

II. Operation of the international drug control system

A. Narcotic drugs

1. Status of adherence to the Single Convention on Narcotic Drugs of 1961 and that Convention as amended by the 1972 Protocol

56. As at 1 November 2008, the number of States parties to the 1961 Convention or that Convention as amended by the 1972 Protocol⁵⁰ stood at 186. Of those States, 183 were parties 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. The Board once again calls upon those three States to accede as soon as possible to the 1972 Protocol amending the 1961 Convention. A total of eight States have not yet become parties to the 1961 Convention: one State in Africa (Equatorial Guinea), one in Asia (Timor-Leste) and six in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Tuvalu and Vanuatu). The Board reiterates its request to those States to become parties to the 1961 Convention without further delay. The high number of States in Oceania that have not yet become parties to the 1961 Convention is a matter of a particular concern to the Board.

2. Cooperation with Governments

Submission of annual and quarterly statistical reports on narcotic drugs

57. Parties to the 1961 Convention must submit statistical information on narcotic drugs pursuant to article 20 of the 1961 Convention. The statistical data and other information received from Governments are used by the Board in monitoring licit activities involving narcotic drugs throughout the world. This allows the Board to determine whether Governments have enforced treaty provisions requiring them to limit to medical and scientific purposes the licit manufacture of trade in and use of narcotic drugs while, at the same time, ensuring the availability of narcotic drugs for legitimate purposes.

58. Parties to the 1961 Convention furnish to the Board annual statistical reports on production,

manufacture, consumption, stocks and seizures of narcotic drugs. They are also required to submit to the Board quarterly statistics on imports and exports of narcotic drugs. As at 1 November 2008, a total of 168 States and territories had submitted annual statistics on narcotic drugs for 2007; that figure represents 80 per cent of the 211 States and territories required to furnish such statistics. A total of 188 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2007; that figure represents 89 per cent of the 211 States and territories requested to furnish those statistics. The rate of submission of annual statistics and of quarterly statistics is similar to that for previous years. Details of the statistical data received, including the status of compliance by individual parties with their reporting obligations, are included in the 2008 technical report of the Board on narcotic drugs.⁵¹

59. Some States, including Belgium, China, Iran (Islamic Republic of), the Netherlands and the United States did not provide in 2008 the requested statistics in a timely manner. The late submission of reports makes it difficult for the Board to monitor licit activities related to narcotic drugs and delays the analysis by the Board of the worldwide availability of narcotic drugs for legitimate purposes, as well as its analysis of the global balance between the supply of opiate raw materials and the demand for those materials.

60. Difficulties experienced in submitting the required statistical data have different reasons in different countries, including lack of qualified personnel, lack of financial resources and inadequate technological support. The Board examined that issue in detail in its report for 2007.⁵² The Board reiterates its concern that some Governments have been paying less attention to the control of licitly manufactured narcotic drugs, despite the growing abuse of those drugs. The Board calls again upon the Governments concerned to provide adequate resources to ensure the compliance of those authorities with all their control

⁵⁰ United Nations, *Treaty Series*, vol. 976, No. 14152.

⁵¹ *Narcotic Drugs: Estimated World Requirements for 2009; Statistics for 2007 ...*

⁵² *Report of the International Narcotics Control Board for 2007...*, paras. 236-241.

functions, including reporting obligations under the 1961 Convention.

61. The Board provides assistance to Governments in complying with their reporting obligations under the 1961 Convention. In 2008, as in previous years, the Board provided to several Governments, at their request, explanations on issues regarding reporting requirements for narcotic drugs. Training material on the control of narcotic drugs and guidelines on reporting on those drugs for use by national competent authorities are available on the website of the Board (www.incb.org). Reporting requirements were discussed during an informal consultation on reporting, organized for selected Governments by the Board during the fifty-first session of the Commission on Narcotic Drugs, in March 2008. All Governments are encouraged to seek from the Board any information that they may consider useful regarding the control of narcotic drugs pursuant to the 1961 Convention, including reporting requirements.

Submission of estimates of requirements for narcotic drugs

62. The system of estimates for narcotic drugs is a very important tool for international control of narcotic drugs. Governments need to ensure the full and proper application of the system of estimates, as it is a prerequisite for the functioning of the international control system for narcotic drugs. Estimates should be established at the levels that are adequate to ensure access to narcotic drugs for medical treatment and to prevent diversion into illicit channels.

63. As at 1 November 2008, a total of 167 States and territories had submitted their estimates of requirements for narcotic drugs for 2009; that figure represents 79 per cent of the 211 States and territories required to furnish the annual estimates for confirmation to the Board. The rate of submission of estimates is similar to that for previous years. For those States and territories that did not submit their estimates in time for examination and confirmation, the Board established estimates in accordance with article 12, paragraph 3, of the 1961 Convention. The estimates established by the Board are based on estimates and statistics reported in the past by the respective Governments. If Governments have not provided estimates and statistics for several years, however, the estimates established by the Board may be set lower

than the estimates furnished in the past by the respective Governments, as a precaution against diversion. Therefore, the Governments for which estimates were established by the Board are urged to examine closely their requirements for narcotic drugs for 2009 and provide their own estimates to the Board for confirmation, in order to prevent any possible difficulties in importing the quantities of narcotic drugs required for legitimate purposes.

64. The estimates for all States and territories are published by the Board in its technical report on narcotic drugs. The updates of those estimates, which reflect, inter alia, supplementary estimates furnished by Governments, are made available on the website of the Board.

65. The Board examines annual estimates received from Governments in order to limit the use of narcotic drugs to the amount required for medical and scientific purposes and to ensure adequate availability of those drugs for such purposes. Governments are requested to adjust their estimates or to provide explanations whenever the Board considers the estimates to be inadequate. In 2008, the Board was, for the most part, satisfied with the promptness of the responses from Governments that had been requested to adjust their estimates or provide clarifications.

66. Supplementary estimates are an important tool to meet the shortfalls in availability of narcotic drugs. The Board requests all Governments to determine their annual estimates of requirements for narcotic drugs as accurately as possible, so that resorting to supplementary estimates is reserved for unforeseen circumstances or for when developments in medical treatment, including the use of new medications and scientific research, result in additional requirements for narcotic drugs.

Deficiencies in reporting statistics and estimates

67. In analysing the statistics and estimates received from Governments, the Board brings inconsistencies in national reports to the attention of the Governments concerned and requests them to clarify the inconsistencies and resolve the problems that have led to those inconsistencies. Deficiencies in reporting may reflect problems in the implementation of the treaty provisions in those countries, such as lapses in national laws or administrative regulations or the failure by some operators to comply with their obligations

pursuant to national legislation, including their obligation to provide to the national authorities timely and accurate reports on their transactions involving narcotic drugs. The Board reiterates its request to all Governments concerned to identify the causes for deficiencies in reporting statistics and/or estimates to the Board, with a view to resolving those problems and ensuring adequate reporting.

68. The Board notes that some Governments have submitted the same estimates for several years. The Board requests those Governments to regularly assess their requirements for narcotic drugs to ensure that the estimates furnished to the Board for confirmation reflect their actual needs for narcotic drugs during the year in question. The Board is at the disposal of all Governments for explanations regarding the system of estimates for narcotic drugs.

3. Prevention of diversion of narcotic drugs into the illicit traffic

Diversion from international trade

69. The system of control measures laid down in the 1961 Convention provides effective protection of international trade in narcotic drugs against attempts at their diversion into illicit channels. In 2008, as in recent years, no cases of diversion of narcotic drugs from licit international trade into the illicit traffic were detected.

70. The effective control of international trade in narcotic drugs is, to a large extent, a result of the vigilance of exporting countries when authorizing the export of narcotic drugs. The vast majority of exporting countries strictly observe the limits set in the system of estimates for narcotic drugs for the importing countries. However, in 2008, as in previous years, a few cases were identified where a specific export of narcotic drugs was authorized in excess of the estimates of the respective importing countries, thereby contravening the provisions of article 31 of the 1961 Convention. Such exports of quantities above the estimates set by the importing country may result in the diversion of narcotic drugs into illicit channels. The Board has therefore reminded the Governments concerned of their obligation to comply with the provisions of article 31 and has requested them, when authorizing exports of narcotic drugs in the future, to always consult the annual estimates of requirements for

narcotic drugs for each importing country and territory, which are published by the Board.

71. The Board notes an investigation in Denmark and Norway of a case involving the loss of a consignment of 15 kg of codeine phosphate that was shipped by air from Oslo to Singapore, via Copenhagen, but did not arrive at its destination. The Board encourages all Governments to ensure that traders and transporters of internationally controlled substances employ adequate safety and security measures when transporting such substances. In cases in which a consignment containing such substances is lost or stolen, there should be adequate investigation procedures in place to determine the circumstances of the loss.

Diversion from domestic distribution channels

72. The diversion and abuse of pharmaceutical preparations containing narcotic drugs are taking place in an increasing number of countries. The narcotic drugs most often diverted and abused include codeine, dextropropoxyphene, dihydrocodeine, fentanyl, hydrocodone, methadone, morphine, oxycodone, pethidine and trimeperidine. According to information received from Governments, the most abused pharmaceutical preparations are usually those which are also the most available on the licit market. The Board calls on all Governments concerned to take effective measures to counter the diversion and abuse of pharmaceutical preparations containing narcotic drugs.

73. The abuse of pharmaceutical preparations containing narcotic drugs is reported in many countries. In some countries, the extent of the abuse of those preparations has surpassed the extent of the abuse of illicitly manufactured or produced drugs. In the United States, the abuse of pharmaceutical preparations, in particular those containing oxycodone and hydrocodone, is higher than the abuse of any illicitly manufactured or produced drug except cannabis (see also paragraphs 445 and 446 below).

74. Abusers of pharmaceutical preparations containing narcotic drugs often mistakenly consider those preparations to be not harmful. That misconception may be partly attributable to the fact that such preparations are often widely available. Governments need to pay increased attention to the diversion and abuse of pharmaceutical preparations containing narcotic drugs. In particular, Governments

should include such preparations in national surveys on drug abuse to obtain information on the nature and extent of the problem. The Governments concerned need to use their drug abuse prevention programmes to draw attention to the high risks associated with the abuse of pharmaceutical preparations containing narcotic drugs.

75. The abuse of pharmaceutical preparations containing narcotic drugs constitutes a serious health risk. For example, death cases related to abuse of methadone have been observed in several countries. In certain states in the United States, methadone preparations are more frequently implicated than heroin in cases involving death. In the United Kingdom of Great Britain and Northern Ireland, methadone was, in the first half of 2007, implicated in cases involving death more often than any other psychoactive drug except heroin/morphine.

76. The Board has repeatedly brought to the attention of Governments reports received from several countries about the abuse of fentanyl patches. In its annual report for 2007, the Board referred to the diversion and abuse of used and discarded patches, which contain significant quantities of fentanyl. While the Board recognized the medical usefulness of fentanyl patches in the treatment of pain, it recommended that specific measures be taken for the safe disposal of used fentanyl patches.⁵³

77. The Board calls upon the Governments of countries in which fentanyl patches are manufactured to investigate, in cooperation with the pharmaceutical industry, means to reduce the residual content in used fentanyl patches. The range of residual content in used patches is wide, and that large margin could allow pharmaceutical companies to invest in forms with lower residual content. In addition to the efforts of industry, Governments are requested to ensure that the disposal of such patches is carried out with adequate safety and security measures in order to prevent any diversion to illicit markets.

78. In Belgium, Germany and Ireland, where fentanyl patches are manufactured, specific control measures have been introduced at the manufacturing stage to prevent any diversion of unused or remaining material to the illicit market. The Board encourages the Governments of all other countries in which fentanyl

patches are manufactured and in which there is an interest in learning more about such control measures to contact the Board for further information.

79. The abuse of pharmaceutical preparations containing narcotic drugs is not always caused by dependency on the narcotic drug contained in the preparation. For example, in Germany, pharmaceutical preparations containing tilidine were diverted and consumed by street gang members in order to raise their pain threshold in preparation for gang fights. Such specific, non-medical use of narcotic drugs constitutes abuse and may result in drug dependency. The Board invites all Governments to be vigilant with regard to this form of abuse of pharmaceutical preparations containing narcotic drugs and to take measures to prevent the diversion of those preparations.

80. The Board also urges Governments to remain vigilant with regard to the abuse of pharmaceutical preparations containing substances that are not internationally controlled. For example, the abuse of dextromethorphan, a substance that was excluded from Schedule I of the 1961 Convention and is therefore not under international control, appears to be increasing. Since preparations containing dextromethorphan are available as over-the-counter medications, Governments may wish to consider whether additional control measures are not warranted (see also paragraph 467 below).

4. Misuse of poppy straw for illicit drug manufacture

81. Until the mid-1990s, the abuse of poppy straw extracts containing alkaloids represented the most serious drug abuse problem in several countries in Central and Eastern Europe. In those countries, opium poppy was cultivated primarily for culinary purposes. The Board recommended that the Governments concerned should apply various measures to enhance national measures for the control of opium poppy cultivation, in accordance with their specific situation. The measures ranged from licensing opium poppy cultivation and promoting the cultivation of poppy varieties with low morphine content to totally prohibiting opium poppy cultivation, as envisaged in article 22 of the 1961 Convention.

82. The Board has collected information regarding the misuse of poppy straw from countries where the

⁵³ Ibid., paras. 242-249.

licit cultivation of opium poppy takes place. The Board notes that in most countries in Central and Eastern Europe various measures have been implemented to prevent the misuse of poppy straw, in accordance with the Board's recommendations. As a consequence of those measures, the misuse of poppy straw for the illicit manufacture of alkaloids has declined in most countries in those subregions. The decline in the abuse of poppy straw extracts was, however, also attributable to an increase in the availability and abuse of other opioids, in particular heroin.

83. The pattern of abuse of opioids may vary in the different parts of a country. According to the latest information provided by the Government of Poland, the share of drug abusers admitted to treatment in Warsaw who reported having abused poppy straw extracts within 30 days prior to admission for treatment declined from almost 35 per cent in 1995 to less than 2 per cent in 2005; however, in the city of Krakow, the share was 20 per cent in 2005.

84. In Ukraine, the abuse of poppy straw extracts continues to represent the most serious drug abuse problem. Such extracts are reportedly abused by 98 per cent of all injecting drug abusers in the country. The licit cultivation of opium poppy for culinary purposes has expanded in recent years in Ukraine, and poppy straw has been diverted from such licit cultivation for illicit use. The Board requests the Government of Ukraine to take effective measures against the misuse of poppy straw for illicit drug manufacture (see paragraphs 734-736 below). The Board encourages the Governments of all countries in the region to remain vigilant with regard to the illicit manufacture and abuse of poppy straw extracts.

85. The misuse of poppy straw is extremely limited in the countries where opium poppy, with high morphine content, is cultivated for the extraction of alkaloids. That is because a system for licensing the cultivation of opium poppy has been introduced in most of those countries, and regulatory and law enforcement authorities control producers and industrial users of poppy straw in a coordinated manner, in conformity with the relevant recommendations by the Board.

86. The technological progress in the cultivation of opium poppy for the extraction of alkaloids has resulted in significant increases in the concentration of alkaloids in opium poppy plants, which increases the

potential for misuse. In some countries where poppy straw is produced for the extraction of alkaloids, a licensing system to control the cultivation of opium poppy has not yet been established and less strict control regimes continue to apply, such as a system for the registration of producers or a system of mandatory contracts between the producers and the company purchasing the poppy straw. The Board calls on the Governments of all countries where opium poppy is cultivated for the extraction of alkaloids to remain vigilant to the danger of narcotic drugs being diverted from such cultivation. The Board recommends to the Governments of producing countries that have not yet done so to establish a system for licensing the cultivation of opium poppy.

5. Control over trade in opium poppy seeds

87. The Economic and Social Council, in its resolution 1999/32, called upon Member States to take the following measures to fight the international trade in opium poppy seeds from countries not permitting the cultivation of opium poppy:

(a) Poppy seeds should only be imported if they originated in countries where opium poppy was grown licitly in accordance with the provisions of the 1961 Convention;

(b) Governments should be encouraged, to the extent possible and where national circumstances so required, to obtain an appropriate certificate from the exporting countries on the country of origin of opium poppy seeds as the basis for importation and should give notification of export of opium poppy seeds, as far as possible, to the competent authorities of the importing countries;

(c) Information on any suspicious transactions involving poppy seeds should be shared with other Governments concerned and with the Board.

88. The Board has repeatedly encouraged Governments to implement Economic and Social Council resolution 1999/32 and has reported on the control over trade in opium poppy seeds in various countries.⁵⁴ In its resolution 51/15, the Commission on Narcotic Drugs requested the Board to continue gathering information regarding the implementation of

⁵⁴ *Report of the International Narcotics Control Board for 2005 ...*, paras. 76-78.

Council resolution 1999/32 by Member States and to share that information with Member States. To that end, the Board sent a questionnaire to the Governments of the countries most involved in the international trade in poppy seeds and the Governments of countries neighbouring those countries where opium poppy is illicitly cultivated. Several Governments have already responded to the questionnaire. The Board trusts that the other Governments concerned will also furnish the requested information. The Board will examine the information received from Governments and report on the results of the analysis in its report for 2009.

6. Ensuring the availability of narcotic drugs for medical purposes

Supply of and demand for opiate raw materials

89. Pursuant to the 1961 Convention and relevant resolutions of the Commission on Narcotic Drugs and the Economic and Social Council, the Board examines on a regular basis developments affecting the supply of and demand for opiate raw materials. The Board strives, in cooperation with Governments, to maintain a lasting balance between supply and demand. A detailed analysis of the present situation with regard to the supply of opiate raw materials and demand for those materials worldwide is contained in the 2008 technical report of the Board on narcotic drugs.⁵⁵

90. To analyse the situation regarding supply and demand, the Board uses information from Governments of countries producing opiate raw materials, as well as from countries where those materials are utilized for the manufacture of opiates or substances not controlled under the 1961 Convention. The Board calls upon the Governments of countries producing and/or utilizing opiate raw materials to ensure that their estimates and statistics are of a high quality and to keep the Board informed of any new developments that may have an impact on future developments in the supply of and demand for those materials.

91. Global stocks of opiate raw materials should cover global demand for about one year to ensure the availability of opiates for medical and scientific purposes.⁵⁶ At the end of 2007, total stocks of opiate

raw materials rich in morphine were sufficient to cover global demand for more than 15 months. Total stocks of opiate raw materials rich in thebaine were sufficient to cover global demand for less than one year; however, that was compensated by the high level of stocks of thebaine and opiates derived from thebaine, which were sufficient at the end of 2007 to cover global demand for those opiates for almost 22 months.

92. In 2008, production of opiate raw materials rich in morphine was less than planned in several producing countries due to adverse weather conditions. However, the global supply of opiate raw materials rich in morphine (production and stocks) remained fully sufficient to cover global demand.

93. For 2009, Governments of producing countries are planning to extend the area cultivated with opium poppy rich in morphine to ensure that the production will be sufficient to cover demand during that year and to increase the stocks.

94. For opiate raw materials rich in thebaine, information available to the Board indicates that global production exceeded global demand in 2008. According to the plans of the producing countries, global production will exceed global demand in 2009 as well. The stocks of opiate raw materials rich in thebaine are therefore expected to increase to a level exceeding the demand for one year. The global supply of opiate raw materials rich in thebaine (production and stocks) will continue to be fully sufficient to cover global demand.

95. Global demand continues to increase for both types of opiate raw materials: those rich in morphine and those rich in thebaine. It is anticipated that, as a result of the activities of the Board and WHO to ensure the adequate availability of opioid analgesics, global demand for opiates and opiate raw materials will continue to rise (see paragraphs 102 and 103 below).

Prevention of the proliferation of production of opiate raw materials

96. Pursuant to the relevant resolutions of the Commission on Narcotic Drugs and the Economic and Social Council, 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

⁵⁵ *Narcotic Drugs: Estimated Requirements for 2009; Statistics for 2007 ...*

⁵⁶ *Report of the International Narcotics Control Board for*

2005 ..., para. 85.

and to cooperate in preventing the proliferation of sources of production of opiate raw materials. In its resolution 51/9, the Commission on Narcotic Drugs urged the Governments of all countries where opium poppy had not been cultivated for the licit production of opiate raw materials to refrain from engaging in the commercial cultivation of opium poppy, in order to avoid the proliferation of supply sites. The Board appeals to all Governments to comply with Commission resolution 51/9.

Cultivation and utilization of Papaver bracteatum as a raw material for the manufacture of opiates

97. *Papaver bracteatum* is a variety of opium poppy for which no control provisions are contained in the 1961 Convention as amended by the 1972 Protocol. In some countries, there has been an interest in conducting scientific research on the cultivation of *Papaver bracteatum* for the extraction of alkaloids, in particular thebaine. The Board addressed the issue of the cultivation and utilization of *Papaver bracteatum* in its report for 2007.⁵⁷

98. Several Governments provided the Board with their views on the possible impact of the commercial cultivation of *Papaver bracteatum* on the global supply of opiate raw materials and the steps to be taken in that connection to ensure a lasting balance between the supply of and demand for opiate raw materials. Those Governments agreed with the view of the Board that the cultivation of *Papaver bracteatum* and the resulting production of poppy straw, if undertaken for commercial purposes, must be taken into consideration when balancing the supply of and demand for opiate raw materials. The Governments also supported the view of the Board that *Papaver bracteatum* should be placed under international control in case of its commercial cultivation.⁵⁸

99. Commercial cultivation of *Papaver bracteatum* has not yet been reported by any Government. The Board requests all Governments to keep it informed of any plans in their countries to begin cultivating *Papaver bracteatum* for commercial purposes. The Board wishes to remind all Governments that the

Commission on Narcotic Drugs, in its resolution 2 (XXIX), urged parties engaged in the cultivation of *Papaver bracteatum* for the production of thebaine or thebaine derivatives to voluntarily report to the Board statistics on the area cultivated and production.

7. Consumption of narcotic drugs

100. Global consumption of opioid analgesics for the treatment of moderate to severe pain (expressed in defined daily doses for statistical purposes) increased by more than two and one half times during the past decade. The increase in consumption has taken place mainly in countries in Europe and North America. Of the opioids under international control, fentanyl, morphine and oxycodone are those most frequently used as analgesics for the treatment of moderate to severe pain. In 2007, countries in those two regions together accounted for almost 96 per cent of global consumption of fentanyl, 89 per cent of global consumption of morphine and 98 per cent of global consumption of oxycodone.

101. Although the overall level of consumption of opioid analgesics for the treatment of pain is relatively high in Europe, higher consumption levels have been reported by countries in the western and northern parts of that region rather than in the other parts. However, over the past decade, several countries in central, eastern and southern Europe have significantly increased their consumption of opioid analgesics. For example, in the Czech Republic, Greece, Hungary, Italy, Poland and Spain, the average level of consumption of opioid analgesics for the treatment of moderate to severe pain was more than five times higher in 2007 than it was 10 years earlier. That increase is mainly the result of a steady rise in the consumption of fentanyl in those countries.

102. Although there is sufficient supply of opiate raw materials worldwide, Governments need to take specific measures to ensure adequate access to opioid analgesics for the populations in their countries. The consumption of opioid analgesics for the treatment of pain in many developing countries remains low. While several developing countries more than doubled their level of consumption of opioid analgesics during the past decade, their original level of consumption was very low. The Board again urges all Governments concerned to identify the impediments in their countries to adequate use of opioid analgesics for the

⁵⁷ *Report of the International Narcotics Control Board for 2007 ...*, paras. 91-95.

⁵⁸ *Demand and Supply of Opiates for Medical and Scientific Needs* (United Nations publication, Sales No. E.82.XI.4), paras. 357-358.

treatment of pain and to take steps to improve the availability of those narcotic drugs for medical purposes, in accordance with the pertinent recommendations of WHO.

103. The Board trusts that the Access to Controlled Medications Programme, the framework of which was prepared by WHO in cooperation with the Board, will provide effective assistance to Governments in that regard. Activities of the programme are expected to address various impediments to adequate availability of opioids, focusing on regulatory, attitude and knowledge impediments. The Board will provide expertise to WHO in those areas of the programme related to its mandate. The Board urges all Governments and the international entities concerned, such as UNODC, to cooperate with WHO in the implementation of the programme. The Board again calls upon Governments to provide resources to WHO for the implementation of the programme.

104. Governments should be aware that increased availability of narcotic drugs for legitimate medical purposes may raise the risk of diversion and abuse of those drugs. In the United States, the most frequently diverted and abused pharmaceutical preparations are those containing hydrocodone and oxycodone. In 2007, the United States accounted for over 99 per cent of global consumption of hydrocodone and 83 per cent of global consumption of oxycodone. The medical use of hydrocodone reached 19 defined daily doses for statistical purposes (S-DDD) per 1,000 inhabitants per day, and the medical use of oxycodone reached 5 S-DDD per 1,000 inhabitants per day. The Board wishes to remind all Governments of the need to closely monitor trends in the consumption of pharmaceutical products containing narcotic drugs and to adopt measures to counter their diversion and abuse, as necessary.

105. Global consumption of methadone has increased more than three times over the past decade. Methadone is used in several countries for the treatment of pain, but the sharp upward trend in its consumption is mainly attributable to its growing use in maintenance treatment related to opioid dependency. Countries in North America (Canada and the United States) and in Europe (Germany, Italy and Spain) continue to report the highest levels of consumption of methadone. However, in recent years, consumption has also increased significantly in some countries in other

regions, in particular in China and Iran (Islamic Republic of). The Board requests the authorities of those and other countries where methadone is used for medical purposes to be vigilant with regard to cases involving methadone diversion, trafficking or abuse and to take effective countermeasures, if necessary.

B. Psychotropic substances

1. Status of adherence to the Convention on Psychotropic Substances of 1971

106. As at 1 November 2008, the number of States parties to the Convention on Psychotropic Substances of 1971 stood at 183. Of the 11 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), one in Asia (Timor-Leste) and seven in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Solomon Islands, Tuvalu and Vanuatu). The Board calls on those States which have not yet become parties to the 1971 Convention, particularly those in Oceania, where the number of non-parties is highest, to accede to that Convention without further delay.

2. Cooperation with Governments

Submission of statistical data

107. Under the 1971 Convention, parties are obliged to furnish to the Board annual statistical reports on psychotropic substances. In addition, the Economic and Social Council, in its resolutions 1985/15 and 1987/30, requested Governments to voluntarily provide to the Board information on the countries of origin of imports and the countries of destination of exports of substances listed in Schedules III and IV of the 1971 Convention. Details of the statistical data received, including the status of reporting by Governments, and the analysis of such data are reflected in the technical report of the Board on psychotropic substances.⁵⁹

108. The majority of States regularly comply with the above reporting requirements by submitting the

⁵⁹ *Psychotropic Substances: Statistics for 2007; Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971* (United Nations publication, Sales No. E/F/S.09.XI.3).

mandatory and voluntary statistical reports, and most of the reports are submitted in a timely manner. As at 1 November 2008, a total of 157 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 2007 in conformity with the provisions of article 16 of the 1971 Convention. That accounts for 74 per cent of the States and territories required to furnish such statistics. A total of 130 Governments voluntarily submitted details on the countries of origin of imports and countries of destination of exports of substances listed in Schedules III and IV of the 1971 Convention. In addition, for the year 2007, 108 Governments submitted voluntarily all four quarterly statistical reports on imports and exports of substances listed in Schedule II.

109. Late submission of mandatory annual statistical reports creates difficulties for the international control of psychotropic substances. The Board regrets that some countries, including major manufacturing and exporting countries such as Israel, the Netherlands and the United Kingdom, have continued to experience difficulties in submitting the annual statistical report on psychotropic substances before the deadline (30 June). In addition, some Governments have not provided information on the countries of origin of imports or countries of destination of exports of substances in Schedules III and IV of the 1971 Convention, pursuant to Economic and Social Council resolutions 1985/15 and 1987/30. Incomplete, late or no reporting may indicate deficiencies in the national control system. Incomplete or inaccurate information on exports and imports hinder the identification of discrepancies in trade statistics, thereby jeopardizing international drug control efforts. The Board urges the Governments concerned to identify the reasons that prevented them from submitting on time accurate statistical reports to the Board and to take all measures necessary to ensure their compliance with the provisions of the 1971 Convention.

Assessments of requirements for psychotropic substances

110. Governments are requested to provide to the Board assessments of annual domestic medical and scientific requirements for psychotropic substances pursuant to Economic and Social Council resolution 1981/7 with respect to substances in

Schedule II of the 1971 Convention and pursuant to Council resolution 1991/44 with respect to substances in Schedules III and IV of that Convention. The assessments are communicated to all States and territories to assist the competent authorities of exporting countries when approving exports of psychotropic substances. As at 1 November 2008, the Governments of all countries had submitted to the Board at least once their assessments of annual medical requirements for psychotropic substances.

111. The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. In January 2008, all Governments were asked to review and, if necessary, update the assessments of their annual medical and scientific requirements for psychotropic substances. As at 1 November 2008, 93 Governments had submitted to the Board a full revision of the assessments of their requirements for psychotropic substances and an additional 41 had submitted modifications to assessments for one or more substances.

112. However, 22 Governments have not submitted a revision of their legitimate requirements for psychotropic substances for at least three years. That is a matter of concern to the Board, as the assessments valid for those countries and territories may no longer reflect their actual medical and scientific requirements for psychotropic substances. When assessments are lower than the actual legitimate requirements, the importation of psychotropic substances needed for medical or scientific purposes may be delayed. When assessments are significantly higher than legitimate needs they may increase the risk of psychotropic substances being diverted into illicit channels. The Board encourages all Governments to review and update their assessments on a regular basis and to keep it informed of all modifications.

3. Prevention of diversion of psychotropic substances into the illicit traffic

Diversion from international trade

113. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention is limited to sporadic transactions involving no more than a few grams per year, since, under the provisions of the 1971 Convention, those substances may only be used for scientific and very limited medical purposes. As a

result, there have hardly been any attempts to divert such substances from international trade. The last attempt to divert a substance in Schedule I took place in December 2000, and it was unsuccessful. No diversion of a substance in Schedule I from licit international trade has ever been reported.

114. With regard to the substances in Schedule II of the 1971 Convention, the situation is similar. While, in the past, diversion of those substances from licit international trade was one of the main means used to supply illicit markets, cases involving the diversion of such substances from international trade have become rare, thanks to the introduction of additional voluntary control measures at the national and international levels.

115. Fenetylline, a substance in Schedule II of the 1971 Convention, was one of the substances most frequently diverted from international trade during the 1980s (several hundred kilograms per year) and abused in the form of Captagon preparations. After the licit manufacture of Captagon preparations was stopped in 1985, international control measures and vigilance in manufacturing and trading countries increased. No diversion of the licitly manufactured raw material fenetylline has been reported since 1998. However, as the demand for Captagon on the illicit market has continued, counterfeit Captagon tablets continue to be manufactured illicitly, using illicitly manufactured fenetylline or amphetamines. Nowadays, most of the seized tablets contain amphetamines, as well as stimulants not under international control. The countries most affected by trafficking in counterfeit Captagon tablets are in West Asia. The counterfeit Captagon tablets seized in the various countries number in the millions. Most of the seized tablets were en route to countries on the Arabian peninsula. The Board urges the countries affected by trafficking in counterfeit Captagon tablets to collaborate with other countries in the region in order to establish a network for the exchange of information and the promotion of cooperation between law enforcement authorities, in particular with a view to establishing profiles for determining the countries of origin of seized tablets.

116. Among the substances in Schedule II of the 1971 Convention, only amphetamines and methylphenidate are manufactured and traded for licit purposes in large quantities, mostly for the treatment of attention deficit disorder (ADD); in addition,

amphetamines are used in large quantities for industrial processes. Since 1990, no diversion of those substances from licit international trade has been identified. This positive 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 assessments by countries of their licit requirements for psychotropic substances and the quarterly reporting of trade statistics.

117. A similar decline has been observed in cases involving diversion from international trade of substances in Schedules III and IV, although licit international trade in those substances is widespread, involving thousands of individual exports each year and most of the countries in the world. This positive development is attributable to the additional voluntary control measures over international trade recommended by the Board, endorsed by the Economic and Social Council and adopted by the majority of all countries, notably the requirement of import and export authorizations for trade in substances in Schedules III and IV and the assessment by countries of their licit requirements for psychotropic substances.

118. Since 1 November 2007, there has been only one case involving the attempted diversion from international trade of substances in Schedule III and in that case the diversion was prevented with the assistance of the Board. The case involved the attempted diversion of 25 kg of flunitrazepam from the Netherlands to Guinea-Bissau. The competent authorities of the Netherlands requested the assistance of the Board in verifying the legitimacy of an import certificate and other supporting documentation that appeared to have been falsified. The Board was able to determine that the related import certificate and other supporting documentation had been falsified, and the planned export was stopped. Flunitrazepam continues to be one of the most frequently abused benzodiazepines. In 1995, after it was demonstrated that preparations containing flunitrazepam, notably Rohypnol, were frequently diverted and abused, flunitrazepam was transferred from Schedule IV of the 1971 Convention to Schedule III. Although the illicit market for flunitrazepam appears to be supplied mainly through the diversion of the substance from domestic distribution channels, attempts at diverting the

substance from international trade continue to take place. The Board notes that many countries, including the main countries manufacturing and importing the substance, have, in close cooperation with the pharmaceutical industry, adopted strict control policies on flunitrazepam. The Board calls upon all Governments that have not yet done so to follow that example.

119. With regard to substances in Schedule IV, two attempts at the diversion of alprazolam were prevented with the assistance of the Board. One involved the attempted diversion of 2 million tablets containing alprazolam (totalling 4 kg of the substance) from India to the Dominican Republic, and the other involved the attempted diversion of 30,000 alprazolam tablets from Austria to Serbia. In both cases, the method used was falsification of the import authorizations. Thanks to the vigilance of the national competent authorities, the implementation by Governments of the treaty provisions for substances in Schedule IV of the 1971 Convention and the enforcement of additional controls over international trade, it was possible to thwart both of those attempts at diversion. The Board urges all countries that have not yet done so to introduce mandatory import authorizations for all substances in Schedules III and IV of the 1971 Convention, as that measure has proved to be particularly effective in the identification of diversion attempts. The Board also urges 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 placed orders. Trade transactions identified as suspicious because the import orders exceed the established assessments should be verified with the Board prior to approving the export of those substances or brought to the attention of the importing country.

Diversion from domestic distribution channels

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

121. The non-medical use of prescription drugs containing psychotropic substances remains a serious and growing problem in many countries. For instance, according to information provided by United States authorities, prescription drugs containing controlled substances are one of the most commonly abused groups of substances, ranked second only to cannabis and above cocaine, heroin and methamphetamine. During the four-year period 2004-2007, over 175,000 benzodiazepine drug items were analysed by forensic laboratories in the United States. It was found that the most frequently abused benzodiazepines in that period were alprazolam, clonazepam and lorazepam, in that order.

122. In recent years, the diversion (from licit distribution channels) and abuse of preparations containing the analgesic buprenorphine have been a cause for concern. The abuse of the substance has been increasing above all in countries where buprenorphine is used for the treatment of opioid addicts. Preparations containing buprenorphine have been smuggled between those countries and have also been smuggled out of those countries and into countries in other regions.⁶⁰

123. With a view to identifying possible gaps in the control measures applied to buprenorphine that might facilitate those diversions, the Board continues to request the governments of countries and territories authorizing licit consumption of buprenorphine to inform it of details of the control measures applicable to buprenorphine in their respective territory. Judging from the information received, it appears that buprenorphine is subject to the same control measures applied to narcotic drugs in 47 per cent of the 49 countries and territories responding to the request by the Board. In an additional 20 per cent of the countries and territories, some of the controls for narcotic drugs are applied to the distribution of buprenorphine when it is used for the treatment of opiate addicts. Moreover, over 90 per cent of the countries and territories trading in buprenorphine apply the import and export authorization system to orders involving that substance in accordance with the relevant Economic and Social Council resolutions.

⁶⁰ See, for example, *Report of the International Narcotics Control Board for 2006* (United Nations publication, Sales No. E.07.XI.11), paras. 190-192, and *Report of the International Narcotics Control Board for 2007...*, para. 114.

124. The Board calls upon all Governments to increase their vigilance regarding trafficking in and abuse of preparations containing buprenorphine and to consider enhancing existing control measures applied to the domestic distribution of such preparations and the use of such preparations for the treatment of addicts, as necessary. The Board requests Governments to monitor the consumption levels of prescription drugs containing psychotropic substances, with a view to identifying possible diversions, and to raise public awareness about the consequences of the abuse of such drugs.

125. The Board notes that the diversion of preparations containing controlled psychotropic substances through illegally operating Internet sites continues unabated. Significant amounts of those substances are abused, not only in the countries in which they are diverted, but also in the countries into which they are smuggled. There are indications that mail is used for drug trafficking to a considerable extent in many countries and that improved cooperation between postal, customs and police authorities at the national and international levels is required to deal with that problem effectively.

4. Control measures

Assistance to Governments in verifying the legitimacy of import transactions

126. The Governments of 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 certificates and authorizations used for importing narcotic drugs, psychotropic substances and precursor chemicals. Those samples may be compared with questionable import documents, thus assisting Governments in the verification of the authenticity of such documents. As at 1 November 2008, 116 Governments (57 per cent of those requested to do so) had provided the Board with a copy of the import authorization currently used by their authorities when authorizing imports of controlled substances into their countries. The Government of every major trading country except Ireland and Singapore has provided such a sample. However, the Board is concerned that many smaller trading countries and territories have not yet done so, which might result in the undue delay of legitimate imports. The Board

calls on the Governments of all countries that have not yet provided such samples to the Board to do so without further delay.

127. The Board notes that some responses to its requests for confirmation of the legitimacy of import orders are received after considerable delay. The Board would like to draw the attention of the Governments concerned to the importance of responding in a timely manner. Failure to confirm the legitimacy of import orders may hinder the investigation of diversion attempts and/or may cause delays in legitimate trade in psychotropic substances and impede the availability of psychotropic substances for legitimate purposes.

National control measures regarding international trade

128. Experience has shown that the import and export authorization system is the most effective tool for preventing the diversion of controlled substances from international trade. The Board notes with appreciation that in 2007 the Governments of Algeria, Iran (Islamic Republic of), Montenegro, Papua New Guinea, the Philippines, the Republic of Korea, Singapore and Uruguay extended the system of import and export authorizations to include some substances that had previously not been covered. At present, export and import authorizations are required by law for substances in Schedules III and IV in more than 160 countries and territories.

129. The Board again calls on the Governments of all countries that do not yet control the import and export of all psychotropic substances using the system of import and export authorizations, regardless of whether or not they are parties to the 1971 Convention, 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 traffickers. The Board therefore urges the Governments of countries that are major importers and exporters of psychotropic substances to extend such controls to all substances in Schedules III and IV of the 1971 Convention.

130. Governments are encouraged to consider revising the table showing the countries in which national legislation requires the issuing of import authorizations for substances in Schedules III and IV of the 1971 Convention, which is circulated twice a year to

all Governments, and to inform the Board of any revisions of the requested information.

131. In addition to the import and export authorization system, the system for the assessment of medical and scientific needs of psychotropic substances, established by the authorities of each country and territory, is the most important control measure applied to international trade in psychotropic substances. Experience has shown that the diversion of psychotropic substances can be prevented if exporting countries verify whether the quantities ordered by importing countries are within the assessments established to cover their medical and scientific needs. The Board appreciates the cooperation of authorities of exporting countries who contact the Board when they receive import authorizations for imports of psychotropic substances in excess of the assessed legitimate requirements. During 2007, the authorities of seven countries issued import authorizations for substances in Schedule III or IV of the 1971 Convention without having established assessments for those substances. In addition, the authorities of 29 countries and 1 territory issued import authorizations for substances in Schedule II, III or IV in quantities that significantly exceeded their assessments. The Board notes with appreciation that Governments have become more vigilant when issuing import authorizations for psychotropic substances as those figures have been decreasing over recent years. The Board reiterates its request to Governments that have not yet done so to establish a mechanism for ensuring that their assessments correspond to their actual legitimate needs and not to authorize imports in quantities exceeding their assessments.

5. Consumption of psychotropic substances

132. As noted by the Board in previous reports, the consumption levels of psychotropic substances continue to differ widely depending on the country and region, reflecting cultural diversity in medical practice and related variations in prescription patterns. However, high and low levels of drug consumption are matters of concern to the Board. Increased availability of psychotropic substances that is not medically justified may lead to the diversion and abuse of the substances in question, as shown in the examples below. Very low levels of consumption of psychotropic substances in some countries may reflect the fact that those substances are almost inaccessible to certain

parts of the population. In response to the demand among those segments of the population, those substances, or counterfeit medicaments allegedly containing the substances, may be offered on unregulated markets. The Board reiterates its recommendation to all Governments to compare the consumption patterns in their countries with those in other countries and regions, with a view to identifying unusual trends requiring attention and taking remedial action, where necessary.

Stimulants in Schedule II of the 1971 Convention that are used for the treatment of attention deficit disorder

133. Methylphenidate, amphetamine and dexamphetamine, substances in Schedule II of the 1971 Convention, are used mainly for the treatment of ADD (primarily in children) and narcolepsy. Those substances have traditionally been used much more extensively in the Americas than elsewhere.

134. Of the stimulants in Schedule II of the 1971 Convention, methylphenidate is the one most widely used. The manufacture and use of methylphenidate for the treatment of ADD continue to grow. The sharp rise in global manufacture and use of methylphenidate reflect mainly developments in the United States, where the substance is frequently publicized, including in advertisements directed at potential consumers. Although calculated consumption of methylphenidate in the United States declined considerably in 2007, that country continued to account for nearly 80 per cent of the calculated global consumption of methylphenidate in the years 2005-2007. The use of the substance for the treatment of ADD has increased (albeit to a much lower level) in the rest of the world as well, rising sharply in many countries. The countries reporting a significant increase in the consumption of methylphenidate during the last five years include Iceland, Norway, Sweden, Belgium, Germany and Canada, in that order.

135. The Board reiterates its concern that the diversion and abuse of stimulants in Schedule II of the 1971 Convention have taken place in some countries, in particular in countries with high prescription levels for those substances. The Board requests all Governments to ensure that the control measures foreseen in the 1971 Convention are applied to stimulants in Schedule II and calls on the Governments

concerned to increase their vigilance with regard to the diversion of, trafficking in and abuse of those substances. The Board invites Governments to inform it of any new development in that area.

Buprenorphine

136. Buprenorphine, listed in Schedule III of the 1971 Convention since 1989, belongs to the family of opioids used mainly as analgesics. Since the late 1990s, however, buprenorphine has increasingly been used in the detoxification and substitution treatment of opioid addicts and new preparations containing high doses of buprenorphine (Subutex®) or buprenorphine with naloxone (Subuxone®) have been introduced in several countries for the treatment of drug addicts. As a result, global manufacture of buprenorphine has increased substantially and increasing use of buprenorphine has been reported in many countries. For instance, the manufacture of buprenorphine increased more than 10-fold during the period 1998-2007, from 460 kg in 1998 to 5 tons in 2007. During the same period the number of countries reporting imports of buprenorphine increased from 10 to 60. Currently, the majority of those countries use the substance for the treatment of opioid addiction.

137. The increased use of buprenorphine for medical purposes has been accompanied by increased diversion of buprenorphine preparations. As stated in the report of the Board for 2006,⁶¹ in many countries buprenorphine that has been diverted from domestic distribution channels or smuggled is used to meet demand for the substance on illicit markets. The Board reiterates its requests to all Governments to monitor closely the distribution of buprenorphine, including pharmaceutical products containing buprenorphine, and to strengthen the controls applied to that substance, where necessary, in order to stop the diversion of that substance from the supply chain.

Stimulants in Schedule IV of the 1971 Convention that are used as anorectics

138. The stimulants in Schedule IV of the 1971 Convention are mainly used as anorectics. The most frequently used stimulant in Schedule IV is phentermine, followed by fenproporex, amfepramone,

phendimetrazine and mazindol. The Board follows closely developments in the consumption of those substances to identify consumption levels that may be inappropriate for medical purposes and might therefore lead to the diversion and abuse of the substances in question.

139. Throughout the 10-year period 1998-2007, calculated consumption levels of stimulants in Schedule IV of the 1971 Convention were highest in the Americas. During the period 2005-2007, average calculated consumption of stimulants in Schedule IV was 11 S-DDD per 1,000 inhabitants per day in the Americas (compared with 2 S-DDD in Europe and Oceania, 1 S-DDD in Asia and 0.2 S-DDD in Africa). Argentina, Brazil and the United States (in that order) continue to be the countries with the highest calculated per capita consumption of the stimulants in Schedule IV. The Board is pleased to note that in 2006 Brazil started to apply stricter control measures to the stimulants listed in Schedule IV and that, since then, the calculated consumption level for those substances has declined in that country compared with previous years. In 2007, the consumption level for those substances declined also in Argentina and the United States. However, Argentina, Brazil and the United States together accounted in 2007 for 78 per cent of global calculated consumption of those stimulants, expressed in S-DDD.

140. In 2007, calculated consumption of stimulants in Schedule IV of the 1971 Convention declined in some countries in Asia, such as the Republic of Korea and Singapore, where in the past the level of consumption of those stimulants had been high. In the period 2005-2007, the average consumption level in those two countries was about half of that calculated for the Americas. Average calculated consumption levels for the stimulants in Schedule IV have been decreasing in recent years in Asia as a whole, and in Europe and Oceania as well.

141. The Board encourages Governments reporting high levels of consumption of stimulants in Schedule IV of the 1971 Convention to monitor the situation closely with a view to identifying possible overprescribing of anorectics or any other unprofessional practice by the medical profession and to ensure that domestic distribution channels are adequately controlled.

⁶¹ *Report of the International Narcotics Control Board for 2006 ...*, paras. 190-192.

C. Precursors

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

142. As at 1 November 2008, 182 States had become parties to the 1988 Convention. The Board again urges Equatorial Guinea, the Holy See, Kiribati, the Marshall Islands, Namibia, Nauru, Palau, Papua New Guinea, Solomon Islands, Somalia, Timor-Leste and Tuvalu to implement the provisions of article 12 and ratify the Convention without further delay. While all States that are major manufacturers, exporters and importers of scheduled chemicals are parties to the 1988 Convention, nearly half of the States in Oceania have not ratified the Convention. During 2008, attempted diversions of precursors occurred in that region, underlining the urgent need for all States to become parties to the 1988 Convention.⁶²

2. Cooperation with Governments

Submission of statistical data on seizures

143. Article 12 of the 1988 Convention requires all parties to submit each year information on chemical substances used in the manufacture of illicit drugs. As at 1 November 2008, 133 States and territories, including the European Commission (on behalf of the member States of the European Community), had submitted that information. The Board notes that Honduras, the Libyan Arab Jamahiriya, the Niger, the Sudan and Togo, which had failed to submit that information in previous years, have resumed providing such information to the Board. The Board notes that Serbia has submitted that information for the first time.

144. Although Angola, Burundi, Gabon and the Gambia are States parties to the 1988 Convention, those States have never submitted the required information. The Board wishes to remind those States

of their obligation under the Convention to report such information and of the importance of reporting to the Board.

145. While 50 Governments reported seizures of precursor chemicals in 2007, only a few of them provided the Board with supplementary information on non-scheduled chemicals, methods of diversion and stopped shipments. The Board urges the Governments of all countries, especially major importing and exporting countries such as China, Japan and Pakistan, to provide comprehensive information on investigations related to seizures and intercepted shipments of precursors, since that information is crucial in identifying new and emerging trends in illicit drug manufacturing 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

146. The Board wishes to emphasize that it is important for Governments to provide it with information on licit trade in, uses of and requirements for substances in Tables I and II of the 1988 Convention. That information has proved to be useful in identifying suspicious transactions and enabling authorities to prevent the diversion of precursor chemicals. Since 1995, the Board has been requesting Governments to voluntarily provide that information, pursuant to Economic and Social Council resolution 1995/20.

147. By 1 November 2008, 112 States and territories had submitted data for 2007 on the licit trade in precursors. In addition, 104 Governments had provided information for 2007 on licit uses of and requirements for those substances. The European Commission has also supplied such information for its member States. Considering that those efforts have been undertaken on a voluntary basis, the Board expresses its appreciation to all Governments that have submitted information on the licit movement of precursor chemicals and invites all Governments to adhere to that practice.

3. Control measures

148. It is essential for Governments to have in place effective measures for controlling the movement of precursor chemicals at the national level. Those measures, when appropriately enforced, allow Government authorities to carefully monitor trade in

⁶² For a comprehensive report on recent developments related to precursors, see *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2008 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.09.XI.4).

precursor chemicals and prevent the diversion of such chemicals. The Board notes that new legal measures were introduced to strengthen precursor control in Australia, Belize, China, El Salvador, Honduras, Mexico, Nicaragua and South Africa.

149. There is evidence that because of the successes achieved in monitoring international trade in precursors over the past few years, traffickers are having to look for new distribution channels. To obtain precursor chemicals for their illicit drug laboratories, most traffickers divert the chemicals from domestic trade or smuggle them across national borders. That applies, for example, to chemicals used in the illicit manufacture of heroin in Afghanistan and in the illicit manufacture of cocaine in countries in South America. The Board therefore urges Governments to pay due attention to their domestic measures for precursor control.

Estimates of legitimate requirements for precursors

150. The Commission on Narcotic Drugs, in its resolution 49/3, requested member States to provide to the Board annual estimates of their legitimate requirements for 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), 1-phenyl-2-propanone (P-2-P), ephedrine and pseudoephedrine and, to the extent possible, estimated requirements for imports of preparations containing those substances that could be easily used or recovered by readily applicable means. As at 1 November 2008, the Governments of 109 States had provided their annual estimates of those legitimate requirements. Those estimates have been published in the reports of the Board on the implementation of article 12 of the 1988 Convention since 2006. In addition, the Board continues to publish updated annual estimates of countries' legitimate requirements for precursors of amphetamine-type stimulants on its website (www.incb.org). That information has assisted Governments in identifying shipments with the potential for diversion. Therefore, given the usefulness of the data, the Board encourages all Governments to continually revise the estimates of their requirements and to provide accurate information on that subject in a timely manner. In the meantime, the Board is in the process of analysing best practices in national methodologies for establishing estimates for annual estimates of legitimate requirements for precursors of amphetamine-type stimulants.

4. Online system of pre-export notifications

151. Pre-Export Notification Online (PEN Online), the online system for the exchange of pre-export notifications, has already had an impact on the control of international shipments of precursor chemicals. By 1 November 2008, 98 countries and territories had registered to use the PEN Online system. Since its introduction in March 2006, approximately 20,000 pre-export notifications have been sent to 179 countries and territories through the PEN Online portal. The Board is pleased to note that an increasing number of Governments of importing countries have authorized access to the Web-based application. The Board welcomes Security Council resolution 1817 (2008), in which the Council, inter alia, urged the Governments that had not yet done so to register with and utilize the PEN Online system.

152. PEN Online has established itself as an important means of communication that can be used for strengthening precursor control, giving Governments of importing countries an opportunity to instantly provide initial feedback on the legitimacy of suspicious shipments. Nevertheless, the Board has noted that many of the Governments registered with the PEN Online system do not use all of the functions available in the system, particularly the one that allows for the provision of feedback. For example, particular attention should be paid to the time frame set by Governments of exporting countries for providing feedback on pre-export notifications. In order to reduce unnecessary delays in legitimate trade, the Board strongly encourages Governments to utilize all of the functions available in the PEN Online system, including the provision of feedback to the Government of the exporting country, where necessary.

5. Prevention of diversion of precursors into the illicit traffic

153. The Board continues to support Project Cohesion and Project Prism. Both initiatives have yielded results identifying trafficking in non-scheduled substances, weaknesses in control mechanisms and diversion methods and routes. Between 2 January and 30 September 2008, Project Prism conducted activities focusing on trade in ephedrine and pseudoephedrine (including pharmaceutical preparations and ephedra and identifying shipments), P-2-P and phenylacetic acid in Africa, the Americas, West Asia and Oceania.

As a result of those activities, a total of 37.1 tons of ephedrine and pseudoephedrine (enough to manufacture 23.4 tons of methamphetamine) were prevented from reaching illicit drug laboratories. The intended destination of the precursor chemicals was, in most cases, in North America, but the chemicals were being diverted through Africa, West Asia and Central America, using Europe as a trans-shipment area.

154. While in some countries mechanisms for controlling and monitoring trade in ephedrine and pseudoephedrine have been strengthened, traffickers have been exploring new means of supplying their illicit drug laboratories. New substances are being used as precursors in the manufacture of illicit drugs and new distribution routes are being utilized. In addition, traffickers are placing orders through licit pharmaceutical companies and using such companies to divert preparations containing ephedrine and pseudoephedrine, particularly in Africa and West Asia. In Africa, for example, the Democratic Republic of the Congo, Ethiopia, Nigeria, South Africa, Uganda, the United Republic of Tanzania and Zambia were among the countries targeted by traffickers for operations involving the diversion or attempted diversion of those substances.

155. Measures introduced by the Government of Mexico to prohibit the import of ephedrine and pseudoephedrine continue to have an impact on the movement of precursors in Central America, where imports of those substances have increased significantly. Trafficking networks are obtaining precursors in Central America and South America and establishing illicit drug laboratories. While in some countries new legislation is being adopted, legislative provisions need to be implemented at a faster pace. The Board therefore encourages the Governments of countries in Central America and South America to strengthen their mechanisms for monitoring precursor chemicals and to work together with the Board in providing information to help identify all the stages of the illicit manufacture of amphetamine-type stimulants.

156. A time-bound activity was carried out within the framework of Project Cohesion from 1 April to 30 September 2008. The activity focused on the exchange of information related to seizures, diversion attempts and suspicious shipments of acetic anhydride, as well as other chemicals used in the illicit manufacture of heroin. During the activity, 20 cases

involving seizures, diversions and attempted diversions of precursors were reported to the Board.

157. The Board welcomes the positive results achieved in the period 2007-2008 in preventing the diversion of some of the acetic anhydride destined for Afghanistan. The efforts of the international community to counter trafficking in chemicals in Afghanistan increased noticeably in the period 2007-2008. A number of relevant international meetings took place, such as the International Conference in Support of Afghanistan, held in Paris on 12 June 2008. During 2008, within the framework of Project Cohesion, the Board was informed of significant seizures of acetic anhydride in Afghanistan, Hungary, India, Iran (Islamic Republic of), Pakistan, the Republic of Korea, Slovenia and Turkey.

158. The diversion and smuggling of chemicals for use in the illicit manufacture of heroin in Afghanistan continue to pose problems, and the Board is concerned that the control mechanisms currently in place in the country may not be sufficient. The Board urges the Government of Afghanistan to take additional measures, such as strengthening precursor control measures, investigating and reporting to the Board all seizures of chemicals effected in the country. Moreover, the Board wishes to remind all Governments of Security Council resolution 1817 (2008), in which the Council invited all Member States, in particular those producing precursor chemicals, Afghanistan, neighbouring countries and all countries on the trafficking routes to increase their cooperation with the Board, notably by fully complying with the provisions of article 12 of the 1988 Convention, in order to eliminate loopholes utilized by criminal organizations to divert precursor chemicals from licit international trade (see also paragraph 224 below).

159. The Board continues to be concerned about the origins of the diverted potassium permanganate in South America, as well as the methods used to divert the substance. The number of identified or prevented diversions of shipments containing chemicals used in the illicit manufacture of cocaine from international trade continues to decrease. Nevertheless, there is no shortage of those chemicals. There are indications that traffickers have found ways to obtain the precursor chemicals they need by diverting the chemicals from domestic trade or smuggling the chemicals across national borders within the region. The Board urges

Governments to continue to strengthen their controls over domestic distribution channels and invites the Governments of countries in the Americas to take advantage of the experience acquired during Project Cohesion, focusing on acetic anhydride, and to design similar strategies to combat the diversion of chemicals used in the illicit manufacture of cocaine.

D. Promoting universal application of the international drug control treaties

160. In discharging its mandate under the international drug control treaties, the Board maintains an ongoing dialogue with Governments through various forms, such as regular consultations and country missions. That dialogue has been instrumental in the Board's efforts to assist Governments in complying with the provisions of the international drug control treaties.

1. Evaluation of overall treaty compliance by selected Governments

161. The Board reviews, on a regular basis, the drug control situation in various countries and Governments' compliance with the provisions of the international drug control treaties. The review covers different 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 to combat drug abuse and illicit trafficking, and Governments' fulfilment of their reporting obligations under the international drug control treaties. The findings of the review, as well as the Board's recommendations for remedial action, are conveyed to the Governments concerned for consideration.

162. The Board, as a result of the review, adopts, when necessary, positions on particular drug control issues. Those positions, which are based on the Board's interpretation of the provisions of the international drug control treaties, are communicated to the Governments concerned and, when appropriate, made public through its annual report.

163. In 2008, the Board reviewed the drug control situation in Brazil, Haiti, Myanmar and the Netherlands, as well as measures taken by the Governments of those countries to implement the international drug control treaties. In doing so, the

Board paid particular attention to new developments in drug control in those countries.

Brazil

164. The Board has taken note of information recently received from the Government of Brazil regarding enhanced regulation of the trade in and distribution and consumption of psychotropic substances, in particular stimulants. The Board notes that the consumption of stimulants in Brazil has recently started to decline. In addition, the Board has received information on the control measures taken by the Government to prevent the diversion of precursor chemicals into illicit channels.

165. The Board, while noting the above positive developments, remains concerned that drug abuse in Brazil has increased substantially; over-prescription of stimulants controlled under the 1971 Convention has been widespread, and the consumption of stimulants in Schedule IV of the Convention continues to be high; the diversion of pharmaceutical preparations containing controlled substances into illicit markets has increased; and the availability of opioid analgesics for pain relief continues to be inadequate, well below the needs estimated for the population of Brazil. Although seizures of precursor chemicals continue to be made, the quantity seized is still small.

166. Since its mission to Brazil in 2003, the Board has maintained a close dialogue with the Government, through regular communications, as well as meetings, with Government officials. In 2006, the Board sent another mission to Brazil to review, together with the competent national authorities, the measures taken and progress made by the Government in the area of drug control. The Board's objective has been to promote the Government's compliance with the international drug control treaties.

167. The Board notes that a new law adopted in Brazil in September 2006 represents a significant shift in the national drug control policy. According to the new law, drug abusers, while remaining subject to penalties, are not to be punished exclusively with imprisonment, whereas drug traffickers are subject to more stringent penalties. The Board views the new law as a positive development and urges the Government to provide adequate facilities as part of its efforts to address the growing drug abuse problem, including treatment, counselling and rehabilitation facilities for drug

abusers. The Board stresses that it is important to strengthen measures aimed at drug abuse prevention, in view of the significant challenges that the Government is facing in addressing the drug problem.

168. The Board trusts that the Government of Brazil will continue strengthening its efforts in drug control. The Board stands ready to continue its dialogue with the Government and to provide necessary assistance when required.

Haiti

169. In recent years, Haiti has experienced increasing problems involving trafficking in and abuse of drugs, particularly cannabis and cocaine. The Board notes that national drug control efforts in Haiti have been undermined by a lack of coordination within the Government and inadequate legislation. The country also suffers from insufficient law enforcement and judicial capacity, and rule of law is practically non-existent.

170. The Board is concerned that Haiti continues to be the only country in the Americas that is not yet a party to the 1971 Convention. Furthermore, the Board notes that new drug control legislation, which was drafted in the early 2000s, has yet to be adopted. The Board urges the Government of Haiti to take steps to accede to the 1971 Convention and adopt the new legislation as soon as possible.

171. The Board notes that, despite the existence of a national drug control commission in Haiti, the Government has yet to approve a long-term national drug control strategy. The Board remains concerned about the continued lack of information on drug trafficking and seizures in Haiti, particularly in view of the fact that its geographical position makes the country vulnerable to trafficking in drugs, particularly cocaine.

172. The Board recognizes the considerable difficulties that the Government of Haiti is facing in its efforts to improve the overall economic and social situation, particularly in the light of the recent natural disasters, which have caused additional suffering among the population. However, the Board remains concerned that there is little or no information available on the measures taken by the Government to counter drug abuse and drug trafficking, and that

makes it difficult for the Board to evaluate the situation.

173. The Board urges the Government of Haiti to take, as a matter of priority, measures to strengthen drug control and calls on members of the international community, particularly the United Nations, to provide Haiti with the assistance necessary to address the situation.

Myanmar

174. Myanmar is in a region that, for many years, was used as the world's main area for the illicit cultivation of opium poppy. Since 1999, the Government of Myanmar has been implementing a 15-year drug control plan calling for the elimination of all illicit drug production and trafficking by 2014, and sustained efforts by the Government to ensure the eradication of opium poppy have, over the years, achieved significant results. Between 1999 and 2006, an estimated 85 per cent of the total area under illicit opium poppy cultivation was eradicated, with some international assistance.

175. The Board is concerned, however, about the fact that illicit opium poppy cultivation in Myanmar increased by 29 per cent in 2007, and potential opium production increased by 46 per cent due to a higher yield. That was the first time since 2000 that illicit opium poppy cultivation had increased considerably over the previous year, and there are indications that such cultivation might have increased again in 2008.

176. The Board notes that in Myanmar the provision of legitimate alternative livelihoods for farming communities engaged in illicit opium poppy cultivation continues to pose challenges. The Board, while acknowledging the efforts of the Government of Myanmar in the eradication of illicit opium poppy cultivation, encourages the Government to work with the international community to address that problem and to take adequate measures to provide legitimate alternative livelihoods for those farming communities.

177. Many communities that were previously engaged in illicit opium poppy cultivation have switched to the illicit manufacture of methamphetamine, which takes place on a large scale in Myanmar and fuels the abuse of that substance in many countries in East and South-East Asia. While recognizing the difficulties the Government of Myanmar has faced in expanding its

control over areas in the country where illicit drug activities take place, the Board urges the Government to continue strengthening its efforts to address the illicit manufacture of methamphetamine, in cooperation with the Governments of neighbouring countries.

Netherlands

178. The Board has longstanding concerns regarding certain policies adopted by the Government of the Netherlands, in particular the policy that allows small amounts of cannabis to be sold and abused in so-called “coffee shops”. The Board is also concerned about the operation of so-called “drug consumption rooms”, facilities where drug addicts can abuse illicit drugs. The medical prescription of cannabis and the heroin maintenance programme in the Netherlands are also issues that the Board is monitoring closely.

179. The Board has maintained an ongoing dialogue with the Government of the Netherlands on those and other issues over the years. Some progress has been made: in 2003, the Government informed the Board that it was terminating its “pill-testing” programme (in which persons at clubs and other venues could have illicit drugs tested for their “safety”), as it had realized that the programme gave young persons the wrong message about drug abuse. The Board welcomed that decision and urged other Governments conducting similar programmes to follow suit.

180. Furthermore, in August 2004, the Government of the Netherlands informed the Board of an important change in its policy on cannabis. In an inter-ministerial policy paper on cannabis, the Government acknowledged that “coffee shops” were “not blameless” in the maintenance of the illicit drug trade and were not satisfactory in terms of suppressing drug-related crime. Pursuant to that policy change, the Government has been taking measures towards reducing the number of “coffee shops” located near schools and in border areas and has been taking action against uncontrolled outlets. The Board notes that those measures have not yet been fully implemented, and will continue to closely monitor the situation. The Government has also conducted campaigns informing the public, in particular young persons, of the dangers of cannabis abuse.

181. The Board notes that drug control is an issue of high priority in the Netherlands and that the

Government continues to spend considerable resources in that field. The control of licit activities related to narcotic drugs, psychotropic substances and precursor chemicals in the Netherlands is strict and effective, and the Government has cooperated closely with the Board on most issues. The Government has continued to strengthen law enforcement efforts to address the problem of illicit manufacture of amphetamine-type stimulants, in particular methylenedioxymethamphetamine (MDMA), and to cooperate with the Board in joint operations to improve precursor control.

182. The Board welcomes the shift in the policy of the Government of the Netherlands regarding “coffee shops”, which is an important step towards full compliance with the provisions of the international drug control treaties. The Board trusts that the Government will also review its policy on “drug consumption rooms” and urges the Government to take the measures necessary to terminate the operation of such facilities. The Board notes that the Government has commissioned an independent evaluation of the national drug control policy. The Board trusts that the evaluation, to be conducted in 2010, will provide an opportunity for the Government to reconsider the above-mentioned aspects of its policy and to comply fully with its international obligations under the international drug control conventions.

183. At the invitation of the Board, a high-level delegation from the Government of the Netherlands attended the ninety-third session of the Board, in November 2008, to discuss and exchange views with the Board on issues related to the Government’s implementation of the international drug control conventions. The Board appreciates the detailed information presented by the delegation regarding the drug control situation in the Netherlands and looks forward to continuing its ongoing dialogue with the Government regarding the compliance of the Netherlands with the international drug control conventions and on other drug control issues.

2. Evaluation of the implementation by Governments of recommendations made by the Board following its country missions

184. As part of its ongoing dialogue with Governments, the Board conducts, on a yearly basis, an

evaluation of the implementation of its recommendations pursuant to its missions to countries.

185. In 2008, the Board invited the Governments of the following six countries to provide information on the implementation of its recommendations pursuant to its missions to those countries in 2005: Bangladesh, Ghana, Lesotho, Mexico, Russian Federation and Saudi Arabia. The Governments of those countries were requested to provide information on the implementation of the Board's recommendations, including any achievements made and difficulties encountered.

186. The Board appreciates the timely submission of information by the Governments of Bangladesh, Ghana, Mexico and the Russian Federation. The information received enabled the Board to assess the drug control situation in those countries and the Governments' compliance with the international drug control treaties. Information provided by the Government of Lesotho was received too late for review by the Board and will therefore be presented in the report of the Board for 2009.

187. The Board regrets that, despite its repeated requests, no information was received from the Government of Saudi Arabia. The Board urges the Government to provide the requested information without further delay.

Bangladesh

188. The Board notes that the Government of Bangladesh has been making efforts to strengthen drug control since the mission of the Board to that country in 2005. In particular, the Board notes that additional resources have been allocated to the Department of Narcotics Control of Bangladesh and that the National Narcotics Control Board, the inter-ministerial body responsible for coordinating drug control policy in the country, has resumed its activities. Bangladesh has also improved its cooperation with neighbouring countries, particularly India, in the field of law enforcement.

189. At the same time, the Board is concerned that much work remains to be done in Bangladesh in strengthening the control at the retail level of pharmaceutical preparations containing controlled substances. Though legislation and regulations in this area are by and large adequate, the Government of Bangladesh has been unable to ensure adequate

compliance, and it is often possible to obtain those preparations without a prescription. The Board requests the Government to take urgent measures in that area to ensure that the distribution of controlled substances at all levels is closely monitored and that such substances are used only for medical and scientific purposes.

190. The Board continues to be concerned about the inadequate measures for reducing illicit drug demand in Bangladesh. The availability of facilities for the treatment of drug abuse continues to be limited, and there is a lack of reliable data on the drug abuse situation in the country. The Board notes that the Government is taking measures to strengthen its capacity in those areas through, for example, the establishment of centres for the treatment of drug abuse throughout the country. The Board encourages the Government to continue its demand reduction efforts.

Ghana

191. The Board notes that some progress in drug control has been made by the Government of Ghana since the mission of the Board to that country in 2005. Following major restructuring in the field of drug control, including the introduction of a number of measures to strengthen coordination among the relevant Government agencies, the Narcotics Control Board, the main coordinating body for drug control in the country, resumed its activities in December 2007. The Narcotics Control Board has established an inter-agency committee on demand reduction. It has also developed a strategic plan for the period 2008-2010 to strengthen drug law enforcement, control of the licit trade in scheduled substances and drug abuse prevention.

192. The Government of Ghana has acted on the Board's recommendation on complying with the reporting obligations under the international drug control treaties and, as a result, substantial progress has been made in that area in recent years. The Government has also acted upon the Board's recommendations on demand reduction. Since its establishment in January 2007, the Demand Reduction Directorate has actively conducted awareness-raising activities in schools and has initiated programmes for the training of medical doctors in the principles of rational prescription of opioids, as well as programmes for the rehabilitation and reintegration of drug abusers.

The Board encourages the Government to conduct a rapid assessment survey of the drug abuse situation in the country, in order to address the problem of drug abuse in a more effective manner.

193. The Board notes that little progress has been made in ensuring the availability of narcotic drugs for medical purposes in Ghana. The availability of opiates for the treatment of pain in medical institutions continues to be inadequate. The Board requests the Government to examine the current situation and take the steps necessary to ensure that narcotic drugs, particularly opiates, are made available for medical purposes.

194. In addition, lack of legislation on precursor control and the absence of a designated competent authority for the implementation of the provisions of article 12 of the 1988 Convention continue to be areas that the Government of Ghana needs to address. The Board urges the Government to make additional efforts so that progress is made in those areas. The Board trusts that the Government will continue its efforts to comply fully with the international drug control treaties.

Mexico

195. The Board notes that, since its 2005 mission to Mexico, the Government has taken measures to implement the recommendations of the Board. Progress has been made in certain areas of drug control.

196. Shortly after the Board's last mission to Mexico, the Government formally invoked article 12 of the 1988 Convention regarding pre-export notifications for the importation of all precursors. The Government has also strengthened controls over ephedrine and pseudoephedrine, introducing additional control mechanisms such as regulations on the prescription of preparations containing pseudoephedrine and on limiting the quantities of the two substances that can be imported. The Government, while eradicating the illicit cultivation of opium poppy and cannabis, has continued carrying out alternative development projects covering 75 per cent of the areas where such illicit cultivation takes place. The Government has also taken concrete steps towards addressing the problem of corruption.

197. The Board, while acknowledging those positive developments, notes that there remain significant

challenges for the Government of Mexico. Though the Government continues to make considerable efforts, corruption remains a serious obstacle in drug control activities at the national, state and local levels, and organized criminal organizations wield considerable power in some areas of the country. Despite the concrete steps taken by the Government, the abuse of drugs remains high, particularly among school children and the young population. There continues to be substantial illicit cultivation of opium poppy and cannabis, and drug trafficking continues to pose serious problems.

198. The Board notes that there continue to be weaknesses in the inspection of retail outlets in Mexico for pharmaceutical preparations containing controlled substances. There is also a need to provide training for pharmacists in ensuring that the dispensing of controlled substances is closely monitored and that such substances are used only for medical purposes. The Board encourages the Government to continue its efforts to ensure the adequate availability of opiates for medical purposes, following the adoption in 2006 of the guidelines on normative standards for the diagnosis and administration of palliative medicines.

199. The Board acknowledges the commitment of the Government of Mexico to drug control and trusts that continued measures will be taken against illicit crop cultivation, illicit drug manufacture and trafficking, the diversion of controlled substances and drug abuse in the country.

Russian Federation

200. Drug trafficking and abuse have increased substantially in the Russian Federation since the 1990s, following the breakup of the Soviet Union. The abuse of opiates, in particular heroin, is a matter of major concern, drug abuse by injection being the main factor behind the rapidly growing HIV epidemic. The Government has recognized that the drug problem poses a major threat to national security and has continued taking measures in various areas of drug control to address the problem.

201. The Board notes that steps have been taken by the Government of the Russian Federation to implement the recommendations made pursuant to the Board's mission to that country in 2005. In particular, the Government has strengthened administrative structures in drug control to improve national coordination,

including by creating the State Anti-Drug Committee. The recently created Committee is comprised of a wide range of government agencies, including those responsible for issues related to the media and culture. The Board welcomes that effort to ensure that drug control involves all segments of society.

202. The Government of the Russian Federation has continued taking steps to strengthen supply reduction and law enforcement. Measures have been taken to strengthen border control: new equipment has been purchased and training has been provided to the border control agencies and, as a result, there has been an increase in drug seizures. The Government has also changed the approach of law enforcement, from one targeting individual drug abusers to one with an emphasis on combating organized crime. Furthermore, the Government has acted upon the Board's recommendation on reporting obligations and improved the timeliness of its statistical reports submitted to the Board pursuant to the international drug control treaties.

203. One of the Board's key recommendations following its 2005 mission was that the Government of the Russian Federation should maintain a balanced approach to drug control, not only continuing to strengthen its efforts in supply reduction, but also making more efforts in the area of demand reduction. The Board notes that the Government has taken measures in that area since the 2005 mission. The Board trusts that the Government will continue to make progress towards ensuring a comprehensive approach to addressing the drug abuse problem in the country.

204. The Board notes that there is still no possibility for non-violent drug offenders in the Russian Federation to receive alternative sentences in lieu of imprisonment. The Board notes the provisions of the international drug control conventions on this issue, in particular article 3, paragraph 4 (b) and (c), of the 1988 Convention, according to which States parties may provide measures such as treatment, education, aftercare, rehabilitation or social reintegration in appropriate cases. The Board encourages the Government of the Russian Federation to adopt such measures.

205. The Board has received information from the Governments of Indonesia, Pakistan and Thailand on the implementation of the Board's recommendations pursuant to its missions to those countries in 2004. As that information was received too late to be included in its report for 2007, the Board has published the outcome of its review in the present report.

Indonesia

206. The Board notes that progress has been made by the Government of Indonesia in some areas of drug control, following its mission to that country in 2004. In particular, the Government has taken considerable measures in the area of precursor control, including the adoption of regulations to strengthen import and export licensing of precursors used for both pharmaceutical and industrial purposes. The Government has also adopted a second national action plan on precursor control, covering the period 2006-2010. The action plan includes the revision of legislation to enhance controls on precursors and the establishment of provincial and municipal task forces for precursor control. The Board welcomes those measures and trusts that the Government will fully implement the national action plan.

207. The Board also notes that the Government of Indonesia has continued its efforts in demand reduction, for example through the development of facilities for the treatment of drug abuse and community-based prevention programmes. The Board, in view of the worsening situation of drug abuse in Indonesia, urges the Government to further strengthen its efforts in that area. In particular, the Board encourages the Government to conduct a nationwide assessment of the drug abuse situation and to take all necessary measures, in accordance with the international drug control treaties, to address the problem.

208. The Board notes that there appears to be a lack of progress in several other areas, including the strengthening of coordination among national ministries and agencies involved in drug control, and the ensuring of adequate availability of narcotic drugs for medical needs, particularly pain management. The Board trusts that the Government of Indonesia will take the measures necessary to ensure that progress is made in those areas as well.

Pakistan

209. The Board notes that efforts have been made by the Government of Pakistan in the implementation of the Board's recommendations following its mission to that country in 2004. The Government has allocated considerable resources in addressing the problem of drug abuse in the country, with its ongoing efforts in the areas of prevention, treatment and rehabilitation of drug addicts. In 2005, the Government established two model addiction treatment and rehabilitation centres in the country, with the active involvement and contribution of non-governmental organizations in that area. In 2006, the Government conducted a national assessment of drug abuse in the country, with the assistance of UNODC. The Board encourages the Government to continue its efforts in the area of demand reduction, in particular in strengthening systems for the collection of data on trends in drug abuse in the country.

210. While welcoming the above positive developments in drug control, the Board is concerned that its recommendations to strengthen the control of pharmaceutical preparations containing controlled substances have not yet been implemented and that there is significant abuse of those preparations in the country. The Board urges the Government to expedite the process of making new regulations for effective control of those substances in order to prevent their diversion from licit distribution channels and their abuse.

211. Furthermore, the Government has yet to put in place efficient control mechanisms for precursor chemicals passing through Pakistan destined for Afghanistan and to take law enforcement measures against the illegal distribution of pharmaceutical preparations containing controlled substances through Internet pharmacies located in the country. Measures should also be taken to address the resurgence of illicit opium poppy cultivation in the country. The Board trusts that the Government will continue its efforts in drug control, particularly in those areas where progress is lacking, to ensure that the provisions of the international drug control treaties are fully implemented in Pakistan.

Thailand

212. The Board sent a mission to Thailand in 2004 to review the drug control situation in the country,

including measures taken by the Government as part of the "war on drugs". The "war on drugs" was a national campaign conducted by the Government in early 2003, when Thailand had the highest rate of abuse of amphetamine-type stimulants (specifically methamphetamine) in the world. The "war on drugs" resulted in a large number of killings, many in what could only be described as suspicious circumstances.

213. The mission found that independent committees had been established to examine every killing that had taken place during the national campaign and, if necessary, to bring charges against any official implicated. Pursuant to the findings of the mission, the Board has requested the Government of Thailand to keep it informed of any developments with regard to those investigations. Since then, the Board has been in close contact with the Government on that issue.

214. The Board notes that, according to information recently received from the Government of Thailand, a total of 55 law enforcement officers are to be prosecuted for possible involvement in killings during the "war on drugs". The Government has also informed the Board that it does not intend to recommence the "war on drugs" and that any measure taken by the Government against drug trafficking will be in accordance with human rights principles. The Board notes that current efforts of the Government to counter drug trafficking and abuse are aimed at, among other things, increasing community involvement in combating drug problems, at least partially to monitor Government measures and ensure that legal bounds are respected.

215. The Board also recommended that the Government ensure greater availability of opiates for pain management in Thailand. The Board notes that the availability of those substances remains low in the country and encourages the Government once again to evaluate its procedures in that area.

3. Promoting dialogue with Governments

216. Pursuant to the international drug control treaties, the Board invites, when appropriate, Government delegations to its sessions with a view to promoting dialogue with Governments on treaty compliance. In 2008, the Board invited delegations from Bolivia, the Netherlands (see paragraph 183 above) and Switzerland.

Bolivia

217. At the invitation of the Board, a high-level Government delegation from Bolivia attended the ninety-third session of the Board, in November 2008, to discuss and exchange views with the Board on issues related to the country's implementation of the international drug control conventions. The Board appreciates the detailed information presented by the delegation on the drug control situation in Bolivia and on measures taken by the Government in drug control.

218. While noting the explanations provided by the delegation, the Board continues to be concerned about certain aspects of drug control policy in Bolivia that contravene the international drug control conventions. National legislation allows the cultivation and consumption of coca leaf for non-medical purposes, in particular coca leaf chewing. That is contrary to the provisions of the 1961 Convention, in particular article 4 of the Convention, which obligates States parties to "limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs".

219. The Board notes that the Government of Bolivia is currently reviewing national drug control legislation, with a view to allowing the use of coca leaf for traditional purposes and for a wide range of industrial products, some of which are for export. The Board urges the Government to ensure that any measure adopted complies with Bolivia's obligations under the 1961 Convention.

Switzerland

220. A high-level Government delegation from Switzerland was invited to the ninety-second session of the Board, in May 2008, to discuss and exchange views with the Board on issues related to Switzerland's implementation of the international drug control treaties. The Board appreciates the detailed information presented by the delegation regarding the drug control situation in Switzerland and measures taken by the Government against drug trafficking and abuse.

221. The Board notes, in particular, that the plan to propose the decriminalization of cannabis has been rejected and that the Government has recently informed the Board of its decision to establish a national cannabis agency, pursuant to article 28 of the

1961 Convention. The Board welcomes those positive developments in drug control in Switzerland.

222. The Board, while noting the explanations given for the operation of "drug consumption rooms" in Switzerland, urges the Government to provide adequate treatment facilities to drug addicts in accordance with the provisions of the international drug control treaties. The Board will maintain its dialogue with the Government of Switzerland and looks forward to continued close cooperation with the Government in that and other drug control matters.

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

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

223. Article 14 of the 1961 Convention as amended by the 1972 Protocol and article 19 of the 1971 Convention set out measures that the Board may take to ensure the execution of the provisions of those conventions. The Board has invoked such measures vis-à-vis a limited number of States for their persistent failure to bring their control measures into conformity with the conventions. Most of those States have taken remedial measures, which has led to the Board's decision to terminate action under article 14 of the 1961 Convention and article 19 of the 1971 Convention.

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

224. In 2008, the international community continued its efforts towards rebuilding Afghanistan and addressing drug-related problems in that country. The Security Council adopted resolution 1817 (2008), in which it called upon all Member States to increase international and regional cooperation in order to counter the illicit drug production and trafficking in Afghanistan, including by strengthening the monitoring of the international trade in chemical precursors and to prevent attempts to divert the substances from licit international trade for illicit use in Afghanistan. In addition, the International

Conference in Support of Afghanistan was held in Paris in June 2008, resulting in a significant amount of funds being pledged for assistance for the Government of Afghanistan. The Board welcomes those important events and, as an independent treaty body, will continue to monitor the drug control situation in Afghanistan to ensure that progress is made by the Government pursuant to article 14 of the 1961 Convention.

225. The Board invoked article 14 of the 1961 Convention against Afghanistan in 2000. The Board's action was based on its assessment that the Government's inability to stop the illicit cultivation of opium poppy was seriously endangering the aims of the 1961 Convention. In 2001, the Board called the attention of the international community, in particular the Commission on Narcotic Drugs and Economic and Social Council, to the situation in Afghanistan.

226. Over the past few years, the Board has made interventions vis-à-vis the Government and the international community as appropriate. In particular, the Board has maintained close contact with the Government of Afghanistan, including by sending high-level missions to the country and inviting the Government to send delegations to its sessions for discussion. The Board has also provided technical assistance to Afghanistan, for example in the form of training for Afghan authorities in the implementation of the international drug control treaties.

227. The Board notes with concern that Afghanistan remains the source of over 90 per cent of all the illicitly cultivated opium poppy in the world. In 2008, the area under illicit opium poppy cultivation in Afghanistan totalled over 157,000 hectares (ha), and the country's opium production, estimated at 7,700 tons, was the second largest in history. The Board, while noting that in 2008 illicit opium poppy cultivation decreased by 19 per cent and opium production decreased by 6 per cent, urges the Government and the international community to continue their efforts to eliminate illicit opium poppy cultivation in Afghanistan.

228. About 98 per cent of the illicit opium poppy cultivation in Afghanistan takes place in seven provinces in the southern and south-western parts of the country, where security remains problematic. That underlines the fact that the situation cannot truly be reversed without the Government exercising effective

control over all areas of the country. That fact is evidenced by the limited progress made in the opium poppy eradication campaign carried out in 2008. Only 5,017 ha of illicitly cultivated opium poppy were eradicated that year, compared with 19,047 ha in 2007 and 15,300 ha in 2006. The total area of opium poppy eradicated in 2008 represented only 10 per cent of the target set for that year.

229. The illicit cultivation of opium poppy is not the only drug control problem in Afghanistan. The Board notes with concern that the illicit cultivation of cannabis plants in the country has increased significantly over the past few years. In 2008, illicit cannabis cultivation was reported in 14 provinces, not only in areas in which opium poppy is illicitly cultivated but also areas that have been declared free of opium poppy. Farmers have been switching from opium poppy cultivation to cannabis cultivation, as cannabis cultivation is becoming increasingly lucrative in Afghanistan and no action has been taken by the Government to prevent such cultivation. The Board strongly urges the Government to take measures to address the situation. The Board calls upon the international community to provide assistance to the Government of Afghanistan to facilitate its efforts to eliminate all illicit drug activity on its territory, including the illicit cultivation of cannabis plants.

230. The Board notes that, although there has been no legitimate use for acetic anhydride in Afghanistan, orders for that substance to be sent to Afghanistan have continued to be placed in some countries in Asia and Europe. During 2007 and 2008, the Board was informed of significant seizures of acetic anhydride in countries in West Asia, including Afghanistan, and of deliveries totalling several hundred tons of acetic anhydride being prevented in a number of countries outside that region. Most of the acetic anhydride seized had been diverted from domestic distribution channels.

231. As discussed in more detail in paragraphs 677-678 below, the control mechanisms currently being applied, particularly those for precursor chemicals, are not sufficient to prevent the flow of diverse chemicals into Afghanistan and their diversion for use in the illicit manufacture of heroin. The Board urges the Government of Afghanistan to strengthen precursor control in Afghanistan, to increase the interdiction and investigation capacity of the national law enforcement authorities and to report to the Board on any seizures

of chemicals effected on its territory. The Board wishes to remind all Governments, in particular the Governments of Afghanistan and of the countries neighbouring Afghanistan, of the importance of implementing Security Council resolution 1817 (2008) (see the 2008 report of the Board on the implementation of article 12 of the 1988 Convention).

232. The Board notes with concern that excessive and easy availability of illicit drugs in Afghanistan has contributed to an increase in drug abuse in the country. A drug abuse survey in Afghanistan conducted by UNODC in 2005 indicated growing problems involving the abuse of opiates and cannabis, as well as significant abuse of pharmaceutical preparations. To address those problems, the Government adopted in 2008 an action plan on demand reduction covering the period 2008-2012. The Board welcomes that development and urges the Government to take the steps necessary to ensure its implementation. The Board urges the Government to ensure that adequate measures are taken to address drug abuse among particularly vulnerable groups in the country, including women.

233. As pointed out by the Board in its annual reports, drug-related corruption in Afghanistan is a widespread and deep-seated problem that has seriously impeded the Government's efforts to address other drug-related problems. The Board notes with concern that corrupt officials allow drug traffickers to continue to operate with impunity, while officials attempting to address the situation are often subjected to harassment, violence or death threats. The Board wishes to reiterate that success in addressing drug-related corruption requires strong political will and firm action by the Government and that clear, measureable results are needed in this area. The Board urges the Government to take effective measures against corrupt officials at any level of government who are involved in illicit drug activities and to make public the outcome of any such measures.

234. Afghanistan is a party to the three international drug control treaties. However, despite the serious drug control problems in the country, it remains one of the very few countries that has yet to become party to the 1972 Protocol amending the 1961 Convention. The Board calls on the Government of Afghanistan to accede to that legal instrument as a matter of priority.

F. Special topics

1. Follow-up to the twentieth special session of the General Assembly

Preparations for the high-level segment of the fifty-second session of the Commission on Narcotic Drugs

235. As part of the follow-up to the twentieth special session of the General Assembly, the Board conducted in 2007 an evaluation of the worldwide implementation of the international drug control treaties, based on information submitted by Governments through a questionnaire. Consequently, a report on the findings of the evaluation was submitted to the Commission on Narcotic Drugs at its fifty-first session, in March 2008, for consideration by Governments.

236. A report on the follow-up to the Twentieth Special Session has been published by the Board.⁶³ The report outlines the activities undertaken by the Board and progress made in following up the twentieth special session of the General Assembly. The report also identifies the significant challenges that remain and presents the Board's recommendations on further action to be taken by Governments and relevant international organizations in the area of drug control.

237. Furthermore, pursuant to Commission on Narcotic Drugs resolution 51/4, the Board has been actively involved in the preparations for the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, related to the follow-up to the twentieth special session of the General Assembly. The Board participated in and contributed substantively to the five open-ended intergovernmental expert working groups. In particular, the Board provided the expert working groups with papers on five topics: (a) drug demand reduction; (b) supply reduction; (c) countering money-laundering and promoting judicial cooperation; (d) international cooperation on the eradication of illicit drug crops and on alternative development; and (e) control of precursors and of amphetamine-type stimulants.

⁶³ *Report of the International Narcotics Control Board on Follow-up to the Twentieth Special Session of the General Assembly* (United Nations publication, Sales No. E.09.XI.7).

238. The papers provided to the working groups reflect the views of the Board on the different topics under discussion, outlining progress made and challenges in those areas, as well as recommendations of the Board. The Board notes that its views have been reflected in the deliberations of the working groups and in the final outcome of the process of reviewing the follow-up to the twentieth special session of the General Assembly.

239. The Board wishes to underline that the goals set for 2008 by the General Assembly at its twentieth special session continue to be as relevant and as important as they were in 1998 and that new challenges to international drug control have emerged. The Board calls upon Governments and the entire international community to continue their efforts to achieve further progress in addressing the world drug problem. The Board will continue to work closely with Governments and relevant international organizations towards the adoption at the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, to be held in March 2009, of a political declaration and action plans for future action.

Important role of civil society in drug control

240. The Board takes note of the declarations and resolutions adopted at “Beyond 2008”, a forum of non-governmental organizations held in Vienna from 7 to 9 July 2008. The Board has always believed that, with their knowledge and experience, members of civil society, including non-governmental organizations, play an important role in international drug control. In this regard, the Board may use relevant information in its assessment of the drug control situation in various countries and of Governments’ compliance with the international drug control treaties.

The first World Forum against Drugs

241. The first World Forum against Drugs was held in Stockholm from 8 to 10 September 2008. The main theme of the Forum was 100 years of drug prevention. More than 600 participants representing 82 countries attended the Forum. The President of the Board participated in the Forum. The Forum presented an opportunity to bring together researchers and representatives of organizations dealing with illicit drug problems in all parts of the world. The Forum concluded by adopting a resolution against the non-

medical use (abuse) of narcotic drugs. The Forum marked the start of a global network of organizations united in their support of the international drug control treaties.

2. Cocaine trafficking in West Africa

242. In recent years, there has been a marked increase in the smuggling of cocaine consignments from South America through West Africa into Europe. Drug traffickers target countries with weak governmental structures that have limited capacity to defend themselves against drug trafficking and its consequences, such as corruption and drug abuse. The Board has serious concerns that drug trafficking will undermine political, economic and social structures in those countries, weakening the control of Governments over their territories and institutions.

243. It is estimated that about 27 per cent (40 tons) of the cocaine abused each year in Europe was smuggled through West Africa. Drugs are smuggled through almost all the countries in West Africa: Cape Verde, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Nigeria, Senegal and Sierra Leone. Governments of countries in the region reported seizures of cocaine totalling about 3 tons in 2006 and over 6 tons in 2007; in previous years, the total quantity seized was significantly lower.

244. The increase in seizures is a welcome development, indicating that there is a growing awareness among law enforcement authorities in those countries about cocaine trafficking and that the political will to address the problem exists. However, cocaine seizures in West Africa are often haphazard, and law enforcement and judicial capacity to investigate and prosecute drug traffickers is inadequate in many countries in West Africa. Many countries also have serious problems involving corruption, making them prime targets for drug trafficking organizations.

245. As cocaine trafficking has increased, the abuse of the drug has also increased in West Africa, although the level still remains low compared with that of other regions. The rise in cocaine abuse is a matter of serious concern, particularly in view of the fact that, in many of those countries, law enforcement and judicial capacity is inadequate, and demand reduction programmes have yet to be developed.

246. Increased cocaine trafficking through West Africa will have a significant impact on the drug control situation not only at the national level, but also at the regional and international levels. The situation needs to be urgently addressed by the Governments concerned, as well as by the international community.

247. The Board notes that the international community has responded actively to the surge in cocaine trafficking in West Africa. Following a call by the Security Council for the leaders of Guinea-Bissau to take action against drug trafficking, the international community committed funds to support drug control efforts in that country. The Board calls upon the international community, particularly the United Nations, to provide Governments of countries in West Africa with all the assistance necessary to address the problem (see paragraphs 298 to 300 below).

3. Distribution of internationally controlled substances in the unregulated market

248. The Board welcomes the adoption of Commission on Narcotic Drugs resolution 51/13, in which the Commission requested Member States and the international community to take appropriate measures to deal with the continuing problem of distribution of internationally controlled substances in unregulated markets. The Board shares the concern of the Commission over the fact that the distribution of those substances in the unregulated market is increasingly characterized by the involvement of organized criminal networks and by the expansion of the range of products containing narcotic drugs or psychotropic substances on the market. The consumption of medicaments containing internationally controlled substances found in unregulated markets, regardless of whether they have been diverted from legitimate channels or are counterfeit drugs, has exposed patients to serious health risks, including dependence, and can sometimes have lethal consequences.

249. In its report for 2006, the Board drew the attention of Governments to the widespread practice of selling internationally controlled drugs in the unregulated market and recommended measures to be taken by all affected Governments to counter that problem. In particular, the Board emphasized the need for all the parties concerned to strictly enforce the applicable control requirements and the need for Member States to enforce existing legislation.

Governments must further ensure that narcotic drugs and psychotropic substances are not illegally manufactured, imported or exported and are not diverted to the unregulated market. Furthermore, Governments should conduct inspections of manufacturers, exporters, importers and distributors and assess their requirements of narcotic drugs and psychotropic substances in a systematic manner to ensure sufficient supplies to meet legitimate demand.⁶⁴ The Board appreciates that the Commission on Narcotic Drugs, in its resolution 51/13, requested Member States to give consideration to implementing the recommendations of the Board to address the problem of the unregulated market. The Board appeals to all Governments to take all steps necessary to implement the international drug control regime, including the related resolutions of the Economic and Social Council⁶⁵ and measures recommended by the Commission⁶⁶.

250. The Board believes that the elimination of the unregulated market must be done through a concerted effort involving Governments and relevant parties such as the pharmaceutical industry, professional associations and international organizations. The Board welcomes the forty-first report of the WHO Expert Committee on Specifications for Pharmaceutical Preparations,⁶⁷ published in 2007, which provides guidance to Governments in combating problems of counterfeit and substandard medicines. The Board appreciates the measures taken by the International Medical Products Anti-Counterfeiting Taskforce (IMPACT) of WHO with a view to preventing the trade in and distribution of counterfeit products or medicaments of poor quality.

251. The Board notes that, in response to the recommendations made in its report for 2006⁶⁸ and pursuant to Commission on Narcotic Drugs resolution 51/13, UNODC, in cooperation with WHO, is exploring ways to provide technical assistance to

⁶⁴ *Report of the International Narcotics Control Board for 2006 ...*, para. 38.

⁶⁵ In particular, Council resolutions 1991/44 and 1996/30.

⁶⁶ In particular, Commission resolutions 48/5 and 50/11.

⁶⁷ *WHO Expert Committee on Specifications for Pharmaceutical Preparations: Forty-first Report*, WHO Technical Report Series, No. 943 (Geneva, World Health Organization, 2007).

⁶⁸ *Report of the International Narcotics Control Board for 2006 ...*, para. 39.

Member States that require such support in order to be able to deal more effectively with problems associated with the unregulated market.

4. Guidelines for Governments on preventing the illegal sale of internationally controlled substances through the Internet

252. The illegal sale and purchase through the Internet of pharmaceutical preparations containing internationally controlled substances have been a matter of concern to the Board for a number of years. The Board has drawn the attention of Governments to developments in that area and has called upon Governments to pay adequate attention to the detection and investigation of such illegal transactions, to implement legislative and regulatory provisions to counteract those transactions and to raise the awareness of customers of Internet pharmacies about the potential health risks involved. The Board has repeatedly called on Governments to fully cooperate with one another in investigative efforts and to increase the awareness of law enforcement, regulatory and drug control authorities about the need to counter the illegal selling of internationally controlled substances by Internet pharmacies.

253. The Board has over the years collected from national authorities information on their experience in addressing the problem of the illegal sale of pharmaceuticals through the Internet and on the measures taken to counteract such transactions. The information received from Governments indicates that most countries do not have sufficient legislation, administrative regulations and cooperative mechanisms to counter those activities. The Board therefore decided to develop guidelines on matters related to Internet pharmacies for use by competent national authorities.

254. The Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet have been developed by the Board with the help of national experts, experts from relevant international organizations (such as UNODC, Universal Postal Union (UPU), International Criminal Police Organization (INTERPOL), World Customs Organization), Internet service providers, financial services and pharmaceutical associations. The Guidelines, which are sent to all Governments and are available on the Board's website (www.incb.org), are intended to provide assistance to Governments in

formulating national legislation and policies for prescribers, pharmacists, law enforcement authorities, regulatory authorities and the public, with regard to the use of the Internet for dispensing, purchasing, exporting and/or importing internationally controlled substances.

255. The Guidelines include recommendations for action to be taken at international and national levels and are divided into three parts: legislative and regulatory provisions; general measures; and national and international cooperation. The Guidelines are intended to help each Government to identify the control measures most appropriate for its country. Some of the recommendations, particularly those relating to the provisions of the international drug control treaties, should be implemented in all countries. To ensure concerted international action, basic requirements for information exchange and cooperation should also be implemented in all countries.

256. The Board invites all Governments to use the Guidelines and to inform the Board of their experience in implementing the Guidelines. The Board hopes that the Guidelines will serve as a starting point for successful international cooperation and, in the long term, will lead to an international agreement in that area.

257. The Commission on Narcotic Drugs and the Economic and Social Council share the Board's concern regarding the illegal sale of internationally controlled substances through the Internet. In its resolution 50/11, the Commission encouraged Member States to notify the Board, in a regular and standardized manner, of seizures of licit substances under international control ordered via the Internet and delivered through the mail, in order to enable the Board to fully assess trends relevant to that issue. In the same resolution, the Commission encouraged the Board to continue its work with a view to raising awareness of and preventing the misuse of the Internet for the illegal supply, sale and distribution of internationally controlled licit substances.

258. The Board has developed a format to be used by countries to report in a standardized manner on seizures of narcotic drugs and psychotropic substances illegally sold through the Internet and delivered through the mail. The format will be brought to the attention of Governments in early 2009. The Board

invites all Governments to use the format in reporting the relevant information to the Board. The Board also invites Governments to continue to inform the Board of national legislation related to the sale of internationally controlled substances through the Internet, national cooperative mechanisms and practical experience in the control of such sales, as well as details of national focal points for activities related to illegal Internet pharmacies.

5. Smuggling of drugs by courier services

259. In the past two years, the Board has collected information from Governments on the misuse of courier services by drug traffickers. The information received shows that the misuse of courier services for drug trafficking has occurred in all regions. Drug traffickers have realized that using courier services is a relatively secure method of illegal drug transportation. Some Governments have identified the use of courier services as a major modus operandi for drug smuggling.

260. The actual extent of the problem may not be known in all countries, as several Governments have indicated that they are not in a position to determine its extent. However, in countries where law enforcement has been sensitized to the problem of smuggling drugs through courier services, a significant number of such incidents have been detected.

261. The drugs smuggled through courier services include illicitly manufactured drugs, as well as pharmaceutical preparations containing narcotic drugs and psychotropic substances that have been diverted from licit distribution channels. The most commonly smuggled drugs are heroin, cocaine, cannabis, MDMA (commonly known as "ecstasy"), lysergic acid diethylamide (LSD) and amphetamines. Smuggled pharmaceutical preparations include psychotropic substances such as benzodiazepines and narcotic drugs such as codeine. Although relatively small amounts of drugs are smuggled in individual letters or parcels, they add up to significant quantities, which reflects the importance attached by drug trafficking organizations to that smuggling method.

262. It was reported that the use of courier services for drug smuggling was increasing because, with courier services: (a) drugs could be concealed with ease; (b) it was possible to send small quantities of drugs frequently; (c) the operational costs were low; (d) it

was possible to send consignments from one location to various destinations; and (e) it was difficult to verify whether information provided by the sender was valid.

263. Most Governments that have recorded drug smuggling incidents involving the use of courier services are of the opinion that, though the illicit activity is carried out without the complicity of the courier company, it constitutes misuse of the company services, sometimes with the involvement of an individual company employee. In such cases, the safety and control provisions of courier companies have been found to be insufficient. No courier services, including the larger courier services, are secure from drug smuggling attempts. However, reports from some countries indicate that small courier companies are more frequently targeted than large ones, since large ones routinely require details about shipments and utilize a tracking system, which facilitates monitoring of the movement of the shipment from the sender to the consignee.

264. The Board notes that in many countries there is no need to introduce specific control measures for courier services. Existing postal control measures and regulations, if fully applied to courier services, are sufficient to counter the smuggling of narcotic drugs and psychotropic substances. The Board encourages all Governments that have not yet done so to establish legislative and administrative measures ensuring adequate safeguards against the misuse of postal and courier services for the purpose of drug trafficking. Governments are invited to take similar measures against the shipment of cannabis seeds and drug paraphernalia such as equipment specifically intended for the illicit cultivation and abuse of cannabis.

265. The import and export of internationally controlled substances by courier services are subject to all control provisions required for international trade in such substances, including the issuance of authorizations or permits. It should be routine procedure for a sender to be required to have a copy of the authorization ready for inspection and for courier services to request the sender to present the authorization when sending a letter or parcel. Courier services should also ensure that shipment delivery agreements include information about prohibited and controlled substances.

266. Legislative provisions and administrative regulations with respect to security measures for the

transport of controlled substances are crucial to limiting the risk of theft or loss. Some Governments have issued special regulations for the transport of narcotic drugs and psychotropic substances. Courier services should comply with those regulations.

267. The Board notes that in most countries courier services are responsible for checking parcels and alerting the authorities of suspicious transactions. Before accepting consignments, the details of the sender and the recipient should be obtained and recorded. Those details should be verified against reliable identity documents and should accompany the parcel. All parcels for which proper identification is not possible should be opened and examined. If a courier company employee picks up a parcel from a given address, the address should be kept on record.

268. The Board recognizes the importance of providing adequate training for employees of postal and courier services. Special training and regular information exchange, including alerts, should be used to sensitize the employees of those services to the risks of drug smuggling. Such training needs to be provided regularly to inform the employees about new attempts to use postal and courier services for drug smuggling. It may be useful to provide employees of courier services with guidelines on identifying suspicious shipments.

269. Governments should strengthen institutions responsible for the control of postal and courier services and establish channels for the exchange of information between regulatory authorities, law enforcement authorities, the judiciary, postal administration and courier services to enable the rapid investigation of drug trafficking cases. Regular meetings between law enforcement authorities and postal and courier services could be used to provide information on current trends in drug trafficking, modus operandi of drug trafficking syndicates and concealment methods, such as common types of packaging.

270. Appropriate checking techniques such as random checks, as well as checks after profiling (based on risk indicators and intelligence), have proved to be useful in preventing drug smuggling. Information made available prior to the arrival of international shipments by courier services facilitate the identification and speed up the selection of suspicious consignments for inspection by the customs.

271. Governments should cooperate in preventing the misuse of courier services for drug smuggling. The technique of controlled delivery was reported by several Governments as being the most effective way to counter the smuggling of drugs through courier services. Controlled delivery allows authorities to identify the smuggling method and the recipient of the contraband and to collect evidence essential to dismantling the criminal organization involved in the smuggling. The Board encourages all Governments concerned to use the technique of controlled delivery when appropriate and to cooperate with other Governments in that regard.

272. The Board encourages regional and international cooperative efforts to counteract the misuse of courier services for drug smuggling. In this respect, the Board notes that the Tripoli Action Plan adopted at the Arab Regional Symposium on Counteracting Drug Trafficking and Money-Laundering using the Mail, organized with the help of UNODC in November 2007 (see paragraph 303 below), which includes specific measures on cooperation and information-sharing.

273. Governments should observe existing international agreements and use them to further cooperation against the misuse of courier services for drug smuggling. The Universal Postal Convention regulates the international shipments of mail by state postal services. The Board encourages Governments to apply the provisions of that Convention to private courier services and amend their national legislation accordingly. The Board invites UPU to extend the relevant provisions of the Convention applicable to state postal services so that they are also applicable to private courier services.

274. The Board requests all Governments to increase their vigilance with regard to cases involving the misuse of courier services for drug smuggling and to adopt measures to effectively counter that illicit activity. The Board invites all Governments concerned to continue to provide the Board with pertinent information on that subject.

6. Abuse of cough syrups containing narcotic drugs

275. There is evidence that cough syrups containing narcotic drugs, such as codeine, dihydrocodeine, ethylmorphine, hydrocodone and pholcodine, have been diverted and abused in some countries. However,

data on the extent of the diversion and abuse of such cough syrups have been limited. Therefore, the Board sent a questionnaire in 2008 to the Governments of about 50 countries in all regions to obtain information on the diversion and abuse of cough syrups containing narcotic drugs, including details on the main cough syrups abused, the extent of their abuse and the supply sources for abusers, as well as the measures taken by Governments to counter such diversion and abuse. In addition, information was obtained from reports by Governments and relevant international organizations to complement the data obtained through the questionnaire.

276. The abuse of cough syrups containing narcotic drugs was reported by several Governments. While the extent of abuse of cough syrups is limited in most countries, in some countries it represents a significant problem. According to a survey conducted in Bangladesh, 4.3 per cent of patients seeking drug addiction treatment in 2007 indicated cough syrups containing codeine as their primary drug of abuse. In the Islamic Republic of Iran, according to a Government estimate, about 100,000 persons abuse cough syrups containing codeine, frequently in combination with benzodiazepines. In the United States, the abuse of cough syrups containing narcotic drugs is reported as common in some states such as Texas, where law enforcement authorities identified cough syrups containing hydrocodone and codeine as the most commonly abused pharmaceutical drugs in 2006.

277. Cough syrups are mainly abused by teenagers and young adults. Abusers of cough syrups are often polydrug users. In most countries, drug abusers obtain cough syrups containing narcotic drugs, in particular codeine, through purchases in pharmacies and other licit distribution outlets, since a prescription is not required by law for some of those preparations. In countries where a prescription is required, abusers obtain cough syrups through illegal purchases from pharmacies without a prescription or purchases in the illicit market. Illicit markets are supplied by cough syrups diverted from licit distribution channels, in particular through illegal purchases from wholesalers and through theft from wholesalers, pharmacies and hospitals.

278. Cough syrups are diverted in some countries for subsequent smuggling into other countries. For

example, cough syrups containing codeine are smuggled out of India and into Bangladesh, Nepal and Thailand. The Board calls on the Governments concerned to take measures against the diversion and smuggling of cough syrups.

279. Several Governments have reported on certain measures that proved effective in preventing the diversion and abuse of cough syrups in their countries. The measures included introducing stricter control and supervision of the channels of distribution of cough syrups and programmes for drug abuse prevention among youth to increase awareness of the risks associated with inappropriate use of cough syrups.

280. Cough syrups containing narcotic drugs are an effective medication for many patients and are important in medical practice and health care. However, the Board calls on all Governments to be on the alert for problems involving the abuse of cough syrups and to adopt, if necessary, measures to effectively prevent the diversion and abuse of cough syrups.

7. Ketamine

281. Since 2004, the Board has drawn the attention of Governments to the problem of trafficking in and abuse of ketamine, a substance currently not under international control.⁶⁹ Ketamine is abused in a number of countries, particularly in the Americas, East and South-East Asia, South Asia and Oceania.

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

⁶⁹ *Report of the International Narcotics Control Board for 2004* (United Nations publication, Sales No. E.05.XI.3), para. 390; *Report of the International Narcotics Control Board for 2005 ...*, paras. 385, 431, 471 and 641; *Report of the International Narcotics Control Board for 2006 ...*, paras. 199-204 and 457-458; and *Report of the International Narcotics Control Board for 2007 ...*, paras. 222-225.

283. In order to enable Governments to take appropriate measures against the diversion and abuse of ketamine, the Commission on Narcotic Drugs, in March 2006, adopted resolution 49/6, 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. In March 2007, the Commission adopted resolution 50/3, in which it encouraged Member States to consider adopting a system of precautionary measures for use by their Government agencies to facilitate the timely detection of the diversion of ketamine.

284. The Board, in view of the fact that the abuse of and trafficking in ketamine had been occurring in a large number of countries for many years, welcomed the adoption by the Commission on Narcotic Drugs of its resolutions 49/6⁷⁰ and 50/3⁷¹ and called on all Governments to implement them without delay. In addition, the Board decided to request all Governments to provide it with information on the specific legal or administrative measures adopted pursuant to Commission resolution 49/6, including information on measures to control ketamine and on ketamine imports, exports, seizures, abuse and trafficking. In line with that decision, a questionnaire was sent to all Governments in August 2008.

285. As at 1 November 2008, the Board had received the requested information from 63 countries and 4 territories, of which 34 reported that ketamine had already been placed on the list of substances controlled under national legislation, pursuant to Commission on Narcotic Drugs resolution 49/6, and 32 countries reported that legal provisions or administrative measures had been adopted to implement that resolution. Of the countries and territories that had not yet placed ketamine under control, 9 reported that their domestic situation would require doing so, mainly because of the extent of abuse of the substance.

286. With regard to the control of licit international trade in ketamine, 35 of the countries responding to the questionnaire had introduced the requirement of import and export authorization for imports and exports of

ketamine, and one country was in the process of doing so; two other countries had introduced the requirement of import authorizations only. The vast majority (78 per cent) of the responding countries and territories were in a position to provide precise information on total manufacture, imports and exports of ketamine per year.

287. Twenty-one countries and territories provided details on the abuse of and illicit trafficking in ketamine, including information on seizures of ketamine. While most reported many seizures involving small quantities of ketamine, some reported having seized large quantities of the substance. Australia reported having seized the largest quantity of ketamine (15.2 tons during the period 2007-2008). The other countries were China (1 ton in 2006), followed by Germany, Malaysia, Philippines and Thailand.

288. In line with its past practice of conveying all relevant information on ketamine trafficking and abuse to WHO, the Board has communicated the above-mentioned information to WHO for use in its critical review of ketamine in 2009. The Board again requests all Governments to continue to provide it and WHO with all information available on the abuse of ketamine in their countries in order to assist the WHO Expert Committee on Drug Dependence in its efforts to assess ketamine for possible inclusion in one of the schedules of the international drug control conventions.

289. In order to facilitate the verification, by Governments, of the legitimacy of imports and exports of ketamine, the Board is publishing information on measures introduced by Governments for the control of ketamine, notably information on the national requirements already in place in individual countries for import and export authorizations for ketamine. The Board requests all Governments that have not yet done so to furnish it with updated information on their national regulatory control measures for ketamine. The Board encourages all Governments to consult that information before authorizing imports or exports of ketamine.

⁷⁰ *Report of the International Narcotics Control Board for 2006 ...*, para. 203.

⁷¹ *Report of the International Narcotics Control Board for 2007 ...*, para. 222.