

II. Operation of the international drug control system

A. Narcotic drugs

Status of adherence to the Single Convention on Narcotic Drugs of 1961

40. As at 1 November 2006, the number of States parties to the Single Convention on Narcotic Drugs of 1961¹¹ stood at 184. Of those States, 181 were parties to that Convention as amended by the 1972 Protocol. Since the publication of the report of the Board for 2005, Montenegro¹² has become a party to the 1961 Convention as amended by the 1972 Protocol. Afghanistan, Chad and the Lao People's Democratic Republic continue to be parties to the 1961 Convention in its unamended form only. A total of nine States have not yet become parties to the 1961 Convention: one State in Africa (Equatorial Guinea), two in Asia (the Democratic People's Republic of Korea and Timor-Leste), one in Europe (Andorra) and five in Oceania (Kiribati, Nauru, Samoa, Tuvalu and Vanuatu).

Cooperation with Governments

Submission of annual and quarterly statistical reports on narcotic drugs

41. The majority of States regularly submit the mandatory annual and quarterly statistical reports. As at 1 November 2006, a total of 171 States and territories had submitted annual statistics on narcotic drugs for 2005, in conformity with the provisions of article 20 of the 1961 Convention. That accounts for 81 per cent of the 210 States and territories required to furnish such statistics. A total of 187 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2005; that figure represents 89 per cent of the 210 States and territories requested to furnish those data. The rates of submission are similar to those of previous years.

42. In 2006, an improvement was noted in the furnishing of statistical data by Cuba, the Democratic People's Republic of Korea, Djibouti, the Gambia, Kiribati and Luxembourg. The Board encourages the

Governments of those countries to continue to submit the required reports on a regular basis and is ready to assist all Governments with a view to facilitating their compliance with their reporting obligations under the 1961 Convention.

43. Parties to the 1961 Convention have an obligation to furnish annual statistical reports on narcotic drugs not later than on 30 June following the year to which they relate. The Board notes with concern that several States, including some that are major manufacturers, importers, exporters or users of narcotic drugs, did not comply with that requirement in 2006. The delays in submission of reports make it more difficult to monitor the manufacture of, trade in and consumption of narcotic drugs and hinder the analysis of statistical data. The Board reiterates its request to 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.

Estimates of requirements for narcotic drugs

44. 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 and/or health system of a country. Without proper monitoring and knowledge of the actual requirements for narcotic drugs, there is a risk, if estimates are too low, that there will not be sufficient narcotic drugs available for medical treatment. In case estimates are too high, drugs traded in a country may be in excess of medical needs and may be diverted into illicit channels or used inappropriately. A well-functioning health system is necessary to assess the actual requirements of narcotic drugs in every country.

45. As at 1 November 2006, annual estimates of narcotic drug requirements for 2007 had been furnished by 164 States and territories, or 78 per cent of the States and territories required to furnish such estimates. Several States and territories failed to provide their estimates in time for examination and confirmation. The Board had to establish estimates for

¹¹ United Nations, *Treaty Series*, vol. 520, No. 7515.

¹² By its resolution 60/264 of 28 June 2006, the General Assembly decided to admit Montenegro to membership in the United Nations.

them in accordance with article 12, paragraph 3, of the 1961 Convention.

46. The estimates established by the Board are based on the estimates and statistics reported in the past by the respective Governments. Estimates for countries that had not submitted statistics and estimates for several years were in some cases lowered considerably, as a precaution in view of the risk of diversion. Consequently, 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 States and territories concerned should take all necessary measures to establish their own estimates of narcotic drug requirements and furnish those estimates for confirmation as soon as possible. The Board is ready to assist those States and territories by providing clarifications on the provisions of the 1961 Convention relating to the system of estimates.

47. The Board reviews the estimates received, including supplementary estimates, with a view to limiting the use of narcotic drugs to the amount required for medical and scientific purposes and to ensuring adequate availability of those drugs for such purposes. Several Governments were contacted prior to confirming estimates for 2007, as those estimates, according to information available, appeared to be inadequate. Most Governments have provided the clarifications or corrected their estimates.

48. As a result of inaccurate estimates, some Governments had to submit supplementary estimates for narcotic drugs. The Board encourages those Governments to calculate their annual estimates for narcotic drugs as accurately as possible and to make every effort to submit supplementary estimates only in cases of unforeseen circumstances. However, when developments in medical treatment, including use of new medications, result in additional needs for narcotic drugs, Governments should not hesitate to submit supplementary estimates. The Board also wishes to remind all Governments to always provide an explanation of the circumstances necessitating supplementary estimates, as required under article 19, paragraph 3, of the 1961 Convention.

49. The number of supplementary estimates furnished by Governments in accordance with article 19, paragraph 3, of the 1961 Convention decreased in 2006 compared with recent years. A total

of 325 supplementary estimates had been received as at 1 November 2006, which is less than the number of supplementary estimates received during the previous years. The Board appreciates that the Governments of several countries, such as Germany, the Netherlands, South Africa and Turkey, have submitted more accurate estimates for 2006.

Prevention of diversion into the illicit traffic

Diversion from international trade

50. The system of control measures laid down in the 1961 Convention provides effective protection of international trade in narcotic drugs against their diversion into illicit channels. In 2006, as in recent years, no cases of diversion of narcotic drugs from licit international trade into the illicit traffic were detected, in spite of the large number of transactions involved. Attempts at diversion were thwarted.

51. Effective prevention of the diversion of narcotic drugs from international trade requires the implementation by Governments of all control measures for those drugs, as provided for in the 1961 Convention. The Board welcomes the vigilance of the Government of China, which, in cooperation with the Board, identified and prevented in March 2006 an attempt by traffickers to use falsified import certificates of a country in Central America to divert 150 kg of hydrocodone bitartrate and 50 kg of oxycodone hydrochloride from licit international trade. Also appreciated is the vigilance of the authorities of Hungary, which prevented in 2005 and 2006 repeated attempts to use falsified import permits of a country in West Asia to import methadone tablets from Hungary into that country.

52. The authorities of a country in Western Africa submitted to the Board for confirmation the estimates for 100 kg of hydrocodone and 100 kg of oxycodone for 2006. Those narcotic drugs had not been used for medical purposes in that country before. The estimates were based on a request from a company claiming that it would import hydrocodone and oxycodone for the manufacture of preparations destined for domestic consumption. Following a request by the Board to examine the actual medical needs for those opioids, the authorities found that the estimates were not realistic and decided to withdraw those estimates.

53. While most Governments are fully implementing the system of estimates and the import and export authorization system, in 2005 and 2006 a few Governments authorized exports of narcotic drugs from their countries in excess of the corresponding total of the estimates of the respective importing countries. Such exports were contrary to the provisions of article 31 of the 1961 Convention and could have resulted in the diversion of narcotic drugs into illicit channels. The Board has urged the Governments in question to ensure compliance with the provisions of article 31 of the 1961 Convention when authorizing exports of narcotic drugs in the future and has advised them to consult the annual estimates of requirements for narcotic drugs for each importing country and territory, which are published by the Board.

Diversion from domestic distribution channels

54. Diversion of pharmaceutical preparations containing narcotic drugs from domestic distribution channels for subsequent abuse continues to be reported by some Governments. The narcotic drugs in question include codeine, dextropropoxyphene, fentanyl (see paras. 180-186 below), hydrocodone, ketobemidone, levomethorphan, methadone (see paras. 187-195 below), oxycodone and pethidine. Among the reasons for such abuse are an erroneous belief that those products are less harmful than drugs manufactured illicitly and the fact that in many countries it is easier for drug abusers to obtain such preparations than illicitly manufactured drugs. Drug abusers are able to remove the active substances from high-dosage formulations and separate drugs from inactive ingredients.

55. In Canada, the diversion and abuse of pharmaceutical preparations containing opioid analgesics, such as codeine, hydromorphone, morphine, oxycodone and pethidine, are on the increase, although the exact extent of the problem is not known to the authorities. In particular, abuse of the controlled-release product OxyContin[®] (containing oxycodone) has become a concern in Canada. The methods used for diversion are primarily theft from pharmacies and fraudulent prescriptions. The Government is taking steps to address the diversion and abuse of prescription opioids and is planning to undertake further studies to identify the extent of the problem and the underlying reasons for such abuse.

56. The Board notes the measures taken and planned in the United States of America to tackle the growing problem of diversion and abuse of opioid analgesics, including fentanyl, hydrocodone and oxycodone, in that country (see para. 330 below). The measures envisaged by the Government include the establishment of prescription monitoring programmes to identify unusual consumption patterns and the investigation and sanctioning of negligent or criminal behaviour, if applicable. Actions are also being taken to seize assets of the individuals and criminal groups involved in the illicit traffic in prescription drugs. However, those actions appear not to sufficiently address the diversion and abuse of hydrocodone, the most prescribed and diverted narcotic drug in the United States. The Board requests the Government to take further measures to enable prevention of diversion and abuse of pharmaceutical preparations containing hydrocodone.

57. The Governments of El Salvador, Estonia, Latvia, Portugal and Romania, which had identified cases of diversion of pharmaceutical preparations containing narcotic drugs, have taken actions to prevent similar occurrences in the future.

58. Diversion and abuse of narcotic drugs in the form of pharmaceutical preparations continue to be underreported, in particular, if they involve preparations that may be exempted from certain control measures (preparations in Schedule III of the 1961 Convention). Many States have not established any mechanism for the systematic collection of data on those issues and are not aware of the extent of diversion and abuse of pharmaceutical preparations containing narcotic drugs in their territories. The Board commends those Governments which have introduced systems to collect such data and invites all Governments to remain vigilant and take countermeasures, as appropriate, in cooperation with health-care professionals. Such countermeasures should include providing regular feedback on seized pharmaceutical products to the regulatory authorities. Abuse of pharmaceutical preparations should be included in the surveys aimed at establishing the extent and types of drug abuse.

Ensuring the availability of drugs for medical purposes

Demand for and supply of opiates

59. Pursuant to the 1961 Convention and relevant Economic and Social Council resolutions, the Board examines on a regular basis issues affecting the supply of and demand for opiates used for medical and scientific purposes. In cooperation with Governments, the Board strives to maintain a lasting balance between supply and demand. A detailed analysis of the current situation with regard to the supply of and demand for opiates used for medical and scientific purposes worldwide is contained in the 2006 technical report of the Board on narcotic drugs.¹³

Monitoring of the global situation concerning the supply of and demand for opiate raw materials

60. For decades, Governments of producing countries have cooperated in maintaining the total production of opiate raw materials at the level of global annual demand. From 1999 to 2004, total production of opiate raw materials exceeded global demand, resulting in a high level of stocks being held in some producing countries.

61. Global stocks of opiate raw materials should normally cover global demand for about one year.¹⁴ However, at the end of 2005, total stocks of opiate raw materials rich in morphine were sufficient to cover global annual demand for two years. While total stocks of opiate raw materials rich in thebaine in 2005 were sufficient to cover global annual total demand for about one year, the additional stocks of thebaine and opiates derived from thebaine, mainly oxycodone, were sufficient at the end of 2005 to cover demand for more than two years.

62. Global demand for opiates continues to increase for both types of opiates: opiates based on opiate raw materials rich in morphine; and opiates based on opiate raw materials rich in thebaine. It is anticipated that the increase will continue, at least partly as a result of the activities of the Board and WHO to ensure the adequate availability of opioid analgesics.

63. In 2005 and again in 2006 total production of opiate raw materials was less than global demand. For 2007, Governments of producing countries are also planning to maintain the area cultivated with opium poppy at a level below the levels of recent years. In spite of the reduced production of opiate raw materials, the stocks and raw materials produced will continue to be sufficient to cover the expected demand. The Board urges Governments of producing countries to maintain future production at the levels currently planned and to avoid excessive stocks.

64. Governments of producing countries should submit relevant estimates in a timely manner and maintain opium poppy cultivation within the limits of the estimates confirmed by the Board or to furnish supplementary estimates, if necessary. Those Governments should also report accurately and timely the amounts of raw materials produced to the Board, as well as the alkaloids contained in them.

Prevention of the proliferation of production of opiate raw materials

65. Pursuant to the relevant Economic and Social Council resolutions, the Board calls upon all Governments to contribute 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. Most recently, in its resolution 2006/34 of 27 July 2006, the Economic and Social Council urged the Governments of all countries where opium poppy had not been cultivated for the licit production of opiate raw materials, in the spirit of collective responsibility, to refrain from engaging in the commercial cultivation of opium poppy; and called upon Governments to enact enabling legislation to prevent and prohibit the proliferation of sites used for the production of opiate raw materials. The Board appeals to all Governments to comply with Council resolution 2006/34.

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

66. At the request of the Governments of India and Turkey and pursuant to Economic and Social Council resolution 2005/26 of 22 July 2005, the Board convened an informal consultation on the supply of and demand for opiates for medical and scientific

¹³ *Narcotic Drugs: Estimated World Requirements for 2007; Statistics for 2005* (United Nations publication, Sales No. E/F/S.06.XI.13).

¹⁴ *Report of the International Narcotic Control Board for 2005 ...*, para. 85.

purposes during the forty-ninth session of the Commission on Narcotic Drugs, to enable the Governments of major producers and importers of opiate raw materials to be informed of recent developments affecting global production of and demand for opiate raw materials and to discuss the various policies applied in this respect in other countries.

Consumption of narcotic drugs

67. The low levels of consumption of opioid analgesics for the treatment of moderate to severe pain in several developing countries continue to be a matter of concern to the Board. Global consumption of morphine doubled from about 16 tons in 1996 to almost 32 tons in 2005. About 50 countries have increased the consumption of opioid analgesics by more than 100 per cent during the last decade. However, of the countries with the highest consumption levels, 70 per cent are either in Europe or North America. In countries where the availability of narcotic drugs for medical purposes is very high, the Governments should be aware that increased availability without adequate control may raise the risk of diversion and abuse of those drugs. The Board again requests all Governments to promote the rational use of narcotic drugs for medical treatment, in accordance with the pertinent recommendations of WHO.

68. The education and training of health-care professionals and, as appropriate, professionals in the legal and regulatory branches can play an important role in the efforts to ensure the rational use of narcotic drugs and psychotropic substances. In April 2006, the Board sent a letter to all Governments encouraging them to ensure the inclusion in university curricula of health-care professionals and other professionals, as appropriate, of the subject of rational use of narcotic drugs and psychotropic substances for medical purposes and the risks associated with drug abuse.

B. Psychotropic substances

Status of adherence to the Convention on Psychotropic Substances of 1971

69. As at 1 November 2006, the number of States parties to the 1971 Convention stood at 179. Of the 14 States that have yet to become parties to the 1971

Convention, there are two in Africa (Equatorial Guinea and Liberia), one in the Americas (Haiti), three in Asia (the Democratic People's Republic of Korea, Nepal and Timor-Leste), one in Europe (Andorra) and seven in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Solomon Islands, Tuvalu and Vanuatu). Since the publication of the report of the Board for 2005, Montenegro has become a party to the 1971 Convention.

Cooperation with Governments

Submission of annual statistics

70. As at 1 November 2006, a total of 158 States and territories (75 per cent) had submitted to the Board annual statistical reports on psychotropic substances for 2005 in conformity with the provisions of article 16 of the 1971 Convention.

71. The late submission of mandatory annual statistical reports creates difficulties for international control of psychotropic substances. The Board regrets that some main manufacturing and exporting countries do not submit annual statistical reports on a regular basis and in a timely manner. Statistical information on manufacture, imports and exports of psychotropic substances from those countries is needed to prepare a reliable analysis of global trends in manufacture and international trade of psychotropic substances. Incomplete or inaccurate details on exports and imports hinder identification of discrepancies in trade statistics, thereby impeding international drug control efforts. The Board urges the authorities of the countries concerned to examine the situation and to cooperate with the Board, in particular by providing annual statistics on psychotropic substances within the deadline, as required under the 1971 Convention.

Quarterly reports for substances in Schedule II of the 1971 Convention

72. In accordance with Economic and Social Council resolution 1981/7 of 6 May 1981, Governments of countries manufacturing, exporting or importing substances in Schedule II of the 1971 Convention provide voluntarily to the Board quarterly statistics on their imports and exports of those substances. A total of 146 governments (130 countries and 16 territories) submitted quarterly statistical reports for the year 2005. Methylphenidate is the most commonly traded substance followed by substances of the amphetamines

group (amphetamine, dexamphetamine and methamphetamine).

Assessments of requirements for psychotropic substances

73. Governments are requested to provide to the Board at least every three years, assessments of annual domestic medical and scientific requirements for psychotropic substances pursuant to Economic and Social Council resolution 1981/7 in respect of substances in Schedule II of the 1971 Convention and pursuant to Council resolution 1991/44 of 21 June 1991 with respect to substances in Schedules III and IV of that Convention. The assessments are communicated to the competent authorities of all States and territories that are required to use them as guidance when approving exports of psychotropic substances. The Government of the Sudan, for which the Board had established assessments since 1997, pursuant to Council resolution 1996/30 of 24 July 1996, furnished a full revision of assessments for annual medical requirements in August 2006. The Government of Montenegro has yet to indicate to the Board its own assessments, which until recently had been included in the assessments of Serbia and Montenegro.¹⁵

74. In January 2006, all Governments were asked to review and update, if necessary, the assessments of their annual medical and scientific requirements for psychotropic substances. As at 1 November 2006, 62 Governments had submitted to the Board a full revision of the assessments of their requirements for psychotropic substances and 70 had communicated modifications to previous assessments for one or more substances.

75. The Board is concerned that, for several years, a number of Governments have not updated the assessments of their requirements for psychotropic substances. For those countries and territories, such

assessments may no longer reflect their actual medical and scientific requirements for psychotropic substances. The Board encourages all Governments to ensure that their assessments are regularly updated and that it is informed of any modifications.

Prevention of diversion of psychotropic substances into the illicit traffic

Diversion from international trade

76. While, in the past, diversion of substances in Schedules II, III and IV of the 1971 Convention from licit international trade was one of the main sources used to supply illicit markets, diversions of substances in Schedule I had been occurring rarely. While diversion attempts involving substances in Schedule I were undertaken in recent years, no actual diversion of those substances was reported to the Board. Those successes are the result of a well-functioning international control regime for psychotropic substances in Schedule I.

77. The use of substances in Schedule I, the group of substances subject to the strictest controls under the 1971 Convention, is prohibited by that Convention, except if they are used for scientific and very limited medical purposes. Consequently, licit international trade in those substances is limited to a small number of transactions involving quantities of only a few grams per year. Although there have been some isolated attempts to divert substances in Schedule I over the years, those attempts have been thwarted as a result of having the strict international control mechanism in place for that group of substances. National authorities need to remain vigilant and ensure that authorized traders and industries are fully aware of all restrictions concerning trade in, and use of, psychotropic substances included in Schedule I.

78. Among the substances in Schedule II of the 1971 Convention, only amphetamines and methylphenidate are manufactured and traded in large quantities, mostly for the treatment of attention deficit disorder (ADD) or, in the case of amphetamines, for industrial processes. Since 1990, no more information has been reported involving diversion of those substances from licit international trade. For 2005, only one case, involving the importation of 4,668 grams of methylphenidate from the United States into Sweden without a valid import authorization, was reported to the Board. According to available information, that unauthorized

¹⁵ Following the Declaration of Independence by the National Assembly of Montenegro on 3 June 2006, the President of the Republic of Serbia notified the Secretary-General that the membership of the state union Serbia and Montenegro in the United Nations, including all organs and organizations of the United Nations system, was continued by the Republic of Serbia, which remained responsible in full for all the rights and obligations of the state union Serbia and Montenegro under the Charter of the United Nations.

import was apparently not an attempt at diversion, but an administrative oversight.

79. The above-mentioned development is attributable to the control measures set forth in the 1971 Convention for substances in Schedule II, notably the import and export authorization system, which is supplemented by additional voluntary control measures recommended by the Board and endorsed by the Economic and Social Council, such as the assessment by Governments of their licit requirements for psychotropic substances and the quarterly reporting of trade statistics. The continued availability on illicit markets of certain countries or subregions of pharmaceutical preparations containing a substance in Schedule II, such as fenetylline or methaqualone is mainly attributable to the illicit manufacture of counterfeit products (in the case of “fenetylline preparations”, those products usually contain amphetamines).

80. The Board is pleased that a decline in cases of diversion from international trade has been observed in 2005 with regard to substances in Schedules III and IV of the 1971 Convention. Although licit international trade in those substances is widespread, involving thousands of individual shipments exported each year to many countries throughout the world, only two cases of unauthorized exports have been reported to the Board for 2005, both of them involving small quantities and both of them having been detected and seized by the competent authorities of the countries of destination. Such small quantities of those substances are in contrast with the quantities diverted during the 1990s, which in many cases had amounted to several hundred kilograms.

81. The Board notes that the above-mentioned development appears to have been the result of the continued vigilance of national competent authorities, the implementation by Governments of the treaty provisions for substances in those schedules, the additional controls over international trade and, in some cases, the voluntary cooperation of manufacturers of psychotropic substances with the authorities. The Board invites all States that have not yet done so to introduce mandatory import authorizations for all psychotropic substances in Schedules III and IV of the 1971 Convention, as that measure has proved particularly effective in the identification of diversion attempts. The Board also

invites all exporting countries to use the assessments of requirements of psychotropic substances, which are published by the Board on a regular basis, to verify the legitimacy of orders that have been placed. Trade transactions identified as being suspicious because the import orders exceed the established assessments should be either verified with the Board prior to approving the export of those substances or brought to the attention of the authorities of the importing country.

Diversion from domestic distribution channels

82. Diversion from licit domestic distribution channels is at present the main source used to supply illicit markets with psychotropic substances. It often involves theft from factories and wholesalers; falsified prescription; and the dispensing of preparations by pharmacies without the required prescriptions. The substances most often diverted are stimulants, benzodiazepines and the analgesic buprenorphine.

83. Large-scale diversion of buprenorphine from domestic distribution channels has been observed in a number of countries, particularly in India, to be abused locally or smuggled into other countries, such as Iran (Islamic Republic of), Pakistan and the United Arab Emirates. After the authorities of the United Arab Emirates reported the seizure of 28,800 ampoules of buprenorphine smuggled out of India in 2005, the authorities of Pakistan, in February 2006, seized 29,883 ampoules of buprenorphine originating in India and purportedly smuggled into Pakistan out of Afghanistan.

84. The diversion of buprenorphine preparations is known to occur in some European countries, including France, where that substance is widely used in the treatment of heroin addicts. It is estimated that 20-25 per cent of those preparations might be diverted to the illicit market by a small number of patients selling their preparations or using falsified prescriptions, stolen prescriptions or preparations stolen in clinics or pharmacies. Preparations of buprenorphine (Subutex[®]) have also been found on the illicit market in the Czech Republic. The buprenorphine preparations available on the illicit market in Finland seem to have been smuggled into that country. Recently, according to information provided to the Board by the Belgian authorities, Subutex[®] tablets (purportedly containing buprenorphine) destined for Georgia were seized in

Belgium. Significant increases in both the quantity and the number of seizures of buprenorphine have also been reported in Mauritius; the authorities of that country reported that, as buprenorphine can be smuggled more easily than heroin or cannabis and there was a shortage of heroin during 2005, drug traffickers and abusers have been increasingly turning to buprenorphine.

85. Flunitrazepam is a preferred substance of abuse in Scandinavian countries. As diversion of that substance has become more difficult as a result of the adoption of strict control policies for flunitrazepam by major manufacturing and importing countries, counterfeit tablets are now accounting for a sizeable portion of the Rohypnol tablets (presumably containing flunitrazepam) seized in those countries. In Egypt, where the substance was widely abused in the late 1990s, the Anti-Narcotics General Administration has reported a significant increase in the number of Rohypnol tablets seized in 2005: a record of over 325,000 tablets were seized, an amount almost 114 times larger than the amount seized in 2004. The Board also wishes to encourage the Government of Egypt to investigate the extent of the abuse of and trafficking in flunitrazepam in that country and to report its findings to the Board.

86. Large seizures of counterfeit Captagon, a pharmaceutical preparation that, in its licit form, contains fenetylline, continue to be made in countries in West Asia. Because of increased control measures, fenetylline can no longer be obtained from licit sources and as the illicit manufacture of fenetylline is difficult, most of the tablets seized nowadays contain amphetamines and other stimulants not under international control. The main destinations of the smuggled counterfeit Captagon tablets are countries on the Arab peninsula. According to data from the Customs Cooperation Council (also called the World Customs Organization), over 80 per cent of all seizures of Captagon (containing amphetamine instead of fenetylline) reported in the region in 2005 were effected in Saudi Arabia. Most of those seizures were made at the border with Jordan, where a significant increase in trafficking in psychotropic substances was noted in 2005.

87. The abuse of prescription drugs, including pharmaceutical preparations containing controlled substances, continues to be a matter of concern in

Canada, the United States and a number of European countries. In the United States, the level of abuse of prescription drugs, including stimulants such as methylphenidate (Ritalin) and amphetamine and dexamphetamine (Aderall), and over-the-counter medications is no less than the level of abuse of drugs such as methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy"), cocaine, methamphetamine and heroin. In Canada, methylphenidate (Ritalin and Concerta) and dexamphetamine (Dexedrine) are among the stimulants under international control that are available in pharmaceutical preparations. The number of prescriptions for methylphenidate in Canada increased by 46 per cent between 1999 and 2003. Methylphenidate products are crushed by abusers for intravenous injection, which entails a number of health risks. The Board urges the Governments concerned to develop programmes for drug abuse prevention that specifically target the abuse of such medications among youth (see para. 340 below).

Control measures

Assistance to Governments in verifying the legitimacy of import transactions

88. Many exporting countries continue to request the assistance of the Board in verifying the legitimacy of import authorizations for psychotropic substances. The Board maintains a collection of samples of official import certificates and authorizations in use by national administrations to compare them with questionable import documents. The Board calls on all States that have not yet provided such samples to it to do so without further delay.

89. The Board notes that, in certain cases, responses to its inquiries for confirmation of the legitimacy of import orders are delayed considerably. Such delayed responses may hinder the investigation of diversion attempts and/or may, in turn, delay the availability of psychotropic substances needed for legitimate purposes. The Board wishes to draw the attention of the Governments of Iraq, Liberia, Romania, Somalia and Ukraine to the importance of responding in a timely manner to its requests.

Bilingual import authorizations

90. The attention of the Board has been drawn to cases where import authorizations for the import of

psychotropic substances have been issued in the national language only, which has made the verification of the authenticity of such import authorizations difficult for the authorities of the exporting countries.

91. While the 1971 Convention does not specify which language must be used by Governments issuing certificates for the import of controlled substances, the Commission on Narcotic Drugs and the Board have repeatedly encouraged Governments to use an official language of the United Nations,¹⁶ in addition to their languages, when issuing import and export authorizations. The Board wishes to reiterate its call to all Governments that have not yet done so to consider the issuing of import and export authorizations in two languages including one of the official languages of the United Nations. By doing so, Governments of importing and exporting countries will help to improve effective monitoring and control over international trade in controlled substances without unduly delaying legitimate trade.

National control measures regarding international trade

92. Reports from the Government of Turkey indicate that minor quantities of psychotropic substances were imported, most likely for reference or forensic purposes, using couriers and through the mail without the authorization documents required by Turkish law. The Board wishes to draw the attention of the Governments concerned to the fact that those practices are not in compliance with the relevant Economic and Social Council resolutions and that exporting countries must respect the national legislation of the importing countries.

93. The Board notes with appreciation that in 2006, the Democratic People's Republic of Korea extended the system of import and export authorizations to include all substances in Schedules III and IV of the 1971 Convention. At present, export and import authorizations are required by national legislation for all substances in Schedules III and IV in more than 150 countries and territories. In approximately 20 additional countries and territories, import and export authorizations are mandatory for at least some of those substances.

94. The Board requests the Governments that do not yet control the import and export of all psychotropic substances through the system of import and export authorizations to introduce such controls. Experience has shown that countries that are centres of international commerce but do not have such controls are at particular risk of being targeted by drug traffickers. Governments should carefully examine the table showing the countries in which national legislation requires the issuing of import authorizations for the import of substances of Schedules III and IV of the 1971 Convention, which is circulated twice a year to all Governments and update the entries for their respective countries as appropriate. Exporting countries will not issue export authorizations without import authorizations from those countries which have indicated to the Board that import authorizations are required.

95. The Board urges all other States concerned, irrespective of whether or not they are parties to the 1971 Convention, such as Andorra, the Bahamas, Bhutan, Brunei Darussalam, Burkina Faso, Cape Verde, the Congo, Equatorial Guinea, Gabon, Guinea-Bissau, Ireland, Lesotho, the Libyan Arab Jamahiriya, Myanmar, the Niger, Singapore and Zimbabwe, to also introduce such controls for all substances listed in the 1971 Convention.

96. Another important tool for preventing diversions is the verification, by exporting countries, of whether the quantities ordered by importing countries are within the assessments established by the authorities. In 2005, several exporting countries received import authorizations for quantities of psychotropic substances in excess of the corresponding assessments established by the authorities of the importing countries. In 2005, about 12 countries issued import authorizations for substances in Schedules II, III or IV of the 1971 Convention, without established assessments for the substances concerned. Moreover, about 36 countries issued import authorizations for substances in Schedules II, III or IV in quantities exceeding their respective assessments. The Board appreciates the support received from some major exporting countries, including France, Germany, India and Switzerland, which have consistently reminded importing countries of any failure to comply with the assessment system. The Board notes that the number of countries issuing such authorizations for quantities above assessments has declined in recent years. The

¹⁶ Arabic, Chinese, English, French, Russian or Spanish.

Board reiterates its request to all Governments to establish a mechanism for ensuring that their assessments correspond to their actual legitimate needs and that no imports exceeding the assessments are authorized.

Prohibition of imports according to article 13 of the 1971 Convention

97. The Board notes that the Government of India has invoked article 13 of the 1971 Convention for the following substances: aminorex, brotizolam and mesocarb. At present, the import of one substance in Schedule III (flunitrazepam) and 27 substances in Schedule IV is prohibited in India according to the provisions of article 13. Information on the prohibition of, and restrictions on, export and import pursuant to article 13 is published annually by the Board in its technical report on psychotropic substances.

Voluntary submission of details on trade in substances in Schedules III and IV of the 1971 Convention

98. In accordance with Economic and Social Council resolutions 1985/15 of 28 May 1985 and 1987/30 of 26 May 1987, Governments should, in their annual statistical reports, provide the Board with details of trade in substances in Schedules III and IV of the 1971 Convention. Such details should include the identification of countries of origin for imports and countries of destination for exports. Complete details of trade movements in 2005 were submitted by 110 Governments. With few exceptions, all of the major manufacturing and exporting countries furnished such information. However, some 36 parties to the 1971 Convention failed to provide that information, which may indicate deficiencies in their national reporting systems. The Board encourages the Governments of the countries concerned to improve their data collection systems to ensure the submission of details of trade in their future annual statistical reports.

Ensuring the availability of psychotropic substances for medical purposes

Consumption of buprenorphine

99. Buprenorphine is a potent opioid analgesic that has been under control in Schedule III of the 1971 Convention since 1989. For many years, its main

use has been as an analgesic. Buprenorphine in higher doses has lately been used for the detoxification and substitution treatment of persons dependent on opiates. Since new preparations containing high doses of buprenorphine (Subutex[®]) or buprenorphine with naloxone (Suboxone[®]) have been introduced in several countries for the treatment of drug addicts, global manufacture and consumption of buprenorphine have increased substantially in recent years.

100. During the five-year period 2001-2005, global consumption of buprenorphine has more than tripled (from 420 million to 1.5 billion defined daily doses for statistical purposes (S-DDD)), averaging 1.4 billion S-DDD in the three-year period 2003-2005. France and Germany have been the main users of the substance. The two countries together account for 60 per cent of the total annual imports of buprenorphine (in quantities of more than 1 kg) reported by 43 countries in the period 2001-2005. Other countries that have increased domestic consumption of buprenorphine in recent years are Belgium, Italy, Malaysia, Portugal, Spain, Switzerland and the United States.

101. In France, buprenorphine has become the leading substance used for the 80 per cent of cases involving substitution treatment for persons dependent on opiates. Diversion of buprenorphine preparations prescribed to opiate addicts has been reported in a number of countries. To prevent such diversions, the Board encourages Governments to ensure that control measures are fully applied in all facilities where buprenorphine is dispensed for substitution treatment (see para. 84 above and paras. 187-195 below).

Use of stimulants in Schedule II for the treatment of attention deficit disorder

102. Methylphenidate, amphetamine and dex-amphetamine, substances included in Schedule II of the 1971 Convention, are used mainly for the treatment of ADD (also called attention deficit/hyperactivity disorder (ADHD) in the United States) and narcolepsy. While the Board recognizes the usefulness of stimulants in the treatment of ADD when prescribed on the basis of careful and appropriate diagnosis and proper treatment evaluation, it reiterates its concern that the significant increase in the use of stimulants for ADD treatment in many countries could be attributed to possible overdiagnosis and overprescription. The Board has also noted that in some countries high

prescription levels of stimulants used for the treatment of ADD have led to the diversion of those substances.

103. The use of methylphenidate for medical purposes increased significantly in the period 2002-2005. Global calculated consumption of the substance increased from 18.5 tons in 2001 to 30.4 tons in 2005. That large increase was mainly a result of developments in the United States, where the substance is advertised in the media, directly to potential customers. It is frequently prescribed for the treatment of ADD, primarily in children. The Board has also noted that since the late 1990s, the use of methylphenidate has risen sharply in many other countries as well, mainly Canada, Israel and Norway. In Norway, the substance was the preferred treatment for adults diagnosed with ADD.

104. The Board requests the competent authorities of countries with an increasing level of consumption of stimulants in Schedule II of the 1971 Convention to remind health-care professionals of the need for proper diagnosis of ADD and appropriate prescription practice, in accordance with article 9, paragraph 2, of the 1971 Convention, as well as the need for secure storage and distribution of such substances. In addition, the Board urges the Government of the United States to prohibit public advertisement of psychotropic substances, including stimulants in Schedule II used for the treatment of ADD, in accordance with article 10 of the 1971 Convention.

Stimulants in Schedule IV used as anorectics

105. The stimulants listed in Schedule IV of the 1971 Convention are mainly used as anorectics. The highest per capita consumption of stimulants in Schedule IV has traditionally been in the Americas. While the consumption of such stimulants continues to be on the increase in the Americas, their consumption in Asia, Europe and Oceania has decreased markedly since 2000. In 2005, the highest rates of calculated use per 1,000 inhabitants per day of stimulants in Schedule IV of the 1971 Convention were reported in Brazil (12.5 S-DDD), Argentina (11.8 S-DDD), the Republic of Korea (9.8 S-DDD) and the United States (4.9 S-DDD).

106. The Board has regularly requested the Governments concerned to devote adequate attention to those elevated consumption levels. The Governments of some countries, including Chile, Denmark and France, introduced special measures to control the

inappropriate use of stimulants, which have resulted in a significant decrease in the use of stimulants in those countries. In other countries, however, in particular, Argentina, Australia, Brazil, the Republic of Korea and Singapore, per capita consumption of anorectics has risen significantly.

107. In the past, the use of phentermine in the United States declined significantly as a result of the withdrawal of preparations containing both phentermine and fenfluramine. However, since 2000, consumption of phentermine in the United States has again been rising. Moreover, measures introduced in a number of countries in South America to control the inappropriate use of some stimulants led to a decrease in global consumption levels of that group of substances. Since 2000, however, the consumption of other stimulants in Schedule IV has markedly increased mainly in two countries in the Americas (Argentina and Brazil). The Board is concerned that the increasing availability of stimulants in Argentina and Brazil may lead to conditions that are conducive to their abuse and diversion.

108. Attempts to divert stimulants listed in Schedule IV, such as amfepramone, from licit distribution channels and cases involving illicit trafficking in the substance have been reported in several countries in Asia and Europe in recent years. The Board recommends that the authorities in those countries monitor the situation closely for overprescribing of anorectics while ensuring adequate measures of control over domestic distribution channels.

C. Precursors

Status of adherence to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

109. As at November 2006, the number of States parties to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988¹⁷ stood at 180. The 1988 Convention was also formally confirmed by the European Community (extent of competence: article 12), bringing the total number of parties to the Convention to 181. Currently,

¹⁷ United Nations, *Treaty Series*, vol. 1582, No. 27627.

92 per cent of all States in the world are parties to the Convention. The Board welcomes the accession of Gabon, Montenegro and Vanuatu to the 1988 Convention.

110. All of the world's major manufacturing, exporting and importing States are now parties to the 1988 Convention. Of the remaining 14 States that have yet to become parties to it, 3 are in Africa (Equatorial Guinea, Namibia and Somalia), 2 are in Asia (the Democratic People's Republic of Korea and Timor-Leste), 2 are in Europe (the Holy See and Liechtenstein) and 7 are in Oceania (Kiribati, the Marshall Islands, Nauru, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

111. The Board calls on those 14 States which have yet to become parties to the 1988 Convention to implement the provisions of article 12 and to become parties to the Convention without further delay.

Cooperation with Governments

112. As at 1 November 2006, a total of 126 States and territories, as well as the European Commission, on behalf of its member States, had provided the Board with the required information for 2005 on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. The rate of submission remained the same as for previous years. The Board urges those States parties to the 1988 Convention which have not yet submitted that treaty-required information to do so without further delay. Among those States are Kuwait, Lesotho, the Niger, Serbia, the Sudan and Zimbabwe, which have not complied with their reporting obligations for at least five years.

113. While 45 Governments have reported seizures of precursors effected in 2005, only a few of them have supplemented that information with additional data required on non-scheduled chemicals, methods of diversion and stopped shipments. More often, the information provided was in figures and did not provide sufficient details. The Board calls on all Governments effecting seizures or intercepting shipments of precursors to investigate those cases and to report the results to enable the Board to identify new and emerging trends in illicit drug manufacture and trafficking in precursors.

Annual submission of information on the licit trade in and uses of substances in Tables I and II of the 1988 Convention

114. Since 1995, the Board, in accordance with Economic and Social Council resolution 1995/20 of 24 July 1995, has requested the supply of data on licit trade in, uses of, and requirements for, substances in Tables I and II of the 1988 Convention. The provision of such data on form D is voluntary.

115. As at 1 November 2006, a total of 107 States and territories had reported data for 2005 on the licit movement of precursors and 96 Governments had furnished information for 2005 on licit uses of and requirements for such substances. As in previous years, the European Commission has furnished information representing submissions from all 25 States members of the European Union. Most of the States and territories that submitted form D for 2005 furnished data on imports of and licit requirements for scheduled substances. The number of States and territories providing information on licit requirements of ephedrine and pseudoephedrine increased to 71 and 68, respectively.

116. In particular, all of the major manufacturing and importing countries except Pakistan provide data on licit trade in scheduled substances. Pakistan, which imports significant quantities of substances in Table I of the 1988 Convention, has yet to provide data on its licit trade in and requirements for scheduled substances. The Board wishes to encourage Pakistan to furnish the requested data without further delay.

Prevention of diversion of precursors into the illicit traffic

117. Practical and effective mechanisms for the rapid verification of transactions in precursor chemicals, particularly through the system of pre-export notifications, continue to be a priority for Governments, as well as the Board, as such mechanisms remain the most effective way to address diversion of and trafficking in chemicals. The international initiatives Project Prism and Project Cohesion, which focus on key precursor chemicals used in the illicit manufacture of amphetamine-type stimulants (ATS), heroin and cocaine, remain key elements of the international precursor control system.

118. Within the framework of those projects, the Board has assisted national authorities in monitoring thousands of shipments of chemicals in international trade and, in numerous cases, in preventing their diversion into illicit channels. During the current reporting period, the Board has assisted Governments in identifying and preventing the diversion of controlled chemicals in 55 cases. The Board is pleased that 126 States and territories have designated central national authorities for Project Prism and encourages all those that have not yet designated their national authorities to do so without delay and to start participating in that initiative.

119. With regard to Project Cohesion, the Board invites participating Governments to bolster their activities under the project by considering the launch of activities in precursor chemicals that target trafficking in relevant regions, such as in Operation Trans-shipment. In particular, it would be useful for authorities in the Americas to devise a similar activity to address trafficking in potassium permanganate. The Board anticipates that, by following such an action, success in countering criminal networks trafficking in chemicals used to manufacture heroin and cocaine will be achieved. Governments should continue to place the utmost importance on investigations into stopped or seized shipments of precursor chemicals and follow up on information provided on attempted diversions of such chemicals. Intelligence driven investigations and backtracking investigations have proved particularly useful in the identification of those responsible for trafficking in and diversion of precursors.

120. Detailed information on the activities of Governments and the Board in the area of precursor control is contained in the 2006 report of the Board on the implementation of article 12 of the 1988 Convention.¹⁸

¹⁸ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2006 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.07.XI.12).

Control measures

121. During the current reporting period, Governments of a number of countries (Australia, Bhutan, China, the Gambia, the Philippines, the United States and Yemen) have adopted new, or strengthened existing, legislation and administrative controls over precursors. In particular, Australia, the Philippines and the United States have recently strengthened controls over preparations containing ephedrine and pseudoephedrine.

122. As controls over international trade in precursor chemicals improve, traffickers develop new methods and routes of diversion, utilizing in particular domestic distribution channels. For example, in Africa, many countries lack the infrastructure to control precursors effectively at the national level. The Board is concerned that Africa is being increasingly used for the diversion of precursors, as evidenced by the attempted large-scale diversion of ephedrine and pseudoephedrine in 2006. The Board urges all parties to take all the measures necessary to monitor the manufacture and distribution of scheduled substances within their territories, pursuant to article 12, paragraph 8 (a), of the 1988 Convention.

Advisory Expert Group and assessment of substances

123. In 2006, the Board convened its Advisory Expert Group: (a) to determine whether information is available that would require the transfer of phenylacetic acid from Table II to Table I of the 1988 Convention; (b) to evaluate the limited international special surveillance list of non-scheduled substances; (c) to examine the current status of control of safrole and the safrole-rich oils to provide, if necessary, a definition of safrole; and (d) to identify possible courses of action to address current attempts to divert ephedra from licit trade for use in the illicit manufacture of drugs.

124. Based on the findings of the Advisory Expert Group, the Board has recommended the transfer of phenylacetic acid from Table II to Table I of the 1988 Convention. With regard to the limited international special surveillance list of non-scheduled substances, the Board has emphasized that the monitoring measures associated with the list should be applied through voluntary cooperation with the chemical

industry. As in the past, the Board will continue to distribute the list directly to competent authorities.

125. In response to Commission on Narcotic Drugs resolution 49/7, entitled “Promoting a consistent approach to the treatment of safrole-rich oils”, the Board prepared a definition of safrole/safrole-rich oils that will be communicated to the Commission at its fiftieth session. Following attempts to divert ephedra and its extracts from international trade, the Board also carried out a review of the information currently available on that substance. The Board concluded that more data were required before a decision could be made regarding possible changes to the tables of the 1988 Convention.

Online system of pre-export notifications

126. The system of pre-export notifications is the cornerstone of international precursor control. Exporting countries now regularly send pre-export notifications for shipments of scheduled precursor chemicals. That information has proved to be valuable in the identification of numerous suspicious transactions. In Project Prism and Project Cohesion, the system of pre-export notifications has greatly facilitated the successful verification of the legitimacy of individual transactions.

127. In March 2006, the Board officially launched Pre-Export Notification Online (PEN Online), a new electronic system for the exchange of pre-export notifications. As at 1 November 2006, 71 States and territories had registered in the new automated system and over 2,800 transactions had been communicated to importing countries and the Board through PEN Online. The system is being used by a growing number of States, including many major chemical exporters. More importantly, it has helped in the identification of new patterns and trends in both trafficking and licit trade in precursors, as highlighted in the 2006 report of the Board on the implementation of article 12 of the 1988 Convention.¹⁹ The Board encourages all Governments to register and use the PEN Online system for the quick and efficient exchange of data.

Estimates of legitimate requirements for precursors

128. In its report for 2005, the Board encouraged Governments to estimate their licit requirements for precursors used in the illicit manufacture of ATS and submit those data to it.²⁰ In its resolution 49/3, the Commission on Narcotic Drugs: (a) noted that the precursor chemicals 3,4-methylenedioxyphenyl-2-propanone, ephedrine, pseudoephedrine and 1-phenyl-2-propanone were important for the illicit manufacture of “ecstasy”, methamphetamine and amphetamine; (b) requested Member States to inform the Board of their estimated licit requirements for those precursors and estimated requirements for imports of preparations containing those chemicals; and (c) requested Member States to permit the Board to share with national authorities, taking care not to impede legitimate commerce, shipment information on those preparations so that measures could be taken to prevent or intercept those shipments.²¹

129. In response, some States have estimated their annual legitimate requirements for those chemicals and that information has been published by the Board in its 2006 report on the implementation of article 12 of the 1988 Convention. It is expected that many more States will be able to provide such information. Competent authorities of each country are invited to inform the Board of any methodology that they find useful for estimating their country’s legitimate requirements. Each Government is also invited to review the legitimate requirements published for its country and, where necessary, adjust them and inform the Board of the changes to be made.

¹⁹ Ibid.

²⁰ *Report of the International Narcotics Control Board for 2005* ..., para. 648, recommendation 12.

²¹ *Official Records of the Economic and Social Council, 2006, Supplement No. 28 (E/2006/28)*, chap. I, sect. C, resolution 49/3.

Diversion of and trafficking in substances used in the illicit manufacture of amphetamine-type stimulants: Project Prism

130. Data gathered under Project Prism on seizures and cases of diversion and attempted diversion highlight the magnitude of the problems related to preventing the illicit manufacture of ATS and particularly methamphetamine. As international controls over ephedrine and pseudoephedrine, traded as raw materials, are improving, traffickers are increasingly trying to obtain those substances in other forms, such as pharmaceutical preparations and natural products such as ephedra. Trafficking organizations are also trying to exploit situations where controls over such commodities at the domestic manufacture and distribution levels are less stringent or absent. In this connection, more than 30 cases of attempted diversion, involving over 2,100 tons of ephedra, have been reported to the Board since the beginning of 2005.

131. During the current reporting period, over 2,100 transactions involving licit international trade in ephedrine and pseudoephedrine have been monitored under Project Prism. The Board has issued a number of special alerts on trends in diversion, and it greatly appreciates the feedback received from Governments on those alerts. Activities under Project Prism have assisted Governments and the Board in identifying new trends, such as the diversion of raw materials from South Asia, Africa, Central America and West Asia and ephedra shipments from East Asia to Canada and countries in Europe and the smuggling of pharmaceutical preparations into and within Africa, Central and South America and West Asia. The diversion of raw ephedrine and pseudoephedrine to countries in North America, in particular to Mexico, seems to have declined, while diversion attempts in Central and South America continued throughout 2006. Several Governments of countries in the Americas have discovered attempts at diversion of pharmaceutical preparations in large quantities. The Board is particularly concerned that Africa and West Asia are starting to be used by organized criminal networks as trans-shipment points for consignments of ephedrine and pseudoephedrine destined for the illicit manufacture of methamphetamine. For example, multi-ton shipments of pseudoephedrine for use in the manufacture of pharmaceutical preparations, to be re-exported to Mexico, have been ordered in West Asia.

132. The Governments of importing countries in the above-mentioned regions are urged to take appropriate measures to monitor the manufacture, distribution and export of preparations containing ephedrine and pseudoephedrine, to ensure that the end-users are legitimate and to prevent accumulation of those preparations in quantities exceeding the licit requirements. As the diversion of precursors used in the illicit manufacture of methamphetamine is a global problem, the Board has recommended specific measures to be adopted by all Governments, in particular the use of pre-export notifications for pharmaceutical preparations as well as the estimation of licit requirements for ephedrine, pseudoephedrine and preparations containing those two substances.

133. At its meetings during 2006, the Project Prism Task Force examined the latest developments related to diversion of, and trafficking in, precursors, in particular ephedra, used in the illicit manufacture of ATS. The Task Force noted the following: new legislation in the United States aimed at addressing the methamphetamine problem in that country; the measures against diversion of ephedrine and pseudoephedrine and the ban on ephedra adopted by the Mexican authorities; and the latest trends in suspicious shipments, including shipments to Africa, Central and South America and West Asia. The Task Force also focused its attention on trends and developments in Oceania. The Task Force held a special meeting with the main countries involved in the exporting and trans-shipment of ephedrines. Following that, the Task Force decided on operational measures to be carried out during the period 2006-2007 to address concerns regarding the diversion of large amounts of raw materials and preparations containing ephedrine and pseudoephedrine.

Diversion of and trafficking in substances used in the manufacture of heroin and cocaine: Project Cohesion

134. Project Cohesion is a global initiative aimed at assisting countries in addressing the diversion of acetic anhydride and potassium permanganate by providing a platform from which time-bound regional operations can be launched, investigations into seizures and stopped shipments can be coordinated and licit trade can be monitored. Currently, 82 competent national authorities are participating in Project Cohesion. The Board invites all Governments that have not yet done

so to join the initiative in order to prevent traffickers from identifying new routes of diversion and avoid controls.

135. During 2006, the monitoring of licit international trade in precursors continued. More focused efforts are required in the investigation of cases and the launching of specific time-bound operations to counter trafficking at the subregional level, such as Operation Trans-shipment, carried out in Central Asia to identify and seize consignments of acetic anhydride smuggled into Afghanistan. The operation was the first of its kind in the Central Asian subregion. It involved all five countries in that subregion: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The operation, which was held in July 2006, resulted in seizures of sulphuric acid, as well as opium, "hashish" (cannabis resin) and heroin from Kazakhstan, Kyrgyzstan and Tajikistan. Although no acetic anhydride was seized during the operation, the Board trusts that the lessons learned will be used to launch similar activities involving, wherever possible, other countries in the region of West Asia, including Afghanistan.

136. Based on the evaluation of the results of Operation Trans-shipment, Governments should continue operations to identify and dismantle the criminal networks involved. Afghanistan made a major seizure of acetic anhydride (1,250 litres) in May 2006. However, hardly any of the countries bordering Afghanistan reported seizures of acetic anhydride during 2005 and 2006. The lack of evidence linking seizures of acetic anhydride to diversion directly from international trade raises concern over the control exercised by Governments of neighbouring countries with a view to preventing the diversion of precursors from domestic distribution channels.

137. Activities following the example of Operation Trans-shipment may also be useful in regions other than West Asia. For instance, fewer attempts to divert from international trade potassium permanganate, a key chemical used in the manufacture of cocaine, have been uncovered recently. That may indicate that traffickers have developed new methods and routes of diversion, possibly utilizing domestic distribution channels in third countries not usually associated with the illicit manufacture of cocaine. As large seizures of potassium permanganate were reported for 2005 – 141 tons of the substance were seized in Colombia

alone – it would be useful for authorities in the Americas to devise activities to address trafficking in potassium permanganate similar to the ones used to address trafficking in acetic anhydride. In particular, Colombia and its neighbouring States should urgently launch investigations to identify the sources and routes used for smuggling potassium permanganate into areas where the illicit manufacture of cocaine takes place.

D. Evaluation of overall treaty compliance by selected Governments

138. Pursuant to its mandate under the international drug control treaties, the Board reviews, on a regular basis, the drug control situation in various countries and Governments' overall compliance with the provisions of those treaties. The review covers various aspects of drug control, including the functioning of national drug control administrations, the adequacy of national drug control legislation and policy, measures taken by Governments in combating drug abuse and illicit trafficking and Governments' fulfilment of their reporting obligations as required under the international drug control treaties.

139. The Board, while reviewing the drug control situation in various countries, adopts, when necessary, positions on particular drug control issues. Those positions are conveyed to the Governments concerned and, when appropriate, made public by the Board through its annual report.

140. In 2006, the Board reviewed the drug control situation in Papua New Guinea and Switzerland, as well as measures taken by the Governments of those two countries for the implementation of the international drug control treaties. In so doing, the Board paid particular attention to new developments in drug control in those two countries that might endanger the aims of the treaties.

Papua New Guinea

141. In recent years, Papua New Guinea has experienced increasing problems of illicit cannabis production and abuse. Despite those acute problems, national drug control efforts are undermined by a lack of coordination within the Government and inadequate legislation. The country also suffers from inadequate

law enforcement capacity, and the rule of law is generally lacking.

142. Drug control legislation in Papua New Guinea is out of date. It provides inadequate penalties for drug-related offences. Though new legislation was drafted in the early 1990s, it has still not been adopted.

143. Despite the existence of the National Narcotics Bureau, the national coordinating body for drug control, the Government of Papua New Guinea has failed to comply with its reporting obligations under the international drug control treaties for the past 10 years. The Government has also failed to respond to the Board's queries for information regarding the drug control situation in the country.

144. The Board underlines that the chain of international drug control is as strong as its weakest link. If even one State fails to fulfil its obligations under the international drug control treaties, there is the danger that it might be exploited by drug trafficking organizations. The Board urges the Government of Papua New Guinea to take effective measures to remedy the situation without delay.

Switzerland

145. For many years, Switzerland was one of the few European States that had not become a party to the 1988 Convention, though it had cooperated closely with the Board by regularly providing data on precursor chemicals. After some years of dialogue with the Board on that issue, Switzerland acceded to the 1988 Convention in 2005 and it is now a party to all three international drug control treaties.

146. Drug injection rooms remain in operation in various parts of Switzerland. Some of the drug injection rooms also appear to provide facilities – generally known as inhalation rooms – where drug abusers can abuse drugs by inhalation. The Board has stated on numerous occasions, both to the Government of Switzerland and in its annual reports, that such rooms are in violation of the international drug control treaties. The Board urges the Government to provide adequate services and facilities to those in need of treatment in accordance with the international drug control treaties, instead of providing injection and inhalation rooms (see paras. 175-179 below).

E. Evaluation of the implementation by Governments of recommendations made by the Board subsequent to its country missions

147. In discharging its mandate under the international drug control treaties, the Board undertakes an average of 20 country missions a year to maintain a direct dialogue with competent national authorities on matters relating to the implementation of the provisions of the treaties. Furthermore, as part of its ongoing dialogue with Governments, the Board conducts an annual evaluation of the implementation of its recommendations pursuant to its country missions. Selected countries are requested to provide information on progress made in the implementation of the Board's recommendations, including any achievements made and difficulties encountered.

148. In 2006, the Board selected five countries to which it had sent missions in 2003: Algeria, Cambodia, Fiji, Germany and Peru. The Board expresses its appreciation for the information provided by the Governments of Cambodia, Germany and Peru. Their cooperation enabled the Board to conduct a meaningful assessment of the drug control situation in those countries and the progress made by the Governments in addressing drug problems. Information provided by the Government of Algeria was received too late to be reviewed by the Board and is therefore not presented below.

149. The Board notes with concern that no information was received from the Government of Fiji. The Board underlines the importance of the review of its country missions and requests the Government of that country to ensure that the required information is provided to it without further delay.

Cambodia

150. Since the late 1990s, Cambodia has increasingly been used as one of the major trans-shipment points for consignments of ATS, mainly methamphetamine. In addition, methamphetamine has illicitly been manufactured in the country. The geographical location of the country, its limited national law enforcement capacity and a general lack of the rule of law have all contributed to a worsening situation with regard to drug trafficking and abuse. Inadequate control of the

licit movement of controlled substances has also resulted in the abuse of some psychotropic substances.

151. Despite its lack of capacity, the Government of Cambodia has cooperated closely with the Board and some progress has been made in the implementation of the Board's recommendations following its 2003 mission to that country. In particular, Cambodia acceded to the three international drug control treaties in 2005 and has revised its national legislation to ensure compliance with its obligations under those treaties.

152. In addition, the Government of Cambodia has established a national network to collect data on patterns of drug abuse, a first step towards systematic assessment of the scope of drug abuse in the country, and has adopted a national drug control plan. However, the Government has not been able to implement the plan fully because of inadequate funding. In addition, there appears to have been no significant progress in controlling psychotropic substances at the retail level and in preventing the abuse of those substances. The Board appeals to Cambodia's partners to provide adequate financial and technical support to enable the Government to implement its drug control plan.

Germany

153. Pursuant to its 2003 mission to Germany, where the Board visited drug injection rooms (called "drug consumption rooms" in Germany) and some drug abuse treatment establishments, the Board reiterated to the Government its view that such rooms violate the international drug control treaties and recommended that the Government take immediate measures to ensure compliance with its international obligations.

154. The Board remains concerned that the policy of the Government of Germany in this area has not changed, and that rooms for the "consumption" of drugs, including by injection, continue to be in operation in the country. The Board urges the Government to take the steps necessary to ensure that the provisions of the international drug control treaties are fully implemented in the country and that the operation of such rooms is brought to a halt. The Board encourages the Government to continue its efforts to ensure that adequate services are made available to those in need of treatment, rehabilitation and social integration, in conformity with the international drug control treaties, rather than establishing such rooms.

Peru

155. Peru is one of the world's largest producers of coca leaf, with cultivation of coca bush taking place for purposes that are neither medical nor scientific. The Board has, on various occasions, brought to the attention of the Government its treaty obligations and urged it to take measures to remedy the situation.

156. The Board notes that, pursuant to its dialogue with the Government, a declining trend has been observed in the total area under coca bush cultivation in Peru, as a result of the Government's efforts in promoting manual eradication and sustainable legitimate alternative development in the most affected areas. Though some regional authorities had adopted laws permitting coca bush cultivation, in September 2005 the Tribunal Constitucional del Perú (constitutional tribunal of Peru) made a decision nullifying those laws. The Government has also strengthened controls over precursor chemicals, in particular those precursors used in the illicit manufacture of cocaine hydrochloride.

157. The Board notes that the Government of Peru conducted a national survey on drug abuse in secondary schools in 2005 and is carrying out a general population survey in 2006. However, the measures undertaken to combat drug abuse through treatment and rehabilitation are not keeping pace with the increasing demand for those services. The Board urges the Government to take the necessary measures so that progress can be made in those areas as well.

F. Measures to ensure the implementation of the international drug control treaties

Action of the Board taken pursuant to article 14 of the 1961 Convention and article 19 of the 1971 Convention

158. Since 1997, the Board has invoked article 14 of the 1961 Convention and article 19 of the 1971 Convention, which contain measures to ensure the execution of the provisions of the two conventions, with respect to a limited number of countries. The objective of the Board has been to promote compliance with those conventions when other means had failed. The Board notes that most of the States took remedial measures; consequently, the Board decided to

terminate any action pursuant to those articles vis-à-vis those States.

159. The Board is concerned that one State, for which measures under article 14 of the 1961 Convention and article 19 of the 1971 Convention remain invoked, has so far made no sustainable progress. Should that State fail to take immediate steps to remedy the situation, the Board will have no choice but to take further action, pursuant to article 14 of the 1961 Convention and article 19 of the 1971 Convention, and bring the matter to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs.

Consultation with the Government of Afghanistan pursuant to article 14 of the 1961 Convention

160. The Board invoked article 14 of the 1961 Convention vis-à-vis Afghanistan in 2000, in view of the fact that that country had become by far the world's largest illicit producer of opium and was seriously endangering the aims of the 1961 Convention. The Board has since then followed closely the drug control situation in Afghanistan and has maintained an ongoing dialogue with the Government to ensure that progress is made in drug control in that country.

161. The Board notes with concern that the drug control situation in Afghanistan is deteriorating despite the commitment of the Government of Afghanistan, as reiterated by the President of Afghanistan on various occasions, and despite the assistance provided to the Government by the international community over the past five years. There has been little progress in drug control in the country, in particular with regard to the elimination of illicit opium poppy cultivation and opium production.

162. As evidenced by the UNODC report entitled *Afghanistan: Opium Survey 2006*,²² the area under illicit opium poppy cultivation reached a record level in 2006, with potential opium production estimated at about 6,100 tons, an increase of nearly 50 per cent over the figure for 2005. The alarming scale of that illicit activity, in which 2.9 million persons (12.6 per cent of the population) are engaged, constitutes a major obstacle to achieving peace, security and development

in Afghanistan and poses a continuous threat to countries in the neighbouring area and beyond.

163. Progress in eradicating illicit opium poppy cultivation in Afghanistan has often been impeded by corruption prevailing throughout the country. The Board stresses that, unless the Government of Afghanistan takes serious and firm measures to address this problem, the Government's efforts in drug control will be undermined, further hindering political progress, economic growth and social development in the country.

164. The Board regrets that five years after the Government's issuance of a ban on opium production, illicit opium poppy cultivation in Afghanistan has not been contained but has instead reached a record high level. Today, one third of the Afghan economy remains opium-based, which contributes to the widespread corruption in the country. The elimination of illicit drug activities, in particular the illicit cultivation of opium poppy, is crucial to the efforts of the Government of Afghanistan to comply with its obligations under the international drug control treaties. The Government of Afghanistan should be held accountable for eradicating opium poppy cultivation and should take firm measures against corrupt officials involved in illicit drug activities.

165. Illicit opium poppy cultivation is not the only drug control problem that has hindered the progress of the Government of Afghanistan in fulfilling its obligations under the international drug control treaties. Control of licit activities related to narcotic drugs, psychotropic substances and precursors in Afghanistan remains extremely weak. In particular, there is an absence of adequate drug control regulations and mechanisms, resulting in a proliferation of unregulated retail outlets selling controlled substances, many of which have been smuggled into the country.

166. Drug abuse continues to increase in Afghanistan, as evidenced by the findings of the first nationwide survey on drug abuse conducted by UNODC and the Government of Afghanistan in 2005. Cannabis abuse is widespread: cannabis abusers account for 2.2 per cent of the total population of Afghanistan. Although drug abuse by injection appears to be a relatively new phenomenon, the number of heroin abusers has been increasing over the past five years. The Board urges the Government to pursue its action plan on demand

²² United Nations Office on Drugs and Crime, *Afghanistan: Opium Survey 2006* (September 2006).

reduction, paying particular attention to raising public awareness and educating the population, especially women and young people about drug abuse prevention.

167. The Board notes that the Government of Afghanistan established the Drug Regulation Committee in August 2006. The Committee is entrusted with the task of regulating licit activities related to controlled substances, an important step towards ensuring Afghanistan's full compliance with the provisions of the international drug control treaties. The Board requests the Government to take the steps necessary to ensure effective functioning of the Drug Regulation Committee.

168. Pursuant to a decision by the Board, a training seminar on the control of licit activities related to narcotic drugs, psychotropic substances and precursors was organized jointly by UNODC and the Board in Kabul in July 2006. The seminar, the first of its kind in Afghanistan, focused on the relevant provisions of the international drug control treaties and the obligations of the Government of Afghanistan under those treaties, with a view to strengthening the Government's capacity to prevent diversion and ensure the availability of those substances for legitimate purposes. The Board urges UNODC to provide the necessary funding for the implementation of further training programmes aimed at increasing the capacity of Afghanistan to fulfil its treaty obligations.

169. The Board notes that the year 2006 witnessed increased efforts by the international community to assist the Government of Afghanistan in establishing the rule of law throughout the country, which is essential to drug control efforts and to the success of the broader reconstruction process. Increased efforts have also been made to develop new intelligence structures and to build the capacity of drug law enforcement and criminal justice agencies. Those efforts are starting to show results. Since August 2005, there has been an increase in the number of drug traffickers convicted and a significant increase in drug-related seizures and the destruction of illicit drug laboratories.

170. The Board wishes to emphasize that achieving peace, security and development in Afghanistan is closely linked to solving the drug control problem, which requires the full support and cooperation of the international community. The Board calls upon the international community, particularly donor countries,

to continue to assist the Government of Afghanistan in its efforts to eliminate the drug problem, thereby achieving the goals set out in the National Drug Control Strategy. The Government, for its part, should redouble its efforts to remove impediments to the rule of law.

G. Special topics

Bolivia

171. The situation in Bolivia, which for many years has not been in conformity with that State's obligations under the international drug control treaties, continues to be a matter of particular concern to the Board. Bolivia is a major producer of coca leaf, and national legislation allows the cultivation of coca bush and the consumption of coca leaf for non-medical purposes, which are not in line with the provisions of the 1961 Convention.

172. In addition, some of the coca leaf produced in accordance with national legislation in Bolivia is diverted and used for the illicit manufacture of cocaine. There is also information indicating increase in the illicit manufacture of and trafficking in cocaine base and cocaine hydrochloride in recent years, as well as an increase in trafficking in precursor chemicals used in cocaine manufacture.

173. The Government of Bolivia has indicated its intention to review existing national drug control legislation, with a view to using coca leaf for a wide range of products, some of which might be exported. The Board has followed closely the developments in Bolivia and has communicated to the Government its concern that some of the measures that the Government is about to take are not in line with the provisions of the international drug control treaties, particularly the 1961 Convention. The Board is also concerned that policy developments in Bolivia could have repercussions in other countries in South America.

174. In March 2006, the President of the Board, in a meeting with the Bolivian delegation attending the forty-ninth session of the Commission on Narcotic Drugs to discuss the issue, underlined the importance of a forthcoming mission of the Board to Bolivia to continue the dialogue. The Board urges the Government once again to ensure that all national legislation and policies, including possible

amendments to the Constitution, are in full compliance with the provisions of the international drug control treaties, to which Bolivia is a party.

Rooms for the abuse of drugs, including by injection

175. The Board notes with concern that, despite its ongoing dialogue with the Governments concerned, drug injection rooms, where drug abusers can abuse with impunity drugs acquired on the illicit market, remain in operation in a number of countries, including Australia, Canada, Germany, Luxembourg, the Netherlands, Norway, Spain and Switzerland. The Board regrets that no measures have been taken to terminate the operation of such facilities in the countries concerned, and, in some cases, the number of such rooms has increased. Some of the facilities in those countries also provide areas for abusers to inhale drugs, as well as to inject drugs.

176. The Board wishes to reiterate that the provision of rooms for the abuse of drugs, regardless of whether they are under the direct or indirect supervision of the Government, are contrary to the international drug control treaties, particularly article 4 of the 1961 Convention, which obligates State parties to ensure that the production, manufacture, import, export, distribution of, trade in, use and possession of drugs are limited exclusively to medical and scientific purposes.

177. The Board believes that any national, state or local authority that permits the establishment and operation of rooms or any outlet to facilitate the abuse of drugs, by injection or any other route of administration, also provides an opportunity for illicit drug distribution. The Board would like to emphasize that Governments have an obligation to combat illicit drug trafficking in all its forms and that parties to the 1988 Convention are required, subject to their constitutional principles and the basic concepts of their legal systems, to establish as a criminal offence the possession and purchase of drugs for personal non-medical use.

178. In some jurisdictions, local authorities have encouraged or promoted the establishment of rooms for the abuse of drugs. The Board would stress that it is the Government that is responsible for ensuring compliance with the country's obligations under the international drug control treaties.

179. The Board encourages all Governments to ensure that efficient measures are taken to address drug abuse and the spread of HIV/AIDS, in compliance with their obligations under the international drug control treaties. The Board urges the Governments of countries where rooms for the abuse of drugs are in operation to provide adequate services to those in need of treatment and rehabilitation, in accordance with the provisions of the international drug control treaties, rather than providing such rooms.

Increasing trafficking in and abuse of fentanyl

180. The Board is concerned about the increasing trafficking in and abuse of fentanyl and its analogues, which have been reported particularly in North America and in some parts of Europe. The very high potency of those synthetic drugs increases the risk of their overdose and other health problems related to opioid abuse. In the first half of 2006, the United States experienced a high number of deaths related to the abuse of fentanyl (see paras. 344-345 below). In Europe, authorities in Estonia reported that fentanyl and one of its analogues, 3-methylfentanyl, had replaced heroin as the main opioid of abuse in that country. The abuse of, and trafficking in, fentanyl and its analogues were also reported in Ukraine and in some cities in the Russian Federation.

181. Fentanyl and its analogues are sold on the illicit market under various street names. In addition, they are also sold by traffickers as an imitation or as an adulterant of other illicit drugs, in particular heroin. In the United States, fentanyl has also been offered to drug abusers in tablets whose shape and logo resemble illicit MDMA tablets and in counterfeit tablets, purported to be OxyContin[®] tablets. The illicit market is supplied by the diversion of prescription drugs and by clandestine laboratories.

182. Global consumption of fentanyl for medical purposes has more than tripled since 2000, mainly as a result of the increasing use of transdermal patches in the treatment of severe pain. Fentanyl is also available in injectable or lozenge form. The methods used to divert fentanyl from licit distribution sources include theft, fraudulent prescriptions and illegal distribution by patients, physicians or pharmacists. The Internet provides information on methods that can be used to tamper with pharmaceutical preparations containing fentanyl, including guidance on circumventing the

time-release properties of transdermal patches. The Board calls on all Governments to implement effective measures, in cooperation with the pharmaceutical industry and health-care professionals, to prevent the diversion and abuse of pharmaceutical preparations containing fentanyl.

183. Fentanyl and its analogues manufactured in clandestine laboratories are increasingly being found on the illicit market. In 2006, several significant seizures of illicitly manufactured fentanyl were reported by the law enforcement agencies in the United States. In May 2006, a large clandestine laboratory supplying the illicit market in the United States was dismantled in Mexico. In recent years, clandestine laboratories manufacturing fentanyl have also been dismantled in Ukraine, where the drug is either abused locally or smuggled into other countries in Europe. In 2004, a clandestine laboratory manufacturing fentanyl was dismantled in Austria.

184. The Board notes that the authorities in the United States are examining the possibility of controlling precursor chemicals used in the illicit manufacture of fentanyl. The Board invites the Governments of countries where the illicit manufacture of fentanyl or fentanyl analogues takes place to exchange information on the synthetic routes used by clandestine laboratories and any other information that may facilitate the dismantling of such laboratories.

185. The Board is concerned that many countries may not be in a position to quickly counteract the smuggling and abuse of fentanyl and its analogues, since they do not systematically collect data that would enable them to assess the extent of the problem. In most countries, the authorities are faced with difficulties in obtaining such data due to inadequate laboratory analysis and/or reporting. The Board encourages Governments to ensure that forensic laboratories include analyses of fentanyl and its analogues in their programmes so that they are able to determine whether fentanyl is trafficked in their countries and, if so, to what extent. In particular, countries where a sudden increase in opioid overdoses occurs should determine whether those overdoses were caused by the abuse of fentanyl and its analogues. The Board invites the relevant international organizations to support Governments in such efforts. The Board also wishes to remind all Governments of their obligation to report on abuse, seizures and illicit manufacture of

fentanyl and its analogues to the Board and relevant international organizations, in accordance with the international drug control treaties.

186. The Board wishes to alert all Governments that trafficking in and abuse of fentanyl and its analogues may become a fast-growing problem in their countries and reconfirms its concern about the possible replacement of illicit opiates with synthetic opioids.

Diversion of substances from substitution treatment

187. Consumption of opioids prescribed for substitution treatment of drug dependency has increased in several countries in recent years. There is some evidence that such opioids, in particular, buprenorphine and methadone, have been diverted and abused in many countries. However, data on the extent of such diversion have been limited and are not comparable between countries. The Board sent a questionnaire in 2006 to Governments of 54 selected countries where opioids were prescribed for substitution treatment, in order to obtain information on the effectiveness of the control measures applied to those substances to prevent their diversion into illicit channels and to obtain current information on the diversion and abuse of those opioids in the countries concerned. In addition, information was obtained from other sources, such as seizure statistics, statistics on cases involving death, the Internet and government reports to complement the results obtained through the questionnaire.

188. The replies to the questionnaire indicate that, in many countries, the control measures currently being applied are not adequate. More than half of the 42 Governments that sent replies reported diversion of those substances from substitution treatment. One of the most frequently identified method of diversion was sales by patients.

189. Most Governments reported that the trend in diversions from substitution treatment is stable or increasing. The estimated proportion of the diverted quantity to the total amount of opioids prescribed for substitution treatment, as reported by Governments, was as high as 15 per cent for methadone (in Croatia) and was even as high as 25 per cent for buprenorphine (in France). The Governments concerned indicated that only a small portion of the patients in substitution treatment were responsible for the diversions that

occurred. Governments of countries that applied less stringent controls to opioids used in substitution treatment reported the largest proportion of diverted quantity to the total quantity prescribed.

190. The illicit market for buprenorphine and methadone in many countries is supplied by diversion from substitution treatment. For example, according to a government report, in the Czech Republic the price of Subutex® (buprenorphine) on the illicit market is three times higher than in a pharmacy. In Croatia, the street price of methadone is 15 times higher than the regular price in pharmacies; drug abusers in substitution treatment are selling some of the drug they receive in treatment in order to obtain their preferred drug of dependence, such as heroin.

191. Opioids used in substitution treatment are also diverted in some countries for subsequent smuggling into other countries. In France, an increase in the activities of criminal groups smuggling diverted buprenorphine into Finland and Georgia has been noted since 2004. In Finland, 95 per cent of the buprenorphine found on the illicit market has been smuggled into the country. Israel and Slovakia are also experiencing problems with buprenorphine smuggled from abroad. For methadone, preparations diverted from substitution treatment are smuggled out of Central Europe and some Balkan countries into neighbouring countries, where they are abused.

192. Cases involving death attributable to the abuse of buprenorphine and methadone have been reported in several countries. In the United Kingdom of Great Britain and Northern Ireland, methadone alone or in combination with other drugs was implicated in 173 drug-related deaths in 2005.²³

193. Several Governments have recently taken or are considering steps to strengthen their control measures applicable to opioids used in substitution treatment, with a view to preventing their diversion. The measures which have been found to be effective include supervised consumption, application of appropriate conditions for drugs to be taken at home, treatment according to clinical standards, prescription monitoring systems and mandatory training of health-care professionals.

²³ National Programme on Substance Abuse Deaths, *Drug-Related Deaths in the UK: Annual Report 2006* (London, St. George's, University of London, 2006).

194. The Board requests the Governments of countries where opioids are used for substitution treatment to take all measures necessary to prevent their diversion into illicit channels while making those substances available for legitimate treatment. In this connection, the Board notes with concern that some of those Governments which responded to its questionnaire indicated that information on the diversion and abuse of opioids used in substitution treatment was not available to the competent authorities. The Board again requests all Governments concerned to establish a mechanism for the systematic collection of information on the diversion and abuse of drugs prescribed for substitution treatment, using, inter alia, statistics on emergencies related to drug abuse and statistics on drug-related deaths. Such a mechanism will help Governments to identify problems as soon as possible and to take appropriate countermeasures before such problems increase.

195. The Board notes that, in response to Economic and Social Council resolution 2004/40 of 21 July 2004, WHO, in collaboration with UNODC, is developing the guidelines for psychosocially assisted pharmacotherapy for the management of opioid dependence. The Board trusts that the guidelines will remind all those involved in the provision of substitution treatment of their obligation to implement the provisions of the international drug control treaties and national legislations regarding opioids and that the guidelines will provide specific guidance on preventing the diversion of opioids used in pharmacotherapy.

Information on the specific requirements for travellers who carry medical preparations containing controlled substances for personal use

196. The Commission on Narcotics Drugs, in its resolutions 44/15, 45/5 and 46/6, encouraged Governments to notify the Board of restrictions currently applicable in their territory to travellers under medical treatment with preparations containing controlled substances. As at 1 November 2006, 73 Governments had provided such information to the Board, including information on relevant legal provisions and/or administrative measures in force in their countries applicable to travellers carrying medical preparations with narcotic drugs or psychotropic substances for personal use. The Board calls on all Governments that have not yet done so to submit to it

that information without delay. The Board will ensure the wide dissemination of the information so that Governments will be able to advise travellers on the requirements needed in countries of destination.²⁴

Requirement for drug reference standards

197. In order to facilitate the obtaining of reference standards of narcotic drugs, psychotropic substances and/or precursors required for the proper and reliable identification and analysis of controlled drugs and precursors, the Board has developed guidelines for use by national drug-testing laboratories and national competent authorities for the import and export of drug and precursor reference standards.

198. The guidelines were prepared in order to assist national laboratories and other relevant scientific institutions in obtaining in a timely manner the reference standards they require. The guidelines contain some of the most frequently encountered difficulties and provide guidance on how obstacles may be overcome. The guidelines will be made available on the website of the Board (www.incb.org).

Ketamine

199. During the past several years, the Board has noted with concern reports of the abuse of, and trafficking in, ketamine, a substance currently not under international control.²⁵ In its report for 2005, the Board drew the attention of Governments to the problem of widespread abuse of ketamine, particularly among youth, in East and South-East Asia and trafficking in ketamine in that region and in other regions, including the Americas.²⁶

200. The abuse of and trafficking in ketamine continue unabated, particularly in a number of countries in East and South-East Asia, in South Asia and in Oceania, including Australia, Bangladesh, Cambodia, China (including the Hong Kong Special Administrative Region (SAR)), India, Malaysia, Singapore, Thailand and Viet Nam. In China, for instance, authorities seized

2.6 tons of ketamine in 2005. The Hong Kong SAR of China has reported a significant increase in seizures of ketamine in 2005: a total of 409 kg of the substance were seized in 921 individual seizure cases. Other seizures of ketamine have been reported in Canada, El Salvador, Indonesia, the Russian Federation and the United States and illicit ketamine laboratories have been dismantled in Mexico and the Philippines. Ketamine has become one of the most abused drugs among adolescents (persons aged 11-20 years old) in the Hong Kong SAR of China. The abuse of ketamine has also been reported in some countries in the Americas, such as Argentina, Canada and Costa Rica.

201. In the light of those developments, the Commission on Narcotic Drugs adopted resolution 49/6, entitled "Listing of ketamine as a controlled substance", in which it called upon Member States to consider controlling the use of ketamine by placing it on the list of substances controlled under their national legislation, where the domestic situation so required.

202. At the same time, ketamine was subject to critical review by the WHO Expert Committee on Drug Dependence in March 2006. The Committee concluded that the information presented to it was not sufficient to warrant its international scheduling. Therefore, the Committee requested the secretariat of WHO to produce an updated version of the critical review document, to be submitted to it at its next meeting.

203. The Board welcomes the adoption of Commission on Narcotic Drugs resolution 49/6 and calls on all Governments to implement that resolution without delay. In particular, the Board encourages all Governments concerned to take steps to determine the size of the population abusing ketamine and, wherever warranted, to place ketamine under their national drug control legislation. Furthermore, the Board urges all Governments to provide to it and to WHO all available information on the abuse of ketamine in their countries, in order to assist the WHO Expert Committee on Drug Dependence, at its next meeting, in its efforts to assess ketamine for possible scheduling under the 1971 Convention.

204. The Board requests all Governments to furnish it with all relevant information on the national regulatory measures that have been put in place in their countries, in compliance with Commission on Narcotic Drugs resolution 49/6, in particular import and export authorization requirements relating to ketamine. In that

²⁴ *Report of the International Narcotics Control Board for 2005* ..., paras. 214 and 215.

²⁵ See, for example, *Report of the International Narcotics Control Board for 2004* (United Nations publication, Sales No. E.05.XI.3), para. 390.

²⁶ *Report of the International Narcotics Control Board for 2005* ..., paras. 385, 431, 468, 471 and 641.

connection, the Board notes with appreciation that such information has already been provided to it by the Governments of Israel, Myanmar, the Philippines and the United Kingdom. Information on national controls in place in individual countries will assist the Governments of exporting countries, and the Board, in rapidly verifying the legitimacy of individual transactions involving trade in ketamine, without unduly delaying licit trade. The Board will maintain and update an inventory of that information, for distribution to all Governments on a regular basis.

Illegal sale of controlled substances through the Internet

205. Despite successes achieved in a number of countries, available information indicates that the illicit sale of pharmaceuticals containing controlled narcotic drugs and psychotropic substances via the Internet and the illicit distribution of such substances by mail have continued unabated.²⁷

206. Many pharmaceutical preparations containing controlled substances continue to be sold by illegally operating Internet pharmacies and distributed to customers by mail. The Board notes with appreciation that smuggling by mail is increasingly recognized by national authorities as a method of drug trafficking and constitutes a major problem for law enforcement authorities. In 2005, 80 individual consignments of psychotropic substances that had been smuggled by mail were seized in Australia, New Zealand and Thailand. Most of those cases (32 seizures made in Thailand) involved diazepam. In 2006, four consignments of phenobarbital smuggled by mail from the Democratic Republic of the Congo were seized in Belgium. Three consignments of ATS were seized in New Zealand.

207. In view of the global nature of the use of the mail for illicit drug trafficking, concerted action by the international community is urgently required. In particular, there is a need to establish a mechanism that will ensure the sharing of experiences and the rapid exchange of information on specific cases, as well as the standardization of data collected. The Board,

therefore, in July 2005, requested all Governments to identify focal points for activities related to illegally operating Internet pharmacies, to provide details of legislation and regulations on Internet services and sites and on the use of the mail for individual shipments of controlled drugs. As at 1 November 2006, 45 countries had provided the requested information to the Board. The Board encourages all Governments that have not yet done so to provide the requested information without further delay.

208. The Board notes with appreciation that each of the responding Governments has nominated a focal point to be contacted in cases involving suspected illegal sales by Internet pharmacies. Forty per cent of the responding Governments reported having in place legislation for dealing with illegal Internet pharmacies. While six Governments reported that the purchase of controlled drugs through Internet pharmacies was allowed under their national legislation, 87 per cent of all the responding Governments confirmed that purchasing controlled drugs through Internet pharmacies was prohibited under their national legislation and 33 per cent confirmed that their national legislation included licensing/registration conditions that required Internet service providers to close down illegally operating Internet sites. Nine of the responding Governments reported that the use of the mail for importing and exporting controlled drugs was allowed, provided that the transactions had been duly authorized by the competent authorities. However, 56 per cent of the responding Governments considered that their national legislative provisions did not provide adequate sanctions against the diversion and illegal sales of controlled drugs by Internet pharmacies, and only 9 per cent reported having in place a mechanism for voluntary cooperation between the competent authorities and manufacturers and wholesalers.

209. Ten Governments (over 20 per cent of those responding) reported having practical experience in the control and investigation of illegal Internet pharmacies. Of those, the Government of the United States had the greatest experience in identifying and dismantling international drug trafficking through the Internet. The United States authorities concluded two major investigations in 2005, resulting in the dismantling of two trafficking networks operating in Australia, Canada, Costa Rica, India and the United States and the seizure of 13.5 million tablets of narcotic drugs (codeine, hydrocodone, morphine and oxycodone) and

²⁷ *Report of the International Narcotics Control Board for 2004 ...*, paras. 170-184; and the *Report of the International Narcotics Control Board for 2005 ...*, paras. 219-242.

psychotropic substances (alprazolam, amfepramone, buprenorphine, diazepam, methylphenidate and phentermine), as well as tramadol and ketamine (105 kg), substances currently not under international control.

210. Other Governments that reported having closed down at least one illegal Internet pharmacy included the Governments of Costa Rica, Mexico, South Africa and Switzerland. While the court cases in South Africa and Switzerland are still pending, Mexico reported that a veterinary pharmaceutical laboratory in Cuernavaca that was manufacturing large quantities of ketamine and selling them over the Internet to persons in the United States had been dismantled. As a result, arrests had been made in both Mexico and the United States.

211. The substances most commonly traded over the Internet were psychotropic substances, mainly benzodiazepines and stimulants. With regard to narcotic drugs, sales of codeine and dextropropoxyphene were also reported to have been sold over the Internet.

212. The Board notes with appreciation the steps taken by the Governments of a number of countries, including France, the Netherlands, Sweden, the United Kingdom and the United States, to issue guidelines or adopt new legislation to counteract such illegal activities and encourages all Governments that have not yet done so to take action, as appropriate.

Control status of dronabinol (*delta-9-tetrahydrocannabinol*)

213. Pursuant to article 2, paragraph 4 (b), of the 1971 Convention, a substance is placed under international control when there is sufficient evidence that the substance is being or is likely to be abused so as to constitute a public health and social problem. However, four different types of control (Schedules I-IV) are applied on the basis of the extent or likelihood of abuse, the degree of seriousness of the public health and social problem and the degree of usefulness of the substance in medical therapy.

214. Substances in Schedule I of the 1971 Convention have the strictest form of control, while substances in Schedule IV have the least stringent control measures. Experience has shown, however, that where less stringent control measures are in place for

psychotropic substances the level of diversion from licit distribution channels into illicit channels is higher.

215. Dronabinol, being one of the stereochemical variants of *delta-9-tetrahydrocannabinol* (*delta-9-THC*), was initially controlled in Schedule I of the 1971 Convention, but *delta-9-THC* was transferred with its stereochemical variants to Schedule II in 1991 by the Commission on Narcotic Drugs in its decision 2 (XXXIV), on the grounds that dronabinol had some medical usefulness. The quantity of dronabinol currently used for medical purposes is limited and it is prescribed in only a few countries.

216. Dronabinol continues to be available in the few countries for the treatment of medical conditions for which it has been approved or for clinical research. Despite the present control of dronabinol in Schedule II of the 1971 Convention and its limited use in a few countries, there have been reports of its abuse in a country in which it is prescribed most. The Board is concerned about the possibility of dronabinol, the active principle of cannabis, being transferred to a schedule with less stringent control. The adoption of control measures that may lead to a proliferation of dronabinol preparations and their use may result in increased diversion of such preparations into the illicit traffic and increased abuse of such preparations. The Board is of the view that the control measures envisaged for substances in Schedule II make it possible for dronabinol to be available either for treatment or for research purposes, as is the case for other substances in the same schedule, such as amphetamines and methylphenidate.