

II. Functioning of the international drug control system

A. Promoting the consistent application of the international drug control treaties

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

1. Status of adherence to the international drug control treaties

52. After protracted civil unrest that was followed by several years of autonomous rule, South Sudan became an independent State on 9 July 2011 and a Member State of the United Nations on 14 July 2011. The Board welcomes South Sudan as a new member of the United Nations family and looks forward to cooperating closely with its Government in combating drug trafficking and abuse. The Board hopes that the Government will give positive consideration to becoming a State party to the three international drug control treaties in the near future. The Board stands ready to assist the Government in ensuring that South Sudan's legal and administrative structures are adequate to meet the obligations of those treaties.

53. As at 1 November 2011, the number of States parties to the Single Convention on Narcotic Drugs of 1961¹ or that Convention as amended by the 1972 Protocol² remained at 186. Of those States, 184 were parties to the 1961 Convention as amended by the 1972 Protocol. Afghanistan and Chad continue to be parties to the 1961 Convention in its unamended form only. A total of nine States have yet to accede to the 1961 Convention or that Convention as amended by the 1972 Protocol: two States in Africa (Equatorial Guinea and South Sudan), one in Asia (Timor-Leste) and six in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Tuvalu and Vanuatu).

54. The number of States parties to the Convention on Psychotropic Substances of 1971³ stood at 183. A total of 12 States have yet to become parties to that Convention: 3 States in Africa (Equatorial Guinea, Liberia and South Sudan), 1 in the Americas (Haiti), 1 in Asia (Timor-Leste)

and 7 in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Solomon Islands, Tuvalu and Vanuatu).

55. The number of States parties to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988⁴ stood at 184. A total of 11 States have yet to become parties to that Convention: 3 States in Africa (Equatorial Guinea, Somalia and South Sudan), 1 in Asia (Timor-Leste), 1 in Europe (the Holy See) and 6 in Oceania (Kiribati, Nauru, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

56. The Board notes that, despite its ongoing efforts to promote universal application of the international drug control treaties, 16 States, as mentioned above, have not yet become parties to all of the international drug control treaties. Oceania continues to be the region with the most States that have not acceded to all the treaties. The Board is concerned that failure to accede to any of the treaties may weaken the collective efforts of the international community to fight drug trafficking and abuse. The Board urges the States concerned to identify any impediments to their becoming parties to the international drug control treaties and to take the steps necessary to accede to all the treaties without further delay.

2. Evaluation of overall treaty compliance in selected countries

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

58. The findings of the review, as well as the Board's recommendations for remedial action, are conveyed to the Governments concerned as part of the ongoing dialogue between the Board and Governments to ensure that the international drug control treaties are fully implemented.

59. In 2011, the Board reviewed the drug control situation in Albania, Haiti, Mauritania and Papua New Guinea, as well as measures taken by the Governments of those countries to implement the international drug control treaties. In doing so, the Board took into account all

¹ United Nations, *Treaty Series*, vol. 520, No. 7515.

² *Ibid.*, vol. 976, No. 14152.

³ *Ibid.*, vol. 1019, No. 14956.

⁴ *Ibid.*, vol. 1582, No. 27627.

information available to it, paying particular attention to new developments in drug control in those countries.

(a) Albania

60. The Government of Albania has made some progress in drug control in recent years, in particular in the area of law enforcement. Drug control legislation is generally adequate. The first drug control strategy was concluded in 2010 and the Government is preparing a new strategy, together with an action plan for its implementation, which will then be submitted to Parliament for approval. Progress has also been noted in providing the required information on precursors to the Board.

61. Resources provided by the Government of Albania for drug control efforts remain insufficient. Although legislation is in force that provides for the creation of an inter-ministerial committee to coordinate drug control policy, the committee has not been able to function adequately because of a lack of resources. The Board notes the continued lack of adequate resources for the regulatory control of narcotic drugs, psychotropic substances and precursors by the Ministry of Health, which has an adverse impact on the effectiveness of such control. No centralized data collection mechanism exists and, consequently, there are inconsistencies in data on drug seizures and drug abuse.

62. In Albania, rates of drug abuse are increasing, especially among young persons. Lack of coordination in the Government has hampered efforts to gather data on the drug abuse situation in the country and to establish adequate facilities for the treatment of drug addicts. The Board wishes to emphasize the importance of conducting a national survey on drug abuse in Albania in order to address that growing problem in a more effective manner. The Board urges the Government to make further efforts and to take more effective measures to ensure that progress is made in that area.

63. The Board, as part of its ongoing dialogue with the Government of Albania, invited a delegation from the Government to attend its session in February 2011. The delegates reported on recent measures taken in the field of drug control in Albania and assured the Board of the Government's commitment to drug control and to cooperating with the Board. The Board notes that continued efforts have been made by the Government of Albania. The Board looks forward to cooperating more closely with the Government with a view to achieving the aims of the international drug control treaties.

(b) Haiti

64. The Board notes that Haiti has made considerable progress since the tragic earthquake of 12 January 2010.

Despite many challenges and difficulties, the progress is being made in the reconstruction efforts in the country, undertaken with the support of the international community. In 2011, the President of the Board held meetings with the permanent representatives of Haiti to the United Nations in New York and Geneva to discuss issues relating to the drug control situation in Haiti and to explore the feasibility of conducting a mission of the Board to Haiti in due course.

65. The Board notes with appreciation that the national drug control authorities of Haiti have resumed their mandatory reporting obligations under the three international drug control conventions and have regularly furnished statistical data on narcotic drugs, psychotropic substances and precursors, as well as estimates and assessments on narcotic drugs and psychotropic substances. The Board wishes to encourage the Government to continue its efforts in those areas. The Board trusts that the commitment of the Government to international drug control efforts will soon be strengthened by the accession of Haiti to the 1971 Convention.

66. Haiti continues to be an important transit area for the smuggling of cocaine into North America and Europe via the West Indies. The smuggling of cannabis from Haiti into its neighbouring countries continues to pose challenges to drug control efforts in the area. The destruction caused by the earthquake in 2010 and the resulting loss of capacity of the national drug law enforcement authorities in Haiti have given rise to fears that the country may be increasingly used by drug traffickers as a trans-shipment area for smuggling drugs. If unchecked, the trans-shipment of illicit drug consignments through Haiti will undermine efforts by the Government and the international community to strengthen State institutions and political stability. The Board therefore calls on the Government of Haiti to take the measures necessary to deter such illicit activity. The Board also calls on the international community to assist the Government of Haiti in that regard.

(c) Mauritania

67. Mauritania is a party to all three international drug control treaties. In the past, the Board had expressed serious concerns regarding the compliance of the Government of Mauritania with those treaties. However, following intensive dialogue with the Board, the Government took steps to improve the national drug control mechanism, including through the amendment of national legislation on drug control, the adoption of a national drug control strategy and the enhancement of the country's inter-ministerial body to improve cooperation.

68. The Board welcomes the measures taken by the Government of Mauritania to increase its capacity in drug control. However, those efforts will need to be further reinforced to enable the Government to respond adequately to emerging trends in drug abuse in Mauritania and drug trafficking in and through the country. The Board remains concerned about the increase in the smuggling of drugs into Europe through Mauritania and other countries in the Sahel area of West Africa.

69. Like many countries in West Africa, Mauritania lacks the resources and capacity to effectively address the emerging problems of drug trafficking and drug abuse; the Board encourages the Government of Mauritania to step up its efforts to reduce illicit drug supply and demand and to collaborate with the Governments of neighbouring countries in that regard. The Board calls on the United Nations Office on Drugs and Crime (UNODC) and other international entities to support the capacity-building efforts of the Government of Mauritania so that the Government may make further progress towards compliance with the international drug control treaties. A mission of the Board to Mauritania is scheduled to take place in the near future.

(d) Papua New Guinea

70. The Board continues to have concerns regarding the situation in Papua New Guinea, including the lack of adequate national drug control legislation, the absence of a mechanism for Government coordination in the area of drug control and the dismal record of the Government in cooperating with the Board, in terms of providing data required under the international drug control treaties and responding to the Board's requests for information regarding the drug control situation in the country.

71. There is every indication that the illicit cultivation of and trafficking in cannabis remain widespread in Papua New Guinea. Moreover, national drug control efforts are being undermined by a lack of coordination among Government agencies. The country also suffers from inadequate law enforcement capacity. Papua New Guinea remains one of the few countries in the world that have yet to become parties to the 1988 Convention.

72. For many years, the Board has been raising issues of concern with the Government of Papua New Guinea. The Board will continue its dialogue with the Government with a view to promoting the country's compliance with the international drug control treaties. The Board urges the Government of Papua New Guinea to give priority to taking measures to strengthen drug control and calls on the members of the international community, in particular UNODC, to provide the assistance necessary to remedy the

situation as soon as possible. In September 2011, the President of the Board met with the Minister for Health of Papua New Guinea to discuss issues of concern to the Board, as well as a proposed mission of the Board to that country.

3. Country missions

73. In pursuing its mandate under the international drug control treaties and as part of its ongoing dialogue with Governments, the Board undertakes a number of country missions every year to discuss with competent national authorities measures taken and progress made in various areas of drug control. The missions provide the Board with an opportunity to obtain not only first-hand information, but also a better understanding of the drug control situation in each country it visits, thereby enabling the Board to provide Governments with relevant recommendations and to promote treaty compliance.

74. Since the previous report of the Board, the Board has sent missions to the following countries: Costa Rica, Czech Republic, Denmark, El Salvador, India, Libyan Arab Jamahiriya,⁵ Mexico, Myanmar, Serbia, United States and Zimbabwe.

(a) Costa Rica

75. A mission of the Board visited Costa Rica in June 2011. Costa Rica is a party to all three international drug control treaties, and the Government is committed to the implementation of the provisions of those treaties. The Government has initiated legal and institutional reforms to increase the country's capacity to counter drug trafficking while ensuring the availability of narcotic drugs and psychotropic substances for medical purposes. The system for ensuring that narcotic drugs, psychotropic substances and precursors are used for legitimate purposes only functions well in Costa Rica; there have been few cases in which controlled substances have been diverted into illicit channels. The Board notes with appreciation that the Government is taking measures to improve the availability of opioid analgesics for medical purposes.

76. Because of its strategic location, Costa Rica continues to be used by traffickers as a transit country for illicit consignments of certain drugs, as well as precursors. The Board appreciates that Costa Rican authorities have taken steps to ensure that their efforts to counter such activities are coordinated with the efforts of national law enforcement authorities in other countries. Studies indicate that the prevalence of drug abuse in Costa Rica is

⁵ Since 16 September 2011, "Libya" has replaced "Libyan Arab Jamahiriya" as the short name used in the United Nations.

low but increasing and that the facilities for the treatment of drug abusers are having difficulties meeting the demand for such treatment. The Board has communicated to the Government of Costa Rica comprehensive recommendations to further improve the drug control system in the country.

(b) Czech Republic

77. A mission of the Board visited the Czech Republic in November 2010. The purpose of the mission was to examine developments that had taken place since its previous mission to that country, in 2003, in particular legislative changes regarding the decriminalization of possession of drugs for personal consumption in amounts below defined thresholds, and to discuss with the competent national authorities measures for countering drug abuse and drug trafficking. The Czech Republic is a party to all three international drug control treaties.

78. The Board notes that according to the national drug control legislation of the Czech Republic, the possession of drugs for personal consumption in amounts below defined thresholds is an administrative offence, and the cultivation of plants containing narcotic drugs or psychotropic substances for personal consumption in quantities below defined thresholds is also an administrative offence. The Board has entered discussions with the Government to examine whether that legislation is in conformity with the provisions of article 3, paragraph 2, of the 1988 Convention, which requires the establishment of such acts as criminal offences.

79. The Board notes that the Government of the Czech Republic is committed to the goals and objectives of the international drug control treaties. The National Drug Policy Strategy 2010-2018 and the Drug Action Plan 2010-2012 reflect a well-balanced national policy on drug control. The Board appreciates the measures taken by the Government to counter illicit drug manufacture and trafficking by improving and strengthening the relevant provisions of national drug control legislation. The Board commends the Government for having put in place a well-organized and comprehensive network of services for the in- and outpatient treatment of drug abusers.

(c) Denmark

80. A mission of the Board visited Denmark in September 2011. The aim of the mission was to review the Government's efforts to comply with its obligations under the three international drug control conventions, to which it is a party, in particular the 1988 Convention, since the Board's last mission to that country in 2004.

81. In recent years, the estimated annual prevalence of illicit drug use among the general population and youth in Denmark has not increased, although the illicit use of some types of drugs has remained at relatively high levels. Programmes for the prevention and treatment of drug abuse are carried out by the Government. The Board welcomes the involvement of non-governmental organizations and community based groups in those programmes. The Board notes that comprehensive legislative measures and administrative policies related to drug control continue to be expanded by the Government. Although measures aimed at controlling the movement of precursors to, from and through Denmark exist, there is a need for Danish authorities to make more consistent use of the Pre-Export Notification Online (PEN Online) system, developed by the Board, to control all shipments of precursors. The Board would also appreciate an improvement in reporting on efforts in the country to counter the diversion of precursors.

(d) El Salvador

82. A mission of the Board visited El Salvador in June 2011. The Board's previous mission to that country had taken place in 2006. The competent national authorities reaffirmed their commitment to complying with the provisions of the international drug control conventions. The comprehensive national drug control strategy foresees, among other things, reforming of the legislative basis, enhanced law enforcement activities and initiatives to reduce the illicit demand for drugs. Administrative mechanisms for the control of narcotic drugs, psychotropic substances and precursor chemicals are functioning well. The Government has identified some factors impeding the availability of opioid analgesics for medical purposes, and it is taking steps to remove those impediments.

83. El Salvador continues to be used by traffickers, including *maras* (youth gangs), as a transit country for illicit consignments of cocaine and "crack" (a cocaine derivative converted from cocaine hydrochloride) from South America destined for North America. It is also a transit country for precursor chemicals used in the illicit manufacture of amphetamine-type stimulants. The Board notes the efforts made by the Government of El Salvador to prevent drug trafficking through its territory. Studies on the prevalence of drug abuse in El Salvador appear to be outdated. The Board has made comprehensive recommendations to the Government aimed at strengthening the drug control situation in El Salvador.

(e) India

84. A mission of the Board visited India in December 2010. The Board notes with appreciation that the Government of India is fully committed to the objectives of the international drug control treaties. The controls over the licit cultivation of opium poppy and the licit production of opium are strictly implemented. The extent and patterns of drug abuse in India have changed; the Government has taken steps to carry out a new national survey on drug abuse; a pilot survey has already been conducted.

85. The mission discussed with the authorities their efforts to further expand demand reduction activities and strengthen the primary prevention of drug abuse, as well as to ensure the sufficient availability of facilities for the treatment of drug abusers. Other issues discussed by the mission included the measures against the abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances, the action to eliminate the illicit cultivation of opium poppy and to prevent the illicit manufacture of synthetic drugs. The controls applied in India to the international trade in narcotic drugs and psychotropic substances are functioning well. The mission reviewed with the Government steps to improve the quality of the reporting by India on domestic licit activities related to narcotic drugs and, in particular, psychotropic substances. Also discussed were measures to ensure rational use of controlled substances, including opioid analgesics, and their availability for medical purposes.

(f) Libyan Arab Jamahiriya

86. A mission of the Board visited the Libyan Arab Jamahiriya⁶ in January 2011. Noting the current situation in the country, the Board decided to postpone its consideration of recommendations on drug control in that country to an appropriate time.

(g) Mexico

87. The Board sent a mission to Mexico in October 2011. The Board notes that the Government of Mexico, a party to all three international drug control conventions, is firmly committed to the goals and objectives of those treaties. Mexico is faced with problems related to the clandestine manufacture of methamphetamine on a large scale; most of the illicitly manufactured methamphetamine is subsequently smuggled into the United States. Mexico is also faced with problems related to drug and precursor trafficking. The Government of Mexico has implemented a

number of measures since the last mission of the Board, in 2005, to address those illicit activities and curb the influence of the criminal organizations involved. The legislative basis has been strengthened to enable the judiciary to better respond to drug and precursor trafficking, and further improvements of the legislative basis have been planned. Cooperation with law enforcement and judicial authorities in other countries in the Americas has increased. A number of successes have been achieved in the area of law enforcement, and the criminal organizations involved in drug and precursor trafficking have been weakened.

88. The Government of Mexico has developed a special programme of action to expand its drug abuse prevention, outreach and treatment activities. Since 2008, many Government facilities have been opened to provide services in the area of drug abuse prevention and counselling and treatment for drug addicts. The mission discussed with the competent national authorities courses of action to reduce the illicit demand for controlled substances. The Board notes the action taken by the Government to improve the availability of opioid analgesics and to address the continued problems of the illicit cultivation of cannabis plants and the illicit cultivation of opium poppy for the purpose of producing opium to be used as a raw material for illicit heroin manufacture in the country. The Board has provided comprehensive recommendations to the Government aimed at reducing the illicit supply of controlled substances while strengthening demand reduction activities in Mexico.

(h) Myanmar

89. The Board sent a mission to Myanmar in December 2010. The Board notes that the Government of Myanmar remains fully committed to the eradication of illicit opium poppy cultivation in the country, as evidenced by the consistent implementation of the 15-year Drug Elimination Plan initiated by the Government in 1999. Since the Board's last mission, in 2006, continued efforts have been made in Myanmar to address drug trafficking and abuse, and particular progress has been made in drug abuse prevention and in the treatment and rehabilitation of drug abusers.

90. The Board notes, however, that significant challenges remain. In particular, although the illicit cultivation of opium poppy and production of opium declined significantly in Myanmar during the period 1999-2006, such cultivation has increased every year since 2007 and, as a result, many of the farmers who used to grow opium poppy are likely to return to that activity. The Board is also concerned that, despite increased law enforcement efforts, Myanmar has emerged as a major

⁶ Since 16 September 2011, "Libya" has replaced "Libyan Arab Jamahiriya" as the short name used in the United Nations.

illicit manufacturer of amphetamine-type stimulants, in particular methamphetamine tablets. In recent years, Myanmar has reported the seizure of a considerable amount of precursor chemicals. Trafficking in ephedrine and pseudoephedrine in the form of pharmaceutical preparations has also increased. Furthermore, limited progress has been made by the Government in addressing the existing problems in ensuring the adequate availability of opioids for medical purposes in the country.

(i) Serbia

91. A mission of the Board visited Serbia in October 2011. Serbia is a party to all three international drug control conventions and is committed to the implementation of the conventions. The Board notes with satisfaction the adoption by Serbia of a national drug control strategy and action plan, as well as a plan to create a national committee to coordinate the concerted efforts of all institutional stakeholders to implement national drug control initiatives. Serbia continues to be used as an important transit country for the smuggling of drugs along the Balkan route.

92. The Board notes that Serbian law enforcement authorities have reported successful cooperation with regional and international partners, which has led to significant seizures of illicit drug consignments and to the dismantling of international criminal syndicates. The Government has recognized the need for an appropriate assessment of Serbia's requirements for analgesics used for the treatment of pain, which remains low, and is considering adopting measures to address that issue. In recent years, the Government has initiated several programmes for the prevention of drug abuse and the treatment of drug addiction. However, Serbia does not currently have in place any rehabilitation or after-care programmes for drug addicts.

(j) United States of America

93. A mission of the Board visited the United States in April 2011. The previous mission to that country had taken place in 1998. The mission examined with the authorities the "medical" cannabis schemes that exist in some states in the United States. The Board requests the Government to ensure the implementation of all control measures for cannabis plant and cannabis, as required by the 1961 Convention as amended by the 1972 Protocol, in all states and territories falling within its legislative authority, as the United States is a party to that convention. The Government should send strong and clear messages to the public in general and youth in particular regarding the adverse health effects of cannabis abuse. The Board also encourages the Government to continue to closely

monitor the situation with regard to the abuse of prescription drugs and to strengthen measures to prevent and reduce such abuse.

94. The United States has considerable experience in tackling the problem of Internet pharmacies illegally distributing narcotic drugs and psychotropic substances. The Board encourages the Government to share its knowledge and best practices in that area with the authorities of other countries facing similar challenges and with the Board. The Board appreciates the close cooperation of the authorities of the United States in precursor control and invites the Government to continue its efforts to ensure the high quality of the statistical data furnished to the Board on narcotic drugs and psychotropic substances.

(k) Zimbabwe

95. A mission of the Board visited Zimbabwe in June 2011. Owing to its central location in Southern Africa, Zimbabwe continues to be used as a transit country for illicit drug consignments. The abuse of cannabis is widespread in the country, and the abuse of some other drugs has increased, albeit from low levels. Drug traffickers have attempted to divert precursors into illicit channels via Zimbabwe. National legislation and administrative regulations provide an adequate basis for the implementation of the provisions of the international drug control treaties. The drug control structures of the Government are in place in spite of the political and economic upheavals of the past decade; however, the capacity of the drug control authorities needs to be strengthened.

96. The mission discussed with the authorities ways to enhance demand reduction activities in Zimbabwe, in particular among young people, and to ensure that primary prevention and treatment are available throughout the country for abusers of all drugs. Among the issues discussed were measures to increase the capacity of the law enforcement authorities to counter drug trafficking and to increase the availability of controlled substances, including opioid analgesics, for medical purposes.

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

97. As part of its ongoing dialogue with Governments, the Board also conducts, on a yearly basis, an evaluation of Governments' implementation of the Board's recommendations pursuant to its country missions. In 2011, the Board invited the Governments of the following five countries, to which it had sent missions

in 2008, to provide information on progress made in the implementation of its recommendations: Ethiopia, Mauritius, Romania, Ukraine and United Arab Emirates.

98. The Board wishes to express its appreciation to the Governments of Mauritius, Romania, Ukraine and United Arab Emirates for submitting the information requested. Their cooperation facilitated the Board's assessment of the drug control situation in those countries and the Governments' compliance with the international drug control treaties. Information from the Government of Ethiopia was received too late to be reviewed by the Board and the outcome of its review will be included in the annual report for 2012.

99. In addition, the Board reviewed the implementation of the Board's recommendations following its 2007 missions to Liberia and Viet Nam, which did not provide the requested information in time for review in 2010.

(a) Liberia

100. Little progress has been made by the Government of Liberia in the implementation of the Board's recommendations following its mission to that country in 2007. In view of the many challenges facing the country after a protracted civil war, its capacity to effectively deal with drug control issues remains limited. The Board notes with concern that the country has not yet ratified the 1971 Convention and that the current national drug control legislation has not been updated to meet the requirements of the international drug control treaties. Control over the licit import of narcotic drugs, psychotropic substances and precursor chemicals remains weak.

101. The Board notes that measures need to be taken to intensify and streamline the various services of law enforcement agencies in Liberia that have a mandate to act against drug trafficking, in order to avoid duplicating efforts and wasting of resources. The Board calls on the Government to establish a system for controlling precursors and other chemicals used in the illicit manufacture of drugs. That is particularly important as Liberia has already been used by traffickers for the diversion of those substances.

102. While drugs are widely abused in Liberia, the extent of drug abuse in the country is not known to the authorities. There has never been a systematic assessment of the nature, extent and patterns of drug abuse. The Board calls on the Government to carry out an assessment of drug abuse, including the collection and analysis of data on the incidence, prevalence and other characteristics of drug abuse. Such an objective assessment is indispensable for the

design of programmes for the prevention of drug abuse and the treatment and rehabilitation of drug abusers.

103. The Board urges the Government of Liberia to make further progress in complying with the international drug control treaties and to consider requesting UNODC and other international bodies to provide the necessary technical assistance.

(b) Mauritius

104. The Government of Mauritius has acted on the Board's recommendations following its mission to that country in 2008, and progress has been made in a number of areas of drug control. The Board notes with appreciation that the national drug control legislation has been strengthened and that administrative measures have been taken to further improve inter-agency cooperation and the coordination of the activities of the institutions, services and agencies active in addressing the problems of drug trafficking and abuse. Drug demand reduction activities in Mauritius are well coordinated by the health authorities, and drug abuse prevention campaigns are conducted throughout the country, with the support of the drug law enforcement authorities.

105. The Government of Mauritius has strengthened national drug control capabilities, including control of sea and air boundaries, and has provided increased resources for the acquisition of relevant equipment and the training of staff. Police and customs authorities regularly carry out joint drug control activities at airports and seaports. Furthermore, collaboration with international partners at the operational level has been intensified to prevent the smuggling of drugs, notably preparations from Europe containing buprenorphine, into Mauritius.

106. The Board, while acknowledging the progress made in drug control, encourages the Government of Mauritius to continue its efforts with regard to the treatment and rehabilitation of drug abusers. With regard to the existing methadone substitution programmes that are being conducted in Mauritius, the Board invites the Government to increase the provision of psychosocial support and to find ways of guiding drug abusers towards reducing their drug intake so that they may eventually stop abusing drugs. The Board notes that in Mauritius the availability of narcotic drugs and psychotropic substances for medical purposes remains limited.

(c) Romania

107. The Government of Romania has acted on most of the recommendations made by the Board following its mission to that country in October 2008 and has made progress in a number of areas of drug control. The Board

notes that the Government has allocated more resources for the collection of statistical data to ensure that its reporting to the Board, as required under the international drug control treaties, is improved. Steps have also been taken to improve the availability of narcotic drugs and psychotropic substances for medical purposes.

108. The Board welcomes the measures taken to improve customs and border control activities to prevent drug trafficking through the territory of Romania, including the provision of customs equipment for drug detection, the development and application of a drug information system within the customs authorities and the establishment of a coordinating unit within the police for the effective implementation of the National Anti-Drug Strategy for the period 2005-2012. Adequate legislation has been adopted to bring new substances under national control, and internal and international cooperation against drug trafficking has also improved.

109. The Board notes that the Government of Romania is taking measures to strengthen its capacity to reduce illicit drug demand in the country. The Board encourages the Government to continue its efforts to ensure that further progress is made in that area, particularly with regard to the availability of facilities for the treatment of drug abusers and the establishment of reliable data on the drug abuse situation in the country.

(d) Ukraine

110. The Government of Ukraine has acted on the recommendations made by the Board following its mission to that country in May 2008 and has made progress in a number of areas of drug control. The Board notes that the Government has taken measures to increase funding for the National Narcotics Control Committee. Steps have been taken to improve the coordination between national bodies, local authorities and law enforcement agencies in order to reduce illicit drug supply and demand; the information system has also been improved. Measures have also been taken to address the abuse of tramadol.

111. Increased efforts have been made in Ukraine to limit the cultivation of opium poppy to an area of land sufficient to cover demand for poppy seeds used for culinary purposes and to prevent the diversion of poppy straw for use in illicit drug manufacture. To that end, the Government has carried out annual preventive operations, and progress has been made in breeding varieties of opium poppy with a low alkaloid content. The Board notes that the Government has taken measures to extend the use of narcotic drugs and psychotropic substances for medical purposes and invites the Government to continue its efforts in that regard.

112. The Government of Ukraine has undertaken activities to reduce drug abuse by injection and the spread of HIV/AIDS. The Board looks forward to seeing further measures taken and progress made by the Government of Ukraine in the area of demand reduction.

(e) United Arab Emirates

113. The Government of the United Arab Emirates has acted on the recommendations made by the Board following its mission to the country in January 2008 and has made progress in a number of areas of drug control. The Board notes that the Government has taken measures to make all the free trade zones on its territory subject to the laws governing the various activities related to the import and export of narcotic drugs, psychotropic substances and precursor chemicals, in accordance with article 18 of the 1988 Convention. The authorities of the United Arab Emirates have actively used PEN Online since 2009.

114. Efforts have been made by the Government of the United Arab Emirates to strengthen the control of containers at seaports and in free trade zones, with meetings being held and workshops organized for officials responsible for seaports, free trade zones and customs. A website is currently being prepared on matters related to shipments and companies. The Board welcomes the introduction of controls over pharmaceutical preparations containing ephedrine or pseudoephedrine through the introduction of an authorization requirement for the import of such preparations.

115. The Board notes various activities in the area of supply and demand reduction in the United Arab Emirates and looks forward to seeing continued progress made by the Government, particularly in collecting and communicating to the Board data on the extent and nature of the drug problem in the country, as well as in establishing a system for the detection of suspicious consignments in containers in or outside of free trade zones.

(f) Viet Nam

116. The Government of Viet Nam has acted on the recommendations made by the Board following its mission to the country in October 2007 and has made progress in a number of areas of drug control. The Board notes that increased efforts have been made to make available drugs for medical purposes. Measures have been taken to improve the country's reporting to the Board, as required under the international drug control treaties.

117. The Board welcomes the steps taken in Viet Nam to improve the treatment and rehabilitation of drug abusers

and the efforts made in participating in different projects sponsored by UNODC in that area. The Board encourages the Government to reinforce and support existing facilities as well as to undertake capacity-building in the field of treatment for drug abusers.

118. The Board notes the measures taken by the Government of Viet Nam to cooperate with neighbouring countries in strengthening regional law enforcement activities in the areas of drug control and crime prevention. The Board encourages the Government to strengthen its systems for enhancing the detection of drug trafficking.

119. The Board, while noting the increased efforts to provide the national authorities involved in drug control with adequate resources, encourages the Government of Viet Nam to pursue its efforts in that area in order to ensure that progress is made in addressing the drug problem in the country.

5. Evaluation of the implementation by Governments of the recommendations made by the Board in its annual reports for 2005, 2006 and 2007

120. In an effort to achieve the aims of the international drug control treaties, in 2011 the Board conducted an evaluation of implementation of the Board's recommendations published in its annual reports for 2005, 2006 and 2007. The evaluation was based on information received from 123 countries and territories that had responded to the questionnaire developed for that purpose, as well as information available to the Board regarding treaty adherence and Governments' compliance with control measures. The Board wishes to thank the Governments of the respondent countries for their contributions.

121. The outcome of the evaluation suggests that most of the Board's recommendations have been implemented, with varying degrees of progress made in the areas of concern to the Board, including (a) treaty adherence and compliance with control measures; (b) prevention of the diversion of controlled substances; (c) reduction of illicit crop cultivation and prevention of drug trafficking; (d) prevention of drug abuse; (e) availability and rational use of narcotic drugs and psychotropic substances for medical purposes; and (f) prevention of the illegal operation of Internet pharmacies and the misuse of courier services.

122. The Board will continue to monitor the drug control situation in various countries, identify weaknesses in drug control at the national and international levels and, in cooperation with Governments, ensure full implementation

of the international drug control treaties. The Board looks forward to the continued support of Governments in its endeavour to achieve the aims of those treaties.

B. Action taken by the Board to ensure the implementation of the international drug control treaties

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

123. Over the years, the Board has invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention with respect to a limited number of States. The Board's objective has been to encourage compliance with those Conventions when other means have failed. In 2000, the Board invoked article 14 of the 1961 Convention as amended by the 1972 Protocol with respect to Afghanistan, in view of the widespread illicit cultivation of opium poppy in that country. Afghanistan is currently the only State for which action is being taken pursuant to article 14 of the 1961 Convention as amended by the 1972 Protocol.

124. Article 14 of the 1961 Convention (and that 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. Such measures, which consist of increasingly severe steps, are taken into consideration when the Board has reason to believe that the aims of the Conventions are being seriously endangered by the failure of a State to carry out their provisions. The States concerned are not named until the Board decides to bring the situation to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs (as in the case of Afghanistan). Apart from Afghanistan, the States concerned have taken sufficient remedial measures so that the Board was able to terminate action taken under those articles vis-à-vis those States.

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

125. Since having invoked article 14 of the 1961 Convention in 2000, the Board has maintained an ongoing dialogue with the Government of Afghanistan. Among other measures, the Board has undertaken three missions to Afghanistan at the political level, and three technical missions to assist the competent authorities of the country to comply with their treaty

obligations. Furthermore, at the invitation of the Board, high-level Government delegations from Afghanistan have attended its sessions on a number of occasions, as part of the continuing consultations under article 14 of the 1961 Convention.

126. Recently, in view of the continuing lack of progress made by Afghanistan in the implementation of its international obligations and commitments under the international drug control treaties, the Board has proposed to field a high-level mission to Kabul during 2011. As it was not possible to undertake that mission, the Board requested the Government of Afghanistan to send a high-level delegation to its 102nd session held in November 2011 in Vienna, to update the Board on the drug control situation in Afghanistan and measures taken and progress made by the Government in the implementation of the international drug control treaties. However, it was not possible for the Government of Afghanistan to comply with that request.

3. Current drug control situation in Afghanistan

127. In 2011, the total area under illicit opium poppy cultivation in Afghanistan increased by 7 per cent, and potential illicit opium production increased by 61 per cent, amounting to 5,800 tons. Opium poppy cultivation took place in half of the country's 34 provinces, with 95 per cent of the cultivation continuing to be concentrated in the southern and western regions. Opium poppy cultivation increased in most of the provinces of Afghanistan in 2011.

128. Progress in reducing illicit opium poppy cultivation in Afghanistan appears to be slow and fragile. The Board urges the Government of Afghanistan to take adequate measures to implement its national drug control strategy and to ensure that illicit opium poppy cultivation in the country is gradually reduced and effectively prevented, particularly through the conduct of awareness and eradication campaigns and providing alternative livelihoods to the farming community in the areas affected.

129. Afghanistan is a major grower of cannabis and one of the world's largest producers of cannabis resin. The amount of land devoted to illicit cannabis cultivation in 2010 was estimated to be 9,000-29,000 hectares (ha), compared with 10,000-24,000 ha in 2009. The number of provinces with cannabis cultivation also increased, from 17 in 2009 to 19 in 2010. Annual production of cannabis resin was estimated at between 1,200 and 3,700 tons in 2010, based on the country's high yields of up to 145 kg/ha.

130. The Board notes with concern that drug abuse continues to increase in Afghanistan. Afghanistan has one of the highest rates of opiate abuse in the world, with a current annual prevalence rate of 2.65 per cent of the population aged 15-64 years. This represents a significant

increase from the rate for 2005 (1.4 per cent). Afghanistan is also facing a rapid spread of drug-related HIV/AIDS infection.

131. The Board remains concerned over the continued widespread corruption in Afghanistan and its effects on counter-narcotics efforts, security, good governance and economic development. The Board urges the Government, with the assistance of the international community, to enhance its efforts to establish a more effective, accountable and transparent administration at all levels.

4. Cooperation by the international community

132. The Board welcomes the ongoing efforts made and progress achieved by the international community in enhancing security, improving governance and stepping up reconstruction and development. Progress in these areas is essential in helping Afghanistan to improve the drug control situation in the country. The increasing capacity of the Afghan National Police in general, and the Counter-Narcotics Police in particular, should have a significant impact on the Government's efforts to counter illicit drug-related activities.

133. The Board calls upon the international community to continue their efforts to support the implementation of the Kabul process following the International Conference on Afghanistan held in Kabul in July 2010. The Board also calls upon the Government of Afghanistan and the international community to take adequate measures to ensure effective implementation of Security Council resolution 1817 (2008) on precursor control. The Board looks forward to the outcome of the conference on Afghanistan to be held in Bonn on 5 December 2011, focusing on issues of security, international commitment and political process, as well as the third Paris Pact ministerial conference, to be held in Vienna on 16 February 2012.

5. Conclusions

134. The Board reiterates that it is the Government of Afghanistan which has the primary responsibility with regard to the implementation of the international drug control treaties upon its territory. While the Board is aware of the severe obstacles currently facing the Government of Afghanistan, the Board believes that a number of important normative activities could be undertaken that would significantly contribute to improving the country's drug control situation, for instance: improved control over the licit movement of internationally controlled substances; prevention of diversion and abuse of psychotropic substances; and enhanced precursor control.

135. The Board urges the Government of Afghanistan to step up its efforts in drug control and to improve its cooperation with the Board. The Board also urges the Government of Afghanistan to take the steps necessary to accede to the 1972 Protocol amending the Single Convention on Narcotic Drugs of 1961.⁷

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

136. Each year, in addition to a report on its work, the Board publishes technical publications that provide Governments with analyses of statistical information on the manufacture, trade, consumption, utilization and stocks of internationally controlled substances, as well as analyses of estimates and assessments of requirements for internationally controlled substances.

137. The Board's reports and technical publications are based on information that parties to the international drug control treaties are obligated to submit. In addition, and pursuant to resolutions of the Economic and Social Council and the Commission on Narcotic Drugs, Governments voluntarily provide information on drug control in order to facilitate an accurate and comprehensive evaluation of the functioning of the international drug and precursor control system.

138. The analysis of statistical data submitted by Governments should enable the Board to monitor licit activities involving internationally controlled substances in order to prevent the diversion of narcotic drugs and psychotropic substances into illicit markets. Their supply to licit consumer markets around the world, on time and in quantities needed to satisfy the countries' legitimate needs for medical and scientific purposes, can thus be accounted for. In addition, data analysis allows the Board to evaluate the overall functioning of the international drug control system. The observations of the Board, in conjunction with explanations on missing or qualitatively questionable data furnished by Governments to the Board, are used to identify malfunctions and loopholes in national control systems. Remedial measures to improve the international drug control system can subsequently be identified and recommended.

139. Through its work, the Board highlights best practices and significant achievements in drug control and alerts the international community to cases involving

Governments' non-compliance with their treaty obligations. (For an account of reporting difficulties encountered by some Governments and the causes of those difficulties, see paragraphs 157-163 below.)

2. Submission of statistical reports

140. Governments have an obligation to furnish to the Board each year in a timely manner statistical reports containing information required by the international drug control conventions.

141. As at 1 November 2011, annual statistical reports on narcotic drugs (form C) for 2010 had been furnished by 161 States and territories, or 76 per cent of the States and territories requested to submit such reports. Additional Governments are expected to submit their reports for 2010. A total of 190 States and territories provided quarterly statistics on their imports and exports of narcotic drugs in 2010, representing 89 per cent of the States and territories required to furnish such statistics. The number of Governments not submitting their statistics regularly has been high in Africa, the Caribbean and Oceania. The rate of submission of statistical reports by Governments in those regions and that subregion did not improve despite repeated requests sent by the Board to the Governments concerned.

142. In 2011, several Governments did not provide the requested annual statistical reports on narcotic drugs in a timely manner, including the Governments of some countries that are major manufacturers, exporters, importers and users of narcotic drugs, such as Australia, Brazil, Canada, India, Japan and the United Kingdom. The late submission of annual statistical reports, particularly by major manufacturing and trading countries, delays the analysis of global trends by the Board. It also makes it difficult for the Board to prepare an annual report and technical publications, which it is required to do under article 15 of the 1961 Convention. The Board has contacted the Governments concerned and requested them to rectify the situation.

143. As at 1 November 2011, annual statistical reports on psychotropic substances (form P) for 2010 had been submitted to the Board by 158 States and territories, or 75 per cent of the States and territories required to furnish such statistics. In addition, 118 Governments submitted voluntarily all four quarterly statistical reports on imports and exports of substances listed in Schedule II of the 1961 Convention, in conformity with Economic and Social Council resolution 1981/7. Only six Governments that trade in such substances failed to submit any quarterly form for 2010, which was the lowest number ever.

⁷ United Nations, *Treaty Series*, vol. 976, No. 14151.

144. Similar to regional reporting deficiencies for narcotic drugs, the number of countries that have not yet submitted statistics for psychotropic substances for 2010 has remained particularly high in Africa, Central America and the Caribbean and Oceania. Some countries, including countries that are major manufacturers and exporters of psychotropic substances, such as Brazil, Colombia, Ireland and Israel, continued to experience difficulties in submitting the annual statistical report on psychotropic substances by the deadline (30 June).

145. The Board is pleased to note that in 2011 a total of 33 Governments have submitted data on consumption of psychotropic substances, which has allowed for an improved evaluation of their availability. Those data were requested for the first time pursuant to Commission on Narcotic Drugs resolution 54/6, by which the Commission sought to promote adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse.

146. As at 1 November 2011, a total of 132 States had submitted on form D annual information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. For the past five years, an average of 137 countries and territories submitted form D. However, only 62 countries and territories, on average, submitted their reports by the 30 June deadline.

147. In 2010, according to data provided on form D, 51 Governments reported having effected seizures of substances listed in Tables I and II of the 1988 Convention. A majority of those Governments provided the Board only with information about the amounts of precursor chemicals seized. However, in order to identify any changes in drug trafficking trends and *modi operandi* used by traffickers, further information about circumstances surrounding the reported seizures is required, pursuant to article 12 of the 1988 Convention. The Board urged all Governments to furnish information about cases involving seizures of internationally controlled substances; seizures of chemical substances not scheduled in Table I or II, but identified as having been used in illicit manufacture; stopped shipments of precursors; and dismantled illicit drug laboratories.

3. Submission of estimates and assessments

148. Pursuant to the 1961 Convention, each year State parties are obliged to provide the Board with estimates of their requirements for narcotic drugs for the following year. As at 1 November 2011, a total of 155 States and territories had submitted estimates of their requirements for narcotic drugs for 2012; that figure represents 73 per cent of the

States and territories required to furnish such annual estimates for confirmation by the Board. As was the case in previous years, in accordance with article 12, paragraph 3, of the 1961 Convention, the Board had to establish estimates for those States and territories that had not submitted their estimates on time. Estimates were also established for South Sudan, which became independent in 2011.

149. In addition to estimates of requirements for narcotic drugs, pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide the Board with annual assessments of their medical and scientific requirements for psychotropic substances in Schedules II, III and IV of the 1971 Convention.

150. As at 1 November 2011, the Governments of all countries except South Sudan and of all territories had submitted assessments of their annual medical and scientific requirements for psychotropic substances to the Board. The assessments of requirements for psychotropic substances for South Sudan were, in accordance with Economic and Social Council resolution 1996/30, established by the Board in order to enable that country to import such substances for medical purposes without undue delay.

151. It is recommended that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. Following the Board's request of January 2011, 83 Governments revised fully the assessments of their requirements for psychotropic substances, and a further 71 Governments submitted modifications to assessments for one or more substances. The Governments of 15 countries and territories, in particular in Africa and Oceania, have not submitted any revision of their legitimate requirements for psychotropic substances for at least three years.

152. Failure to submit adequate estimates or assessments for narcotic drugs and psychotropic substances may have a negative impact on the effectiveness of control. Estimates or assessments lower than the actual legitimate requirements may hamper or delay the importation or use of narcotic drugs or psychotropic substances needed for medical or scientific purposes. Estimates or assessments significantly higher than the legitimate requirements increase the risk of imported narcotic drugs and psychotropic substances being diverted into illicit channels. The Board calls upon all Governments to ensure the adequacy of their estimates and assessments. When necessary, Governments should submit to the Board supplementary estimates for narcotic drugs or inform the

Board of modifications to their assessments for psychotropic substances.

153. In accordance with Economic and Social Council resolution 1995/20, Governments provide, on form D, data on their licit trade in, uses of and requirements for substances in Table I and Table II. As at 1 November 2011, more than 100 States and territories had provided information on licit trade and uses of precursors. That information enabled the Board to monitor patterns in international trade in precursor chemicals and to identify any new trends or suspicious trade transactions.

154. The Commission on Narcotic Drugs, in its resolution 49/3, requested Member States to provide the Board with estimates of their annual legitimate requirements of four substances frequently used in the manufacture of amphetamine-type stimulants, namely 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), 1-phenyl-2-propanone (P-2-P), pseudoephedrine and ephedrine and, to the extent possible, estimated requirements for imports of preparations containing those substances. The information on legitimate requirements for precursor chemicals for amphetamine-type stimulants assists the competent authorities of exporting countries in preventing exports of substances in quantities exceeding the legitimate requirements of the importing countries, which could be liable to diversion to illicit channels.

155. Both the number of Governments and the number of substances in Table I and Table II for which estimates of annual legitimate requirements are provided have steadily increased. As at 1 November 2011, 137 Governments had provided their annual legitimate requirements for at least one substance. In 2011, first-time submissions were provided by Bhutan, Christmas Island, the Cocos (Keeling) Islands, Denmark, the Gambia, the Lao People's Democratic Republic, Namibia, the Netherlands, Senegal, Singapore, Trinidad and Tobago, Ukraine and Uzbekistan.

156. The Board wishes to remind all Governments that the totals of estimates of annual medical and scientific requirements for narcotic drugs, as well as assessments for psychotropic substances, are published in its yearly technical publications on narcotic drugs and on psychotropic substances and in quarterly publications and that their monthly updates are available on its website (www.incb.org). The information on annual estimates of legitimate requirements for precursors of amphetamine-type stimulants is also available on the Board's website, where it is updated regularly.

4. Data examination and identified reporting deficiencies

157. The examination of the statistical data provided by Governments enables the Board to identify possible deficiencies in national control systems. As part of that review process, the Board is able to identify discrepancies in the data submitted by trading partners, which can indicate incorrect methodologies used for data collection or processing, overall weaknesses in drug control or possible diversion from international trade into illicit channels.

158. A number of countries are providing timely and high-quality statistical data to the Board. A common characteristic of those countries is that they have well-established national drug control agencies that not only have the human and technical resources required to carry out their responsibilities, but are also operating on the basis of appropriate legislation and administrative regulations. In particular, they are given the necessary authority to fulfil their role under the international drug control treaties. Such well-established national drug control systems contribute significantly to the good functioning of international drug control. By also providing clear and sound guidance on the requirements for engaging in the manufacture and trade of internationally controlled substances, mutually beneficial cooperation can be established between national drug control authorities and industry representatives.

159. New technological developments, in particular in the area of information technology, have been applied to enhance established drug control systems. Many Governments now use electronic systems to collect and compile data required under the Conventions, as the volume of data related to internationally controlled substances would otherwise be difficult to handle. The Board welcomed such developments, as the use of electronic tools assists Governments in meeting reporting deadlines and also contributes to the greater accuracy of the data provided. The Board, however, notes that such systems are sometimes designed or modified in a way that simplifies reporting practices. Such modifications, if not fully in line with treaty provisions, can result in systematic reporting errors. In this regard, in the course of 2011, the Board, in cooperation with competent national authorities of several interested countries, achieved significant progress in the development of an electronic import/export authorization system that is expected to facilitate mandatory reporting by Governments to the Board (see paras. 212-219 below).

160. In some countries the quality of information collected electronically from stakeholders, such as private

companies, is low and often contains errors. Regrettably, some Governments informed the Board that they could not furnish the required information because of the purported failure of manufacturers of internationally controlled substances to submit the requested data to the national competent authorities.

161. Late submission and the submission of incomplete or inaccurate data may significantly obstruct the examination and overall analysis of the data by the Board. The Board reminds the Governments of countries concerned that it is their responsibility to ensure that any electronic system they use at the national level for collecting data and reporting to the Board is set up and applied in a way that is compatible with the provisions of relevant international treaties. It is also an obligation of Governments and their competent authorities to rectify any entry or conceptual errors that may be introduced during any data-gathering or -processing stage.

162. In its resolution 54/6, the Commission on Narcotic Drugs encouraged the Board, with the support of Member States, to continue to provide assistance to competent national authorities, with the aim of improving the national reporting of statistical data, the estimation of licit requirements for narcotic drugs and the voluntary assessment of licit requirements for psychotropic substances. The Board will continue to use every opportunity within its mandate to provide assistance to Governments, as necessary, to strengthen their capacity for the control of licit activities involving narcotic drugs, psychotropic substances and precursors, including reporting. In this regard, the Board will cooperate with other international bodies, such as UNODC and the World Health Organization (WHO).

163. The Board is concerned that many parties to the 1961 Convention and the 1971 Convention, including some major producers, manufacturers, importers and exporters of internationally controlled substances, have experienced difficulties in collecting and reporting information on the manufacture of and trade in narcotic drugs and psychotropic substances, on their use for the manufacture of other substances and/or on stocks held by manufacturers. The purported reasons for delayed or inaccurate reporting, as communicated to the Board by Governments, have included inappropriate legislation, or its inadequate implementation, as well as lack of adequate resources of the national drug control authorities. The Board requests the Governments concerned to review their national legislation and administrative regulations governing manufacture of and trade in internationally controlled substances to identify whether the laws and regulations concerned are sufficient and whether they are adequately implemented. Where appropriate, Governments

should take measures to strengthen their national drug control authorities in order to increase their capacity to collect high-quality data and submit those data to the Board in a timely manner.

D. Ensuring the implementation of the provisions of the international drug control treaties

1. Preventing the diversion of controlled substances

164. One of the principal aims of the international drug control regime is to prevent the diversion of controlled substances into illicit channels for subsequent sale to drug abusers or, in the case of precursor chemicals, for use in the illicit manufacture of narcotic drugs and psychotropic substances. Over the years, loopholes in the implementation of the regime were being exploited by traffickers to divert controlled substances; once those loopholes were identified, the Economic and Social Council and the Commission on Narcotic Drugs had to adopt additional control measures to close them. In the section below, the Board examines action taken by Governments to prevent diversion in accordance with the treaty provisions and related resolutions of the Council and the Commission, describes the problems that continue to exist in preventing the diversion of controlled substances and provides specific recommendations on how to deal with such problems.

(a) Legislative and administrative basis

165. Governments have to ensure that national legislation is in line with the provisions of the international drug control treaties. They also have the obligation to amend lists of substances controlled at the national level when a substance is included in a schedule of an international drug control treaty or transferred from one schedule to another. Inadequate legislation or implementation mechanisms at the national level or delays in bringing lists of substances controlled at the national level into line with the schedules of the international drug control treaties will result in inadequate national controls being applied to substances under international control and may lead to the diversion of substances into illicit channels.

166. Some Governments have experienced problems in addressing non-compliance by national stakeholders with control measures aimed at preventing diversion from domestic distribution channels, such as prescription requirements for narcotic drugs and psychotropic substances and provisions for safe storage of controlled

substances to prevent theft. In particular, the penalties applicable to individuals or companies found to be negligent or unethical have, in some cases, not been adequate to prevent persons from cooperating with traffickers in cases of diversion. The Board encourages all Governments to examine whether the penalties foreseen in their national drug control legislation are sufficient to prevent such problems and to revise their laws, as necessary.

167. The Board appreciates the fact that Governments continue to strengthen their legislation on precursors beyond the minimum outlined under the 1988 Convention and subsequent resolutions of the Commission on Narcotic Drugs, to prevent traffickers from obtaining the precursor chemicals needed for illicit drug manufacture. During 2011, many countries, among them El Salvador, Guatemala and Nicaragua, expanded their control measures to include phenylacetic acid derivatives that are not under international control, in addition to reflecting in their national legislation the recent rescheduling of phenylacetic acid from Table II to Table I. Canada also broadened its legislation to include substances that are not listed in the tables of the 1988 Convention yet might be used for the illicit manufacture of methamphetamine or methylenedioxymethamphetamine (MDMA, commonly known as “ecstasy”).

168. Pursuant to Economic and Social Council resolution 1992/29 on measures to prevent the diversion of precursor and essential chemicals to the illicit manufacture of narcotic drugs and psychotropic substances, the Board entered into a partnership with the World Customs Organization to establish a discrete tariff code for preparations containing ephedrine and pseudoephedrine in order to facilitate the monitoring of international trade in those substances and the identification of diversion attempts.

(b) Prevention of diversion from international trade

Estimates and assessments of annual requirements for controlled substances

169. The system of estimates of legitimate annual requirements is an important control measure that, when properly implemented, can prevent the diversion of controlled substances from international trade. When trading in narcotic drugs, exporting and importing countries are bound by the 1961 Convention to observe limits based on the estimates of annual requirements furnished by Governments and confirmed by the Board. The system of assessments of annual requirements for psychotropic substances and the system of estimates of annual requirements for precursors were adopted by the

Economic and Social Council and the Commission on Narcotic Drugs, respectively, to help Governments to identify unusual transactions that might reflect attempts by traffickers to divert controlled substances into illicit channels.

170. For the systems to be effective, Governments of importing countries should establish a mechanism to ensure that their estimates and assessments are in line with their actual requirements and that no import of controlled substances in quantities exceeding those requirements is taking place. If the actual requirements are found to have increased beyond the requirements submitted previously to the Board, importing countries should inform the Board immediately of such changes. For their part, the Governments of exporting countries should set up a mechanism that will check the estimates and assessments of importing countries against all export orders involving controlled substances and preclude exports that are not in line with legitimate requirements.

171. The Board regularly investigates cases involving possible non-compliance by Governments with the system of estimates or assessments, to identify loopholes that could lead to diversion. As in previous years, the system of estimates for narcotic drugs continues to be respected by most countries. For psychotropic substances, in 2010 the authorities of 12 countries issued authorizations for substances for which they had not established any assessments or in quantities that significantly exceeded their assessments, whereas most exporting countries paid attention to the assessments established in importing countries and did not knowingly export psychotropic substances in quantities exceeding those assessments. With regard to estimates of annual licit requirements for the four substances used in the manufacture of amphetamine-type stimulants,⁸ some Governments authorized imports of those substances in quantities that were far in excess of their published legitimate annual requirements.

172. The Board encourages Governments to review at least once every three years their legitimate requirements for psychotropic substances, utilizing the guide on estimating requirements for substances under international control that have been developed by the Board, in cooperation with WHO (see paras. 238-242 below), and to inform the Board of any changes, as necessary. The Board also calls upon Governments, especially those with significant trade in (including re-export of) the four precursors and their preparations for which estimates

⁸ The four substances are 3,4-MDP-2-P, pseudoephedrine, ephedrine and P-2-P. Preparations containing those substances are also used in the illicit manufacture of amphetamine-type stimulants.

were recommended, to exercise vigilance to ensure that the estimates of their annual legitimate requirements are commensurate with prevailing market conditions.

Requirement of import and export authorization

173. Another main pillar of the international drug control system is the requirement of import and export authorizations, as they allow the competent national authorities to check the legitimacy of individual transactions prior to shipment. Import and export authorizations are mandatory for a transaction involving any of the substances controlled under the 1961 Convention or listed in Schedule I or II of the 1971 Convention. The competent national authorities must issue import authorizations for transactions involving the importation of such substances into their country. The authorities of exporting countries must verify the authenticity of the import authorizations before issuing the export authorizations required to allow the shipments containing the substances to leave their territory.

174. The 1971 Convention does not require import and export authorizations for trade in psychotropic substances listed in Schedule III or IV of the Convention. To address the problem of widespread diversion of those substances from international trade in the 1970s and 1980s, the Economic and Social Council, in its resolutions 1985/15, 1987/30 and 1993/38, requested Governments to extend the system of import and export authorizations to cover all psychotropic substances. The Board appreciates the fact that the Governments of Bulgaria, El Salvador, Iraq, Mauritania, Montenegro, Myanmar, Turkey and Ukraine have recently amended their national legislation to require import authorizations for some or all of the substances in Schedules III and IV. The Board again encourages all Governments that do not yet require import and export authorizations for all psychotropic substances to extend such controls to all substances in Schedules III and IV as soon as possible and to inform the Board accordingly, pursuant to the Council resolutions mentioned above.

175. Although most countries now require import and export authorizations for the majority of the psychotropic substances in Schedules III and IV of the 1971 Convention, those controls are not yet universally applied to all of those substances. To assist Governments and prevent traffickers from targeting countries in which controls are less strict, the Board has been disseminating to all competent national authorities a table showing the import authorization requirements for substances in Schedules III and IV applied by Governments in accordance with the Economic and Social Council resolutions mentioned above. Since October 2011, that table has been published on the secure area of the Board's website, which is accessible only to

specifically authorized Government officials, so that competent national authorities of exporting countries may be informed as soon as possible of changes in import authorization requirements in importing countries.

Verifying the legitimacy of import authorizations

176. The Board encourages the authorities of exporting countries to verify the authenticity of all import authorizations that they consider to be suspicious. Such action is particularly useful for authorizations using new or unknown formats, bearing unknown stamps or signatures, or not issued by a recognized competent national authority, or for authorizations of consignment consisting of substances known to be frequently abused in the region of the importing country. The Board notes with appreciation that a number of Governments, including those of Hungary, India and the United Kingdom, have established the practice of verifying, with the competent national authorities of importing countries, the legitimacy of import authorizations or bringing to their attention documents that do not fully comply with the requirements for import authorizations set out in the international drug control treaties.

177. Importing countries have also become increasingly active in implementing the import authorization system. Many Governments of importing countries inform the Board regularly of changes in the format of their import authorizations and provide the Board with samples of revised certificates and authorizations for narcotic drugs, psychotropic substances and precursor chemicals so that the Board may assist the Governments of exporting countries in verifying the authenticity of documents. Some importing countries send to the Board a copy of all import authorizations they have issued, to expedite verification of their legitimacy. The Board continues to receive requests from the Governments of exporting countries to assist in verifying the legitimacy of import authorizations, particularly when their own endeavours to receive feedback from the authorities of the importing countries have failed. If the Board does not have sufficient information to confirm the legitimacy of those authorizations, it contacts the importing country to ascertain whether the transaction is legitimate.

178. The Board wishes to remind the Governments of importing countries that it is in their interest to respond in a timely manner to requests to confirm the legitimacy of individual transactions. Failure to quickly respond in such cases may hinder the investigation of diversion attempts and/or cause delays in legitimate trade in controlled substances, thus adversely affecting the availability of those substances for legitimate purposes.

179. The Board is pleased to note that Governments have begun to recognize the importance of the rapid exchange of information between exporting and importing countries, preferably in an automatic and fully electronic manner, to prevent undue delays of legitimate trade in narcotic drugs and psychotropic substances while ensuring that the system of estimates and the system of assessments of controlled substances, as well as the import and export authorization requirements envisaged under the international drug control regime, are applied. (For action taken or planned by the international community to develop such an electronic import and export authorization system, see paragraphs 212-219 below.)

Online system of pre-export notifications for precursor chemicals

180. For precursor chemicals, the exchange of information between exporting and importing countries through the pre-export notification system has been an efficient way of identifying the legitimacy of individual consignments of precursor chemicals. The Board's PEN Online system is the main mode used to exchange such information. The number of registered users of PEN Online now stands at 126, with over 20,000 pre-export notifications sent annually to 169 countries and territories. As a cornerstone of efforts to monitor international trade in precursor chemicals and prevent their diversion, the PEN Online system could have an even more positive impact if more countries were to use the system on a more regular basis. The Board therefore again encourages all Governments that have not yet done so to register with and utilize the PEN Online system, pursuant to Security Council resolution 1817 (2008).

(c) Effectiveness of the control measures aimed at preventing the diversion of controlled substances from international trade

181. The control measures described above are effective. No recent cases involving diversion of narcotic drugs and psychotropic substances from international trade into illicit channels have been identified. Nevertheless, attempts to divert narcotic drugs and psychotropic substances from international trade continue to be detected by vigilant competent national authorities, which often work in close cooperation with the Board.

182. Falsified import authorizations continue to be used by traffickers to attempt the diversion of controlled substances. In 2011, a diversion attempt was identified through the vigilance of the competent national authorities of India, who found an import authorization allegedly issued by the Government of Malaysia for the import of midazolam to be different from the official format known to them. Midazolam, a benzodiazepine, is widely abused in

East Asia. Enquiries with the Government of Malaysia confirmed that the authorization in question had been falsified and that the transaction constituted a diversion attempt. The Board trusts that Governments will investigate all such attempts to divert controlled substances so that the persons responsible may be identified and prosecuted.

183. From time to time, traffickers, sometimes with the help of corrupt individuals, pretend to be acting on behalf of Governments that allegedly have weak drug control systems. In a recent case, the Board was approached by an individual who introduced himself as a Government representative of a country in the Americas, referred to the low level of availability of narcotic drugs, particularly oxycodone, in that country and attempted to obtain from the Board information on how to increase estimates for that narcotic drug. After the Board enquired about his credentials, the individual did not proceed with the request.

184. With regard to the diversion of precursor chemicals from international trade, as a result of stronger controls and the rescheduling of substances, traffickers have been forced to seek non-scheduled precursor chemicals for use in the illicit manufacture of drugs. In order to gather more information on such developments, Operation Phenylacetic Acid and Its Derivatives (Operation PAAD) was launched in March 2011 to monitor global trade in phenylacetic acid and its derivatives, used in the illicit manufacture of amphetamine-type stimulants. That is the first operation to systematically target emerging non-scheduled substances. The operation has brought very positive results. The active participation of 63 Governments in the operation enabled 612 tons of chemicals to be seized, which otherwise could have been used to illicitly manufacture approximately 115 tons of methamphetamine hydrochloride.

185. One key conclusion drawn from Operation PAAD was that in Latin America the number of seizures involving ephedrine and pseudoephedrine had decreased, as traffickers tended to rely on non-scheduled substances such as derivatives of phenylacetic acid. Nevertheless, the use of ephedrine and pseudoephedrine now appears to be playing a greater role in illicit methamphetamine manufacture in parts of South-East Asia. Operation PAAD further highlighted the flexibility of traffickers in finding sources of chemicals to be used for the illicit manufacture of drugs, quickly substituting chemicals, source countries and trafficking routes. Specifically, during the first few months of the operation, shipments seized in Mexico were reported as having originated in China. In the second half of the operation, shipments were seized en route to Central American countries (El Salvador, Guatemala, Honduras and Nicaragua), and India emerged as an additional

country of origin. Operation PAAD also revealed the significant magnitude and sophistication of such illicit activity, in terms of both the shipments intercepted and the clandestine laboratories dismantled.

186. Since traffickers do not stop trying to divert controlled substances from international trade and they are sometimes successful in obtaining precursor chemicals in that manner, the Board reiterates its call for Governments to remain vigilant and to monitor international trade in the substances subject to the control regime laid down in the international drug control conventions and the related resolutions by using the tools mentioned above.

(d) Prevention of diversion from domestic distribution channels

187. Since it has become more difficult for traffickers to obtain narcotic drugs, psychotropic substances and precursors from international trade, the diversion of such substances from licit domestic distribution channels has become a main source for supplying illicit markets. A diverted substance may be used for illicit purposes in the country in which it was diverted, or it may be smuggled into other countries, particularly countries in which there is considerable illicit demand for the substance.

188. For many substances found to have been diverted from domestic distribution channels, there is little knowledge of the details of diversion such as the methods used by traffickers or abusers to obtain the substances in question. Frequently, seizure data provide an indication of the problems that continue to be experienced with respect to such diversion. For narcotic drugs and psychotropic substances, data on substance abuse obtained either through drug abuse surveys or from treatment and counselling centres for drug abusers also confirm the widespread availability of narcotic drugs and psychotropic substances that have been diverted from licit distribution channels. Drug abusers who seek treatment can direct the authorities to the sources of the substances in question, including pharmacies not adhering to prescription requirements, theft or unethical behaviour by patients, such as “doctor shopping”. The Board recommends that Governments inform it of cases involving the diversion of controlled substances from domestic distribution channels in their countries so that the lessons learned from such diversion cases can be shared with other Governments.

189. Among narcotic drugs and psychotropic substances, the substances most frequently diverted tend to be those which are most widely used for legitimate purposes. Among narcotic drugs, these include opioid analgesics such as fentanyl, hydrocodone, hydromorphone, morphine and oxycodone. Among the psychotropic

substances most frequently diverted are stimulants (amphetamines, methylphenidate and anorectics), anxiolytics and sedative-hypnotics such as benzodiazepines (especially diazepam, alprazolam, lorazepam, clonazepam, flunitrazepam and midazolam), barbiturates and *gamma*-hydroxybutyric acid (GHB).

190. With regard to precursor chemicals, the diversion of acetic anhydride from domestic distribution channels, to be subsequently smuggled into other countries, has become the most common method of obtaining that chemical for use in illicit heroin manufacture. In addition, potassium permanganate is increasingly being obtained by illicit manufacture or being substituted altogether.

191. The Board wishes to remind all Governments of their obligation under the international drug control treaties to prevent the diversion of controlled substances into illicit channels. To that end, Governments are requested to ensure implementation of the control measures foreseen in those treaties and the related resolutions of the Economic and Social Council and Commission on Narcotic Drugs and to apply appropriate sanctions to national stakeholders found to be negligent or acting in an unlawful way.

Diversion of pharmaceutical preparations containing controlled substances

192. Prescription drugs (pharmaceutical preparations containing controlled substances) are frequently diverted from domestic distribution channels. For narcotic drugs and psychotropic substances, the quantities diverted in this manner can be significant, as prescription drugs have become more important as drugs of abuse in many countries. The abuse of some pharmaceutical preparations (for instance, those containing oxycodone, fentanyl and certain benzodiazepines, such as flunitrazepam) has become so widespread that, in addition to being diverted, they are being illicitly manufactured, in order to respond to the growing illicit demand.

193. International criminal organizations are increasingly becoming involved in the diversion of pharmaceutical preparations containing controlled substances. To do that, they make use of doctors who prescribe such preparations without a legitimate medical reason or patients who receive such prescriptions by faking some symptoms of diseases requiring the preparations as medication. For example, in 2010 the national authorities of El Salvador succeeded in dismantling a criminal group that had been diverting preparations containing oxycodone from domestic distribution channels. Twenty-three doctors, two pharmacists and two administrative clerks were arrested in connection with their role in that case. Similarly, the United States has for a number of years identified and investigated

medical doctors with unreasonably high prescription levels, as well as pharmacies with unreasonably high sales of controlled substances, including opioid analgesics and benzodiazepines.

194. Narcotic drugs are also diverted in the form of preparations in Schedule III of the 1961 Convention. Those preparations are exempt from a number of control measures that otherwise have to be applied under that Convention, in particular the prescription requirement, the requirement for estimates and other control measures for international trade, as well as reporting to the Board. Among those preparations, cough syrups containing codeine, dihydrocodeine, hydrocodone, ethylmorphine and pholcodine are reported to be frequently abused, often in combination with other drugs and/or alcohol. Preparations in Schedule III are often obtained as over-the-counter products in pharmacies and other licit distribution outlets and then diverted into illicit channels.

195. The abuse of preparations in Schedule III of the 1961 Convention has led countries to take countermeasures, including the introduction of prescription requirements for frequently abused preparations in Schedule III and stricter control of licit distribution channels, including sales limitations and, in some cases, discontinuation of the distribution of such preparations or the use of substances other than narcotic drugs as the active ingredients.

Diversion and abuse of drugs used in substitution treatment

196. The diversion of substances used in substitution treatment, such as buprenorphine, methadone and morphine, continues to be a particular problem. The Board has examined this issue several times in the past, most recently in its annual report for 2010.⁹ In 2011, the Board contacted the major consumer countries of buprenorphine to obtain from them information on the current extent of the diversion of buprenorphine from domestic distribution channels, including from opioid substitution programmes, as applicable, as well as on the countermeasures taken by those Governments in that regard. The information thus received has complemented the information received in 2010, when the Board asked the countries most affected by such diversion and abuse for similar data.

197. Prior to the finalization of the present report, the Board had received responses from 15 countries. According to those responses, buprenorphine continues to

be frequently diverted from domestic distribution channels. Almost all of the responding countries confirmed the abuse of preparations containing buprenorphine, particularly among opioid addicts entering detoxification and substitution treatment programmes. Abuse of a preparation containing buprenorphine to which naloxone, an opiate antagonist, has been added to make it less liable to be abused has also been confirmed. A further concern is the finding that preparations containing buprenorphine have been dissolved in liquid and then injected intravenously.

198. Hard data on the extent of diversion and abuse of preparations containing buprenorphine are difficult to obtain, as are data on the extent of abuse of most prescription drugs, yet those problems appear to be increasing as a consequence of the expansion of substitution programmes in many countries and the resulting increased availability of buprenorphine. In Finland, buprenorphine abuse was found among one third of drug abusers who received treatment in 2009. In the United States, the number of emergency room visits related to the non-medical use of buprenorphine more than tripled, from 4,400 in 2006 to 14,200 in 2009, and law enforcement authorities reported a significant increase in seizures of buprenorphine.

199. Smuggling of preparations containing buprenorphine has also been reported by a number of countries. For instance, Denmark reported the seizure of such preparations at its border with Germany; investigation revealed that the tablets had been destined for the illicit market in Finland and Norway. In Finland, the majority of the buprenorphine that is abused has been smuggled out of other European countries, including Estonia, France and, increasingly, Sweden and the United Kingdom. Smuggling of Subutex (a preparation containing buprenorphine) from France into Mauritius has also been detected. In their responses, some Governments highlighted the role in such cases of unethical individuals from the medical profession and patients. Doctors were found to be negligent about prescribing the quantities needed, and patients had successfully requested more doses than required, in order to sell them to other drug abusers.

200. Responses received by the Board also suggest that most Governments have taken some measures to address problems relating to the diversion and abuse of buprenorphine. Such measures include the enactment of laws and regulations concerning substitution treatment, the monitoring of supply and distribution during such treatment, prescription monitoring systems and the provision of mandatory training for doctors who are qualified to prescribe buprenorphine. In addition, Governments have worked closely with the pharmaceutical industry to control the production, stockpiling and

⁹ *Report of the International Narcotics Control Board for 2010* (United Nations publication, Sales No. E.11.XI.1), paras. 233 and 234.

distribution of preparations containing buprenorphine; however, the control measures applied to buprenorphine and its preparations vary from country to country, which makes concerted action to prevent their diversion and abuse more difficult.

201. In view of the continued abuse and diversion of preparations containing buprenorphine from domestic distribution channels, the Board urges Governments of all countries in which buprenorphine is used for licit purposes to remain vigilant and to adopt appropriate control measures while making the substance available for medical treatment. The Board also encourages Governments of those countries into which buprenorphine continues to be smuggled to closely monitor the situation and cooperate with each other in order to prevent trafficking in buprenorphine.

(e) Other issues regarding the implementation of the international drug control treaties or related resolutions

Strengthening international cooperation and regulatory and institutional frameworks for the control of pharmaceutical preparations containing ephedrine and pseudoephedrine

202. As a result of the tightening of control measures for precursors in bulk form, over the years the Board has repeatedly reported on and expressed its concerns about traffickers using pharmaceutical preparations to obtain precursors, as such preparations may be beyond the scope of existing national control measures in many countries.

203. Given their widespread use in medicine, pharmaceutical preparations containing ephedrine and pseudoephedrine (as well as pharmaceutical preparations containing other controlled precursors, such as ergometrine) enjoy special status under most national drug and precursor control systems, which specifically exclude medicinal products and pharmaceutical preparations from the control measures applicable to the precursors contained in the preparations.

204. However, in the light of extensive evidence of diversion and use of pharmaceutical preparations in illicit drug manufacturing, a number of Governments have recently strengthened, or are in the process of strengthening, their mechanisms for the control of such products. Malaysia, Thailand and the United Arab Emirates have already notified the Board of their requests to receive, through PEN Online, pre-export notifications for pharmaceutical preparations containing ephedrine and pseudoephedrine. Other countries prohibit all importation of such preparations, sometimes with the exception of specified amounts of liquid preparations for

injection; those countries include Mexico and several Central American countries (Belize, El Salvador, Guatemala, Honduras and Nicaragua). Other countries, including Bhutan, the Gambia, Guinea-Bissau, Mauritius, Monaco, Myanmar, the Netherlands and Singapore, have not expressly prohibited imports but have notified the Board that they do not have any legitimate requirements for such preparations. Information on the annual legitimate requirements and prohibitions as reported by Governments for the import of such preparations is available on the Board's website (www.incb.org/pdf/e/precursors/REQUIREMENTS/INCB_ALR_WEB.pdf).

205. The Board is also aware of the strengthening of control measures in some countries, including Bangladesh, Chile, Malaysia, Panama and Paraguay. Such strengthened measures include, for example:

(a) Extending import and export licence requirements to pharmaceutical preparations containing ephedrine and pseudoephedrine;

(b) Restricting the import and/or export of pharmaceutical preparations containing ephedrine and pseudoephedrine to authorized companies;

(c) Making such preparations available only with a prescription or banning them from being sold in non-pharmaceutical outlets.

206. An important step forward in addressing the diversion of pharmaceutical preparations containing ephedrine and pseudoephedrine was made by the Commission on Narcotic Drugs in March 2011, by adopting resolution 54/8. In that resolution, the Commission acknowledged that the diversion of pharmaceutical preparations containing ephedrine and pseudoephedrine was a concern and a significant challenge for drug control authorities because such preparations might not be subject to a similar level of control as bulk ephedrine and pseudoephedrine.

207. Through its resolution 54/8, the Commission agreed to a set of measures that will improve overall control over and monitoring of the trade in pharmaceutical preparations containing ephedrine and pseudoephedrine, thus reducing the risk of diversion. The key measures on which the Commission agreed were:

(a) To include, to the extent possible and in accordance with national legislation, pharmaceutical preparations containing ephedrine and pseudoephedrine in the pre-export notifications sent through the PEN Online system;

(b) To adopt, where appropriate, regulatory frameworks to control the production, distribution and commercialization of pharmaceutical preparations containing ephedrine and pseudoephedrine, to prevent diversion, including through the sending of pre-export notifications, without impairing the availability of essential pharmaceutical preparations for medical use;

(c) To apply similar control measures for pharmaceutical preparations containing ephedrine and pseudoephedrine as those for bulk precursor chemicals.

208. Importantly, in its resolution 54/8, the Commission also encouraged Member States in which different or additional regulatory entities were responsible for control of preparations, as distinct from the bulk precursor chemicals contained in such preparations, to ensure that the government entities coordinated and cooperated in their control efforts, with the objective of maintaining seamless and effective regulatory controls over both preparations and bulk precursor chemicals.

209. The Board welcomes such collective efforts to improve a situation that continues to be exploited by traffickers. As evidenced in the 2011 report of the Board on the implementation of article 12 of the 1988 Convention,¹⁰ the diversion of pharmaceutical preparations containing ephedrine and pseudoephedrine appears to have decreased in regions previously affected, while it has increased greatly in countries in East and South-East Asia.

210. The Board wishes to remind Governments that the PEN Online system has been designed to accommodate preparations and that several countries have been using that function for some time for the pre-notification of exports of substances in the form of pharmaceutical preparations. The Board urges all Governments to use the PEN Online system for the pre-notification of shipments of preparations containing ephedrine and pseudoephedrine.

211. To further assist efforts to strengthen the monitoring of — and to minimize diversions from — international trade in pharmaceutical preparations containing ephedrine and pseudoephedrine, the Board is liaising with the World Customs Organization to establish a discrete tariff code for such preparations.

Developing an international electronic import and export authorization system for substances under international control

212. Import and export authorizations are an integral part of the international drug control mechanism. Article 31 of the 1961 Convention as amended by the 1972 Protocol and article 12 of the 1971 Convention include detailed provisions concerning the requirements of import and export authorizations for narcotic drugs and psychotropic substances. A well-functioning import and export authorization system is therefore essential to enabling drug control authorities to monitor international trade in those substances and prevent diversion. In recent years, the Board has been informed, first by the Government of the Republic of Korea, and subsequently by more than 20 other Governments, including those of Colombia, Singapore and Spain, that they have utilized advancements in information and communication technology and undertaken initiatives to develop national systems for issuing import and export authorizations electronically.

213. Those national systems are designed to help national drug control authorities manage control activities and monitor international trade in narcotic drugs and psychotropic substances more efficiently. However, none of them allow the authorities to directly transmit authorizations to, or receive them from, their counterparts in other countries. In most cases, the import or export authorizations are sent in the form of hard-copy printouts. Exchange of paper documents not only raises concerns about the risk of forgery, but also increases the workload of receiving authorities, which have to verify the authenticity of export and import authorizations. In its resolution 50/7, the Commission on Narcotic Drugs urged all Member States to pay particular attention to security measures concerning import and export documents. Furthermore, none of the above-mentioned national systems provides importing countries with the possibility of endorsing the amount actually imported, as required by the 1961 Convention and the 1971 Convention.

214. In view of the above, in March 2009, the Board convened an informal meeting with interested Governments to identify their needs and requirements with regard to a possible international electronic system for facilitating the exchange of electronic import and export authorizations between the competent national authorities of importing and exporting countries. Responses from Governments confirmed a strong interest in the initiative. At a second informal meeting, organized by the Board in March 2010, during the fifty-third session of the Commission on Narcotic Drugs, it was decided that the system would be developed by UNODC, in consultation with the Board and experts from interested Governments.

¹⁰ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2011 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.12.XI.4).

215. To accelerate the development process, in February and June 2011, the Board and UNODC jointly organized two international expert group meetings. The purpose of the meetings was to identify the specific requirements for an international electronic import and export authorization system for substances under international control. All participants agreed that security should be the priority of the proposed international system, which would complement, but not replace, existing national electronic systems. The proposed system would serve as a platform for uploading and exchanging import and export authorizations between importing and exporting countries. For countries without national electronic systems, the proposed system would also allow them to generate and transmit import and export authorizations electronically and to download and print them if necessary.

216. Another important feature of the proposed international system would be automatically checking the quantity of a shipment against the latest estimate or assessment provided by the importing country for the narcotic drug or psychotropic substance in question and giving a warning message in cases involving excess imports or exports. Furthermore, the international system would provide an online endorsement function, which would allow the authorities of importing countries to verify the quantity of a shipment arriving in their territory. All of those important features would be designed to help Governments meet their obligations under the international drug control treaties and would enhance the monitoring of international trade in substances under international control and the prevention of their diversion.

217. As part of the process of developing the proposed international system, it is the Board's responsibility to ensure that the business rules of the proposed system fully comply with relevant provisions of the 1961 Convention and the 1971 Convention regarding import and export authorizations. According to the Conventions, any such system should be approved by the Commission on Narcotic Drugs, and the format and content of the import and export authorizations should meet the requirements provided for in the Conventions.

218. Despite the progress that has been achieved so far, many challenges still lie ahead. For instance, the development of the proposed international system must take into consideration the specificities of national legislation with regard to import and export authorizations for substances under international control. At the same time, the system must take into account the needs of countries that do not yet have national electronic import and export authorization systems. It should also be user-friendly and compatible with all national systems, to ensure the smooth exchange of data. Moreover, it has been

recommended that the system have a modular structure. In its initial phase, the system should be able to meet the most urgent needs of Governments in respect of import and export authorizations for narcotic drugs and psychotropic substances. More advanced modules may be added to the system in the future, for example, to include precursor chemicals as well as substances not under international control. The Board is convinced that this initiative will only succeed through joint international efforts. Once it has been put into operation, the system will bring long-term benefits to all Governments and the international drug control mechanism as a whole.

219. The Board wishes to express its appreciation to every Government that has provided constructive suggestions and recommendations on the system. On the basis of their input, UNODC has produced a system requirement document, which will enable the estimation of development and maintenance costs and serve as a guideline for the development of the system. The Board and UNODC will hold further consultations with interested Governments concerning progress in the development of the system.

International cooperation in countering the covert administration of psychoactive substances related to sexual assault and other criminal acts

220. Psychoactive substances have been frequently used for the commission of sexual assault or other crimes. In 2010, the Commission on Narcotic Drugs adopted resolution 53/7 to address drug-facilitated sexual assault and other crimes. In that resolution, the Commission encouraged States to forward any relevant experiences as well as research findings to the Board and urged the Board to gather relevant information. In July 2010, the Board requested all Governments to communicate to it information on the extent of the problem, the modus operandi of the assailants and the substances used as well as the counter measures taken and planned by Governments in that regard, pursuant to Commission resolution 53/7. The findings from the replies received by 1 November 2010 were summarized in the report of the Board for 2010.¹¹

221. By 1 November 2011, five additional Governments had provided relevant information on this topic to the Board, raising the total number of Governments that replied to the Board on this issue to 52. Whereas the replies received in 2011 confirm most of the findings summarized in the report of the Board for 2010, they also show that the evidence on such crime has increased throughout the

¹¹ *Report of the International Narcotics Control Board for 2010* ..., paras. 276-283.

world, particularly in Europe, due to better recognition of this problem by the competent authorities.

222. One worrying feature of such crimes is that the victims are often young people who are sexually assaulted or forced into prostitution. However, the information received so far is indicative rather than comprehensive, underlining the need to collect more accurate data on drug-facilitated crime. In this connection, it should be noted that only one Government informed the Board that routine analysis of blood and urine of all rape victims is required under the guidelines on how to deal with such cases. All Governments are therefore encouraged to take measures to ensure that forensic or other legal evidence is obtained whenever a drug-facilitated crime is suspected.

223. Few countries reported having recently undertaken scientific research studies on this phenomenon. The scientific research that has been undertaken shows that drug-facilitated crime is more often committed than previously assumed. For example, a recent study confirmed the presence of a range of drugs, including substances that are internationally controlled, in most cases of suspected drug-facilitated sexual assault.

224. The Board will continue to monitor the situation and will share the information it receives with Governments and international bodies, as necessary.

Control over trade in opium poppy seeds

225. Opium poppy seeds originating in areas where the cultivation of opium poppy is not permitted continue to be sold on the world market. Brokers are reported to be involved in such trade. Based on information on the total area under illicit opium poppy cultivation worldwide, such cultivation could yield tens of thousands of tons of poppy seeds each year. The sale of those opium poppy seeds is an additional source of income for illicit growers of opium poppy, thus indirectly supporting such illicit cultivation.

226. In March 2010, the Commission on Narcotic Drugs adopted resolution 53/12, entitled "Strengthening systems for the control of the movement of poppy seeds obtained from illicitly grown opium poppy crops". In that resolution, the Commission, recalling the recommendations contained in previous resolutions on that issue,¹² encouraged all Member States to import only opium poppy seeds derived from licitly grown opium poppy crops and encouraged the Governments of countries that permitted the importation

¹² Economic and Social Council resolution 1999/32, entitled "International regulation and control of trade in poppy seeds", and Commission on Narcotic Drugs resolution 51/15, entitled "Control of international movement of poppy seeds obtained from illicitly grown opium poppy plants".

of poppy seeds to obtain from the exporting country an appropriate certificate of origin as the basis for importation. Exporting countries were also encouraged to provide notification of the export of opium poppy seeds to the competent authorities of the importing countries. Furthermore, countries were urged to inform the Board of any suspicious transactions involving poppy seeds and seizures of poppy seeds derived from illicitly cultivated opium poppy. Governments of countries where opium poppy was illicitly cultivated were encouraged to cooperate closely with the Governments of neighbouring countries in order to prevent the smuggling of poppy seeds.

227. The Board notes with appreciation that some major producers of poppy seeds, including China, the Czech Republic, Hungary, Slovakia, Spain and Turkey, have identified the authorities responsible for issuing certificates of origin of poppy seeds to exporters who request such certificates. The Board invites the Governments of the other countries where opium poppy is licitly cultivated and from which poppy seeds are exported to also identify such authorities so that certificates of origin can be issued if such certificates are required in the importing country.

228. At present, only India requires a certificate of origin of poppy seeds as a condition for the approval of such imports. The Board therefore calls upon the Governments of other countries that permit the import of opium poppy seeds to implement the provisions of Economic and Social Council resolution 1999/32 and Commission on Narcotic Drugs resolutions 51/15 and 53/12 and, in particular, to require a certificate of the country of origin of the poppy seeds as the basis for importation.

229. The import, export and transit of opium poppy seeds are prohibited in many countries adjacent to countries where opium poppy is illicitly cultivated. The Board requests the Governments of countries where opium poppy is illicitly cultivated to cooperate closely with the Governments of their neighbouring countries in order to prevent the smuggling of opium poppy seeds. The Board invites all Governments to inform it of any suspicious transactions involving opium poppy seeds. The Board would also appreciate being informed by Governments of any measures for the control of opium poppy seeds that are to be adopted with a view to implementing Economic and Social Council resolution 1999/32 and Commission on Narcotic Drugs resolutions 51/15 and 53/12.

2. Ensuring the availability of internationally controlled substances for medical and scientific purposes

230. Under its mandate to ensure the availability of internationally controlled substances for medical and

scientific purposes, the Board carries out various activities related to the consumption of narcotic drugs and psychotropic substances. In addition, with regard to narcotic drugs, the Board also has an important role to play in the supply of raw materials required for the manufacture of all medications containing natural alkaloids, as well as all semi-synthetic narcotic drugs.

(a) Supply of and demand for opiate raw materials

231. The Board, in compliance with the functions assigned to it under the 1961 Convention and the relevant resolutions of the Economic and Social Council, examines on a regular basis developments affecting the supply of and demand for opiate raw materials. The Board endeavours, in cooperation with Governments, to maintain a lasting balance between supply and demand. In order to analyse the situation regarding supply of and demand for opiate raw materials, the Board uses information from the 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 2011 technical report of the Board on narcotic drugs¹³ contains a detailed analysis of the present situation with regard to the supply of opiate raw materials and the demand for those materials worldwide. A summary of that analysis is presented below.

232. The Board recommends that global stocks of opiate raw materials be maintained at a level sufficient to cover global demand for about one year, in order to ensure the availability of opiates for medical needs in case of an unexpected shortfall in production.

233. Production of opiate raw materials rich in morphine, as well as of opiate raw materials rich in thebaine, continues to be above the levels required to satisfy global demand. Therefore, global stocks of opiate raw materials rich in morphine and thebaine are expected to reach a level covering global demand for a period of more than a year.

234. In order to prevent the accumulation of excessive stocks and the associated risk of diversion of opiate raw materials, in May 2011 the Board brought this development to the attention of the major producer countries and requested them to prevent excessive stock levels and to carefully examine estimates and projections of requirements for opiate raw materials for 2012.

235. Global demand for opiate raw materials rich in morphine and rich in thebaine is expected to continue to rise in the future. In addition, it is anticipated that the

activities of the Board and WHO to ensure the adequate availability of opioid analgesics will contribute to the continuing rise in global demand for opiates and opiate raw materials.

236. However, producing countries need to carefully analyse projected growth rates in global demand for opioids when planning future production levels for opiate raw materials. The Board requests all producer countries to maintain their future production of opiate raw materials at a level that conforms to the actual requirements for such raw materials worldwide and to avoid keeping excessive stocks, since they might be a source of diversion if they are not adequately controlled.

(b) Other initiatives of the International Narcotics Control Board

Consumption of narcotic drugs and psychotropic substances

237. Aware of its dual responsibility under the 1961 Convention and the 1971 Convention to ensure the availability of controlled substances for medical and scientific needs while preventing their illicit production, trafficking and abuse, the Board launched in March 2011 the *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*¹⁴ as a supplement to its annual report for 2010. The special report brought to the attention of Governments and the general public the stark contrast in consumption levels in the different regions of the world. It also contained recommendations on the availability and appropriate use of controlled drugs, national drug control systems and the prevention of diversion and abuse of such drugs. The Board appreciates the positive reactions to the special report. The Board trusts that Governments will implement those recommendations in the report which are relevant to the situation in their countries. The Board will in due time analyse, in cooperation with Governments, the extent to which the recommendations have been implemented.

Guide on Estimating Requirements for Substances under International Control

238. The Board, which is responsible for monitoring the compliance of Governments with the international drug control treaties, administers the international control regime for narcotic drugs and psychotropic substances. An essential component of the control regime is a system under which countries are requested to estimate their annual requirements for internationally controlled

¹³ *Narcotic Drugs: Estimated World Requirements for 2012 — Statistics for 2010* (United Nations publication, Sales No. T.12.XI.2).

¹⁴ United Nations publication, Sales No. E.11.XI.7.

substances for legitimate purposes and to limit the use of such substances to those estimates. If applied correctly, the system should promote access to adequate levels of controlled substances and at the same time correct excessive use of such substances.

239. A process of estimating requirements for internationally controlled substances should use systematic procedures for collecting information about the use of and the need for such substances; however several factors make it difficult for the competent national authorities of many countries to develop and apply such procedures. The most common difficulties encountered include a lack of technical knowledge, a general lack of resources, poorly developed health-care infrastructure and the absence of an institutional framework that prioritizes access to medicines for all segments of the population. As a result, many Governments submit inaccurate estimates and assessments that exceed or fall short of their actual requirements. Several Governments are not able to submit any estimates at all and rely on the estimates established by the Board.

240. The Board is of the opinion that calculating accurate estimates and assessments would help Governments to identify the levels of pharmaceutical preparations containing internationally controlled substances that are necessary for their medical services. Realizing that many Governments require support in the calculation process, the Board, in cooperation with WHO, has developed the Guide on Estimating Requirements for Substances under International Control. The Guide is to be launched in early 2012. The intent of the Guide is to assist competent national authorities in identifying the most appropriate method for calculating the quantities of internationally controlled substances required for medical and scientific purposes on their territory. To support Governments in preparing their estimates and assessments, the guide describes the system of estimates and assessments and the various methods commonly used to quantify the requirements for controlled substances for medical purposes.

241. The Board trusts that the Guide will help Governments in the process of determining the quantities of internationally controlled substances that are required each year to ensure adequate availability of those substances. This exercise will also help Governments to identify inadequacies in the national system for the supply of narcotic drugs and psychotropic substances. If Governments carry out this task every year and verify whether their consumption data reflect their estimates and assessments, they should be in a position to analyse deficiencies in their drug control systems that could lead to an undersupply or oversupply of narcotic drugs or psychotropic substances.

242. The Board hopes that the Guide will be widely used, in particular by all Governments that until now have not been in a position to calculate such estimates owing to a lack of technical expertise. The Board will provide additional information as to the use of the Guide to Governments requiring such support.

Statistical data on the consumption of psychotropic substances

243. The 1971 Convention does not foresee the reporting of statistical data on the consumption of psychotropic substances to the Board. Any evaluation of the adequacy of the availability of such substances has therefore been more problematic than for narcotic drugs. Consistent and reliable statistics on the consumption of narcotic drugs have been available for many years, as such statistics had to be compiled and furnished to the Board by all countries and territories in accordance with the 1961 Convention.

244. To promote the adequate availability of psychotropic substances globally and in specific countries, the Board therefore recommended in its report for 2010, and in the supplement to that report, that Governments should collect reliable statistical data on the consumption of psychotropic substances in the same manner as for narcotic drugs and provide the Board with those data in a timely fashion.¹⁵ In accordance with that recommendation, the Board updated the annual statistical report on substances listed in the 1971 Convention (form P) to request the voluntary collection and submission of such data by all Governments for the first time for 2010.

245. In March 2011, the Commission on Narcotic Drugs, in its resolution 54/6, endorsed the recommendation of the Board and encouraged Member States to report to the Board data on the consumption of psychotropic substances for medical and scientific purposes, in order to enable the Board to analyse levels of consumption of psychotropic substances in an accurate manner and to promote their adequate availability.

246. The Board notes with appreciation that some Governments submitted data for 2010 on the consumption of some or all psychotropic substances used on their territory for medical and scientific purposes, pursuant to the Board's recommendation and Commission on Narcotic Drugs resolution 54/6. Among those Governments are Governments of countries that are major manufacturers and consumers of psychotropic substances, such as Finland, Germany and the United States.

¹⁵ *Report of the International Narcotics Control Board for 2010 ...*, recommendation 34; and *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs ...*, recommendation (h).

247. The Board trusts that all other Governments will soon follow suit and take measures that would allow them to collect reliable data on consumption levels of psychotropic substances on their territory and to report those data to the Board. That would greatly assist the Board in identifying unusual developments in the consumption of psychotropic substances in individual countries, with a view to recommending remedial action to ensure the adequate availability of psychotropic substances, if necessary.

Activities to support scientific analyses and research

248. Apart from internationally controlled substances required for use in medical treatment, countries also need to use such substances for scientific purposes, including product development, scientific research and forensic analysis. The use of controlled substances for test and reference samples is an example of the use of such substances for scientific purposes; it was also the subject of a publication entitled *Guidelines for the Import and Export of Drug and Precursor Reference Standards for Use by National Drug Testing Laboratories and Competent National Authorities*,¹⁶ the preparation of which was initiated by the Board.

249. Test and reference samples are required by national drug testing and forensic laboratories that are engaged in the identification and analysis of seized materials suspected of being narcotic drugs, psychotropic substances or precursors. In March 2011, the Commission on Narcotic Drugs adopted resolution 54/3, entitled “Ensuring the availability of reference and test samples of controlled substances at drug testing laboratories for scientific purposes”, in which it invited the Board and UNODC “to work closely on feasible mechanisms that will facilitate the provision of minimal but sufficient amounts of reference and test samples of controlled substances to drug testing laboratories, including through the reinforcement of existing national programmes, as appropriate, in order to support their analytical and quality assurance work”. In addition, UNODC brought to the attention of the Board cases in which national laboratories continued to encounter difficulties in obtaining such samples.

250. In response to resolution 54/3 and concerns raised by UNODC, the Board has undertaken a special study on obstacles to obtaining such test and reference samples. The Board has recommended a number of measures to be taken by national authorities to ensure that national laboratories have uninterrupted access to such samples. The outcome of the study and the recommendations of the Board are

reflected in the present report in the section entitled “Special topics” (see paras. 301-316 below).

251. The 1961 Convention obliges States parties to submit to the Board statistical data on the consumption of narcotic drugs. Consumption data are the most important tool for evaluating whether adequate quantities of internationally controlled substances are available in a country. While consumption data with respect to pharmaceutical preparations containing narcotic drugs are commercially available in some countries, global consumption data on narcotic drugs and data on the consumption levels of individual countries are available only to the Board. The Board recognizes that those data are a unique tool for research institutions and organizations active in the areas of treatment of pain and palliative care. These statistical data are published annually in the Board’s technical publication on narcotic drugs. In recent years, the Board has frequently been requested to provide those data in electronic format. The Board acknowledges that sharing consumption data in electronic format would make it easier to carry out research projects. That would benefit not only the research institutions and organizations working with those data but also national health services and medical professionals interested in comparing consumption levels of narcotic drugs in their country with consumption levels in other countries. Ultimately, such research could raise awareness among policymakers regarding the adequacy of national consumption levels and thereby benefit patients who are in need of those medications.

252. The Board has therefore decided to establish a separate secure area on its website where reputable research institutions and organizations can register in order to have electronic access to the Board’s consumption data. Registrants have to fulfil certain conditions and sign an agreement with the Board regarding the use of the data. The Board hopes that this initiative will support research institutions and organizations in their work and ultimately benefit national authorities and the general public.

Response to Commission on Narcotic Drugs resolution 54/6

253. In March 2011, the Commission on Narcotic Drugs adopted resolution 54/6, entitled “Promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse”, in which the Commission requested the Board to continue its efforts in the area of availability of internationally controlled drugs and encouraged the Board to take additional action. The Board will continue to pay attention to the subject of adequate availability of internationally controlled substances, as provided for in its mandate under

¹⁶ United Nations publication, Sales No. M.08.XI.6.

the international drug control treaties. Nevertheless, the Board needs to bring to the attention of the international community the fact that the budget resources allocated at present seriously restrain the activities of the Board. The Board wishes to draw attention to the need for additional resources to carry out any additional activities and expand present activities related to ensuring adequate availability of internationally controlled narcotic drugs and psychotropic substances.

Letter to United Nations resident coordinators

254. On 4 February 2011, a joint letter signed by the President of the Board, the Director-General of WHO and the chair of the United Nations Development Group was sent to United Nations resident coordinators. In that letter, the issue of the availability of internationally controlled substances for medical use was addressed. The letter referred to the continuing shortfall in many countries with respect to the availability of internationally controlled substances required for the treatment of severe pain, mental illnesses and psychiatric disorders, opioid dependence, epilepsy and birth complications. Resident coordinators were urged to integrate the issue of access to controlled medicines into health programmes.

High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

255. At the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, held in New York on 19 and 20 September 2011, the President of the Board referred to the importance of the appropriate use of internationally controlled drugs, as both overconsumption and underconsumption of those drugs created problems for public health. With regard to the use of controlled substances in the relief of pain and suffering, the President highlighted the uneven global distribution of analgesics, which left 80 per cent of the world population with limited or no access to those medicines. The President mentioned the importance of internationally controlled substances for the treatment and management of non-communicable diseases, including cancer and mental illness, as well as painful conditions associated with other non-communicable diseases, such as diabetes.

(c) Activities of intergovernmental and non-governmental organizations

256. The Board notes that the availability of internationally controlled substances, in particular the availability of opioid analgesics for pain treatment, has become a major area of interest for intergovernmental and non-governmental organizations.

257. In 2011, WHO published new policy guidelines entitled *Ensuring Balance in National Policies on Controlled Substances: Guidance for Availability and Accessibility of Controlled Medicines*, which replaced the guidelines it had published in 2000. The Board welcomes the publication of the new guidelines, which were developed with the support of the Board. Governments are reminded that the guidelines should always be applied with full respect for the provisions of the international drug control treaties.

258. The Board notes the increasing number of non-governmental organizations that are actively involved in promoting the availability of internationally controlled substances for medical purposes and act as advocates for the adequate availability of such substances. Their activities focus mostly on the availability of analgesics, in particular opioids, in the treatment of pain and in palliative care. Data collected and processed by the Board and published in its technical publications have been used by non-governmental organizations and research institutes to study the issue of availability globally as well as in individual countries. At the same time, the Board receives valuable information from non-governmental organizations on the situation of patients lacking adequate pain treatment and palliative care, as well as on activities carried out at the national and international levels to improve health services and access to medications for those in need of them.

(d) National activities

259. The latest consumption data on narcotic drugs submitted to the Board indicate that consumption levels of opioid analgesics for pain treatment remain low in many countries. The consumption levels are reflected in the tables of the Board's technical publication on narcotic drugs.¹⁷ The Board has introduced a new format for the tables, which makes it easier for national authorities to verify how their country compares in the regional context and how their region compares with all other regions. Governments are encouraged to examine their national consumption levels in those tables. However, national consumption levels need to be compared not only with regard to low use of internationally controlled drugs but also with regard to overconsumption, which has been noted in a number of countries. The Board recommends that in order to adhere to the principle of appropriate use, Governments need also to identify consumption levels that may be considered excessively high and therefore inappropriate.

¹⁷ *Narcotic Drugs: Estimated World Requirements for 2012 ...*, tables XIV.1.a-XIV.1.i.

260. The Board notes that action has been taken in a number of countries to improve the level of consumption of internationally controlled substances. In most of those countries, the action has related to the consumption of narcotic drugs, in particular opioid analgesics.

261. In Colombia, efforts continue to expand the number of pharmacies throughout the country that are open 24 hours a day, 7 days a week, to dispense opioid analgesics. Currently, there are 32 such pharmacies, one in each of the country's 32 departments. In early 2011, the Ministry of Social Protection added additional opioids (methadone, hydromorphone and morphine solution) to its Obligatory Health Plan, which means that patients who present a prescription for these medicines will receive them at no cost. A new cancer law has been adopted that calls for the competent national authority to ensure the adequacy of and the opportunity to access opioid drugs for pain management.

262. In France, a first national plan to improve the management of pain was introduced in 1998 (for the period 1998-2000), followed by a second plan in 2002 (for 2002-2005) and a third plan, for 2006-2010. At present the elaboration of a fourth plan is being discussed. The national plan includes as its main pillars the education and training of health-care professionals; prescription requirements and delivery; and the availability of narcotic drugs, including conditions governing the sector of the health service institutions (hospitals, specialists, general practitioners) from which prescriptions can be obtained and the duration for which they can be prescribed. To complement those measures, the Government of France introduced a surveillance scheme to counter diversion and abuse. These measures have led to a significant improvement in the availability of opioid analgesics in France.

263. In Georgia, recent Government decrees have expanded the number of days for which opioid pain medicines can be prescribed, the number of conditions for which they can be prescribed, the types of physicians (including village doctors) who can prescribe them and the number of opioids that can be prescribed on a single prescription form. To support the rational use of opioid pain medicines, training and education in modern pain management is taking place throughout Georgia. The procedures for procuring opioid analgesics for patients with incurable conditions were revised. Authorities are in the process of revising the national drug control law to harmonize it with current knowledge and definitions.

264. In Guatemala, there continues to be a shortage of low-cost opioids. Inexpensive morphine is available only in injectable form and only for patients who are hospitalized.

To address the ongoing lack of low-cost oral morphine in Guatemala, a national expert team, in cooperation with the Pan American Health Organization (which serves as the WHO regional office for the Americas), is working to revise the requirements for importing oral morphine solution. Training efforts are planned to increase the number of physicians who can lead palliative care efforts at public hospitals throughout Guatemala.

265. In November 2010, the Ministry of Health of Jamaica sponsored a national workshop attended by Government policymakers, physicians, pharmacists and nurses to increase advocacy for improved pain management and palliative care throughout the country. Following the workshop, the Ministry's chief medical officer, in an official statement, recognized the importance of opioids in pain treatment and palliative care and the need to examine the policies and legal framework surrounding opioid use. The competent national authorities also commenced an audit/survey tool to evaluate all hospitals that presently stock and dispense opioids to identify the storage and handling capabilities of each facility on the island.

266. In late 2010, Kenya faced a shortage of morphine powder owing to problems experienced by the sole supplier of morphine in that country. Collaboration among the Pharmacy and Poisons Board, the national palliative care association (Kenya Hospice and Palliative Care Association) and international experts resulted in the problem being resolved by increasing the number of importers registered to import morphine powder. In recent years, the Government of Kenya has been taking a notable interest in pain management and palliative care. In July 2010, the Ministry of Medical Services issued a directive for 10 large hospitals throughout the country to establish palliative care services with the assistance and collaboration of the Kenya Hospice and Palliative Care Association. In August 2011, the Ministry of Public Health and Sanitation and the Ministry of Medical Services launched the first-ever national cancer control strategy, which includes pain management.

267. In Nepal, with support from international experts, health-care practitioners have worked with Government and industry to address the availability of opioid analgesics. To overcome import delays, coordination of activities was established with the Department of Drug Administration of the Ministry of Health and Population and with importers and exporters.

268. The Ministry of Health of Viet Nam, in cooperation with other governmental and non-governmental organizations, conducted from 2006 to 2008 an examination of policies and programmes affecting the availability of opioids for the treatment of pain in cancer

and HIV/AIDS patients, as well as for the medical treatment of dependence among persons who abuse drugs by injection. An action plan was developed that included national guidelines on palliative care; national treatment guidelines on methadone substitution therapy for opioid dependence; extensive training for clinicians throughout the country on those topics; and a radical revision of the national opioid prescribing regulations to expand the diagnoses eligible for opioid prescriptions, increase from 5 to 30 the number of days' supply per prescription, remove maximum dosage limits and mandate opioid availability at the district level. The Ministry has provided training to hospital leaders, provincial and district public health officials and health-care providers throughout the country on the revised opioid prescribing regulations.

269. The Board appreciates these national efforts to increase the availability of controlled substances for medical and scientific purposes. Such cases may serve as examples for other national health administrations faced with similar problems. The Board wishes to remind Governments that all activities carried out to increase the availability of internationally controlled substances for medical and scientific purposes need to be balanced by activities to ensure the prevention of the diversion and abuse of such substances.

E. Special topics

1. Plurinational State of Bolivia: national policy on coca leaf

270. Over the past several years, the Board has repeatedly expressed its concern about certain aspects of drug control policy in the Plurinational State of Bolivia that contravene the international drug control conventions, notably national legislation that allows the cultivation and consumption of coca leaf for non-medical purposes, in particular coca leaf chewing. The Plurinational State of Bolivia has been a party to the 1961 Convention since 1976. As the Plurinational State of Bolivia is a major producer of coca leaf, the Board is concerned that policy developments in that country could have repercussions in other countries.

271. In the past several years, the Board has expressed its concern that the practice of chewing coca leaves and the use of other coca products without previous extraction of the alkaloids, continues in the Plurinational State of Bolivia. The Board reiterated that coca leaf is defined as a narcotic drug in the 1961 Convention and listed in Schedule I of the Convention, among those narcotic drugs to which strict control measures are applicable. Those controls include the provisions of article 4, paragraph (c), of the Convention, on the general obligation for States

parties to "limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs"; articles 23 and 26, on the control regimes applicable to cultivation and production for parties permitting cultivation and production for the extraction of alkaloids; and article 27, on the possibility for parties to permit cultivation and production "for the preparation of a flavouring agent, which shall not contain any alkaloids".

272. Article 49 of the 1961 Convention provides parties with the right to make a transitional reservation for the non-medical use of the substances listed in paragraph 1 of that article, which include coca leaf chewing (para. 1 (c)). Therefore, while a party may, at the time of accession and under certain conditions specified in that article, reserve the right to permit temporarily on its territory the practice of coca leaf chewing, such practice must be abolished within 25 years from the coming into force of the Convention, pursuant to paragraph 2 (e). No such transitional reservation was made by Bolivia at the time of its accession to the 1961 Convention, on 23 September 1976. However, the Board wishes to point out that, within 25 years following the entry into force of the 1961 Convention, coca leaf chewing should have been abolished in those States which had made a reservation upon ratification. Therefore, even if Bolivia would have made such a reservation in 1976, as the 1961 Convention came into force in 1964, coca leaf chewing should have come to an end in 1989 in the territories of all parties to the 1961 Convention.

273. Since 2006, the Government of the Plurinational State of Bolivia has taken a number of steps towards removing coca leaf from international control. In September 2006, the President of the Plurinational State of Bolivia addressed the General Assembly at its sixty-first session, calling on the international community to support his position to remove coca leaf from international control. On 9 January 2007, the Minister of Foreign Affairs of the Plurinational State of Bolivia addressed a letter to the Director-General of WHO requesting that Organization to take the measures necessary to implement a process of validation of the medical uses of coca leaf and their contribution to, as part of traditional medicine, public health in the Andean subregion. On 8 March 2008, in response to the launching of the report of the Board for 2007, the Permanent Mission of the Plurinational State of Bolivia to the United Nations forwarded a note to the Secretary-General on the position of the Government on the issue of coca leaf. During the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, held in Vienna in March 2009, the President of the Plurinational State of

Bolivia addressed the delegates, arguing for the removal of coca leaf from the international drug control regime and stating that the agreement to include coca leaf in Schedule I of the 1961 Convention had been a historical error and claiming that the agreement had been based on a study that was “neither serious nor scientific”.

274. The Board has taken efforts to strengthen its dialogue with the Bolivian Government about the issue of coca leaf. For many years, the Board has repeatedly stated in its annual reports that the use of coca leaf in the Plurinational State of Bolivia for chewing and for the manufacture of coca tea and other products without extraction of the alkaloids goes beyond that which is permitted in the relevant provisions of the 1961 Convention, and is therefore in contravention of that State’s obligations under that Convention, and that the reservation to article 3, paragraph 2, of the 1988 Convention that the Bolivian Government had made upon acceding to that Convention, does not absolve that State from fulfilling its obligations under the 1961 Convention. Furthermore, in 2007, the Board sent a mission to the country to discuss with the competent national authorities the Bolivian Government’s policies on coca bush cultivation and coca leaf production. In November 2008, at the invitation of the Board, a high-level delegation from the Bolivian Government attended the ninety-third session of the Board to discuss and exchange views with the Board on issues relating to the Government’s implementation of the international drug control treaties.

275. On 12 March 2009, the Permanent Mission of the Plurinational State of Bolivia to the United Nations submitted a proposal to amend article 49 of the 1961 Convention as amended by the 1972 Protocol, in accordance with the procedure established in article 47 of that Convention. In its note verbale, the Government stated that the chewing of the coca leaf was an ancestral practice of the Andean indigenous people that should not be prohibited. The Government therefore requested the deletion, from the 1961 Convention, of article 49, paragraph 1 (c), stating that “the socio-cultural practice of coca leaf cannot be permitted temporarily ...”; and article 49, paragraph 2 (e), stating that “it is a serious mistake to seek to abolish coca leaf chewing within 25 years”.

276. In line with article 47, paragraph 1, of the 1961 Convention, the Secretary-General communicated the Bolivian proposal, on 6 April 2009, to all parties to the 1961 Convention and to the Economic and Social Council. At its substantive session in July 2009, the Council decided to initiate the procedures set out in article 47, paragraph 1 (b) of the Convention, which provides that the parties shall be asked whether they accept the proposed

amendment and also to submit to the Council any comments on the proposal. Pursuant to article 47, paragraph 2, of the Convention, if the proposed amendment would not be rejected by any one party within 18 months after it had been circulated, it should thereupon enter into force. If, however, the proposed amendment was rejected by any State party, the Council could decide, in the light of comments received from States parties, whether a conference should be called to consider such amendment. By 31 January 2011, formal rejections of the Bolivian proposal to amend the 1961 Convention were submitted by 17 States parties.¹⁸ As a consequence of those objections, the proposed amendment did not enter into force.

277. In reaction to that development, the Government of the Plurinational State of Bolivia decided to take a hitherto unprecedented step: on 29 June 2011, the Government formally deposited with the Secretary-General an instrument of denunciation of the 1961 Convention as amended by the 1972 Protocol. In accordance with article 46, paragraph 2, of the Convention, the denunciation will take effect on 1 January 2012.

278. At the same time, the Bolivian Government announced its intention to submit a new instrument of adherence to the 1961 Convention as amended by the 1972 Protocol. The Government announced that the new instrument of adherence would contain a reservation, in conformity with article 50, paragraph 3, of the Convention, by means of which the chewing of coca leaf and the cultivation of coca bush for that purpose would be legal on Bolivian territory.

279. The Board notes with regret the step taken by the Government of the Plurinational State of Bolivia to denounce the 1961 Convention as amended by the 1972 Protocol, to which it had previously acceded. The Board is concerned that, while that course of action is technically permitted under the Convention, it is contrary to the fundamental object and spirit of the Convention. If the international community were to adopt an approach whereby States parties would use the mechanism of denunciation and re-accession with reservations to overcome problems in the implementation of certain treaty provisions, the integrity of the international drug control system would be undermined. The Board feels obliged to make Governments of States parties aware of that danger.

280. The Board will continue its dialogue with the Bolivian Government. The Board decided to send a mission to the Plurinational State of Bolivia in

¹⁸ Bulgaria, Canada, Denmark, Estonia, France, Germany, Italy, Japan, Latvia, Malaysia, Mexico, Russian Federation, Singapore, Slovakia, Sweden, United Kingdom and United States.

December 2011 in an attempt to assist the Government in resolving any existing problems in a manner that is respectful of both the letter and the spirit of the 1961 Convention.

2. Application of the international drug control treaties in countries with federal structures

281. The international drug control treaties must be implemented by States parties, including States with federal structures, regardless of their internal legislation, on their entire territory. While all States have different legal systems and legal traditions, the Board wishes to remind the States parties of the basic principles of international law enshrined in the provisions of articles 27 (on the irrelevance of internal law) and 29 (on the application of the treaty on the entire territory of the party) of the 1969 Vienna Convention on the Law of Treaties.¹⁹

282. Over the last few decades, the majority of States parties to the international drug control treaties have applied adequate control measures, as required under the treaties, to ensure that narcotic drugs and psychotropic substances are used only for medical and scientific purposes. For example, consensus among States parties had developed in favour of firm control over cannabis, a substance included not only in Schedule I but also in Schedule IV of the 1961 Convention as amended by the 1972 Protocol, which requires the most stringent control measures. The Board notes that almost all States parties have applied the strict control measures foreseen in the international drug control treaties. The almost universal application of the treaties has substantially enhanced the efforts of the international community to fight drug abuse and drug trafficking.

283. The Board notes, however, some exceptions to those developments. A number of States parties are shifting towards more lenient national drug policies that are not in line with the international drug control treaties. For example, some States parties have permitted the use of “safer crack kits”, the existence of so-called “coffee shops” and the establishment and operation of so-called “drug injection rooms”. The Board has warned that such policies promote social and legal tolerance of drug abuse and drug trafficking and therefore contravene the international drug control treaties.

284. The Board notes that in some countries, such policy changes took place at the state and/or provincial level, and the federal Government is consequently often confronted with challenges in complying with the international drug control treaties. In the United States, for example, although

the use, sale and possession of cannabis remain illegal under federal law, an increasing number of states have approved laws attempting to decriminalize possession of cannabis for personal use and/or created exemptions for “medical cannabis”. In Australia, the local authorities in the state of New South Wales permitted the establishment of a “drug injection room”, despite the fact that, at that time, the national policy in Australia did not support the establishment of such facilities. In Canada, superior and appellate courts in the state of Ontario have repeatedly challenged cannabis laws at the federal level, declaring Canada’s cannabis laws to be of no force or effect. In addition, while the federal Government supports the termination of the operation of Insite (a “drug injection room”) in Vancouver, the Supreme Court of Canada has ruled to uphold Insite’s exemption from the Controlled Drugs and Substances Act, allowing the facility to stay open indefinitely. In other cases, such as in India, the federal Government has had difficulties complying with its reporting obligations as required under the international drug control treaties because of different laws and regulations at the state level.

285. The situations described above make it difficult for the Governments of those countries to fulfil their obligations under the international drug control treaties and to ensure the implementation of the treaties on their entire territory. Some of the Governments concerned have stated that their domestic legal systems prevent them from fully complying with the treaties, as their state and/or provincial legislative and judicial structures and competencies are independent and prevail over their national or federal legislation and jurisdiction.

286. The Board underlines the fact that certain state, regional and/or provincial powers, jurisdictions and delegated competencies are expressly granted and guaranteed in the constitutional frameworks of some States parties. Acceding to the international drug control treaties should result in States parties adopting national strategies and measures that ensure their full compliance with the treaties. Those treaty obligations are applicable with respect to the entire territory of each State party, including its federated states and/or provinces.

287. Moreover, according to international law, as well as the international obligations of all parties to the international drug control treaties, state and/or provincial legislative and/or judicial measures and actions should be in compliance with each State’s policies and obligations at the international level. If a State, irrespective of its constitutional framework and legal system, enters into an international agreement by acceding to the international drug control treaties, that State must ensure that all state and/or provincial policies and measures do not undermine

¹⁹ United Nations, *Treaty Series*, vol. 1155, No. 18232.

its efforts to combat drug abuse and trafficking in narcotic drugs, psychotropic substances and precursor chemicals.

288. The Board wishes to point out that the changes in policy and legislation on cannabis are taking place predominantly in developed countries. The growing gap between declared Government policy at the international level and incomplete implementation at the national level remains a matter of concern. It is disturbing that, while many developing countries have been devoting their limited resources to eradicating cannabis plants and fighting trafficking in cannabis, certain developed countries have, at the same time, decided to tolerate the cultivation of, trade in and use of cannabis for purposes other than those provided for by the international drug control treaties. The Board wishes to remind States parties that when those treaties were adopted, the international community emphasized the principle of universality, since a breach in the international consensus by one State could endanger the implementation of the treaties by other States.

289. The Board expresses its concern about the decision of the Supreme Court of Canada, permitting a “drug injection room” to continue to operate in Vancouver. Under international law, by virtue of the hierarchy of norms, the provisions of internal law cannot be invoked to justify non-compliance with provisions of the international drug control treaties to which a State has become a party. Those treaties do not permit the use of controlled drugs for any purposes except medical or scientific purposes.

290. The Board wishes to reiterate that control measures and action against trafficking in and abuse of drugs can be effective only if carried out universally in a concerted and coordinated manner, in accordance with the international drug control treaties. The Board calls upon all States parties to take the steps necessary to ensure full compliance with the international drug control treaties on their entire territory. The structure of all States parties, whether federal, state, regional or provincial, should include a comprehensive system of intergovernmental coordination procedures, so that drug control laws and policies are consistent within each country, and that system should be continually evaluated.

3. Illegal Internet pharmacies and seizures of licitly manufactured substances ordered via the Internet and delivered through the mail

291. Over the past several years, the Board has drawn the attention of Governments to the need to work together to investigate and close down illegal Internet pharmacies and to seize substances which have been illegally ordered on the Internet and smuggled through the mail. In order to strengthen efforts to tackle this problem, the Board has

worked with Governments to gain a deeper understanding of illegal Internet pharmacies and States’ efforts to combat them. In particular, the Board has gathered information on the implementation of its 2009 *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*, seizures of shipments of internationally controlled substances sent through the mail and important ongoing developments in the illegal trade in internationally controlled substances over the Internet. In order to gauge the level of implementation of the guidelines, the Board sent a questionnaire to all competent authorities asking them to provide detailed information on the scope of implementation of each specific guideline. The majority of the countries whose authorities reported full implementation of the Board’s guidelines are those that have in place legislation prohibiting Internet pharmacies or specifically allowing activities of Internet pharmacies under certain conditions. The Board notes that a number of countries have prohibited either all operations of Internet pharmacies or the sale of internationally controlled substances through the Internet. However, while legislation may be in place to respond to the guidelines, the level of actual implementation and monitoring varies.

292. According to the responses received, States and territories having experience in legislating and regulating activities of Internet pharmacies implemented the largest number of recommendations. Several countries mentioned that they were not in a position to fully implement all of the guidelines. The most frequently mentioned difficulties encountered were lack of a legislative framework or regulations concerning the sale of pharmaceuticals through the Internet. Furthermore, the authorities of several countries mentioned they lacked the technology, human resources and expertise to identify and counter such illegal operations. The issues relating to the lack of capacity underscore the importance of the guidelines in dealing with the sharing of expertise and the provision of technical assistance. In addition, lack of international cooperation, lack of cooperation with Internet service providers and difficulties in coordination and cooperation among various national agencies were frequently mentioned.

(a) Action to be taken

293. One of the principal suggestions made by respondents to the questionnaire was that Governments that had already implemented the guidelines should share their experiences with those that had not, in order to identify good practices. A second suggestion was that Governments that had implemented the guidelines should provide training for those that had not, in order to improve the capacity of officials to identify and counteract the activities of illegal Internet pharmacies. The responses to

the questionnaire show that the vast majority of Governments with experience in dealing with illegal Internet pharmacies have not, to date, been offering technical assistance to those Governments requiring such assistance. One example given of the technical assistance currently being offered at the international level was Project Drug.net of the International Criminal Police Organization (INTERPOL). Several Governments suggested the use of joint operations to improve procedures and controls. That might also help to respond to the concern expressed by several Governments that action against offending websites could only be taken on their territory and that websites based in other countries cannot be confronted with restrictive action.

294. One related problem that has been noted is that sometimes illegal Internet pharmacies pretend to be located in one specific country but are in fact registered in other countries or with registrars outside the country concerned, which consequently is in no position to regulate them under their national legislation. The Board is of the opinion that it would be in the interest of all countries if those that have the capability to block websites, filter Internet content and monitor website behaviour on a regular basis would not concentrate their efforts exclusively on identifying web pages that are operating from their own territory but would also identify all other offending websites and share that information with the authorities concerned. In this regard, the Board notes with concern that the implementation of its guidelines 24 and 25, aimed at ensuring timely responses to requests for cooperation from other States, as well as the elaboration of standards for the investigation and reporting of such cases, have been characterized by a relatively low rate of implementation. The Board urges Governments to implement those guidelines, as such action may significantly boost international efforts to address illegal Internet pharmacies.

295. A significant portion of illegal Internet pharmacies' activities involve smuggling their products to consumers, finding hosting space for their websites and convincing consumers that the pharmacies are, in fact, legitimate. In response, several Governments suggested that there should be increased control of mail and courier services. Some Governments suggested introducing sufficient alert and control systems at the mail entry and departure points of countries and increasing law enforcement authorities' knowledge of control requirements; however, it was recognized that the amount of mail entering and leaving a country would make this very difficult. Governments also recommended systematic identification of and cooperation with Internet service providers hosting websites that trade illegally, with a view to having the sites withdrawn. Finally, several Governments suggested community awareness

campaigns ahead at providing information on buying medicines online.

296. The Board wishes to remind Governments that the recommendations contained in guidelines 7 and 8, relating specifically to legislation concerning internationally controlled substances, need to be fully implemented by all countries, as they reflect obligations of Governments as contained in the provisions of the international drug control treaties, as well as relevant Economic and Social Council resolutions. In particular, the Board notes that in the absence of universal implementation of the guidelines, illegal Internet pharmacies may be able to continue their activities by simply moving them to jurisdictions with weaker control measures. The Board wishes to reiterate that, in order for global efforts to counter illegal Internet pharmacies to be effective, all Governments must ensure that comprehensive measures are in place to prevent the operation of illegal Internet pharmacies from their territory. The Board, therefore, calls on Governments to continue to implement the guidelines, to devote efforts for improving international cooperation and to provide technical assistance to countries requiring it.

(b) Information on seizures of internationally controlled substances sent via the mail

297. In accordance with Commission on Narcotic Drugs resolution 50/11, the Board collects information on seizures of internationally controlled substances sent via the mail, including those ordered via the Internet. To date, the Board has received reports of over 12,000 seizures of internationally controlled substances sent via the mail. Although the Board requested Governments to identify, if possible, which of those seizures were ordered via the Internet, the vast majority of Governments did not have the capacity to do that.

298. Based on the information provided to the Board, the main countries and territories of origin identified for seized pharmaceutical preparations were India (accounting for 58 per cent of seized substances), followed by the United States, China and Poland. In addition to national postal services, a number of courier or express package delivery services were mentioned as being misused for the smuggling of drugs, both pharmaceutical preparations and illicit drugs. The most frequently seized licit psychotropic substances were diazepam and phentermine. The most frequently seized licit narcotic drugs were methadone and codeine; the most frequently seized precursors were ephedrine and pseudoephedrine. The most frequently seized drugs of illicit origin included cannabis, khat, amphetamine, cocaine, heroin and JWH-122 (a synthetic cannabinoid).

(c) Further developments involving illegal Internet pharmacies

299. The sale of internationally controlled substances by illegal Internet pharmacies continue and the range of media used by these Internet pharmacies appears to have broadened. After several Internet search engines disallowed the use of registered trademarks for prescription drugs in their sponsored links, illegal Internet pharmacies increasingly publicized their websites through message board and social network advertising. Illegal Internet pharmacies also have continued to advertise with spam sent via e-mail as opposed to via social networking sites; nearly 25 per cent of all spam e-mail messages are advertisements for medicines. Illegal Internet pharmacies use a number of methods to pretend to be legitimate pharmacies. The methods include providing quotes and images of purported medical doctors; and fraudulently displaying a number of logos, including the logos of national pharmaceutical regulatory bodies. According to information from WHO, over 50 per cent of medicines ordered from illegal Internet pharmacies have been found to be counterfeit.

300. Action against activities of illegal Internet pharmacies has been carried out by a number of national and international organizations and associations. This action has included certifying legitimate pharmacies and providing a register of approved Internet pharmacies that can be consulted by potential consumers. Campaigns warning of the risks of purchasing medicines from illegal Internet pharmacies have also been initiated. Those efforts to educate the general public have been conducted by Governments and the private sector. In some countries, companies in the private sector, including Internet registrars, providers of hosting space, credit companies and search engine providers, have decided to share information relating to activities of illegal Internet pharmacies to enable companies to take steps to prevent misuse of their services by such Internet pharmacies. The Board welcomes those initiatives and recommends that Governments encourage companies to deny illegal Internet pharmacies access to the legitimate business services required to carry out those activities.

4. Obstacles to the availability of internationally controlled substances for scientific purposes

301. The Board has made repeated efforts to raise awareness within the international community of the important role played by drug-testing laboratories and of the need to ensure that they are granted adequate access to the test samples they require. In the pursuit of its mandate,

the Board has encouraged States to consider the adoption of measures aimed at facilitating the availability of test and reference samples, while reminding them of the need for such measures to comply with the provisions of the international drug control treaties.

302. That issue was discussed by the Board in its annual report for 2005.²⁰ In 2007, the Board issued the *Guidelines for the Import and Export of Drug and Precursor Reference Standards for Use by National Drug-Testing Laboratories and Competent National Authorities*,²¹ in which it recognized the importance of forensic laboratories, as well as the need to ensure that such laboratories had access to the facilities and tools they need to carry out their work, including high-quality reference standards. In the guidelines, the Board identified some of the obstacles to obtaining reference samples in a timely manner that were encountered most frequently by laboratories, and guidance was provided on possible ways to remove those obstacles.

303. Since the publication of the guidelines, some progress has been made. There has been almost universal recognition on the part of States of the importance of ensuring the availability of test and reference samples, and many measures have been adopted to that end at the national and regional levels. In spite of that progress, many laboratories continue to experience difficulties and/or delays in obtaining all the test and reference samples they require.

304. Concerned by those continuing difficulties, the Commission on Narcotic Drugs adopted resolution 54/3, on ensuring the availability of reference and test samples of controlled substances at drug-testing laboratories for scientific purposes. In the resolution, the Commission requested Member States to review, in consultation with the Board and UNODC, national procedures, in order to facilitate access to internationally controlled substances for use as test and reference samples by drug-testing laboratories.

305. In its resolution 54/3, the Commission encouraged the Board to continue its efforts to ensure the adequate availability of internationally controlled substances for scientific purposes and stressed the importance of the UNODC quality assurance programme for drug analysis laboratories. In addition, the Commission invited the Board and UNODC to work together to establish feasible mechanisms for facilitating the provision of minimal but

²⁰ *Report of the International Narcotics Control Board for 2005* (United Nations publication, Sales No. E.06.XI.2), paras. 216-218.

²¹ United Nations publication, Sales No. M.08.XI.6 (available at www.incb.org/documents/Reference_standard_guidelines/reference-standards_en.pdf).

sufficient amounts of reference and test samples of controlled substances to drug-testing laboratories.

306. The Board and UNODC prepared two questionnaires to solicit information from competent national authorities and drug-testing laboratories on persistent obstacles to the availability of test and reference samples of internationally controlled substances with a view to identifying ways to remove those obstacles.

307. Responses provided by drug-testing laboratories confirm that many of them continue to encounter difficulties in obtaining the test and reference samples they require, especially if those samples are not available from domestic sources and need to be imported. The four most common difficulties reported by laboratories are related to the following: shipping, approval of imports by competent national authorities, customs clearance and costs.

308. Responses provided by competent national authorities indicate that where the procedures for applying for import authorizations are not known or not fully complied with by drug-testing laboratories, authorizations may be delayed or even denied. Common difficulties cited by competent national authorities were related to a lack of knowledge of import authorization procedures on the part of laboratories, incomplete or erroneous information provided in import authorization requests, and inadequate supporting documentation. One of the most common grounds given for the refusal of the import or export of test and reference sample material was that drug-testing laboratories do not follow established procedures and/or do not complete the forms and provide the documentation required. The Board invites competent national authorities to consider working with drug-testing laboratories to improve knowledge of import and export authorization application procedures and to establish contact points within their administrations to assist drug-testing laboratories with their applications.

309. Drug-testing laboratories indicated in the survey that the formalities associated with the approval of the import and export of test and reference samples of internationally controlled substances were a significant hindrance to the availability of the samples needed by the laboratories to complete their work. When seeking to import multiple substances from the same provider, drug-testing laboratories are often required to submit, and pay for, multiple import authorization requests, which causes delays and additional financial burdens. In some cases, import and export authorizations are valid for a limited period, and delays in approval lead to the documents expiring before the acquisition by the drug-testing laboratories is completed. In order to expedite the approval process and reduce costs, the Board invites competent

national authorities to consider giving priority to processing import authorization applications that are filed by drug-testing laboratories and waiving applicable fees. Competent national authorities may also wish to provide the possibility for laboratories to request the import of several substances on the same form so that less supporting documentation is required, to ensure that import and export authorization documents are valid for a period of six months or longer, and to instruct their customs authorities to give priority to requests for shipments of test and reference samples for drug-testing laboratories.

310. Respondents to the survey addressed to drug-testing laboratories included laboratories participating in the international collaborative exercise, a component of the UNODC international quality assurance programme. Participants in this initiative reported significantly fewer difficulties and delays in obtaining test and reference samples of internationally controlled substances compared with non-participants. Drug-testing laboratories, particularly those in countries where access to test and reference samples is limited, may wish to consider participating in the international collaborative exercise programme or similar quality-assurance programmes. The Board encourages Governments that have the resources to do so to provide support and adequate resources for those initiatives.

311. The Board has noted that, if competent national authorities are unaware of the importance of test and reference samples for drug-testing laboratories or of the work done by those laboratories, they may unnecessarily delay or deny imports, thus hindering availability. The Board reminds all States that all parties involved in the acquisition of test and reference samples of internationally controlled substances should be made aware of their critical importance to the work of drug-testing laboratories and should cooperate in facilitating access to such samples. Possible awareness-raising measures may include the designation of a national coordinator for the procurement and distribution of reference samples; the institutionalization of cooperation between Government agencies, such as the formation of an inter-agency working group; and the establishment of a coordinating body for classifying new drugs that are seized and distributing samples of them to laboratories throughout the country.

312. Several competent national authorities reported that they refused imports of test and reference samples if they exceeded the estimates provided to the Board for the substances in question. Others reported that although such imports were not refused, they were delayed until a supplementary estimate for the substances in question could be sent to the Board. In order to avoid the refusal of imports on the basis of estimates that do not take into

account the needs of drug-testing laboratories, the Board invites all States parties to the international drug control conventions to consult those laboratories when establishing their estimated annual requirements of internationally controlled substances. The Board also reminds States parties that they may, at any time, submit supplementary estimates should their initial estimates need to be increased to meet unforeseen needs, including those of drug-testing laboratories.

313. The answers provided by drug-testing laboratories have confirmed that shipping difficulties continue to be a major obstacle to the availability of test and reference samples of internationally controlled substances. The vast majority of the competent national authorities that responded to the survey indicated that they did not have any procedural requirements in place for postal services and shipping companies with regard to the import and export of test and reference samples of internationally controlled substances. The Board encourages States parties to consider establishing clear requirements on the transport of test and reference samples of internationally controlled substances in order to avoid unnecessary refusals of shipments caused by vague guidelines, and to apply discretion in approval procedures. Any revised requirements should also seek to prevent the diversion of the samples by establishing safeguards, such as the use of couriers.

314. The Board notes that in suggesting possible mechanisms to facilitate access to test and reference samples, several European Union member States pointed to Council of the European Union decision 2001/419/JHA on the transmission of samples of controlled substances as a possible model from which solutions could be drawn. The decision establishes a system for the transmission of samples of controlled substances between European Union member States, subject to certain formal requirements such as that the samples be intended for use in the detection, investigation and prosecution of criminal offences or for the forensic analysis of samples. Moreover, the quantity of the sample should not exceed the quantity deemed necessary for law enforcement and judicial purposes. In its

decision, the Council provided for the designation of national contact points, which could act as the sole competent bodies for authorizing the transmission of samples. The transmission of samples is agreed upon between the national contact points of the sending and the receiving States using a standardized form, and the national contact points of any transit States are also duly informed ahead of time. The decision states that samples must be transported in a secure way and it provides guidelines on which means of transport are considered secure. In seeking to identify solutions to the problem of the availability of test and reference samples at the international level, the Board invites all States to share best practices that have been adopted at the national and regional levels and that have proved effective in fostering greater availability of test and reference samples of internationally controlled substances.

315. The Board reiterates that the key to removing obstacles to the availability of test and reference samples of internationally controlled substances is awareness-raising and inter-agency cooperation and invites all States to renew their efforts to ensure that drug-testing laboratories are given the tools they need to carry out their indispensable work.

316. In summary, the survey undertaken by the Board revealed that there are a number of possible courses of action that can be taken to improve access to test and reference samples of internationally controlled substances for use by drug-testing laboratories. The guidelines prepared by the Board include recommendations for overcoming obstacles to shipping, approval of imports by competent national authorities, customs clearance and costs. The Board strongly encourages Governments to implement the guidelines in order to ensure the availability of test and reference samples of internationally controlled substances for use by drug-testing laboratories. The survey has also enabled the Board to identify a number of additional courses of action that can be followed to help to improve access to such test and reference samples. These can be found on the Board's website (www.incb.org), together with the guidelines.