes that Australia, Brazil, Japan and the United States, which in recent years tended to furnish estimates very late, have submitted their estimates for 2003 on time.

88. 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 remained at a reasonable level. The number of supplementary estimates submitted to the Board each year, which was around 650-700 in the mid-1990s, decreased to below 250 in 2001 and 2002, reflecting the increase in the quality of those estimates. Nevertheless, as in previous reports,²⁷ the Board urges Governments to calculate their annual medical needs as accurately as possible and to try to limit the submission of supplementary estimates to unforeseen circumstances.

Frequent problems in reporting estimates and statistics of narcotic drugs

89. Several Governments have experienced problems in reporting estimates and statistical information concerning preparations exempted from some measures of control (preparations in Schedule III of the 1961 Convention), in particular those containing codeine, dextropropoxyphene, dihydrocodeine, diphenoxylate, ethylmorphine and pholcodine. Similarly, several Governments have omitted data on stocks when submitting estimates or statistics on narcotic drugs. Failure to provide such data results in imbalances in the annual statistical information furnished to the Board and in double counting of data, thus preventing the adequate functioning of the system of estimates by delaying imports of narcotic drugs needed for medical purposes.

90. The Board has been contacting Governments that experience problems in reporting properly on preparations in Schedule III of the 1961 Convention or

on stocks and has provided them with clarifications when necessary. The Board notes with satisfaction that, since receiving those clarifications, several Governments have already improved their reporting practices. The Board is ready to assist Governments by providing further clarifications on such matters upon request.

91. In accordance with the 1961 Convention, Governments have the right to hold special stocks of narcotic drugs for special government purposes and to meet exceptional circumstances. They do not have to report to the Board on the size of such special stocks. However, they are required to report to the Board, in line with article 20, paragraph 3, on the drugs imported into or procured within the country or territory for special purposes, as well as quantities of drugs withdrawn from special stocks to meet the requirements of the civilian population. The Board is concerned that some Governments continue to ignore those provisions of the 1961 Convention and do not provide the Board with the required data.

Assessments of requirements for psychotropic substances

92. 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 which have failed to furnish such information. The assessments are communicated to competent authorities of all States and territories that are required to use them as guidance when approving exports of psychotropic substances.

93. Unlike estimates for narcotic drugs, assessments of requirements for psychotropic substances submitted by States and territories do not require confirmation by the Board and 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. In January 2002, all Governments were asked to review and update, if necessary, their assessments of annual medical and scientific requirements for psychotropic substances;

since then, 95 Governments have done so. In addition, modifications to previous assessments for one or more substances have been received from 91 Governments.

94. As at 1 November 2002, the majority of Governments had submitted to the Board their assessments of annual medical requirements for psychotropic substances; however, the Governments of eight countries had still not provided the Board any confirmation of the assessments previously established by the Board. Those countries were Burundi, Cameroon, the Comoros, Djibouti, Mauritania, the Niger, Sierra Leone and Somalia. Liberia communicated to the Board its assessments for the first time in March 2002. However, the assessments communicated by Liberia were excessive considering the size of its population and the health-care infrastructure in that country. Since such assessments could provide an opportunity for psychotropic substances to be diverted into the illicit traffic, the Board requested the authorities of Liberia to review their assessments. In the meantime, the assessments established by the Board for Liberia will continue to be published.

95. The Board is concerned that many Governments have not updated their assessments for several years. Those assessments 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 imports of psychotropic substances urgently needed for medical or scientific purposes in a country, since exporting countries are requested not to export quantities that are not in line with the assessments of the importing countries. The Board invites all Governments to ensure that their assessments of annual needs for all psychotropic substances are regularly updated and that it is informed of any modifications.

C. Prevention of diversion into the illicit traffic

Narcotic drugs

Diversion from international trade

96. In 2002, as in recent years, no cases involving the diversion of narcotic drugs from licit international trade into illicit traffic were detected, despite the large quantities of substances and the large number of transactions involved. However, in two countries an

investigation into the suspicious export of a large quantity of oxycodone tablets has not yet been finalized. The quantity authorized for export was in excess of the total of estimates of the importing country.

97. The Board reminds all Governments that effective prevention of the diversion of narcotic drugs from international trade requires the implementation by Governments, in cooperation with the Board, of all control measures for those drugs, as provided for in the 1961 Convention. Most Governments are fully implementing the system of estimates and the import and export authorization system; however, some Governments authorized in 2001 and 2002 exports of narcotic drugs from their countries in excess of the corresponding total of the estimates of the respective importing countries, which is contrary to the provisions of article 31 of the 1961 Convention and could result in the diversion of narcotic drugs if falsified import authorizations were used by drug traffickers. The Board has contacted the Governments concerned and requested them to ensure full compliance with the provisions of article 31 of the 1961 Convention (see paragraphs 139-140 below).

Diversion from domestic distribution channels

98. In recent years, various States have reported the diversion of pharmaceutical products containing narcotic drugs from licit distribution channels. Canada has reported an increasing number of cases of diversion of opiates involving forged prescriptions, theft from pharmacies and the sale (of oxycodone) to unauthorized persons. In Mexico, more than 900,000 oxycodone tablets were stolen from stocks of a pharmaceutical company in December 2001. In the United States, hydrocodone and oxycodone continued to be among the most frequently abused pharmaceutical products containing substances under international control. Information on the diversion, seizure or abuse of pharmaceutical preparations containing codeine was received from several countries, including Brunei Darussalam, Bulgaria, France, Iceland, Norway, the Republic of Moldova, Thailand and Ukraine. The diversion of methadone was reported in some countries where it is used in the substitution treatment of drug addiction, including Ireland, the Netherlands, Switzerland and the United Kingdom.

99. The Board is of the opinion that seizures of pharmaceutical products containing narcotic drugs and diverted from domestic distribution channels continue to be underreported, particularly when they involve preparations in Schedule III of the 1961 Convention that are exempted from certain control measures. The Board invites Governments to establish, where possible, a centralized system for the collection of data on diversions, seizures and the abuse of such pharmaceutical products, in order to obtain reliable information on the problem. The Board encourages Governments to report information on drug diversions, seizures and abuse to the relevant international bodies, even if such information is only partial, as it may be used to identify important new trends.

100. The Board notes with appreciation the continued efforts of the competent authorities of the United States to prevent the diversion and abuse of oxycodone, particularly in the form of controlled-release tablets containing high doses of the substance, which have become a cause for concern in the last three years. The Government's ongoing action plan includes the allocation of increased financial and human resources to the investigation of cases involving diversion, the continued evaluation of the incidence of oxycodone abuse, the introduction of stricter controls over the manufacture and distribution of prescription medications containing oxycodone and the strengthening of cooperation with the pharmaceutical industry in order to increase public awareness of the problem.

101. The Board invites all Governments to continue to exercise vigilance with respect to attempts to divert oxycodone and other narcotic drugs from domestic distribution channels or from international trade, and to continue to pay attention to the potential abuse of those drugs, including slow-release preparations and preparations in Schedule III of the 1961 Convention.

102. The diversion and abuse of opioids prescribed for substitution treatment has been noted in many countries. The Board calls on the Governments of countries where opioids are used for substitution treatment to take measures to reduce their diversion into illicit channels.

Psychotropic substances

Diversion from international trade

103. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention has been limited to sporadic transactions involving no more than a few grams. No cases involving the diversion of those substances from licit international trade have ever been detected. The last attempt to divert a substance in Schedule I took place in December 2000 and was unsuccessful.

104. In the past, the diversion of substances in Schedule II of the 1971 Convention from licit international trade was a major supply source for illicit markets. Since the introduction of strict control measures at the national and international levels, however, cases involving the diversion of substances in Schedule II have become rare. Fenetylline was one of the substances most frequently diverted from international trade during the last decade. Because of its abuse potential and risk to public health, fenetylline was put under international control in 1986 by inclusion into Schedule II of the 1971 Convention.

105. From 1985 to 1989, several hundred kilograms of fenetylline were diverted from licit manufacture and international trade. Due to increased controls and vigilance, such diversions became very limited, while attempts to divert the substance continued. From 1985 to 1995, international control and the cooperation of Governments with the Board prevented the diversion of nearly 18 tons of fenetylline. However, increased international control measures and vigilance in manufacturing and trading countries resulted in a decrease in the number of attempts to divert the substance.

106. The most widely abused preparation containing fenetylline is known as Captagon. No licit manufacture of the substance has been reported since 1986. However, as the demand for Captagon on the illicit market continued, counterfeit Captagon tablets were manufactured using illicitly manufactured fenetylline. In March 1999, a criminal investigation by law enforcement officials in Slovenia uncovered a site in Ljubljana at which Captagon was being illicitly manufactured. Some 70 kg of the active substance fenetylline had been illicitly manufactured at the site from 1995 to 1998, sufficient to manufacture 1 million

Captagon tablets. At least 250,000 Captagon tablets had already been smuggled into Turkey.

107. In July 2002, law enforcement officials in Turkey raided a pharmaceutical company and seized 15 million Captagon tablets that had been illicitly manufactured by the company. The Captagon tablets were ready to be shipped to countries in West Asia. The Captagon tablets in Turkey, like those discovered in Slovenia in 1999, had been illicitly manufactured under professional conditions. Though the manufacturing site in Slovenia was not a pharmaceutical company, like the company in Turkey, it was using rotary tableting machines, punches, mixers and tablet testers and had been operating for several years.

108. Apart from fenetylline, counterfeit Captagon tablets are being increasingly manufactured with the use of other stimulants. In recent years, most of the tablets seized have contained amphetamines, in addition to stimulants not under international control.

109. Professional equipment must also have been used by the traffickers that illicitly manufactured approximately 1 ton of counterfeit Captagon tablets found in plastic bags on a village street in the former Yugoslav Republic of Macedonia in August 2002. The tablets were in blister packs that listed only the trade name Captagon, without the international non-proprietary name, and provided no information on dosage, no expiry date and no information on the manufacturer. Investigations concerning the source of the tablets continue. The tablets were purportedly lost in an accident involving a truck passing through the country.

110. The countries most affected by trafficking in counterfeit Captagon tablets are countries in West Asia, in particular those in the area of the Persian Gulf. The counterfeit Captagon tablets seized in the various countries number in the millions. Most of the seized tablets were destined for countries on the Arab peninsula. The Board notes with concern the lack of cooperation between a number of West Asian countries affected by trafficking in counterfeit Captagon tablets.

111. The Board has contacted countries affected by trafficking in counterfeit Captagon tablets and has drawn their attention to the problems associated with the diversion and abuse of such tablets. The Board has also encouraged the countries concerned to collaborate with other countries in the region in order to establish a

network for the exchange of information and for the promotion of cooperation between law enforcement authorities, in particular between forensic laboratories.

112. Such an exchange of information is of particular importance with regard to laboratory reports, as it is necessary to establish profiles for determining the countries of origin of seized tablets. The countries concerned may also wish to launch a regional profiling initiative.

113. Licit international trade in psychotropic substances in Schedules III and IV of the 1971 Convention involves thousands of individual transactions each year. The Board notes with satisfaction that there has been a significant decrease in the number of cases involving the diversion of such substances from licit international trade to illicit channels, as shown by the Board's analysis of data on international trade. That decrease is directly related to the nearly universal implementation of not only the provisions of the 1971 Convention, but also the voluntary control measures recommended by the Board and endorsed by the Economic and Social Council (the import and export authorization system, the assessment system and the detailed reporting system).

114. In fact, attempts to divert psychotropic substances occur frequently and are prevented by the vigilance of competent authorities and law enforcement officers and, in some cases, the voluntary cooperation of manufacturers of psychotropic substances. The Board notes with appreciation that some major exporting countries, such as China, France, Germany, India, Switzerland and the United Kingdom, use the assessments of requirements of psychotropic substances published by the Board to verify the legitimacy of trade transactions. Such verification is especially important in the case of orders placed by companies in countries that have not yet introduced mandatory import authorizations for all psychotropic substances. Trade transactions identified as suspicious because the import orders exceed the established assessments are either verified with the Board or brought to the attention of the importing country. That process facilitates the identification of diversion attempts.

115. Such verification with assessments is also necessary in cases where import authorizations have been issued. Import authorizations may be falsified or may have been issued erroneously or with the intention

to divert psychotropic substances. In one such case, the competent authorities of China brought to the attention of the Board the intended import of 300 kg of pemoline, a stimulant in Schedule IV of the 1971 Convention, by a single pharmacy in Liberia. That import would have amounted to 10 million tablets. Though the authorities of Liberia had stated that the transaction was legitimate and that the substance had been ordered for the treatment of narcolepsy, the Board decided to advise the competent authorities of China not to authorize the export of the substance, in view of the large quantity involved and the fact that there had been cases involving the diversion of significant quantities of that substance to illicit markets in West Africa.

116. In response to several interventions by the Board, the authorizations for the import of pemoline were revoked, the pharmacy involved was closed and the Government of Liberia began investigating the role of its competent authorities in the diversion attempt.

117. In another case, the competent authorities of China requested the Board to verify the legitimacy of an import order for 5,000 kg of diazepam from Afghanistan that had purportedly been authorized by the competent authorities of that country. Samples of seized heroin revealed that diazepam had been used to adulterate the heroin. An earlier diversion attempt in Afghanistan involved 5,000 kg of phenobarbital, which had also been used to adulterate heroin. While the actual diversion of those substances had been thwarted as a result of the vigilance of the authorities of the exporting countries, the Board requested the authorities of Afghanistan to investigate those cases.

118. The Board reviewed the practices of Governments regarding the disposal of seized psychotropic substances. Only one Government reported the use of seized psychotropic substances for licit purposes by selling the seized material on the licit market. All other Governments reported that they had refrained from that practice as they were of the view that the safety and quality of the medicines manufactured from seized substances could not be guaranteed. The Board expressed its concern to the Government involved regarding the selling of seized psychotropic substances and pointed out the serious risks that might be associated with the use of seized psychotropic substances.

Diversion from domestic distribution channels

119. While most cases involving the diversion of psychotropic substances from domestic channels, particularly at the retail level, involve relatively small quantities, the total quantity being diverted to illicit markets may not be negligible. The substances diverted most often are stimulants, benzodiazepines, especially flunitrazepam and diazepam, and the analgesic buprenorphine.

120. The diverted substances are not only destined for the illicit market of the country in which they are diverted, but are also smuggled into other countries. For example, the smuggling of flunitrazepam into Sweden, mostly out of the Baltic States has been taking place for a number of years. Part of the quantity had been licitly exported from Switzerland to the Russian Federation, and from there it was diverted through Lithuania to Sweden. The total quantity of flunitrazepam smuggled into Sweden is estimated to be approximately the same as the quantity legally prescribed in Sweden (around 2.5 million tablets per year). Due to its high abuse rate, the authorities of Sweden have moved flunitrazepam to schedule II of the national control regime, which puts the substance under the same control as morphine.

121. The Board notes with particular concern the increasing use of the Internet and the mail for illicit trade in psychotropic substances, including the smuggling of psychotropic substances diverted from domestic distribution channels. One major problem that has been identified in that regard is the fact that the quantity of letters and parcels shipped each day makes it practically impossible for law enforcement agencies to detect illicit drug shipments and/or to identify sources of illicit drug supply. There are indications in a number of countries that the use of the mail for drug trafficking seems to be considerable and that increased cooperation between postal administration, customs and police authorities at the national and international levels may be necessary to deal with that problem. It appears that the mail system is being widely misused to smuggle methylenedioxymethamphetamine (MDMA, commonly known as Ecstasy) from the Netherlands and its neighbouring countries into many other countries in the world.

122. The Governments of Canada and Switzerland have informed the Board about the increasing abuse of

zopiclone, a substance not under international control. The abuse potential of that substance may be comparable with that of benzodiazepines. The two Governments were of the view that the inclusion of zolpidem in Schedule IV of the 1971 Convention had led to increased abuse of zopiclone. In addition, the Government of Canada reported that the inclusion of zolpidem in Schedule IV had also led to increased abuse of the substance zaleplon. According to the authorities of Canada, the similarity in the chemical structure, pharmacological activity and abuse liability of zaleplon, zolpidem and zopiclone should make them subject to the same control requirements.

Precursors

123. The majority of the precursors seized are intercepted by authorities when attempts are made to smuggle those substances across national borders. In certain cases, as a result of information gathered at the time of seizure and timely action by the authorities concerned, successful investigations were launched and the criminal networks responsible for the attempted smuggling were identified and dismantled. Intelligence-driven investigations of this nature are essential not only when such interceptions are made but also when shipments in international trade are stopped, as attempts to divert precursors from international trade into the illicit traffic are becoming increasingly sophisticated. As noted in the report of the Board for 2001,²⁸ traffickers are continuing to utilize the names of known companies with legitimate requirements for the precursors sought. However, in recently uncovered diversion attempts, the orders placed were for larger amounts of those precursors than in previously uncovered attempts and falsified sales contracts were submitted to support those orders.

Operation Purple

124. Operation Purple, the voluntary intensive international tracking programme initiated in 1999, continues to assist Governments in preventing potassium permanganate, a key chemical used in the illicit manufacture of cocaine, from being diverted from international trade. At the international level, the Board, in exercising its functions under the 1988 Convention, assists in the operation and, through its secretariat, serves as the international focal point for the exchange of information among participants and, in particular, non-participating countries, in order to help

Governments to identify diversions and attempted diversions of potassium permanganate.

125. Of the attempts to divert potassium permanganate from licit international trade that were uncovered during 2002, the majority involved countries participating in Operation Purple. Details on those cases are provided in the 2002 report of the Board on the implementation of article 12 of the 1988 Convention.²⁹ Governments should take note that traffickers could target any country, and only by properly applying the working mechanisms and standard operating procedures of Operation Purple can such activity be prevented. Those mechanisms and procedures have, since 1999, enabled Governments to prevent the diversion of large amounts of potassium permanganate by tracking individual shipments without placing an undue burden on licit industry.

126. The effectiveness of Operation Purple is now becoming more apparent. As mentioned above, since Operation Purple was initiated in 1999, a large number of shipments have been identified as attempted diversions and been subsequently stopped and the global seizures of potassium permanganate reported annually to the Board have fallen consistently, indicating that the monitoring mechanisms have been successful. At the same time, analysis of samples of cocaine seized during law enforcement operations shows that the amount of cocaine purified using potassium permanganate has reached an all time low and, furthermore, traffickers in Colombia are attempting to illicitly manufacture potassium permanganate. Operation Purple is restricting the availability of the substance for use in the illicit manufacture of cocaine.

Operation Topaz

127. Operation Topaz, which the Board helped launch in 2001 in cooperation with the Governments concerned, is an intensive international programme on acetic anhydride, a key chemical used in the illicit manufacture of, among other things, heroin. Like Operation Purple, Operation Topaz involves an international programme for tracking individual shipments in international trade. In addition, it includes law enforcement activities aimed at intercepting shipments of smuggled acetic anhydride and investigating those cases, as well as seizures made at illicit storage facilities or heroin laboratories, to track

the seized substances back to the sources from which they were diverted.

128. The international tracking carried out under Operation Topaz continues to function well, mainly as a result of the efforts made by the competent authorities of the exporting countries, particularly Belgium and the Netherlands, through which the majority of the consignments are sent. The information gathered through the international tracking has enabled the Board to gain a better understanding of the complex trade patterns and routes that exist for acetic anhydride. That is essential if the Board is to assist Governments, together with the steering committee of Operation Topaz, in further improving the existing mechanisms and procedures for preventing acetic anhydride from being diverted for use in illicit drug manufacture.

129. While large quantities of acetic anhydride were prevented from being diverted, the actual number of cases identified was small, a clear indication that traffickers have been, for the most part, diverting acetic anhydride from domestic distribution channels and smuggling the substance into areas where it is used in the illicit manufacture of drugs. That development highlights the need for Governments to exchange information on a real-time basis regarding interceptions of smuggled consignments and on seizures made at illicit drug laboratories. Where such investigations were carried out thoroughly, the authorities concerned were able to identify those responsible for the diversions and to prevent future diversions from that source. Several Governments conducted such investigations during 2001 and 2002. Significant cases uncovered during 2002, as well as the results of the related follow-up investigations, are presented in the 2002 report of the Board on the implementation of article 12 of the 1988 Convention.³⁰

130. Focusing on law enforcement activities required to adequately address the diversion of acetic anhydride, the Board reminds Governments that, in addition to conducting tracking investigations, authorities intercepting smuggled consignments of acetic anhydride should also make use of controlled deliveries to identify and prosecute those involved in smuggling the substance.

Actions to prevent the diversion of amphetamine-type stimulant precursors: Project Prism

131. The International Meeting on Amphetamine-type Stimulant Precursors was convened by the Board, in cooperation with the Government of the United States and the European Commission, in Washington, D.C., in June 2002. The Meeting was attended by representatives of both the regulatory and the law enforcement authorities of 38 countries or areas,³¹ as well as competent regional and international bodies.³²

132. The Meeting found that there were effective controls over international trade in most of the widely traded precursors for amphetamine-type stimulants and that there was therefore little chance of those precursors being diverted from international trade. It was believed that traffickers were either diverting the precursors from licit manufacture or recruiting companies to illicitly manufacture the precursors and were subsequently smuggling them into the countries where illicit drug manufacture took place. To effectively address trafficking of that nature, it would be essential for the Governments concerned to share the information available to them so that comprehensive investigations could be carried out to identify both the source of the precursors and those responsible for the illicit activity.

133. The Meeting agreed to launch a voluntary international project called Project Prism, under which individual operations would be carried out by working groups to address (a) the diversion of precursors for amphetamine and methamphetamine, (b) the diversion of precursors for MDMA (Ecstasy) and (c) material and equipment used in the illicit manufacture of amphetamine-type stimulants and use of the Internet for the diversion of precursor chemicals, material and equipment. To ensure consolidated investigations and the sharing of information and intelligence, including findings of investigations, the Meeting identified the need to establish a task force³³ to oversee the project.

134. The task force decided that two working groups, one addressing the precursors for amphetamine-type stimulants and the second addressing equipment and the use of the Internet, would be required. The task force also identified the composition of each working group, as well as their priorities and objectives. The first meetings of the two working groups, which would be held in early December 2002, would be hosted by the Government of the Netherlands and by Europol.

The Board trusts that under Project Prism, it will be possible to achieve successes similar to those achieved under Operation Purple and Operation Topaz.

D. Control measures

Control of cannabis used for medical or scientific purposes

135. Cannabis is included in Schedule I and Schedule IV of the 1961 Convention. Substances in Schedule IV are those considered particularly liable to be abused and to produce ill effects, while such liability is not offset by substantial therapeutic advantages not possessed by substances other than those in Schedule IV. However, for a few years there has been increased interest in the therapeutic usefulness of cannabis, as evidenced by the continuing scientific research on the efficacy of the medical use of cannabis or cannabis extracts in several countries, including Canada, Germany, the Netherlands, Switzerland, the United Kingdom and the United States. As stated in its report for 2001,³⁴ the Board welcomes such research and trusts that the results, when available, will be shared with the Board, the World Health Organization (WHO) and the international community.

136. The Board is pleased to note that all Governments concerned apply the control requirements set by the relevant provisions of the 1961 Convention to reduce the risks of cannabis being diverted or abused. In particular, the Governments have provided the Board with relevant estimates and statistical reports, when applicable, on related production, imports, exports and consumption of cannabis or cannabis extracts.

137. The Board notes that the Governments of Canada and the Netherlands have decided to authorize the medical use of cannabis, although no conclusive results concerning the possible therapeutic properties and medical uses of cannabis have been obtained from the research conducted in those countries or anywhere else. The Board calls on Governments to consider the scheduling status of cannabis, which is listed in Schedules I and IV of the 1961 Convention, and not to allow its medical use unless conclusive results of research are available indicating its medical usefulness. The Board requests Governments to then ensure that such use is in line with general principles guiding sound medical use and practice. Governments should

provide any new information that they might possess on the medical usefulness of cannabis that might require a review of its scheduling status.

138. In Jamaica and Sri Lanka, seized cannabis was released for medical purposes, but no corresponding estimates for its consumption and stocks and no statistics for the quantities released, consumption or stocks have been furnished to the Board. The Board wishes to reiterate that Governments have to comply with all provisions of the 1961 Convention concerning the use of seized narcotic drugs that have been released for medical purposes, including the submission of estimates and statistics to the Board.

International trade in narcotic drugs in excess of established estimates

139. The Board reminds all Governments of the need to comply with the quantitative limits for international trade and manufacture of narcotic drugs provided for under articles 21 and 31 of the 1961 Convention.

140. In its ongoing review of the compliance of Governments with those control provisions, the Board has noted several cases of either imports or exports in excess of the limits of established estimates. While there are various reasons for those excesses, the Board encourages Governments to always consult, prior to authorizing exports of narcotic drugs, the list of annual estimates of narcotic drug requirements for each country.³⁵

Export of poppy seeds from countries prohibiting cultivation

141. In accordance with Economic and Social Council resolution 1999/32, the Board encourages Governments to take measures against the international trade in poppy seeds from countries where no licit cultivation of opium poppy is permitted. In particular, the Board requests Governments to prevent any export, import and transit of opium poppy seeds of illicit origin and to share with the other Governments concerned and the Board information on suspicious transactions and seizures involving poppy seeds.

142. The Board notes with appreciation that some States are taking steps in that direction. For example, in late 2001, the authorities of India prevented the import of 30 tons of poppy seeds from Myanmar. The authorities of Myanmar are currently investigating that

case and have also taken measures against companies that had given false information to customs regarding previous exports of poppy seeds. The Ministry of Trade and Commerce of Myanmar has suspended all export licences for poppy seeds since 2000. The competent authorities of Myanmar made significant seizures of poppy seeds from illicit sources in 2002. The Board invites all States in regions where opium poppy is illicitly cultivated, to continue to exercise vigilance with regard to transactions involving poppy seeds from illicitly cultivated opium poppy.

Controls over international trade in psychotropic substances

143. In Canada, controls, including the issuing of import and export authorizations, over all benzodiazepines controlled under the 1971 Convention were introduced in September 2000. However, other psychotropic substances that did not fit under the above control regulations have yet to be scheduled under the Controlled Drugs and Substances Act. The Board expects that those substances will be included in the next set of regulations to be introduced under that Act, as a matter of priority, by the end of 2002.

144. The Board welcomes the decision of the United Kingdom, a major exporting country, to extend the import and export authorization system to include international trade in all psychotropic substances in Schedules III and IV of the 1971 Convention, in accordance with several Economic and Social Council resolutions. Those controls came into force in the United Kingdom on 1 February 2002 under the 2001 misuse of drugs regulation.

145. The Board notes with appreciation that Azerbaijan, Egypt, Mali, the Republic of Moldova and Venezuela also extended in 2002 the import and export authorization system to include all substances in Schedules III and IV of the 1971 Convention. Bahrain extended the import authorization system to flurazepam and Saudi Arabia extended that system to include buprenorphine. At present, export and import authorizations are required by national legislation for all substances in Schedule III in about 110 countries and territories and for all substances in Schedule IV in about 92 countries and territories. In approximately 55 additional countries and territories, import and export authorizations are mandatory for at least some substances.

146. 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. As confirmed by the past experience, countries that do not have such controls are at particular risk of being targeted by traffickers. The Governments of some of those countries, including Ireland, with which the Board has had a dialogue on that issue for a long time, have stated their intention to extend the import and export authorization system to all psychotropic substances. The Board trusts that they will implement those controls as soon as possible. The Board invites all other countries concerned, such as the Bahamas, the Libyan Arab Jamahiriya, Myanmar, Nepal and Singapore, to introduce such controls as well.

147. Several exporting countries received in 2002 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 the failure of the importing countries concerned to duly apply the assessment system. The Board has approached the Governments of those importing countries with a request to correct the situation. The Board appreciates the support received from some major exporting countries, including China, France, Germany, India, Switzerland and the United Kingdom, that have been consistently reminding the 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.

148. In its resolutions 1985/15 and 1987/30, the Economic and Social Council requested Governments to furnish the Board with information on the countries of origin of imports and the countries of destination of exports of substances listed in Schedules III and IV of the 1971 Convention. About 90 per cent of Governments have provided such information in their annual statistical reports to the Board. The Board requests the Governments that have not provided that information to include it in their future reports in order to ensure better analysis of data and feedback.

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

149. In its report for 2000,³⁶ the Board recognized that there was a need to establish provisions for narcotic drugs similar to those for psychotropic substances as contained in article 4 of the 1971 Convention for travellers under treatment with internationally controlled drugs for personal use. Those provisions should facilitate and enhance security in cases involving travellers who wish to continue their treatment in the countries that they visit and therefore need to be aware of different national requirements and limitations concerning the carrying of prescribed medical preparations containing narcotic drugs and psychotropic substances. In its resolution 44/15, the Commission on Narcotic Drugs took into account the proposals by the Board in its report for 2000.³⁷

150. A meeting of experts was organized by UNDCP in Vienna from 12 to 14 February 2002. Experts from 12 countries, WHO and the Board participated in the meeting and prepared guidelines for national regulations concerning travellers under treatment with internationally controlled drugs. Subsequently, the Commission on Narcotic Drugs adopted resolution 45/5, in which it encouraged States to consider implementing the recommendations contained in the guidelines, depending on national legal requirements and practical considerations. UNDCP has made the guidelines available in the six official languages of the United Nations, to be distributed to all Governments.

151. The Board invites Governments to notify it of restrictions applicable on their territory to travellers under treatment with narcotic drugs or psychotropic substances. Details of the notifications will be disseminated by the Board, for example, in the relevant parts of the list of narcotic drugs under international control (the "Yellow List") or the list of psychotropic substances under international control (the "Green List") and on the web site of the Board.

E. Scope of control

Implementation of scheduling decisions for psychotropic substances

152. A few States have failed for several years to implement some of the scheduling decisions of the Commission on Narcotic Drugs. Such situations create loopholes in the international drug control system that can be exploited by drug traffickers. The Board wishes to remind the States concerned of their obligations under article 2 of the 1971 Convention and requests them to take immediate action to establish adequate national control of all psychotropic substances. The Board welcomes the decision of Bangladesh, Paraguay, Tajikistan and Yugoslavia to include in their national control legislation all psychotropic substances listed in the 1971 Convention.

153. Several Governments have encountered difficulties in implementing the scheduling decisions of the Commission on Narcotic Drugs within the time frame required by the 1971 Convention, that is, 180 days after the date of the communication of each of the decisions by the Secretary-General to all States. The Board welcomes the commitment of some of those States to adopt the necessary legislative and organizational measures to ensure their compliance with that time frame in the future. The Board requests those Governments which have significant difficulties in ensuring prompt scheduling under their present national legislation to amend the legislation in order to comply with their treaty obligations.

F. Ensuring the availability of drugs for medical purposes

Demand for and supply of opiates

154. The Board, pursuant to the 1961 Convention and the relevant Economic and Social Council resolutions, examines on a regular basis issues affecting the supply of and demand for opiates used for medical and scientific needs and endeavours, in cooperation with Governments, to maintain a lasting balance between the two. A detailed analysis of the current situation with regard to the supply of and demand for opiates for medical and scientific needs worldwide is contained in the 2002 report of the Board on narcotic drugs.³⁸

Monitoring of the global situation of supply of opiate raw materials

155. The Board notes that global production of opiate raw materials has increased considerably, attaining record-high levels of 386.7 tons in morphine equivalent in 1999 and 384.3 tons in morphine equivalent in 2000. Furthermore, advance data submitted by the major producing countries indicated that global production of opiate raw materials increased significantly in 2002 as well, reaching approximately 520 tons in morphine equivalent.

156. The Board requests all the major producing countries, in particular, Australia and Spain, to take the necessary steps to ensure that their future production of opiate raw materials is adjusted to conform to the actual requirements of opiate raw materials worldwide, bearing in mind the current global stocks. The Board notes that the total area to be under opium poppy cultivation in India in 2003 has been reduced further in view of the significant stocks accumulated over the past few years.

157. The Board also notes that the production of raw materials rich in thebaine and the consumption of its derivatives have continued to increase since 1998. The Board will monitor the situation closely in order to maintain a proper balance between the supply of thebaine-rich materials and the demand for the related opiates.

158. The Board noted that the total area under opium poppy cultivation in 2002 that was actually harvested in Spain was well beyond the estimates furnished by the Government and confirmed by the Board. The Board stresses the importance of the system of estimates to international drug control and requests all major producing countries to strictly observe the system of estimates with respect to the area under opium poppy cultivation, as required under the 1961 Convention. Reliable estimates will facilitate the Board's projection of global production of opiate raw materials and ensure a meaningful analysis of the situation with regard to the supply of and demand for opiates for medical and scientific needs worldwide.

Prevention of the proliferation of production of opiate raw materials

159. The Board notes with concern that the Government of the United Kingdom is considering

commercial cultivation of opium poppy on its territory for the manufacture of narcotic drugs, despite being discouraged by the Board to engage in such activity, in line with the relevant Economic and Social Council resolutions on the supply of and demand for opiates for medical and scientific needs worldwide.

160. The Board reiterates that, although the 1961 Convention does not contain provisions that prohibit any State from taking up opium poppy cultivation, it is the aim of that convention, as well as the collective responsibility of the international community, to regulate and limit drug crop cultivation and drug production, manufacture and use to quantities required for legitimate purposes.

161. In the past few decades, in cooperation with the major producers and importers of opiate raw materials, the Board has endeavoured to maintain a proper balance between the supply of and demand for opiates. The introduction of opium poppy cultivation in any additional country would have a direct impact on the balance between the two, particularly in view of the current unusually high level of stocks of opiate raw materials, and considering that demand may only increase in the long term to match supply. Such additional cultivation should therefore be strongly discouraged. The Board urges all non-traditional producers of opiate raw materials to refrain from simply applying the rules of market economy and to act in accordance with the objectives and established policies of international drug control.

162. The Board calls upon all Governments to contribute, in line with the relevant Economic and Social Council resolutions, to the maintenance of a balance between the licit supply of and demand for opiate raw materials and to cooperate in preventing the proliferation of sources of production of opiate raw materials.

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

163. During the forty-fifth session of the Commission on Narcotic Drugs, the Board, pursuant to Economic and Social Council resolution 2001/17 and at the request of the Governments of India and Turkey, held an informal consultation on the supply of and demand for opiates for medical and scientific needs. The major producers and importers of opiate raw materials participated in the informal consultation.

164. The Board has, since 1992, convened such informal consultations. Governments participating in the informal consultations provide information, particularly information regarding developments and trends in the production of opiate raw materials and the consumption of opiates, that facilitates the monitoring of the situation by the Board and contributes to the continued availability of opiates for medical purposes, at the same time, preventing the oversupply of opiates.

Consumption of narcotic drugs

Consumption of drugs for the treatment of moderate to severe pain

165. There continue to be significant differences between countries in the consumption level of narcotic drugs for the treatment of moderate to severe pain. While per capita consumption of those analgesics has at least doubled in the last decade in the majority of countries, in developed countries it has grown at an even faster rate. In particular, for the more potent drugs such as fentanyl, hydromorphone, morphine and oxycodone, the drugs most commonly used for the treatment of moderate to severe pain, or for their newly developed dosage forms that have been introduced as a result of constant effort to improve pain management, increases in consumption are mainly reported by developed countries. In many developing countries those potent drugs, or their newly developed dosage forms for slow release of the active ingredient, are hardly available. The use of other opioid analgesics for the treatment of pain has stagnated. In most developing countries the use of narcotic drugs for the treatment of pain has remained at an extremely low level; considering the high levels of stocks of opiates throughout the world, lack of supply is no explanation for the continued lack of availability.

166. Comparisons of the total consumption of different analgesics in different countries have confirmed the findings described in the previous paragraph. While the total consumption of morphine, which has increased 10 times in the last two decades, continued to increase in 2001, developing countries accounted for less than 5 per cent of total consumption in 2001. For oxycodone, the United States alone has accounted for more than 90 per cent of global consumption in the last decade. For fentanyl, developing countries' share of global consumption has even decreased slightly since 1992 because transdermal patches were introduced

mainly in developed countries. In contrast, pethidine use has been declining in developed countries. In many developing countries, pethidine continues to be the only strong analgesic available, but even pethidine is available in insufficient quantities.

Efforts to improve availability of narcotic drugs for relief of pain

167. As part of its efforts to promote the availability of narcotic drugs for medical use, including the relief of pain, while preventing their diversion for illicit use, the Board continues to endorse the use by countries of the document entitled “Achieving balance in national opioids control policy: guidelines for assessment”, issued by WHO in 2000.³⁹ The Board welcomes the continued work of WHO in the dissemination of those guidelines and supports the regional workshops on palliative care that have been organized by WHO. During 2002, such workshops were held in Africa, the Americas and Eastern Europe. In May 2002, the Board called the attention of the World Health Assembly to the continued lack of availability of narcotic drugs for the relief of pain in many countries.

168. The Board notes with satisfaction that several Governments have taken steps to improve the availability of opioids for the relief of pain. India continues to take initiatives to improve the availability of opioids for the relief of cancer pain, such as the organization of specialized workshops and the introduction of simplified morphine licensing regulations. India reported for 2001 its highest level of morphine consumption in the past decade. In Eastern Europe, Bulgaria, the Czech Republic, Hungary and Poland have already taken or are considering measures to improve the availability of opioid analgesics. In the Americas, the first Congress of the Latin American Association of Palliative Care was held in Guadalajara, Mexico, in March 2002; 13 countries participated in the Congress. Costa Rica passed legislation on national pain control and palliative care in June 2001, making it mandatory to implement guidelines on pain relief for terminally ill patients and ensuring a mechanism for the provision of such services, the education of health professionals and the availability of opioids.

169. The Board appeals to the authorities of countries, in particular countries in Africa and Asia, where the consumption of analgesics for the treatment of moderate to severe pain continues to be extremely low,

to consider low-cost initiatives to improve the availability of opioid analgesics. The Board welcomes the first initiatives in that area. In Uganda, for example, low-cost, imported morphine powder is used to prepare locally an oral solution for hospice patients. In some states in India, tablets and injecting solutions are locally manufactured and distributed through basic outpatient clinics or “pain units”. The success of such initiatives requires close coordination and cooperation between competent authorities, industry and the medical community.

170. The Board has noted that the consumption of opioid analgesics is very low in some countries where per capita income is high and, consequently, budgetary constraints to supply the necessary analgesics are not likely. The countries in question are Antigua and Barbuda, Bahrain, Brunei Darussalam, Grenada, Kuwait, Mauritius, Qatar, the Republic of Korea, Saint Kitts and Nevis, Saudi Arabia, Seychelles, Singapore and the United Arab Emirates. The Board urges the Governments concerned to take the necessary measures to improve the availability of narcotic drugs for the relief of pain on their territories. In many cases, it might be necessary to train health professionals. The Board encourages those Governments to seek the guidance of WHO, where necessary. The Board is prepared to offer its expertise in that matter.

Consumption of psychotropic substances

Provision of MDMA-assisted psychotherapy in the treatment of post-traumatic stress disorder

171. In some countries projects are being carried out on the safety and efficacy of MDMA-assisted psychotherapy. While the Board has been encouraging all Governments to support sound research on the medical use of controlled drugs, it has also been concerned over the possible misuse of research activities for propagation of the non-medical use of drugs. This is a matter of particular concern in the case of MDMA (Ecstasy), a popular drug the abuse of which is no longer restricted to the youth culture in Europe but has been reported in practically all regions of the world.

172. The Board therefore calls the attention of all Governments to the need to view any medical benefits of a substance in Schedule I of the 1971 Convention in conjunction with the widespread abuse of the substance and with the requirements of article 7, paragraph (a), of

that convention. Article 7 requires parties to the Convention to prohibit all use of substances in Schedule I except for scientific and very limited medical purposes by duly authorized persons, in medical or scientific establishments, which are directly under the control of their Governments or specifically approved by them.

Use of stimulants in Schedule II of the 1971 Convention for the treatment of attention deficit disorder: amphetamines and methylphenidate

173. Global consumption of stimulants in Schedule II of the 1971 Convention for the treatment of attention deficit disorder (ADD) further increased in 2001, when the United States accounted for more than 90 per cent of global consumption of such stimulants. With regard to methylphenidate, the level of consumption increased from 1999 to 2001 in all the major consumer countries, including Australia, Germany, Iceland, Israel, the Netherlands, New Zealand, Norway, Switzerland and the United States. There was a noticeable trend towards increasing or introducing the use of amphetamines for the treatment of ADD in most of those countries. Canada was the only major consumer country in which a reduction in the consumption of stimulants was recorded: in that country, there was a significant decrease in methylphenidate consumption and a slight decrease in dexamfetamine consumption. A slight decrease in dexamfetamine consumption was also reported in the United States.

174. The Board has repeatedly expressed its concern over the possible link between increases in the availability of psychotropic substances, particularly amphetamines in Schedule II of the 1971 Convention and stimulants with a high abuse potential, and their possible subsequent diversion and abuse. The Board has noted the usefulness of including the specific preparation names in national household surveys on drug abuse to allow for systematic monitoring of the abuse levels of the preparations concerned. The Board notes with appreciation that the national survey on drug abuse among secondary-school students in the United States has already begun monitoring the abuse of a number of preparations containing amphetamine-type stimulants. The Board recommends to the competent authorities of the United States to include in that survey, as well as in the National Household Survey on Drug Abuse of the United States, most

widely prescribed preparations containing amphetamine.

175. The Board regrets that direct-to-consumer advertising of stimulants used for the treatment of ADD⁴⁰ has continued in the United States. Advertising through media in the United States reaches consumers not only in the United States, but also in other countries where such advertising is prohibited in line with article 10, paragraph 2, of the 1971 Convention. There is growing concern about the over-prescription of methylphenidate in the United States, which may be the direct result of the direct-to-consumer advertising of that drug. Considering the increasing use of amphetamine in the treatment of ADD, open public advertisement of amphetamine and amphetamine-type drugs not only promotes their licit medical use and availability, but at the same time makes young people more aware of those drugs and thus more prone to illicitly consume them. Public advertising of those amphetamine-type drugs may send the wrong signal about their real psychoactive and misuse potential.

176. According to the National Institute on Drug Abuse (NIDA) of the United States, methylphenidate is becoming a frequently abused stimulant. Methylphenidate is crushed and snorted, dissolved and injected, or mixed with street drugs to create what is called a "speedball". The Board, therefore, appreciates the announcement by NIDA of an initiative to raise public awareness of recent trends in the misuse and abuse of prescription drugs in the United States.

Stimulants used as anorectics

177. During the 1990s, the highest per capita consumption of stimulants in Schedule IV of the 1971 Convention was in the Americas. Those high consumption levels were successfully curbed in a number of countries in South America, such as Argentina and Chile, by taking measures against the inappropriate use of stimulants. After 1997, there was also a significant decrease in the consumption of anorectics, mainly phentermine, in the United States; however, for two years, the consumption of phentermine in that country has again been on the increase (though at a level not yet comparable to its use in 1996, the peak consumption year). Significant decreases in the consumption of anorectics were noted in a number of European countries, in particular France, which had introduced more stringent control

measures. In other countries, such as Belgium, Switzerland and the United Kingdom, consumption rates rose considerably. Significant growth in the use of stimulants as anorectics has also been reported in Australia and in some Asian countries, including Singapore and Thailand. The Board has received reports of the diversion and abuse of anorectics in several countries in all regions of the world in recent years. With the decrease in their diversion from international trade, such substances have been mainly diverted from domestic distribution channels, to be abused locally or smuggled into other countries. The Board, therefore, reiterates its request to Governments to monitor carefully the use of such substances and to ensure adequate control of domestic distribution channels, in order to prevent diversion.

Use of buprenorphine

178. Buprenorphine, a potent opioid included in Schedule III of the 1971 Convention since 1989, is used as an analgesic and, in some countries, for the detoxification and substitution treatment of heroin addicts. Its manufacture and use have significantly increased during the last five years. That increase is mostly attributable to its medical use in heroin substitution treatment in an increasing number of countries. Since the diversion and abuse of buprenorphine have been reported in nearly all regions of the world, the increasing availability of buprenorphine may lead to an increase in its abuse as well. The Board, therefore, reiterates its request to Governments to monitor carefully the use of buprenorphine and to ensure that domestic distribution channels are not used to divert the substance to illicit markets. The Board also calls on WHO to give further attention to that issue.

Use of benzodiazepines

179. The Board wishes to reiterate its concerns regarding the use of benzodiazepines, which were presented in chapter I of its report for 2000.⁴¹ According to data submitted by Governments, total reported manufacture of the 22 benzodiazepine-type anxiolytics further increased in 2001, reaching a record level of 29 billion defined daily doses, and global consumption of those drugs, as calculated by the Board, followed that trend. Total reported manufacture of the 12 benzodiazepine-type sedative hypnotics has been at a level of more than 6 billion defined daily

doses annually during recent years. Considering that such drugs are not prescribed for and consumed by the vast majority of the world's population for various economic and social reasons, the per capita consumption of those drugs by the rest of the population appears to be extremely high. In addition, many other psychoactive substances that are not under international control and are therefore not reported to the Board are also consumed, for the same purposes, by the same portion of the world's population consuming the benzodiazepines.

G. Control of cannabis

180. The Government of Switzerland informed the Board that the presentation of the project for the revision of the Swiss law on narcotic drugs in the report of the Board for 2001,⁴² in particular, paragraphs 224 and 225 of the report, was partly inaccurate and provided clarifications. It stated that the personal consumption and the cultivation, manufacture, production, possession, detention and purchase of cannabis for non-medical purposes would only be decriminalized as long as they constituted preparatory acts for personal consumption and had not created for third parties the opportunity to consume. Further, the draft law would not in any way contemplate the regulation and organization of the cultivation and sale of cannabis, nor the depenalization of the sale of cannabis. Instead, it was underlined that the above-mentioned activities would remain criminal offences by law. The revised law would only allow the Government to define clear priorities when it came to implement the law with regard to cannabis-related offences. That did not mean, in the opinion of the Government, that federal or cantonal authorities would in any way "regulate" or "organize" cannabis cultivation, production or trade. The Government of Switzerland therefore maintained that the revised Swiss law would be in line with the international drug control treaties.

181. Concerning the cultivation, manufacture, possession, purchase and sale of cannabis for non-medical use, it stated that the new legislation would give the Government the possibility to define priorities for prosecution of those offences but it would not oblige the Government to do so.

182. Finally, the Government of Switzerland did not share the Board's conclusion that the draft legislation, if enacted, would contravene the letter and the spirit and essential objectives of the international drug control treaties. According to the Government, article 19 of the draft legislation would stipulate all the illicit activities as requested by the international drug control treaties (such as possession, purchase, production and sale) and article 19 would therefore be in total conformity with those treaties. The fact that the draft law provided the opportunity for the Government to set priorities for the prosecution of certain criminal offences might be specific for Switzerland, but the Government considered that it clearly lay within the competence of the Swiss authorities to fulfil any obligation arising from the international treaty law in a way that they deemed appropriate.

183. The Board acknowledges those clarifications provided by the Government of Switzerland, as well as the statement by the Government that the country was "very cautious to develop its domestic drug policy within the framework of the international drug control treaties". The Board notes the assurances given by the Government of Switzerland that it "remained committed to the global approach towards drug-related problems" and "will continue to cooperate closely with the international community in order to reduce drug-related problems and in particular in fighting the illicit trafficking with narcotic drugs".

184. Nevertheless, the Board reiterates its position regarding the proposed draft legislation on cannabis in Switzerland, expressed in paragraphs 224 and 225 of its report for 2001.⁴³ The Board continues to be concerned that, if adopted in its current draft form, that legislation would actually go against the provisions of the international drug control treaties.

H. Measures to ensure the implementation of the 1961 Convention

Consultations with the authorities of Afghanistan under article 14 of the 1961 Convention

185. A delegation of the Board visited Kabul in August 2002 to continue the consultations with the Afghan authorities under article 14 of the 1961 Convention.

186. The Board noted with serious concern that widespread cultivation of illicit opium poppy continued to take place in Afghanistan despite the two decrees issued by the Afghan authorities earlier in 2002 and the eradication campaign that had subsequently been carried out. A significant amount of opium illicitly produced in 2002 will therefore be added to the existing stockpile, which, even without that amount, might have been sufficient to supply the world's illicit market for two or three years.

187. The Board, while cognizant of the difficulties experienced by the Government of Afghanistan in implementing the bans, urged the Government to take concrete and effective measures to prevent farmers from growing opium poppy, thereby putting an end to its illicit cultivation in Afghanistan. Nothing justifies any illicit activity, including illicit crop cultivation and drug trafficking, which should be dealt with strictly in accordance with the law. The Board believes that the eradication of illicit opium poppy cultivation in Afghanistan can be achieved only when the relevant laws are fully respected and strictly implemented while sustainable alternative livelihoods are provided for farmers.

188. The Board noted that the Government of Afghanistan was fully committed to combating illicit crop cultivation and illicit drug production, manufacture, trafficking and abuse. The Board urged the Government to designate or establish a high-level inter-ministerial body with a legitimate and comprehensive authority, to be fully responsible for the coordination of and cooperation in all drug control issues and recommended that the body should derive its authority directly from the cabinet and the President.

189. The Government of Afghanistan was advised to develop, as a matter of urgency, a comprehensive and

coherent national drug control policy and strategy in line with international drug control treaties, with due regard to the elimination of the illicit cultivation of opium poppy and cannabis.

190. The Board wishes to reiterate that addressing the serious drug control situation in Afghanistan is a matter that urgently requires the full support and cooperation of the international community; a number of countries are already participating in that endeavour. Governments of countries in that part of the world, including China, India, the Islamic Republic of Iran, Pakistan and Turkey, as well as other interested Governments, should be integrated into the consultative process. The Board notes with appreciation the strategy and action plan prepared by the United Kingdom as coordinator designated by the donor countries at the Geneva conference held in April 2002 for international efforts to assist the Government of Afghanistan in tackling the drug problem.

191. The Board wishes to underline that any strategy that is to be considered comprehensive and coherent has to include all illicitly cultivated drug crops and all illicitly produced and trafficked drugs. Once implemented, it would meet the requirements of the international drug control treaties and respond to the Board's invoking of article 14 of the 1961 Convention. The Board has requested the United Kingdom to discuss the strategy and action plan with the authorities of Afghanistan. The Board urges donor countries to make the necessary funds available to ensure its effective and smooth implementation.

192. The overall drug control efforts in Afghanistan need to be coordinated in order to ensure that priorities are adequately met and that available resources of the Government and the donor community are used in a well-balanced and efficient manner.

193. In cooperation with all Governments concerned and the relevant United Nations agencies, the Board will continue to monitor closely the drug control situation in Afghanistan, in order to ensure that progress is made in applying the provisions of the international drug control treaties in that country.

Other action of the Board under article 14 of the 1961 Convention and article 19 of the 1971 Convention

194. The Board has followed closely developments with respect to countries for which measures to ensure the implementation of the 1961 Convention and the 1971 Convention were formally invoked in recent years. In line with those conventions, the Board must keep confidential the names of the countries concerned until such time when it may decide to call the attention of the parties to those conventions, the Economic and Social Council and the Commission on Narcotic Drugs to the situation.

195. The Board notes that one of those countries has made substantial progress, particularly in its cooperation with the Board since 1999, including fulfilling its reporting obligations as required under the international drug control treaties. The Board therefore terminated all action under article 14 of the 1961 Convention and article 19 of the 1971 Convention vis-à-vis that country. The Board hopes that the Government of that country will make continuous efforts to ensure that the provisions of the international drug control treaties are adequately implemented and its cooperation with the Board is further improved.

196. The Board continues to monitor the situation with respect to several other countries for which those articles remain invoked and expects that progress will be made in bringing drug control in those countries fully in line with the international drug control treaties.