

II. Functioning of the international drug control system

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

54. In discharging its mandate under the international drug control treaties, the Board maintains an ongoing dialogue with Governments by 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

55. As at 1 November 2012, the number of States parties to the 1961 Convention or that Convention as amended by the 1972 Protocol stood at 185. Of those States, 183 were parties to the 1961 Convention as amended by the 1972 Protocol. A total of 11 States have yet to accede to the 1961 Convention: 2 States in Africa (Equatorial Guinea and South Sudan), 1 in the Americas (Plurinational State of Bolivia), 1 in Asia (Timor-Leste) and 7 in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu).

56. The number of States parties to the 1971 Convention remained at 183. A total of 13 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 8 in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tuvalu and Vanuatu).

57. With the accession by the Holy See in January 2012 and Nauru and Niue in July 2012, the number of States parties to the 1988 Convention increased to 187. A total of 9 States have yet to become parties to that Convention: 3 States in Africa (Equatorial Guinea, Somalia and South Sudan), 1 in Asia (Timor-Leste) and 5 in Oceania (Kiribati, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

58. The Board welcomes the accession by the Holy See, Nauru and Niue to the 1988 Convention and urges those States that have not done so, particularly those in Oceania, the region with the largest number of non-parties, to take the steps necessary to accede to all the international drug control treaties without further delay.

2. Evaluation of overall treaty compliance in selected countries

59. The Board reviews on a regular basis the drug control situation in various countries and overall compliance by Governments with the provisions of the international drug control treaties. The Board's 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.

60. 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.

61. In 2012, the Board reviewed the drug control situation in Benin, Canada, Mozambique, Myanmar and the United States of America, 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 information available to it, paying particular attention to new developments in drug control in those countries.

(a) Benin

62. Benin is faced with a serious level of transit trafficking in drugs. While the volume of drugs transiting Benin is unclear, there are indications that large cocaine shipments originating in South America and heroin from South-West Asia enter Benin on maritime vessels and in cargo containers for distribution in West Africa and Europe. Methamphetamine coming from Cotonou has been seized in Belgium, Japan, Malaysia, Thailand and Viet Nam.

63. The Government of Benin has stepped up its efforts to counter illicit drug trafficking. A specialized police unit for drug trafficking (OCERTID) was established to investigate all drug-related cases in Benin, including trafficking in psychotropic substances and precursors. In 2010, the global Container Programme jointly carried out by UNODC and the World Customs Organization was extended to the port of Cotonou, Benin, and international cooperation with the International Criminal Police Organization (INTERPOL) in fighting drug abuse and drug trafficking has been strengthened. While the Board

welcomes those measures, the capacity of the Government to face those challenges needs to be increased. The Board calls upon the international community to provide the necessary technical support to the Government of Benin, as appropriate.

64. The Board notes that Benin, a party to all three international drug control treaties, is committed to the objectives of the drug control treaties. The Government has adopted a national drug control policy to address drug abuse and drug trafficking and has established an interministerial committee for the control of narcotic drugs and psychotropic substances (CILAS). The country's national drug control legislation appears to be adequate. Illicit drug manufacture and trafficking are criminalized, as is the laundering of the proceeds of drug trafficking. The law authorizes the use of certain special investigative techniques and provides for the freezing, seizure and confiscation of proceeds of crime.

65. Laws and decrees govern the pharmaceutical sector and the importation and distribution of precursor chemicals and pharmaceuticals, establishing penalties for the diversion of these substances. Benin has functional administrative structures in place for control over the licit movement of narcotic drugs, psychotropic substances and precursor chemicals and for fulfilling its reporting obligations to the Board. Overall, reporting performance has been satisfactory. The Board encourages the Government to continue its efforts to ensure that further progress is made in these areas.

66. The Board notes that the Government's capacity to reduce illicit drug demand remains limited. While the Government continues to address drug abuse and trafficking through education and enforcement of anti-drug legislation, no reliable data are available on the extent of drug abuse in the country.

(b) Canada

67. The Board notes that, following its continuous dialogue with the Government of Canada over the past few years, the Government has significantly improved its level of cooperation with the Board and intensified its efforts to curb illicit drug manufacture, trafficking and abuse. The Government is committed to taking an integrated approach to ensure that controlled substances are handled effectively and that their diversion from licit distribution channels is countered through effective control measures.

68. The Government announced in June 2011 that it was considering amendments to the Marijuana Medical Access programme. The amendments would be implemented in line with new regulations to become operational in late 2012. The Board remains concerned that the control

measures presently in force in Canada are not fully in compliance with the provisions of the 1961 Convention, in particular articles 23 and 28 of the Convention. The Board has, on several occasions requested the competent authorities to provide the Board with detailed clarifications.

69. Efforts have been made by the Government of Canada to address prescription drug abuse: initial steps have been taken to identify problematic use of pharmaceuticals and to develop strategies to detect, prevent and treat the abuse of prescription drugs and over-the-counter drugs. Furthermore, an ongoing general population survey, the Canadian Alcohol and Drug Use Monitoring Survey, was developed to track trends in the abuse of drugs, including prescription drugs. The Board encourages the Government to continue its efforts in this area, particularly with regard to the setting-up of a national standardized monitoring system for systematic reporting on the prevalence and nature of drug abuse nationwide.

70. The Board notes that, as part of the National Anti-Drug Strategy, the Government of Canada will enhance its law enforcement efforts to combat illicit use of drugs and increase the capacity of the criminal justice system to investigate, interdict and prosecute offenders. The Government is also planning to implement a national campaign for the prevention of drug abuse aimed at young people and their parents, to provide treatment services for drug abusers and to support referral and treatment programmes for young people.

71. The Board, while taking note of the recent decision of the Supreme Court and the Government's views on the drug injection room in Vancouver, wishes to reiterate its position on that issue as expressed on numerous occasions, namely that the provision of such facilities for the abuse of drugs is contrary to the international drug control treaties, particularly article 4 of the 1961 Convention, under which States parties are obligated to ensure that the production, manufacture, import, export and distribution of, trade in and use and possession of drugs are limited exclusively to medical and scientific purposes.

(c) Mozambique

72. After a protracted civil war, Mozambique has made some progress in the implementation of the three international drug control treaties, to which it is a party. However, more efforts need to be made to address the drug control problems of the country. The Government's focal point for drug control has the overall responsibility for coordinating measures against drug trafficking and abuse and works closely with law enforcement bodies. The Government has adopted a strategic plan for the prevention of drug abuse and combating drug trafficking for the

period 2010-2014. While the comprehensive strategy addresses all aspects of drug control, it lacks a sufficiently detailed implementation plan.

73. National controls over the licit movement of narcotic drugs, psychotropic substances and precursor chemicals, as well as the Government's compliance with its reporting obligations under the drug control treaties, need to be improved. The availability of opioids for pain management remains very limited, and supplies do not cover the country's basic needs. With limited abuse and treatment options and no treatment programmes specifically designed for drug abusers, those seeking assistance are often referred to the psychiatric wards of general hospitals.

74. Mozambique has emerged as a major transit hub for illegal drugs such as cannabis resin and cannabis herb, cocaine and heroin destined primarily for Europe, and for methaqualone (Mandrax) that is abused primarily in South Africa. The Government is increasingly aware of the challenge posed by drug trafficking but lacks the capacity and resources to tackle it. Government seizure figures are at variance with seizure data of other countries suggesting that in 2010, multi-ton shipments of cocaine, heroin and cannabis resin were landed in Mozambique for transportation onward to illicit markets in Europe and North America. Furthermore, illicit consignments of amphetamine-type stimulants have been seized while en route from Mozambique to South Africa.

75. The Board will continue its dialogue with the Government of Mozambique with a view to promoting the country's compliance with the international drug control treaties. The Board urges the Government to consider requesting UNODC and other international bodies to provide the necessary technical assistance in this regard.

(d) Myanmar

76. Myanmar lies in a region that for many years was the world's main area of illicit cultivation of opium poppy. Since 1999, the Government of Myanmar has been implementing a 15-year drug control plan aimed at eliminating all illicit drug production and trafficking by 2014, and sustained efforts of the Government to ensure the eradication of opium poppy have, over the years, achieved significant results in the first half of the 15-year period covered by the drug control plan.

77. The Board is concerned, however, that illicit opium poppy cultivation in Myanmar has increased constantly since 2007. In 2011 the illicit crop survey jointly carried out by the Government and UNODC revealed that for the fifth year in a row, the area of opium poppy cultivation increased to a new record amount. In addition, production

of opium increased by 5 per cent from 2010 to 2011, reaching an estimated 610 tons. With illicit opium poppy cultivation on the rise, Myanmar appears not to be on track to meet its goal of becoming drug-free by 2014.

78. The Board notes that in Myanmar there continue to be challenges in providing legitimate alternative livelihoods for farming communities engaged in illicit opium poppy cultivation. While acknowledging the efforts of the Government of Myanmar to eradicate illicit opium poppy cultivation, the Board encourages the Government to work with the international community to address that problem and to take adequate measures to provide legitimate alternative livelihoods for those farming communities.

79. There has been an increase in illicit manufacture, consumption and export of synthetic drugs, especially amphetamine-type stimulants, since 2006. Methamphetamine production, which takes place on a large scale in Myanmar, fuels the abuse of that substance in many countries in East and South-East Asia. While recognizing the difficulties that the Government of Myanmar has faced in expanding its control over areas in the country where illicit drug-related activities take place, the Board urges the Government to continue strengthening its efforts to address the illicit manufacture of methamphetamine, in cooperation with the Governments of neighbouring countries.

(e) United States of America

80. The Board notes with serious concern the ongoing move towards the legalization of cannabis for non-medical purposes in some parts of the United States of America and, in particular, the outcomes of recent ballot initiatives that took place in the states of Colorado and Washington in November 2012.

81. Following these developments, the two states would legalize the non-medical use of cannabis for persons 21 years and older, impose state-level taxes on the drug and allow its sale at special stores. This constitutes a significant challenge to the objective of the international drug control treaties to which the United States is a party.

82. The Board underlines that the Single Convention on Narcotic Drugs of 1961 establishes, in its article 4 ("General obligations"), that the parties to the Convention shall take such legislative and administrative measures as may be necessary to give effect to and carry out the provisions of this Convention within their own territories and to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs.

83. The Board stresses the importance of universal implementation of the international drug control treaties by all States parties and urges the Government of the United States to take necessary measures to ensure full compliance with the international drug control treaties in its entire territory.

3. Country missions

84. 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.

85. Since the previous report of the Board, the Board has sent missions to the following countries: Bangladesh, Bolivia (Plurinational State of), Brazil, Cuba, Dominican Republic, Ecuador, Nigeria, Pakistan, Peru, Portugal, Republic of Korea, Saudi Arabia and Turkey.

(a) Bangladesh

86. A mission of the Board visited Bangladesh in January 2012. The primary focus of the mission was to discuss with relevant authorities issues related to precursors control, specifically precursors in the form of pharmaceutical preparations, and to engage in dialogue on the Government's compliance with the three international drug control conventions, to which the country is party. The Board's last mission to Bangladesh took place in 2005.

87. Several developments have taken place since the Board's last mission to the country in 2005. The control of precursor chemicals, specifically pseudoephedrine in the form of pharmaceutical preparations, remains problematic, with inconsistent use of the Pre-Export Notification Online (PEN Online) system. Intragovernmental and intergovernmental communication related to activities to counter the smuggling of precursors and related law enforcement efforts are inadequate, particularly with regard to the quality of information disseminated from the highest organizational levels to rank-and-file staff. Staffing levels are inadequate, and there is a lack of basic materials, equipment and training, particularly in the area of precursor control. The Board has previously reported on a significant number of smuggling cases originating in Bangladesh beginning in 2009.

88. Progress to address issues related to drug abuse raised during the 2005 mission has been limited. There are indications that drug abuse is increasing and spreading to rural areas. Tablets containing methamphetamine are increasingly being abused, as is Phensidyl, a cough syrup containing codeine. The availability of treatment services in the country is low compared with the estimated number of injecting drug abusers — primarily abusers of buprenorphine — as evidenced by the open abuse of drugs by injecting drug users on the densely populated streets of old Dhaka.

(b) Bolivia (Plurinational State of)

89. A high-level mission of the Board, led by the President of the Board, visited the Plurinational State of Bolivia in December 2011. The mission met and exchanged views with the President of the Plurinational State of Bolivia and the highest national authorities on matters relating to the implementation of the provisions of the international drug control treaties. Discussions concentrated on the denunciation by the Plurinational State of Bolivia of the 1961 Convention as amended by the 1972 Protocol in June 2011 with the intention of re-acceding to that Convention with a reservation regarding coca leaf, and on the serious implications of that course of action for international drug control.

90. The Board regrets that the Government of the Plurinational State of Bolivia has not reconsidered its decision to withdraw from the 1961 Convention as amended by the 1972 Protocol. The decision of the Government became effective on 1 January 2012. The Board also notes that shortly after the Board's mission to the country, the Government on 29 December 2011 submitted to the Secretary-General of the United Nations an instrument of accession to the 1961 Convention as amended by the 1972 Protocol containing a reservation with respect to coca leaf. The reservation was submitted in accordance with article 50, paragraph 3, of the 1961 Convention as amended by the 1972 Protocol. The Government confirmed that its accession was subject to the acceptance of the reservation by States parties to the Convention.

91. Should the proposed reservation be deemed to be permitted (that is, if less than one third of States parties have objected to it by the end of 12 months after the date of notification by the Secretary-General, i.e. by 10 January 2013), the Plurinational State of Bolivia will be authorized to accede to the Convention with the reservation. In that case, in accordance with article 50, paragraph 3, of the Convention, States which have objected to the reservation need not assume towards the reserving State any legal

obligation under this Convention which is affected by the reservation. The accession of the Plurinational State of Bolivia will enter into force, and the State will once again be a party to the Convention on the thirtieth day after the deposit of its instrument of accession.

92. The Board, while welcoming the country's intention of rejoining the 1961 Convention, is disappointed at the Government's decision to make its re-accession to that Convention dependent on the acceptance of its proposed reservation with respect to coca leaf. The Board wishes to point out that irrespective of the denunciation of the Convention by the Government, and the proposed re-accession to the Convention with a reservation, coca leaf remains a narcotic drug under the provisions of the 1961 Convention, and all aspects of national and international control upon its cultivation, production, import, export and use will continue to remain in force.

93. The Board reiterates that universal adherence to the 1961 Convention and the other international drug control conventions, which together form the basis for the international drug control regime, is an indispensable requirement for the effective functioning of international drug control. Therefore, in the Board's opinion, the reservation proposed by the Plurinational State of Bolivia is contrary to the fundamental object and spirit of the 1961 Convention. The Board believes that the approach taken by the Government — of denunciation of the Convention and re-accession with a reservation with respect to coca leaf — might create a dangerous precedent with incalculable consequences that could jeopardize the very fundament of the international drug control regime in the long run. If the international community were to accept an approach whereby States parties used 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.

94. The Board calls upon the Government of the Plurinational State of Bolivia to very seriously consider all the implications of its actions in this regard, and invites it to do so in the context of the shared responsibility of all countries in dealing with the universal drug problem. The Board hopes that the Government will take appropriate action to resolve any existing problems related to the issue of coca leaf in a manner that is consistent with the 1961 Convention.

(c) Brazil

95. In August 2012, a mission of the Board visited Brazil. The Board's last mission to Brazil was carried out in 2006. Brazil is a party to all three international drug control

treaties, and the Government is committed to the implementation of the treaties. Brazil's geographic location bordering all but two countries in South America, long land borders and coastline constitute major challenges to law enforcement efforts against drug trafficking. Although Brazil continues to be a major transit country for cocaine produced in neighbouring countries, INCB notes that the Government of Brazil has taken important measures to bolster its law enforcement capacity, in particular through the deployment of surveillance drones, container scanners and body scanners and through the establishment of a drug laboratory.

96. The Board also notes that substantial resources have been invested in drug prevention programmes, as well as in the establishment of an extensive community-based treatment and rehabilitation network. The mission of the Board encouraged the competent authorities of Brazil to consider extending treatment and rehabilitation programmes to prison populations. The mission also discussed the growing problem of "crack" cocaine abuse with the Brazilian authorities, as well as the work being done in the country to identify treatment strategies for "crack" addiction. Among the issues discussed were the availability of analgesics for medical use, which remains low; and the need to adopt measures to address that important issue.

(d) Cuba

97. In July 2012, a mission of the Board visited Cuba, its first mission to the country since 1999. The Board notes that the Government of Cuba, a party to all three international drug control conventions, is firmly committed to the goals and objectives of those treaties. The national drug control policy is primarily focused on the prevention of drug abuse, and health services are provided free of charge to the entire population. Active counter-narcotics efforts have prevented drug trafficking from having a significant impact on the country. There is no evidence of any major illicit cultivation of drug crops or illicit manufacture of drugs in the country.

98. The controls applied to the licit movement of narcotic drugs and psychotropic substances are satisfactory. The Government regularly provides to the Board the information required under the international drug control treaties, although with some delay and minor discrepancies. The mission discussed with the Government, among other things, the availability of narcotic drugs for the treatment of pain, which is lower in Cuba than in some other countries in the Caribbean. According to the latest survey, conducted in 2006, the prevalence of drug abuse in the country is low. The mission also discussed with the

Government the need for a new survey on drug abuse to enable a comparison of drug abuse data and identify any new trends in drug abuse in the country.

(e) Dominican Republic

99. In October 2012, a mission of the Board was sent to the Dominican Republic. A previous mission had visited the country in 2001. The Dominican Republic is a party to the three drug control conventions and is committed to fully implementing the provisions of the conventions. The Dominican Republic continues to be used significantly as a transit country for the smuggling of drugs from South America to consumer markets in North America. However, the Government has increased its interdiction efforts, in particular through increased international cooperation with the law enforcement authorities of other countries in the region, leading to a decline in trafficking through the country.

100. The mission discussed with the Government the legal framework applicable to drug control in the country and measures to prevent and punish drug trafficking and related criminal activities such as money-laundering. In particular, the Board welcomed the adoption since its last mission of a special law on money-laundering. The mission noted, however, that enforcement of the law may need to be strengthened, in particular with respect to the use of casinos to launder the proceeds of illegal activities. The mission also discussed the need to ensure adequate availability of analgesics used for the treatment of pain in the Dominican Republic and noted that more work was needed on the development of treatment and rehabilitation for persons suffering from drug dependency.

(f) Ecuador

101. A mission of the Board visited Ecuador in June 2012. The Board's previous mission to the country took place in 2003. Ecuador is a party to all three international drug control treaties. The competent authorities expressed their commitment to complying with the provisions of the international drug control conventions. Because of its strategic location, Ecuador continues to be used by traffickers as a transit country for illicit consignments of cocaine being transported from neighbouring countries to more distant countries. Furthermore, coca paste produced in Colombia and Peru is smuggled into Ecuador for processing into cocaine and then shipped onward, and the country is a source of chemicals used in the illicit manufacture of cocaine and heroin. The prevalence of drug abuse in Ecuador appears to be low but increasing, and current facilities for treatment, rehabilitation and social reintegration of drug abusers are inadequate.

102. The Government is undertaking a reform of the legislative basis for drug control and of the structure of the police service to enable the police and the judiciary to better respond to trafficking in drugs and precursors. Preventive alternative development programmes have been initiated in vulnerable areas bordering areas of illicit cultivation of drug crops, with a view to providing the population in those areas with licit sources of income. Further initiatives are assessing the extent and types of drug abuse in the country. The Board's mission examined with the authorities their efforts to expand demand reduction activities, the administrative mechanisms for the control of narcotic drugs, psychotropic substances and precursor chemicals with a view to preventing their diversion and the measures taken against the abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances. Also examined were measures to ensure the rational use of controlled substances, including opioid analgesics, and their availability for medical purposes. The Board communicated to the Government comprehensive recommendations aimed at strengthening the drug control situation in Ecuador.

(g) Republic of Korea

103. A mission of the Board visited the Republic of Korea in June 2012. The Republic of Korea is a party to the three international drug control treaties, and the Government remains fully committed to the implementation of the provisions of those treaties. The Board welcomes the progress that has been made by the Government in implementing the Board's recommendations following its last mission to the country in 2007. Particular progress has been achieved in strengthening the control and monitoring of licit activities involving narcotic drugs and psychotropic substances, as well as of precursor chemicals in the form of raw material. Furthermore, the Government has increased its efforts in strengthening the capacity of drug law enforcement and enhancing international and regional cooperation in drug control.

104. The Board notes, however, that significant challenges remain. Evidence shows that the Republic of Korea has become an important source for traffickers of ephedrine and pseudoephedrine contained in pharmaceutical preparations, which are used for the illicit manufacture of amphetamine-type stimulants. The Board considers that the Government of the Republic of Korea should strengthen controls over the international trade in and domestic distribution of pharmaceutical preparations containing ephedrine and pseudoephedrine in order to prevent trafficking in these substances. Furthermore, although the Republic of Korea has made notable progress in providing treatment and rehabilitation services to drug

abusers, the full extent of the overall drug abuse situation in the country is unknown, due to the lack of comprehensive assessments of drug abuse among the general population.

(h) Nigeria

105. A mission of the Board visited Nigeria in October 2012. The Board notes that since its last mission to Nigeria in 1997, the Government has made some progress in certain areas of drug control. The Board notes the commitment of the country's National Drug Law Enforcement Agency and the National Agency for Food and Drug Administration and Control to ensuring compliance with the provisions of the international drug control treaties to which Nigeria is a party. In particular, the Government has taken some steps to address the emerging problems of drug abuse and drug trafficking in the country, as well as the transit of illicit drugs, for example by strengthening border control, enhancing law enforcement capacity and carrying out drug abuse prevention programmes targeting young persons.

106. However, significant challenges remain. Nigeria continues to be used as a transit country for illicit drug consignments, particularly cocaine from countries in South America, which is transported onward to Europe.

107. Although drug abuse, particularly of cannabis, appears to be significant in the country, no recent epidemiological studies of the drug abuse situation have been carried out, and therefore precise information on the extent of drug abuse in the country is not available. Furthermore, the availability of narcotic drugs and psychotropic substances for medical and scientific purposes remains low. There is a need for the Government to take the necessary measures to address those problems.

(i) Pakistan

108. A mission of the Board visited Pakistan in September 2012 to review the Government's compliance with the international drug control treaties and progress made in the implementation of the recommendations made by the Board following its previous mission in 2004. Pakistan is a party to all international drug control treaties. The Government of Pakistan is endeavouring to implement its national drug control master plan for the period 2010-2014 and has made advances in some areas, most notably in the field of supply reduction and law enforcement. Through the establishment of an inter-agency task force on narcotics control and other mechanisms, the Government has improved the coordination of various law enforcement agencies in combating drug trafficking. The Government has also made increased efforts to counter drug abuse at various

levels. Institutional changes, as well as legislative and administrative measures and policies, have also been adopted at the federal and provincial levels to address the emerging challenges in drug control in the country. However, the devolution of responsibilities from the federal to the provincial level, foreseen under the eighteenth amendment to the Constitution in 2010, has yet to fully materialize.

109. The Board, while noting those positive developments, remains concerned over the continued weaknesses in the Government's capacity to monitor licit activities related to narcotic drugs and psychotropic substances and, at the same time, to ensure their adequate availability for medical and scientific purposes. In particular, inadequacies in the control of pharmaceutical preparations containing psychotropic substances at the retail level have led to increased abuse of such substances, causing additional health problems. The lack of a monitoring mechanism for precursor chemicals has increased the risk of their diversion into illicit channels. The Board welcomes the establishment of the Drug Regulatory Agency, as well as additional measures for the control of precursor chemicals. The Board trusts that the Government will take necessary steps to ensure that the Drug Regulatory Agency becomes fully functional, that the country's provinces assume the responsibilities recently devolved to them by the Constitution, particularly in the field of demand reduction, and that the provisions of the international drug control treaties are fully implemented.

(j) Peru

110. A high-level mission of the Board, led by the President of the Board, visited Peru in May 2012. The purpose of the mission was to examine developments that had taken place since its previous mission to that country in 2006, in particular, the increasing illicit cultivation of coca bush and manufacture of cocaine in Peru, and to discuss with the competent national authorities measures for countering such cultivation and manufacture and trafficking and abuse of drugs.

111. The Board notes with appreciation that the Government has launched a comprehensive national drug strategy for the period 2012-2016 that places emphasis on alternative development, the fight against illicit coca bush cultivation and drug trafficking and the prevention and treatment of drug abuse. Implementation of the national drug strategy is efficiently coordinated by an interministerial coordinating mechanism. Control over the licit movement of narcotic drugs, psychotropic substances and precursor chemicals continues to function well. The Board welcomes the measures taken by the Government to strengthen its drug interdiction capacities, and invites the

international community to support, as appropriate, Peru's alternative development efforts, including the improvement of market access for products coming from such programmes.

112. However, Peru remains one of the two largest coca-growing countries of the world. There is a danger that illicit coca bush cultivation may increase even further unless vigorous action is taken against such cultivation. In that connection, the Board notes that the Government continues to permit cultivation of coca bush for traditional domestic uses (chewing of coca leaf) and for certain industrial purposes that are in contravention to the 1961 Convention. Yet the Government does not even seem to be in a position to take effective control over the 9,000 tons of coca leaf that are used annually for such purposes. The Board calls upon the Government to take appropriate measures to enable the National Coca Company to fully comply with its mandates in conformity with articles 23 and 26 of the 1961 Convention as amended by the 1972 Protocol.

(k) Portugal

113. A mission of the Board visited Portugal in June 2012. The previous mission took place in 2004. The Board notes that the Government of Portugal, a party to all three international drug control conventions, is fully committed to the objectives of those treaties. The drug control strategy is clearly defined and is implemented through a comprehensive national plan. The Government regularly evaluates the effectiveness of its drug control efforts. The available data indicate an increase in drug abuse in Portugal in the past decade. Drug abuse by injection continues to be associated with a significant number of new cases of diagnosis of HIV infection. Cannabis abuse among youth is of a major concern. Drug traffickers continue to use Portugal as a transit country, in particular for the smuggling of cocaine and cannabis resin. The Board notes with appreciation that the Government is committed to strengthening the primary prevention of drug abuse, with a special emphasis on cannabis. The Board trusts that the Government will provide adequate resources for the implementation of measures against trafficking in and abuse of drugs, in spite of the present economic constraints.

114. The mission discussed with the Government cooperation in maintaining a global balance between the licit supply of and demand for opiate raw materials. Other issues discussed by the mission included the experience gained through the work of the commissions for the dissuasion from drug addiction and their contribution towards preventing drug abuse. Also discussed were measures to ensure rational use of controlled substances,

including opioid analgesics and benzodiazepine anxiolytics, for medical purposes.

(l) Saudi Arabia

115. A mission of the Board visited Saudi Arabia in September 2012 to review the progress achieved in the country to implement the provisions of the international drug control treaties since the Board's last visit to the country in 2005. The Board notes the commitment of the Government of Saudi Arabia to comply with its obligations under the three international drug control conventions to which it is a party and commends the country's government agencies involved in drug control for their commitment and efforts in the fight against drug abuse and drug trafficking.

116. The Board takes note that although the Government has developed a comprehensive national drug control strategy, further coordination efforts among all implementing institutions involved may facilitate greater achievements in drug control. Control mechanisms on the licit movement of narcotic drugs and psychotropic substances under international control are efficient. The Board also discussed with the Government of Saudi Arabia further measures to strengthen precursor control mechanisms and to enhance information exchange among all authorities involved in drug control.

117. Trafficking in and abuse of counterfeit amphetamine sold as Captagon and cannabis continue to be the major drug problems in Saudi Arabia although there are signs of growing trafficking in and abuse of heroin in the country. The Board calls upon the Government to develop the appropriate mechanisms to accurately assess the extent of drug abuse in the country in order to better evaluate and adapt the efficiency of the drug control policies. The Board commends the Government of Saudi Arabia for the multifaceted and comprehensive care system developed for the treatment of drug abuse. The mission included a visit to the Al Amal mental health complex, which provides treatment, counselling and aftercare for drug-dependent patients.

(m) Turkey

118. A mission of the Board visited Turkey in November 2011. Turkey is a party to all three international drug control conventions and has demonstrated its commitment to complying with the provisions of the Conventions. The Board notes the comprehensive activities of the Government in supply reduction law enforcement and the extensive capacity of the authorities in that regard. Effective cooperation between the various law enforcement agencies in the country was evident. Turkey is a transit

country through which large amounts of heroin are trafficked to Western Europe, although the quantity of heroin seized over the previous two years had decreased due to the increasing importance of trafficking via North Africa and by sea container and cargo shipments. The quantity of cocaine seized in the country more than doubled from 2009 to 2010.

119. The Board noted some positive developments in demand reduction since the previous mission of the Board in 2003, and encourages the Government to strengthen its efforts in this area, including in the evaluation of the extent of drug abuse and in prevention and treatment. The mission took note of activities being initiated with the aim of ensuring the adequate availability of internationally controlled substances for medical purposes. Turkey is a licit producer of opium poppy, and the mission was of the view that control measures in the licit cultivation of opium poppy and production of alkaloids were adequate.

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

120. 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 2012, the Board invited the Governments of the following six countries, to which it had sent missions in 2009, to provide information on progress made in the implementation of its recommendations: Angola, Australia, Hungary, Jordan, Morocco and Sudan.

121. The Board wishes to express its appreciation to the Governments of Hungary, Jordan and Morocco for submitting the information requested. Their cooperation facilitated the Board's assessment of the drug control situation in those countries and the compliance of the Governments with the international drug control treaties. Information from the Government of Australia was received too late to be reviewed by the Board, and the outcome of its review will be included in the annual report for 2013.

122. In addition, the Board reviewed the implementation of the recommendations it made following its 2008 mission to Ethiopia, which did not provide the requested information in time for review in 2011. The Board notes with appreciation additional information provided by the Government of Argentina with regard to the implementation of the Board's recommendations following its 2006 mission to that country.

(a) Argentina

123. The Board notes with appreciation that the Government of Argentina has taken comprehensive measures to extend prevention programmes and treatment and rehabilitation facilities to all sectors of the population, including at the provincial level. Those measures include integrated drug-abuse prevention programmes in educational institutions, for families, in the workplace and in prisons; community drug abuse prevention programmes; the organization of awareness-raising events and promotional activities; the provision of assistance and training for technical teams and health-care professionals providing prevention and treatment services. Through registers of service-providing institutions and agencies, the Government provides public access to welfare and treatment services. Specialized programmes cater to the needs of specific population groups, such as the treatment programme for low-income patients, support programmes for families and friends of drug-dependent persons, programmes for care after discharge from hospital and for social and occupational rehabilitation, and provincial care network programmes.

124. According to the Government, there has been an increase in the number of illicit laboratories processing coca base detected in Argentina in recent years. Most of those laboratories were intended for processing coca paste for domestic abuse. In response, the Government has undertaken a number of measures to strengthen Argentina's law enforcement capacities in the area of drug control, notably through the provision throughout the country of specialized training courses on countering drug trafficking and related crime and on preventing the diversion of precursor chemicals, for law enforcement personnel and officials of the judicial system and the public prosecution service. Other measures include the preparation of a voluntary code of conduct for the chemical industry; implementation of the federal inspection plan for entities working with controlled substances, with an emphasis on precursors used in the illicit manufacture of cocaine; and the maintenance of a 24-hour hotline to reply to queries from security and police officers regarding checkpoint procedures. The Board welcomes such initiatives and encourages the Government to continue expanding its activities in that area.

(b) Ethiopia

125. The Government of Ethiopia has acted on the Board's recommendations following its mission to the country in 2008, and progress has been made in a number of areas of drug control. The Board notes with appreciation that a comprehensive national drug control master plan that

addresses most of the recommendations of the Board has been elaborated and adopted, and an interministerial committee has been established to monitor and guide the implementation of that master plan.

126. The Board welcomes the measures taken against the illegal cultivation of cannabis plant and against drug trafficking. The drug control division of the national police has stepped up its eradication efforts in collaboration with the local communities in the areas most affected by illicit cannabis plant cultivation, and drug interdiction capacities at the Addis Ababa international airport have been significantly strengthened. Measures taken include the establishment of an inter-agency coordination team to improve operational cooperation at the airport among the relevant drug law enforcement entities, as well as capacity-building training sessions for law enforcement personnel such as police staff, airport administration personnel, regional police supervisors and customs officials.

127. The Board notes that in 2009, legislation to counter money-laundering was adopted and a financial intelligence centre was established to investigate cases of money-laundering and to enhance public awareness and understanding of matters related to money-laundering.

128. The Government has made progress in demand reduction and the prevention and treatment of drug abuse. Under the country's national drug control master plan, programmes have been adopted and measures have been taken by national and regional institutions to counter substance abuse. To address the low availability of opioids for medical use in Ethiopia, including for palliative care, the authorities have provided capacity-building sessions, and training sessions for raising awareness have been given to health-care providers and medical practitioners to manage effectively the rational use of opioids for medical purposes.

129. The Board invites the Government to further strengthen cooperation with it in the control of precursors and to provide prompt responses to the Board's inquiries on the legitimacy of orders for export of precursors to Ethiopia, in particular, by using the PEN Online system. The Board encourages the Government to continue its efforts in the area of drug control and to keep the Board informed of the drug control situation in Ethiopia and further measures taken against drug trafficking and abuse in the country.

(c) Hungary

130. The Board notes that efforts have been made by the Government of Hungary in the implementation of the Board's recommendations following its mission to that

country in 2009. The Government has taken measures to strengthen the control of licit activities related to precursor chemicals, particularly with regard to the distribution and use of acetic anhydride. Additional steps have been taken with a view to identifying the diversion of acetic anhydride from licit trade into illicit channels. The Government appears committed to fulfilling the requirements of Economic and Social Council resolution 1999/32, entitled "International regulation and control of trade in poppy seeds", and has expressed its intention to nominate an authority empowered to certify the origin of poppy seeds produced in Hungary, as recommended by the Board.

131. Progress has also been made in the rational use of narcotic drugs and psychotropic substances. Legislative amendments adopted in July 2011 provide for stricter controls on medicinal products containing narcotic drugs and psychotropic substances. The control of retail pharmacies and storage of controlled substances by health-care providers has also been strengthened, and new regulations in respect of the prescription of narcotic drugs and psychotropic substances for medical purposes have entered into force. The Board trusts that the Government of Hungary will continue strengthening its efforts to ensure adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes and, at the same time, prevent their diversion into illicit channels.

132. While welcoming those measures, the Board notes that continued efforts need to be made in the area of drug abuse prevention and treatment. Although Hungary has established a comprehensive system for the treatment and rehabilitation of drug abusers, further development of the system is required to fully respond to needs. The Board encourages the Government to increase its efforts in the primary prevention of drug abuse among youth and to ensure that activities in this area address all commonly abused controlled substances, including pharmaceutical preparations containing such substances.

(d) Jordan

133. The Board notes that some progress in drug control has been made by the Government of Jordan since the mission of the Board to that country in 2009. The Government has introduced a number of measures to strengthen coordination among the relevant Government agencies under the coordination of the Food and Drug Administration of Jordan, the main coordinating body for drug control in the country. The Government has also strengthened its cooperation in the exchange of information on precursor chemicals with the neighbouring countries participating in several international initiatives. The Board remains concerned that only limited

information on drug trafficking and seizures in Jordan continues to be available.

134. Since 2009, the National Narcotics Control Council launched a new national strategy to combat abuse of narcotic substances. A new centre for the treatment of addicts with 250 beds has been opened. The Board welcomes the measures taken by the Government to reduce drug demand through programmes to raise awareness about drug prevention and programmes for the treatment of addiction, rehabilitation and social reintegration.

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

(e) Morocco

136. The Board notes with appreciation that the Government of Morocco has implemented the recommendations of the Board following its mission to that country in 2009. Specifically, controls over the licit movement of narcotic drugs, psychotropic substances and precursor chemicals have been further improved through the introduction in January 2011 of harmonized administrative procedures and the use of standardized forms. The national commission on narcotic drugs of Morocco has taken steps to improve dissemination of information on demand reduction. Furthermore, the Board was provided with a compilation of studies carried out in Morocco on the extent and pattern of drug abuse in the country.

137. Morocco is one of the major producers of cannabis resin. According to the Government, the area under illicit cannabis plant cultivation stood at 47,400 hectares (ha) in 2010. The Government employs a multifaceted strategy that encompasses law enforcement efforts, eradication of illicit drug crops, alternative development programmes and demand reduction and treatment efforts to overcome the cannabis plant-growing culture that has historically existed in northern Morocco. The Board notes the steps taken by the Government to share its experience and good practices in the field of combating illicit cannabis plant cultivation. The Board encourages the Government to continue its efforts against illicit cannabis cultivation and trafficking, to continue to collect and analyse pertinent statistical data on the extent of cannabis cultivation in the country, and to share its experiences with the international community.

138. Action against international drug trafficking networks is a priority of Morocco's national drug strategy. The Board notes that in order to counter the use of the national territory as a transit area for international drug trafficking, the Government has taken a number of measures such as operational capacity-building for various security sectors, the introduction of a policy for border and coastal control, the provision of continuous training programmes for law enforcement officers, the utilization of new detection technologies in seaports and airports, the development of strategies to prevent and combat the use of light aircraft in drug trafficking and improved international cooperation activities with other countries, in particular through INTERPOL.

139. The Board notes that the issue of accessibility of medicines, including opioids, has been included in the plan of action for the period 2012-2017 of the Ministry of Health of Morocco, with a view to addressing regulatory constraints at the national level. The Board welcomes this measure and encourages the Government to make further progress in improving the availability of licit drugs for medical purposes.

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

140. Article 14 of the 1961 Convention (and that Convention as amended by the 1972 Protocol), article 19 of the 1971 Convention and article 22 of the 1988 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 the provisions of those Conventions.

141. 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 failed. 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). Following continuous dialogue with the Board pursuant to the above-mentioned

articles, most of the States concerned have taken remedial measures, resulting in the Board's decision to terminate action taken under those articles vis-à-vis those States.

142. 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.

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

143. At the invitation of the Board, a high-level Government delegation, headed by the Minister of Counter-Narcotics of Afghanistan, attended the 103rd session of the Board in February 2012. The delegation was composed of Government officials from various ministries responsible for drug control in Afghanistan.

144. The Board heard a report presented by the delegation on the drug control situation in Afghanistan and measures taken by the Government to address the drug problem, particularly with regard to the illicit cultivation of opium poppy and related illicit activities. The delegation expressed the commitment of the Government of Afghanistan to drug control and continued cooperation with the Board in the implementation of the international drug control treaties. Pursuant to the meeting, the Board communicated its recommendations to the Government and requested a progress report on the implementation of those recommendations.

145. The Afghan delegation attended the Board's session as part of the continuing consultations under article 14 of the 1961 Convention. The information provided by the delegation and subsequent follow-up has facilitated an adequate assessment by the Board of the current drug control situation in Afghanistan and the progress made by the Government in complying with its treaty obligations.

146. Pursuant to the decision made by the Board at its 104th session held in May 2012, the Board has proposed to the Government that a high-level mission of the Board to Afghanistan be scheduled as a matter of priority in order to continue consultations with the highest authorities of the country under article 14 of the 1961 Convention.

(a) Current drug control situation in Afghanistan

147. In 2012, the total area under illicit opium poppy cultivation reached 154,000 ha, an increase of 18 per cent compared with 2011 (131,000 ha). The southern and western regions continued to be the centre of illicit opium poppy cultivation, accounting for 95 per cent of the total cultivation in the country. Potential illicit production of

opium decreased by 36 per cent, from 5,800 tons in 2011 to 3,700 tons in 2012, due to the lower yield caused by plant disease and adverse weather conditions in the main opium poppy-growing areas.

148. The Governor-led eradication force is estimated to have eradicated 9,672 ha of opium poppy in 2012, a 154-per-cent increase compared with the area eradicated in 2011 (3,810 ha). However, illicit opium poppy cultivation remained widespread in Afghanistan, being present in half of the country's 34 provinces. The increase in the area eradicated in 2012 was much less than the increase in the area of opium poppy cultivation that same year and also much less than the area eradicated in 2003 (21,430 ha) and 2007 (19,047 ha). The Board urges the Government to address all impediments to the goal of its national drug control strategy and take effective measures to ensure that sustained progress is made in reducing and preventing illicit opium poppy cultivation in the country.

149. Illicit cultivation of cannabis plant and production of cannabis resin continue to pose a significant challenge to drug control in Afghanistan. Cannabis cultivation has become increasingly lucrative, with revenues similar to or even surpassing those earned from the cultivation of opium poppy. In 2011, the number of Afghan households growing cannabis plant as a cash crop leapt by more than a third, to about 65,000 compared with 47,000 in 2010. Fifty-eight per cent of households cultivating cannabis plants also reported having cultivated opium poppy in the previous growing season, with three quarters of farmers surveyed citing high sale prices as the reason for cultivating cannabis plant. Afghanistan's importance as a source of cannabis resin for world markets has been growing due to the continued high level of cannabis plant cultivation and the high yield obtained. The Board notes that little has been done in this regard and urges the Government to take the necessary measures to address the problem in accordance with the international drug control treaties.

150. In 2012, the Government of Afghanistan updated its national drug control strategy, placing a particular emphasis on adopting a partnership approach in order to ensure joint, effective implementation and coordination; capacity-building of law enforcement bodies at all levels of government; and support for a functioning system to monitor progress using measurable, time-bound targets. Furthermore, the Government developed three national drug control policies: on alternative livelihoods, countering drug trafficking and drug demand reduction. The Board welcomes those positive developments and expects the Government to translate those policies into specific actions and make continuous progress towards achieving the goals set out in those policies.

(b) Ensure full compliance with treaty obligations

151. The Government of Afghanistan informed the Board that it was considering undertaking a pilot project, entitled “Poppy for Medicine”, under a scheme referred to as “controlled cultivation under licence”. The Board is seriously concerned about that proposal to legalize opium poppy cultivation in Afghanistan, where illicit opium poppy cultivation remains widespread and continues to pose a significant challenge to Afghanistan’s compliance with the international drug control treaties, and requests the Government to attend to the Board’s concern about this matter at its highest level.

152. The Board underlines that the licit cultivation of opium poppy and the production of opiate raw materials are subject to control measures pursuant to the provisions of the 1961 Convention and that Convention as amended by the 1972 Protocol. The Board believes that, until such time as the Government is able to put in place credible and sustainable control measures and to effectively exercise control over narcotic drugs, psychotropic substances and precursors, an enforceable ban on opium poppy cultivation in Afghanistan is the most suitable and realistic measure to address the drug problem in the country.

153. In that context, the Board recalls the Government’s prior rejection in 2007 of a proposal to legalize illicit opium cultivation in the country, as well as its commitment to fulfilling its obligations under the international drug control treaties, in particular its obligations under article 22 of the 1961 Convention. The Board trusts that the Government will take adequate measures to address the drug problem in accordance with the provisions of the international drug control treaties.

(c) Cooperation by the international community

154. In 2012, the international community demonstrated its continued commitment to assisting Afghanistan in addressing the drug problem, as evidenced by the ongoing efforts of the international community in various areas of drug control, as well as in the areas of security, governance and reconstruction and development. The convening of the Third Ministerial Conference of the Paris Pact Partners in Combating Illicit Traffic in Opiates Originating in Afghanistan, held in February 2012, and the Vienna Declaration at the Conference further demonstrated the spirit of common and shared responsibility in curbing the menace of illicit Afghan opiates. That commitment was reaffirmed at the Tokyo Conference on Afghanistan held in July 2012, as evidenced by the number of high-level representatives in attendance and the scale of financial pledges made at the Conference.

155. The drug control problem in Afghanistan and the neighbouring region remains of grave concern and requires the consolidated effort and the long-term commitment of all stakeholders. While the focus remains on combating illicit production and trafficking in opiates, the emerging situation of illicit cultivation of and trafficking in cannabis should not be overlooked. More also needs to be done to prevent the diversion of precursor chemicals from licit sources into illicit channels in the region. The Board calls upon the Government of Afghanistan and the international community to pursue a balanced approach among supply and demand reduction measures in accordance with the international drug control treaties and the relevant resolutions on drug control of the General Assembly and the Economic and Social Council.

(d) Conclusions

156. Afghanistan remains the centre of illicit cultivation of opium poppy worldwide, seriously endangering the aims of the international drug control treaties. The emerging situation of illicit cultivation of cannabis plant requires urgent action by the Government of Afghanistan with the assistance of the international community. The Board, while noting the political will and commitment expressed by the Government, remains concerned over the lack of progress and urges the Government to step up its efforts and take a sustained approach to implementation of its national drug control strategy and policies and to ensure ongoing progress in alternative development, efforts against drug trafficking and drug demand reduction. The Government of Afghanistan should also strengthen its capacity to monitor licit activities related to narcotic drugs, psychotropic substances and precursors in the country and to prevent their diversion and abuse.

C. Governments’ cooperation with the Board**1. Provision of information by Governments to the Board**

157. The Board is mandated to publish each year two reports (the annual report and the report of the Board on the implementation of article 12 of the 1988 Convention) and also publishes technical reports based on information that parties to the international drug control treaties are obligated to submit. These publications give Governments detailed analyses on estimates and assessments of requirements, manufacture, trade, consumption, utilization and stocks of internationally controlled substances.

158. The analysis of the data provided is crucial in order for the Board to monitor and evaluate treaty compliance and the overall functioning of the international drug control system. If issues or problems are identified, measures can be recommended by the Board to help prevent the diversion of narcotic drugs and psychotropic substances into illicit markets. The provision of data also helps account for the legitimate use of narcotic drugs and psychotropic substances for medical and scientific purposes.

2. Submission of statistical reports

159. Governments are obliged to furnish to the Board each year, in a timely manner, statistical reports containing information required under the international drug control conventions.

160. As at 1 November 2012, annual statistical reports on narcotic drugs (form C) for 2011 had been furnished by 159 States and territories (representing 75 per cent of the States and territories requested to submit such reports), although more Governments are expected to submit their reports for 2011 in due course. In total, 180 States and territories provided quarterly statistics on their imports and exports of narcotic drugs in 2011, amounting to 85 per cent of the States and territories required to provide such statistics. A large number of Governments in Africa, the Caribbean and Oceania do not submit their statistics regularly, despite repeated requests by the Board to do so.

161. In 2012, several Governments either did not submit their annual statistical reports on narcotic drugs to the Board on time or submitted incomplete reports, including countries that are major manufacturers, exporters, importers and users of narcotic drugs, such as Brazil, Israel, Pakistan, Romania and the United Kingdom of Great Britain and Northern Ireland. This delays the Board's analysis of global trends and makes it difficult for the Board to prepare its annual report and the technical publication on narcotic drugs. The Board has contacted the Governments concerned and have requested them to improve their reporting.

162. As at 1 November 2012, annual statistical reports on psychotropic substances (form P) for 2011, in conformity with the provisions of article 16 of the 1971 Convention, had been submitted to the Board by a total of 146 States and territories, amounting to 69 per cent of the States and territories required to provide such statistics. In addition, 97 Governments voluntarily submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II, in conformity with Economic and Social Council resolution 1981/7, and a further 65 Governments submitted some of the quarterly reports.

The Board notes that the Governments of three countries that trade in such substances failed to submit any quarterly form for 2011.

163. As in previous years, up to 50 per cent of countries and territories in Africa, the Caribbean and Oceania did not submit the required statistical forms on psychotropic substances, which might be an indication that those Governments have yet to establish the necessary legal or administrative structures to enable their competent authorities to collect and compile the required information. It is also an indication that those Governments may not be fully aware of the specific reporting requirements on psychotropic substances as they relate to their territories and that they require capacity-building in that regard.

164. Among the countries that did not submit the required information for 2011 or were not able to submit the annual statistical report on psychotropic substances before the deadline of 30 June 2012 were major manufacturing, importing and exporting countries, such as Argentina, Brazil, India, Israel, Pakistan and the United Kingdom. The Board understands that those shortcomings were mainly due to changes in the Government structure responsible for reporting to the Board or to changes of staff within the competent authorities. However, some Governments continued to experience difficulties in collecting the required information from their national stakeholders due to legislative or administrative shortcomings.

165. The Board notes that, in 2012, a total of 43 countries and territories submitted data on consumption of some or all psychotropic substances in accordance with Commission on Narcotic Drugs resolution 54/6, which is 12 per cent more submitting countries and territories than in 2011, the first year when such data were requested. The Board appreciates the cooperation of the concerned Governments and calls upon all other Governments to take the necessary steps allowing them to furnish information on the consumption of psychotropic substances with a view to promoting their adequate availability for medical and scientific purposes while preventing their diversion and abuse.

166. Pursuant to article 12 of the 1988 Convention, parties are obliged to report information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. As at 1 November 2012, such information had been submitted by a total of 129 States and territories, which was an improvement on last year's submission rate. However, some Governments continue to submit blank or incomplete forms, fail to report or miss the reporting deadline of 30 June of each calendar year. The Board reminds all States parties that reporting, as outlined

in the 1988 Convention, is an obligation and urges them to submit a single completed form D, using the latest version available, in a timely manner. The latest version of form D is available in all six official languages of the United Nations from the Board's website (www.incb.org). The Board stands ready to assist any Government in meeting their reporting obligations.

167. According to data provided on form D for 2011, 59 Governments effected seizures of substances in Tables I and II of the 1988 Convention. However, details regarding the seizures, other than the amounts seized, are not provided by a majority of Governments. Parties to the Convention are required to provide qualitative data about seizures, the provision of which is essential to develop a greater understanding of the modus operandi used by drug traffickers. The Board reminds Governments effecting seizures of their obligation to provide comprehensive information on methods of diversion, stopped shipments and illicit manufacture.

168. In March 2012, the Board launched the Precursors Incident Communication System (PICS) during the fifty-fifth session of the Commission on Narcotic Drugs. The system was developed by the Board as a response to the rapidly changing trends seen in drug development (e.g. the emergence of non-scheduled substances and "designer drugs") with a view to complementing traditional reporting mechanisms on individual precursor seizures. Registered users of PICS have access to secure, real-time data on incidents and can use the system to communicate with relevant counterparts in order to help launch bilateral/regional investigations into seizures and identified cases of diversion of chemicals. The system is helping the Board and users to quickly identify emerging patterns of diversion of precursors. As at 1 November 2012, there were 237 users representing 58 Governments and 8 international and regional agencies registered with PICS. The Board encourages all Governments to register their law enforcement, regulatory and intelligence authorities involved in the control and monitoring of chemicals used in illicit drug manufacture with PICS and to use the system without delay.

3. Submission of estimates and assessments

169. Pursuant to the 1961 Convention, States parties are obliged to provide the Board each year with estimates of their requirements for narcotic drugs for the following year. As at 1 November 2012, a total of 162 States and territories had submitted estimates of their requirements for narcotic drugs for 2013, representing 76 per cent of the States and territories required to furnish annual estimates for confirmation by the Board. As was the case in previous

years, the Board had to establish estimates for those States and territories that had not submitted their estimates on time, in accordance with article 12 of the 1961 Convention.

170. Failure to submit adequate estimates or assessments for narcotic drugs and psychotropic substances may undermine drug control efforts. If estimates or assessments are lower than the legitimate requirements, the importation or use of narcotic drugs or psychotropic substances needed for medical or scientific purposes may be impeded or delayed. Submission of estimates or assessments significantly higher than legitimately required increases the risk that imported narcotic drugs and psychotropic substances will be diverted into illicit channels. The Board calls upon all Governments to ensure that their estimates and assessments are adequate but not excessive. 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. INCB invites all Governments, in particular those of countries and territories with low levels of consumption of controlled substances, to use the *Guide on Estimating Requirements for Substances under International Control*, developed by the Board and the World Health Organization (WHO) for use by competent national authorities, which was published in February 2012.

171. In recent years, several countries have requested the Board to clarify certain parts of the estimates and assessments systems. In particular, Governments have indicated that the adjustment to stocks procedure, which is an important component of the system of estimates for narcotic drugs, was difficult to fully comprehend due to its complexity. Therefore, in September 2012, the Board organized training sessions for interested countries in order to explain the estimates system in general and the adjustment to stocks procedure in particular. The Board trusts that on the basis of information provided during the training, countries will be able to submit adequate supplementary estimates and prevent stocks of narcotic drugs from dropping to levels below actual requirements. The training also focused on assessments for psychotropic substances and on how to avoid having imports and exports exceed the quantities set out in the estimates and assessments. Future training sessions will be organized for those countries expressing an interest in them.

172. Similar to the situation with the control of 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 requirements for psychotropic substances contained in

Schedules II, III and IV of the 1971 Convention for medical and scientific use.

173. As at 1 November 2012, Governments of all countries and territories, except for the Government of South Sudan, had submitted to the Board at least one assessment of their annual medical and scientific requirements for psychotropic substances. The assessments of requirements for psychotropic substances for South Sudan were established by the Board in 2011, in accordance with Economic and Social Council resolution 1996/30, in order to allow that country to import such substances for medical purposes without undue delay.

174. Assessments for psychotropic substances remain in force until Governments modify them to reflect changes in national requirements. The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. Since 1 November 2011, a total of 101 countries and 8 territories fully revised assessments of their requirements for psychotropic substances, and a further 93 Governments submitted modifications to assessments for one or more substances as at 1 November 2012. Governments of 13 countries and one territory have not submitted any revision of their legitimate requirements for psychotropic substances for at least three years.

175. In accordance with Economic and Social Council resolution 1995/20, Governments provide data on their licit trade in, uses of and requirements for substances in Tables I and II of the 1988 Convention, which enables the Board to identify trends in the international trade in precursors as well as unusual or suspicious trade patterns. As at 1 November 2012, 109 States and territories had provided information on licit trade and 101 had provided data on licit uses of and requirements for precursors.

176. In its resolution 49/3, the Commission on Narcotic Drugs requested that Member States provide the Board with estimates of their annual legitimate requirements for the import of four substances frequently used in the manufacture of amphetamine-type stimulants (3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), pseudoephedrine, ephedrine and 1-phenyl-2-propanone (P-2-P)) and to the extent possible, estimated requirements for imports of preparations containing those substances. The information on legitimate trade 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 potentially be diverted to illicit channels.

177. The number of Governments and the number of substances in Tables I and II for which estimates of annual legitimate requirements are provided have steadily increased. As at 1 November 2012, 150 Governments had provided those estimates for at least one substance. First-time submissions were provided by Bolivia (Plurinational State of), Brunei Darussalam, Curaçao, Eritrea, Faroe Islands, France, Greenland, Japan, Maldives, Norfolk Island, Qatar and Tunisia.

178. 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 yearly and quarterly publications and that monthly updates are available on the Board's website (www.incb.org). Updated information on annual estimates of legitimate requirements for precursors of amphetamine-type stimulants is also available on the website.

4. Data examination and identified reporting deficiencies

179. The provision of statistical data by Governments allows the Board to overview the functioning of the drug control systems. This in turn helps to address concerns about possible diversion and illegitimate use of substances.

180. Countries that provide accurate statistical data to the Board in a timely manner typically have well-established national drug control agencies with the adequate human and technical resources required to carry out their responsibilities that are operating on the basis of appropriate legislation and administrative regulations. Those agencies are also given the necessary authority to fulfil their role under the international drug control treaties. Further, they provide clear guidance at the national level on the requirements for engaging in the manufacture and trade of internationally controlled substances, which improves cooperation between national drug control authorities and industry. Such national drug control systems contribute significantly to the effective functioning of international drug control.

181. Late submission and the submission of incomplete or inaccurate data required under the international drug control treaties and resolutions of the Economic and Social Council and the Commission on Narcotic Drugs may significantly obstruct examination and overall analysis of the data by the Board. Some Governments, among them major manufacturing countries, experience difficulties in reporting accurately and in a timely manner after changes of staff, or after restructuring of the competent authorities. To avoid such difficulties, the Board encourages all

Governments to take the necessary steps to establish mechanisms that allow competent authorities to maintain the knowledge base of the staff with regard to reporting requirements under the drug control convention at times of change. In particular, training of new staff should be envisaged.

182. Many Governments are making use of new developments, in particular in the area of information technology, to enhance established drug control systems. In particular, electronic systems are used to collect and compile data required under the Conventions in order to facilitate timely and accurate processing of the large volumes of data related to internationally controlled drugs. However, the Board notes that, in some countries, the quality of information collected from national stakeholders using electronic tools is low. One possible reason for this might be that the companies or other national stakeholders are not sufficiently familiar with the tools in question or are not sufficiently aware of which information should be submitted, and therefore may not furnish the required data. The Board reminds Governments that it is their responsibility to ensure that all national stakeholders are fully aware of the reporting requirements and that any electronic system used at the national level for collecting data and reporting to the Board is used in a way that is compatible with the provisions of relevant international treaties. The Board notes that Governments that provide regular training sessions for all national stakeholders on the use of these tools, as well as on the reporting requirements under the international drug control conventions, submit accurate data. The Board invites all Governments of major manufacturing and trading countries to establish regular training events at the national level and stands ready to assist Governments in this endeavour in accordance with its mandate.

183. The Board reviews the reports received from Governments to identify any systematic shortcomings in those reports that may be the result of inadequate implementation of the provisions of the drug control treaties, and can recommend appropriate action. It is also an obligation of Governments and their competent authorities to rectify errors in the collection and processing of data. In that regard, the Board recommends that competent authorities use screening mechanisms to check the validity of the data they receive prior to sending it to the Board. By implementing such measures, inconsistencies and gaps can be identified more easily, clarifications can be sought and Governments will be able to compile and submit accurate national reports to the Board. Furthermore, it appears that, due to gaps in national legislation, national stakeholders are not required to report on all or some of their activities involving controlled

substances, or are not required to do so in time for the authorities to furnish comprehensive reports to the Board. The Board is concerned about those gaps in national legislation as they may also prevent adequate monitoring by competent authorities.

184. The Board notes the development by UNODC of the project “Building national capacity in regulatory control of internationally controlled substances”. As part of the project, the Board’s Secretariat and UNODC will provide regional workshops and electronic learning tools with the aim of improving drug control administration at the national level. The Board invites Governments to support UNODC in carrying out that project.

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

185. The international drug control regime was established with two equally important aims: first, to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes; and second, 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. The drug control regime comprises the international drug control conventions and additional control measures, adopted by the Economic and Social Council and the Commission on Narcotic Drugs to enhance the effectiveness of the provisions contained in the drug control conventions to achieve the two main goals. Pursuant to its mandate, the Board regularly examines action taken by Governments to implement the treaty provisions and related resolutions of the Council and the Commission, points out problems that continue to exist in this area and provides specific recommendations on how to deal with such problems.

1. Preventing the diversion of controlled substances

(a) Legislative and administrative basis

186. Parties to the conventions need to adopt and enforce national legislation that is in line with the provisions of the international drug control treaties. They also need to amend the 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 result in inadequate national controls being applied to substances under international control. In some cases such deficiencies have led to the diversion of substances into illicit channels.

187. The Board notes that some Governments appear to have difficulties in reflecting changes that have been introduced in the scope of control of the international treaties in their national legislation. For example, although in 2001 zolpidem and *gamma*-hydroxybutyric acid (GHB) were added to Schedule IV of the 1971 Convention, even in 2012 some Governments of countries where those substances are used for medical purposes have not yet amended their national lists of controlled substances accordingly, although the 1971 Convention stipulates that such amendments should be enforced 180 days after receipt of the appropriate notification of the Secretary-General.

188. As stated in paragraphs 159-168 above, when reviewing the statistical reports the Board determined that in some countries the control measures foreseen in the international drug control conventions were not adequately reflected in the national laws or regulations, which resulted in an absence of data or incomplete data. In the countries concerned, some stakeholders, or some geographical areas, are not monitored by the competent authorities. In some other countries with federal structures, weak federal laws prevent the national competent authorities from enforcing at the state level the control measures foreseen at the national level. In all the examples cited above, entities that are not monitored adequately could unintentionally or intentionally contribute to the diversion and abuse of controlled substances.

189. The Board notes that such deficiencies seem to be particularly common with regard to provisions of the 1971 Convention, which are already weaker than the control mechanisms of the 1961 Convention. The Board is concerned that some Governments seem to neglect the monitoring of psychotropic substances, possibly under the misconception that the consequences of diversion and abuse of psychotropic substances are less serious than those of diversion and abuse of narcotic drugs.

190. The Board requests all Governments to review their laws and regulations to verify that they are in line with all the relevant provisions of the drug control treaties and with the current schedules and tables of the international drug control treaties, and to amend their laws as necessary.

191. More action is also needed with regard to precursor control. The Board is aware that Governments maintained

measures to strengthen their controls over the import and export of precursors. In view of the continued identification of cases of diversion of pharmaceutical preparations containing ephedrine or pseudoephedrine, the Board welcomes the fact that many countries, including most recently China, the Republic of Korea and Thailand, have broadened their legislation to address particularly such diversion.

192. Despite the foregoing, the Board is concerned that the controls applied to domestic distribution and end-use of precursors are still inadequate in many countries, which facilitates their continued diversion. Such controls should have, as a minimum: a system of end-user registration and declarations of end use; knowledge of legitimate requirements in order to set realistic limits to importation, particularly for chemicals with little or no legitimate use; and notification of all exports prior to their departure. To help stop the efforts of illicit trafficking organizations, the Board urges Governments to review existing domestic control systems, determine whether weaknesses exist and work to close existing gaps.

193. In this context, the Board wishes to remind all Governments that the ability to monitor the international trade of precursors is fundamentally linked to effective monitoring of manufacture and distribution at the domestic level. The Board is concerned that without information about the domestic market and stakeholders, Governments are at risk of not being in a position to comply with their obligations related to preventing diversion.

194. With a view to strengthening the monitoring of the international trade in precursors, in March 2012 the Board signed a memorandum of understanding with the World Customs Organization, which institutionalizes its constructive, long-standing cooperation with that Organization. One point of such cooperation is to establish unique Harmonized System codes for pharmaceutical preparations containing ephedrine and pseudoephedrine.

(b) Prevention of diversion from international trade

Estimates and assessments of annual requirements for controlled substances

195. One of the main control measures used to prevent the diversion of controlled substances from international trade is the system of estimates or assessments of legitimate annual requirements for controlled substances, since this enables exporting and importing countries alike to ensure that the trade stays within the limits determined by the importing Governments. For narcotic drugs, such a system is mandatory under the 1961 Convention, and the estimates furnished by Governments need to be confirmed

by the Board before becoming the basis for the limits of manufacture or import. The system of assessments of annual requirements for psychotropic substances and the system of estimates of annual requirements for selected 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.

196. The system of estimates or assessments can be effective only if both exporting and importing countries adhere to it: Governments of importing countries should 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 or to have decreased substantially from those requirements, importing countries should inform the Board immediately of such changes. Governments of exporting countries should set up a mechanism to check all export orders involving controlled substances against the estimates and assessments of importing countries and allow exports only when they are in line with legitimate requirements in the importing countries.

197. In accordance with its mandate to identify loopholes in the implementation of the control systems that could lead to diversion, the Board regularly investigates cases involving possible non-compliance by Governments with the system of estimates or assessments. In this connection, the Board provides advice to Governments on the details of the estimates and assessments systems, as necessary. For example, during the consultations organized by the Board in September 2012, the components of the international drug control system relating to observance of import and export limits were discussed (see para. 171 above). Participants were informed about the procedures to identify import and export excesses and about the rules that should be observed to avoid such excesses. In this respect, the Board would like to remind Governments to utilize the training material on narcotic drugs and psychotropic substances whenever clarifications on the international drug control system are needed. The Board is also at the disposal of Governments to respond to specific questions on the matter.

198. As in previous years, the Board has found in 2012 that the system of estimates for narcotic drugs continues to be respected by most countries. Through its analysis, the Board determined that in 2011 six countries authorized imports or exports of narcotic drugs in excess of the

respective estimates. The Board contacted the Governments concerned and requested them to ensure full compliance with the relevant treaty provisions.

199. For psychotropic substances, too, the system is well respected and the assessments of annual requirements have become more accurate, showing that Governments are increasingly aware of the actual requirements for psychotropic substances. In 2011 the authorities of 14 countries issued authorizations for substances for which they had not established any assessments or in quantities that significantly exceeded their assessments, and most exporting countries paid attention to the assessments established in importing countries and did not knowingly export psychotropic substances in quantities exceeding those assessments. A frequent cause of excess imports was imports destined for re-export, which are difficult to assess in advance. The system of assessments for psychotropic substances has therefore been amended slightly: as of 2013, Governments will no longer be requested to include estimates for exports or re-exports in the annual requirements for psychotropic substances. The Board trusts that the change will make the system of assessments for psychotropic substances even more transparent and effective.

200. The estimates of annual licit requirements for the four substances used in the illicit manufacture of amphetamine-type stimulants,¹⁵ which have been published by the Board since 2006, have proved to be a very useful tool to assist Governments in verifying the legitimacy of shipments of precursors. They have also allowed the Board to identify emerging regional trends in the diversion of precursors, and several major investigations into cases of diversion have been launched as a result. The positive momentum generated in such a short period by this new tool needs to be maintained. Methodologies employed by some Governments when estimating their requirements must be improved, since some Governments made estimates far in excess of their actual legitimate annual requirements (see para. 223 below). The regular review of annual licit requirements for precursors and the submission of updated figures, as necessary, reflecting changing market conditions, as well as the participation of Governments that have not yet submitted such estimates, would improve this system.

Requirement of import and export authorizations

201. The requirement for import and export authorizations is another main control measure to prevent the diversion of controlled substances from international

¹⁵ 3,4-MDP-2-P, pseudoephedrine, ephedrine and P-2-P and preparations containing those substances.

trade, since it allows 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 are obliged to 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. Moreover, upon receipt of the consignments, the authorities in importing countries must inform the authorities of exporting countries of the actual quantities received.

202. The 1971 Convention does not require import and export authorizations for trade in psychotropic substances listed in Schedule III or IV of the Convention. However, in view 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. In 2012 the Board has been informed by the Governments of Azerbaijan, Chile, the Russian Federation, Tajikistan and Ukraine that they recently imposed import authorization requirements for international trade involving some or all of the substances in Schedules III and IV. In addition, the Governments of Christmas Island, the Cocos (Keeling) Islands, French Polynesia, Norfolk Island, Saint Helena and Sint Maarten informed the Board that they implement the same regulations as their sovereign Governments.

203. The Board notes that most countries and territories now require import and export authorizations for most of the psychotropic substances in Schedules III and IV of the 1971 Convention, in accordance with the Economic and Social Council resolutions mentioned above. All Governments that do not yet require import and export authorizations for all psychotropic substances are invited to extend such controls to all substances in Schedules III and IV as soon as possible and to inform the Board accordingly.

204. Some Governments, although in principle they require import and export authorizations for substances included in Schedules III and IV, have exempted certain specific preparations containing those psychotropic substances from the import/export authorization requirements otherwise in place in their countries, without informing other Governments or the Board accordingly. This has sometimes created confusion among trading partners and resulted in undue delays of transactions. The Board therefore requests all Governments that have

exempted from the import authorization requirements that are normally enforced in their country certain preparations containing psychotropic substances included in Schedule III or IV to inform the Board of such exemptions without delay, so that other Governments can be advised accordingly. The Board further wishes to remind all Governments that exempt certain preparations containing psychotropic substances in accordance with the provisions of article 3 of the 1971 Convention that they should inform the Secretary-General of such exemptions, as applicable.

205. The Board shares with the competent authorities information on the import authorization requirements for substances listed in Schedules III and IV of the 1971 Convention that are applied in countries and territories, as well as of the exemptions, as applicable, to assist in monitoring international trade in psychotropic substances while preventing traffickers from targeting countries in which controls are less strict. For instance, this information can be reviewed on the secure area of the Board's website, which is accessible only to specifically authorized Government officials.

206. The Board is increasingly informed about import and export authorization requirements applied to precursors. According to the most recent information, about 70 Governments now require individual export authorizations for all precursors included in Tables I and II of the 1988 Convention. Those Governments that have either no controls or require only general permits for the export of Table I and Table II substances may not be in a position to comply with their treaty obligations. The Board therefore urges all Governments to ensure that they are able to provide pre-export notifications, particularly to the importing countries that have officially requested such notifications.

Verifying the legitimacy of individual transactions, particularly those involving import authorizations

207. Individual import authorizations are sometimes falsified by traffickers to obtain substances from legitimate international trade. The Board therefore reiterates its request to the authorities of exporting countries to verify the authenticity of all import authorizations using new or unknown formats, bearing unknown stamps or signatures, or that were issued by an unrecognized national authority, as well as of authorizations for consignments containing substances known to be frequently abused in the region of the importing country. The Board notes with appreciation that many Governments of exporting countries, including those of Belgium, Denmark, France, Germany, Hungary, India, Switzerland, the United Kingdom and the United States, are verifying the legitimacy of import authorizations

directly with the competent national authorities of importing countries or with the assistance of the Board. In this regard, the Board assists in such verifications, particularly in cases where the authorities of exporting countries did not receive feedback from the authorities of the importing countries, or when there is a concern that transactions might not fully comply with the requirements set out in the international drug control system.

208. The Board wishes to remind the Governments of importing countries that it is in their interest to respond in a timely manner to all queries regarding the legitimacy of transactions that they receive from competent authorities or from the Board. Failure to respond quickly 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.

Developing an international electronic import and export authorization system for narcotic drugs and psychotropic substances

209. Governments will recall that in the report of the International Narcotics Control Board for 2011 (paras. 212-219), the Board informed Governments of the initiative of developing an international electronic import and export authorization system for narcotic drugs and psychotropic substances. In that report, the Board also highlighted the joint efforts of the international community since 2009 to identify how the proposed system could assist national drug control authorities in their daily work, while at the same time ensuring that the system functions in a way that fully complies with the requirements set out in the international drug control conventions.

210. The proposed electronic system is aimed at facilitating the exchange of electronic import and export authorizations between the competent national authorities of importing and exporting countries. The system would be able to check the quantity of a shipment against the latest estimate or assessment for the narcotic drug or psychotropic substance in question. Online endorsement would also be an important feature of the electronic system. All of those important features would be designed to help Governments to meet their obligations under the international drug control treaties and would enhance the monitoring of international trade in narcotic drugs and psychotropic substances and the prevention of their diversion.

211. Since the end of 2011, that initiative has gained great momentum. On the basis of extensive consultations with interested Governments and the Board, UNODC presented

a system-design document and the cost estimate for developing and maintaining the electronic system.

212. In March 2012, Governments further strengthened their support for that initiative by adopting the Commission on Narcotic Drugs resolution 55/6. The resolution encourages Member States to provide the fullest possible financial and political support for developing, maintaining and administering an international electronic import and export authorization system for narcotic drugs and psychotropic substances. It also requests UNODC to undertake the development and maintenance of the system and invites the INCB secretariat to administer the international system during the start-up phase in the biennium 2012-2013. Furthermore, the resolution invites Member States and other donors to provide extrabudgetary contributions for those purposes.

213. The Board, which has regularly reviewed the progress achieved in that initiative, notes with appreciation that a number of Governments have pledged, contributed to or are considering contributing to the funding required for developing and maintaining the electronic system. Thanks to such contributions, the initial development of the system by UNODC is assured, and UNODC has commenced the development work. The Board invites all Governments to continue providing voluntary contributions to UNODC in order to ensure the continued maintenance of the electronic system after the first, development phase. The Board wishes to stress that the administration of such a system implies the monitoring of Governments' compliance with the control provisions for international trade in narcotic drugs and psychotropic substances. As reflected in Commission on Narcotic Drugs resolution 55/6, the Board is best placed to administer the system, once developed.

Pre-export notifications for precursor chemicals

214. Only 81 countries have made use of article 12, paragraph 10 (a), of the 1988 Convention, which makes it mandatory for exporting countries to inform the competent authorities of those countries of a planned export of precursors to their territory prior to actual shipment. Without this control measure, the more than 100 other parties to the 1988 Convention, in particular countries in parts of Africa, Central America and the Caribbean, Central Asia, South-East Asia and South-Eastern Europe, are at risk of being targeted by traffickers. The Board wishes to remind all Governments that the provisions of article 12, paragraph 10 (a), if used and implemented by all, would create a robust and practical mechanism for control of international trade in scheduled chemicals. Governments that have not yet invoked article 12, paragraph 10 (a), of the 1988 Convention should do so without delay, since it would oblige exporting

countries to issue notifications of all shipments of precursors destined to their country.

215. The Board notes with satisfaction that the number of registered users of the Board's PEN Online system now stands at 136, with an average of 1,800 pre-export notifications sent per month. Since the Board's last report, 10 additional States and territories — Armenia, Benin, the British Virgin Islands, Chad, Ethiopia, Kazakhstan, Nepal, Qatar, Senegal and Serbia — have registered with the PEN Online system. The information that is shared through PEN Online assists national competent authorities, and the Board, in identifying and confirming the legitimacy of individual shipments of precursors and in suspending or stopping suspicious shipments in an efficient and timely manner. As such, it is an important tool for the international community to help to monitor international trade in scheduled chemicals in order to help to prevent diversion. The Board reminds all Governments exporting scheduled chemicals to countries that have invoked article 12, paragraph 10 (a), of their obligation to issue notifications of such shipments prior to departure and recommends that they use the PEN Online system for such notifications, pursuant to Security Council resolution 1817 (2008). The Board also encourages all Governments to actively review pre-export notifications sent to their country and to communicate via the PEN Online system so that an unbroken chain of monitoring trade in chemicals can be maintained.

216. The Board launched Operation Ephedrine and Pseudoephedrine Intelligence Gaps in Africa (Operation EPIG) in June 2012, to gather strategic information on the licit trade, trafficking and illicit use of ephedrine and pseudoephedrine, including in their pharmaceutical preparation forms, in countries of Africa. The Operation, which lasted for three months and in which the Governments of 51 countries either in Africa or trading with countries in Africa participated, brought about a more active use of PEN Online by the authorities of participating countries. The Operation also showed the extent of trade in ephedrines to African countries. However, since pre-notification of exports of pharmaceutical preparations containing those substances, while recommended, is not mandatory, there is likely to be unaccounted trade in such preparations through and to African countries.

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

217. The control measures described in paragraphs 195-216 above continue to be effective. Very few cases involving diversion of narcotic drugs or psychotropic substances from international trade into illicit channels have been

identified in recent years. From time to time, attempts to divert narcotic drugs and psychotropic substances from international trade are detected by vigilant competent national authorities, which often work in close cooperation with the Board. In such cases traffickers seem to be fully aware of the control measures that are applied by most Governments and circumvent them whenever possible. For example, falsified import authorizations continue to be used by traffickers in attempts to divert controlled substances. The Board recommends that Governments remain vigilant and scrutinize the import and export orders involving controlled substances to ensure that they are destined for legitimate purposes.

218. Diversion from international trade appears to continue to occur when the substances involved do not require import and export authorizations, as is the case in some countries for substances listed in Schedules III and IV of the 1971 Convention, including most of the commonly diverted benzodiazepines, and for the preparations included in Schedule III of the 1961 Convention. For example, diversion from international trade was the primary method noted by the Government of Indonesia for the diversion of benzodiazepines. The Board therefore reiterates its call to all Governments that do not yet require import and export authorizations for all psychotropic substances to extend the import and export authorization requirement to all psychotropic substances as soon as possible. The Board also urges the countries that have in principle introduced such authorization requirements for all psychotropic substances, but that have subsequently exempted some preparations from the import and export authorization requirements, to consider revoking the exemptions with regard to international trade, where appropriate.

219. With regard to the diversion of precursor chemicals, preparations containing precursor chemicals such as ephedrine and pseudoephedrine continue to be diverted from international trade to be used in the illicit manufacture of amphetamine-type stimulants, as reported by the Governments of Australia and New Zealand, among others.

(d) Prevention of diversion from domestic distribution channels

220. The diversion of narcotic drugs, psychotropic substances and precursors from licit domestic distribution channels has become a main source for supplying illicit markets. For narcotic drugs and psychotropic substances, the substances involved are diverted mainly in the form of pharmaceutical preparations. The problems associated with the diversion of preparations containing narcotic drugs or psychotropic substances, which are predominantly diverted

for subsequent abuse, and the actions to be taken to tackle those problems are described in paragraphs 303-315 below.

221. The availability of “medical cannabis” in California and other states in the United States constitutes a major challenge to compliance by the Government of the United States with the international drug control treaties, in particular the 1961 Convention. The Board notes that the so-called “medical cannabis” scheme in California has contributed to an increase in cannabis abuse, due to a lack of the required institutional framework for regulating the sale of cannabis for “medical” use. In particular, the number of “medical cannabis” dispensaries, selling cannabis and drug paraphernalia, has increased exponentially in California in recent years. There has also been an increased number of unregulated cannabis retailers in some parts of that state. Furthermore, it has been noted that more than 90 per cent of “patients” registered with “medical cannabis” dispensaries do not present medical histories associated with such dispensing and 70 per cent of the users of such dispensaries are under 40 years of age. The real outcome of such a scheme has been to make cannabis more readily available for recreational purposes. The Board urges the Government of the United States to take necessary steps to ensure that internationally controlled substances are used only for medical and scientific purposes and to prevent their diversion and abuse, in accordance with the international drug control treaties.

222. The diversion of precursors from domestic distribution channels increasingly involves pharmaceutical preparations containing those precursors. Most prominently, preparations containing ephedrine and pseudoephedrine have often been targeted by traffickers for use in the illicit manufacture of amphetamine-type stimulants. For instance, such preparations have been diverted from domestic distribution channels in China and the Republic of Korea, where there are a significant number of legitimate manufacturers of those preparations, and smuggled to Australia and New Zealand for the illicit manufacture of amphetamine-type stimulants. The Board invites the Governments concerned to attend to the recommendations in paragraphs 313 and 314 below, such as prohibiting the sale of such preparations by Internet pharmacies, ascertaining the points in the domestic supply chain that are most vulnerable to being exploited by traffickers, investigating the origin of seized preparations to identify their sources and points of diversion, and the sharing of information by law enforcement authorities of the countries concerned, and to apply those recommendations, as appropriate.

223. In this connection, the Board previously raised its concern regarding the relatively high annual legitimate

requirements for imports of ephedrine and pseudoephedrine in some countries in Asia,¹⁶ since those high levels of requirements put those countries at risk of being targeted by traffickers seeking to divert the substances for use in the illicit manufacture of amphetamine-type stimulants. Recent multiple seizures have borne out the concerns of the Board in this regard. Following large-scale disappearances of tablets containing pseudoephedrine from hospitals in Thailand, the annual legitimate requirement for the import of the substance was reduced considerably and investigations were launched. The Government of Pakistan started investigations into allegations that companies imported excessive quantities of ephedrines. The Board encourages all countries that identify significant diversions of precursors for amphetamine-type stimulants to re-evaluate their requirements for those substances and to inform the Board about changes without delay.

224. When trying to obtain acetic anhydride, trafficking organizations rely nowadays on diversion from domestic distribution channels. In order to address this situation, the establishment and maintenance of an effective domestic regulatory control system, as described in paragraphs 191-193 above, is essential.

225. The control measures applied to international trade in potassium permanganate have been effective and have forced the trafficking organizations to obtain potassium permanganate for use in the illicit manufacture of cocaine from other sources. There is evidence of that substance, as well as other chemicals, being illicitly manufactured. As laboratories illicitly manufacturing cocaine are increasingly being dismantled outside the three coca-producing countries along cocaine trafficking routes, all Governments, particularly those along known trafficking routes, should remain vigilant so as to prevent chemical trafficking organizations from establishing their activities in locations that were previously free from illicit manufacture.

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

226. In line with its mandate to ensure the availability of internationally controlled substances for medical and

¹⁶ See, for example the report *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), paras. 22-24.

scientific purposes, the Board carries out various activities related to narcotic drugs and psychotropic substances. The Board monitors action taken by Governments, international organizations and other bodies to support the rational use of controlled substances for medical and scientific purposes and their availability for those purposes.

(a) Supply of and demand for opiate raw materials

227. The Board has an important role to play in the supply of raw materials required for the manufacture of all medications containing opiates. Pursuant to the 1961 Convention and relevant resolutions of the Commission on Narcotic Drugs and the Economic and Social Council, the Board examines on a regular basis developments affecting the supply of and demand for opiate raw materials. The Board strives, in cooperation with Governments, to maintain a lasting balance between supply and demand for those materials. In order to analyse the situation regarding supply of and demand for opiate raw materials, the Board uses information from Governments of countries producing opiate raw materials, as well as from countries where those materials are utilized for the manufacture of opiates or substances not controlled under the 1961 Convention. A detailed analysis of the current situation with regard to the supply of and demand for opiate raw materials is contained in the 2012 technical report of the Board on narcotic drugs.¹⁷ The following paragraphs are a summary of that analysis.

228. The Board recommends that global stocks of opiate raw materials be maintained at a level sufficient to cover global demand for approximately one year, in order to ensure the availability of opiates for medical needs in case of an unexpected shortfall of production, for example, caused by adverse weather conditions in producing countries.

229. In 2012, according to the information available to the Board, global production of opiate raw materials rich in morphine, as well as opiate raw materials rich in thebaine, was above the levels required to satisfy global demand. For 2013, Governments of producing countries are envisaging a further increase in the production of those materials. Global stocks of opiate raw materials rich in morphine are expected to reach a level covering global demand for a period of almost two years, and global stocks of opiate raw materials rich in thebaine are expected to reach a level covering global demand for a period of more than one year.

230. The Board has been in contact with the major producing countries of opiate raw materials to request them to ensure that their future production is maintained at a

level that conforms to the actual requirements for those materials worldwide, in order to prevent the accumulation of excessive stocks. All producing countries should carefully attend to this important issue and prevent the accumulation of excessive stocks that might be a source of diversion.

231. Global demand for opiate raw materials rich in morphine and opiate raw materials rich in thebaine is expected to rise in the future, in line with the trend of previous decades. It is expected that the worldwide efforts to ensure the adequate availability of opioid analgesics, which are encouraged and supported by the Board and WHO, will contribute to the continuing rise in global demand for opiates and opiate raw materials.

(b) Consumption of narcotic drugs and psychotropic substances

232. Disparities in consumption levels of narcotic drugs between countries and regions remain as described in the 2010 *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*.¹⁸ The availability of opioids for pain management is still inadequate in a large number of countries. While global consumption has significantly increased during the last 10 years, it remains concentrated in a limited number of countries. For example, consumption of fentanyl grew by more than 280 per cent between 2002 and 2011, but the major part of that increase was reported by high-income countries in North America and Europe. The increase in consumption of hydrocodone is almost exclusively, and the increase in consumption of oxycodone mostly, attributable to the high consumption rates in the United States. Although a large part of the growth in consumption of morphine is also due to elevated consumption rates in the United States and some European countries, increasing consumption has also been noted in many other countries of the world. In many regions, much remains to be done to ensure availability of opioids at levels adequate for medical requirements.

233. With regard to the consumption levels of psychotropic substances, it is more difficult to come to reliable conclusions than in the case of narcotic drugs. Nevertheless, it appears that more action is needed to assess the current adequacy of the availability of psychotropic substances and to promote changes, as necessary.

234. The analysis of the consumption levels of psychotropic substances is still hindered by the lack of adequate data, since the 1971 Convention does not require Governments to submit data on the consumption of such

¹⁷ *Narcotic Drugs: Estimated World Requirements for 2013 — Statistics for 2011* (United Nations publication, Sales No. T.13.XI.2).

¹⁸ United Nations publication, Sales No. E.11.XI.7.

substances to the Board. The Commission on Narcotic Drugs, in its resolution 54/6, encouraged all Governments to furnish such data to INCB. In accordance with that resolution, over 50 Governments have started to furnish consumption data for 2010 or 2011 to the Board. INCB welcomes this development, which will enable it to analyse more accurately the consumption levels of those substances in the countries and territories concerned. However, most Governments, including those of some manufacturing countries for which the calculated consumption levels appear to be very high and for which those levels might be overestimated in the absence of better data, have yet to follow suit. The Board wishes to remind those Governments that it is in their interest to collect such data, following the definition of consumption of narcotic drugs contained in the 1961 Convention,¹⁹ and to provide them to national and international bodies, including INCB, to enable the monitoring of consumption trends and the identification of unusual or unwanted developments.

235. On the basis of the limited data available, it would appear that there are no major changes with regard to the consumption levels of psychotropic substances. If anything, the disparities in consumption levels of psychotropic substances between countries and regions, as described in the 2010 *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*, appear to be increasing, with most of the consumption of all psychotropic substances taking place in a limited number of countries. The Board has requested the countries concerned to determine whether there are problems of oversupply and possible misuse and to promote the rational use of the substances in question.

(c) *Guide on Estimating Requirements for Substances under International Control*, developed by the International Narcotics Control Board and the World Health Organization

236. The Board has for a number of years noted with concern the global disparities in the availability of narcotic drugs and psychotropic substances. As impediments to adequate availability of internationally controlled substances vary, national authorities need to recognize country-specific impediments and take appropriate action. As a first step, countries should identify their actual requirements for internationally controlled substances in

order to overcome underconsumption and at the same time prevent overconsumption.

237. In order to support countries in estimating their requirements, the Board and WHO have developed the *Guide on Estimating Requirements for Substances under International Control*, which was launched during the fifty-fifth session of the Commission on Narcotic Drugs, in March 2012, and was brought to the attention of all Governments through a letter of the Board.²⁰ The Guide is intended to assist competent national authorities in identifying methods for calculating the quantities of controlled substances required for medical and scientific purposes. Furthermore, the *Guide* provides assistance to national authorities in preparing the estimates and assessments of annual requirements for controlled substances that countries are required to furnish to the Board.

238. The Board hopes that the *Guide* will help Governments in their efforts to ensure appropriate consumption levels of internationally controlled substances for their countries. The Board is at the disposal of competent national authorities to support them in the use of the *Guide* and to provide any clarification required.

(d) Activities of intergovernmental and non-governmental organizations

239. A number of international organizations, intergovernmental bodies and non-governmental organizations are undertaking activities focusing on the uneven accessibility of opioids for pain management.

240. UNODC, WHO and the Union for International Cancer Control have developed plans for a joint initiative to enhance access to internationally controlled drugs for the relief of pain while preventing diversion and abuse. The aim of the initiative is to coordinate activities at the international level and to contribute to in-country progress, beginning with three pilot countries in different regions, with the intention of scaling up the initiative in the years ahead. The initiative will cover various areas of activity, including data collection; regulatory revision and reform; training on estimates and statistics for narcotic drugs; awareness-raising and public education; procurement and distribution; community-based health care; and standards of care in health-care facilities. The objective is to contribute to the implementation of Commission on Narcotic Drugs resolutions 53/4 and 54/6 and the recommendations contained in the 2010 *Report of the*

¹⁹ See article 1, paragraph 2, of the 1961 Convention: "For the purposes of this Convention a drug shall be regarded as 'consumed' when it has been supplied to any person or enterprise for retail distribution, medical use or scientific research; and 'consumption' shall be construed accordingly."

²⁰ The *Guide* is available, in all six official languages of the United Nations, on the website of the Board (www.incb.org/incb/en/publications/guidelines-for-use-by-competent-national-authorities.html).

International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes. The Board welcomes the initiative and invites Governments to support it.

(e) National activities

241. The Board notes that action has been taken in several countries to increase the level of consumption of internationally controlled substances, in particular opioid analgesics.

242. In Georgia, the National Programme for Palliative Care for 2011-2015 was adopted by the parliament. The Ministry of Labour, Health and Social Affairs seeks to improve the availability of opioid analgesics for outpatients. In the spring of 2012, the parliament of Georgia adopted an amended law on narcotic drugs, psychotropic substances and precursors that takes into account current medical and scientific knowledge. The amendments included the addition of a paragraph concerning the indispensability of opioid use for medical reasons, which reflects the principle of ensuring adequate availability of narcotic drugs for medical purposes. To facilitate the rational use of opioid analgesics, the Ministry has agreed to support the organization of training courses for physicians who care for patients with chronic pain. At the request of the Ministry, guidelines on chronic pain management were developed, along with recommendations for patients. Those guidelines were adopted by the Ministry in July 2012 and all medical facilities were requested to create corresponding treatment protocols.

243. In Guatemala, there have been recent improvements in the availability of low-cost opioids. Previously, inexpensive morphine was available only in injectable form and only for patients who were hospitalized. In January 2012, a local pharmaceutical company obtained a licence to manufacture immediate-release oral morphine, which became available at the national reference hospital for cancer beginning in February 2012. As new opioid analgesic formulations are being made available in Guatemala, the important process of educating and training physicians about how to safely prescribe opioids to treat pain was initiated in February 2012, with the implementation of a new postgraduate course in palliative care at the university level, which consists of over 300 hours of training over nine months.

244. In 2011, the Ministry of Health of Jamaica administered a survey to measure access to and availability of opioids at all Government hospitals and to identify the storage and handling capabilities of those facilities. A need was identified for immediate-release oral morphine tablets, which became available in April 2012 in the public-health

sector in Jamaica for the first time. In May 2012 the Ministry held a meeting on the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases in Jamaica for the period 2012-2017. As a result of that meeting, the Ministry agreed to include palliative care services in the strategic plan, as well as to work towards developing a separate, comprehensive cancer control plan, which will consist of policies for palliative care, including the use of opioids to treat cancer pain.

245. In Nepal, health-care practitioners' efforts to work with government and industry to address the availability of all necessary formulations of opioid analgesics have continued, with support from international experts. The production of sustained-release morphine tablets has been under way since August 2012. The local production of an additional formulation of morphine will ensure a more continuous availability of all essential morphine formulations for patients in Nepal than was possible in the past. These advances in opioid availability have been coupled with ongoing efforts to educate health-care professionals about pain relief and the rational use and safe handling of essential controlled medicines.

246. In the Russian Federation, the Ministry of Health has been working with pain-relief experts to evaluate the mechanism governing the medical use of preparations containing narcotic drugs in order to improve the treatment of pain in the country. The lack of knowledge on the part of health-care professionals regarding the treatment of pain has been identified as one of the main impediments to the use of opioid analgesics. Health-care professionals are also wary of the consequences of errors in complying with administrative requirements for the use of narcotic drugs. The Ministry is preparing a full range of programmes at both the pre- and postgraduation stages of training to provide health-care professionals with the knowledge and skills for using such medicines. The Ministry is also drawing up legislation to simplify requirements for the prescription and administration of medical preparations containing narcotic drugs and psychotropic substances. The new legislation would extend the validity of prescriptions for controlled substances and facilitate access to opioid analgesics for patients released from hospitals. In 2011, the issue of palliative medical care was introduced in the federal legislation regulating the health system of the Russian Federation (art. 36 of Act No. 323 of 21 November 2011 on Federal Health Protection in the Russian Federation). In 2012, new methodological recommendations for oncologists and general practitioners regarding palliative treatment with narcotic drugs for outpatients were issued by the Herzen Oncological Research Institute.

247. In Serbia, following the enactment of the new Law on Psychoactive Controlled Substances in early 2011, a governmental commission was established to monitor the implementation of the new Law and to draft implementing regulations. As new opioid formulations such as immediate-release morphine are being made increasingly available in Serbia, palliative-care experts have consulted with Government officials to clarify modern medical and scientific pain management prescribing standards. For example, in early 2012, the Serbian Republic Institute for Health Insurance published an explanation allowing physicians to prescribe transdermal fentanyl along with immediate-release morphine for the treatment of breakthrough pain and issued a new list of prescription medicines allowed to be prescribed. In 2012, the prescription of methadone for the treatment of severe cancer pain was also allowed for the first time.

248. The Board acknowledges these national efforts to improve the availability of controlled substances for medical and scientific purposes. Countries where health administrations face similar problems may use them as examples of possible remedial measures. The descriptions above of positive developments in some countries should not obscure the fact that enormous discrepancies exist between countries with regard to the accessibility of internationally controlled substances. INCB underlines once again the need for WHO and the international community to support efforts of countries concerned to improve availability. At the same time, countries need to raise awareness of the risk of abuse of those substances and to ensure the prevention of their diversion into illicit markets.

(f) Need for targeted action for psychotropic substances

249. The Board is not aware of any intergovernmental, regional or national initiatives in the countries and regions where access to psychotropic substances is low to promote adequate availability and accessibility of medications containing psychotropic substances. Most actions taken to improve the availability of controlled substances have focused heavily or exclusively on opioid analgesics.

250. Similarly, among countries where consumption of psychotropic substances has been very high, some Governments showing high consumption levels have not yet taken the necessary actions to address their apparent excessive use and to promote rational use of those substances. In addition, even when the Board has been informed of action taken by Governments to prevent inappropriate use of psychotropic substances, it would appear that such action has been effective in only a few countries; in most other countries, the action has been

effective only for a short time, if at all, and excessive consumption of the substances concerned continues to be noted.

251. The use of psychotropic substances for medical purposes is indispensable, as stated in the preamble to the 1971 Convention. They are useful in the treatment of a variety of mental and other diseases and, if properly prescribed and dispensed in line with the provisions of the 1971 Convention, will reduce human suffering and improve the quality of life of patients and their families.

252. The Board trusts that the lessons learned from the activities to improve the availability of medications that are used in the treatment of pain will help to support rational use of psychotropic substances in all countries and regions. In addition, the Board recommends that Governments continue to (a) collect reliable data on the consumption of psychotropic substances and share them with the Board to allow accurate analysis of their consumption levels; (b) investigate whether there are other medications containing substances that are not internationally controlled that are used in their territories to treat mental and other diseases commonly treated with psychotropic substances, and determine whether their use might have an impact on the consumption of internationally controlled substances; (c) taking into account those findings to the extent possible, compare their consumption levels with those in other countries and regions with a view to identifying inadequate or excessive consumption; and (d) take the appropriate actions to promote the rational use of psychotropic substances in their country.

(g) Replenishment of medical kits on board ships docked in foreign territorial waters

253. The Board was asked by the competent authorities of some countries to clarify the legal rules applicable to the replenishment of medical kits on board ships docked in foreign territorial waters under the international drug control conventions. Ships are, in principle, expected to restock their medical kits in the country in which they are registered. However, in some situations, it may be necessary to use the narcotic drugs or psychotropic substances contained within the medical kits during the journey to treat members of the crew or passengers. This would require the replenishment of the ship's medical kit prior to its return to its country of registry and possibly while it is docked in territorial waters of a foreign State.

254. When the ship is docked in foreign territorial waters, given that the resupply of the controlled substance would take place entirely within the jurisdiction of the foreign port in which the ship is docked, the conditions under which it would be undertaken would be those set forth in

the national legislation of that State. For the replenishment of first-aid kits, the crew of the ship would have to comply with regulations related to the purchase or acquisition of narcotic drugs and psychotropic substances valid in the territory in which such a purchase or acquisition takes place. Once these substances have been obtained and placed in the ship's medical kit, article 32, paragraph 1, of the 1961 Convention and article 14 of the 1971 Convention, which allow for the carriage of controlled substances in medical kits across territorial waters, would apply, allowing the ship to continue its onward journey, while it would be the responsibility of the country of registry to prevent the improper use of those substances.

255. The Board trusts that all countries will facilitate the replenishment with narcotic drugs and psychotropic substances of medical kits of ships docked in their territorial waters to ensure the availability of those drugs and substances on those ships in case of their need for medical use. Adequate control measures should be applied to prevent any misuse of that procedure for the diversion of controlled substances.

E. Special topics

1. Global drug policy debate

256. The Board takes note of recent calls by some Governments for a review, by States Members of the United Nations, of the approach to the global drug problem hitherto adopted by the international community, with the aim of adopting a balanced approach in enhancing the effectiveness of the strategies and instruments used by the world community in confronting the challenge of the drug problem and its effects. The Board welcomes and supports initiatives by Governments aimed at further enhancing international drug control, undertaken in conformity with the international drug control conventions.

257. At the same time, the Board notes with concern recent declarations and initiatives reported from some countries in the Western hemisphere proposing the legalization of the possession of narcotic drugs and psychotropic substances for purposes other than medical or scientific use, and the decriminalization of the cultivation of cannabis plant for non-medical use. In this regard, the Board notes with deep concern a proposal by the Government of Uruguay before the Parliament of Uruguay that would allow the State to assume control over and regulation of activities related to the importation, production, acquisition of any title, storage, sale and distribution of cannabis or its derivatives, under terms and

conditions to be determined by a regulation, for the purpose of non-medical use.

258. The Board wishes to point out that such an initiative, if it were to be implemented, would be contrary to the provisions of the international drug control conventions. The 1961 Convention and the 1988 Convention require all States parties to limit the use of narcotic drugs, including cannabis, exclusively to medical and scientific purposes. Non-compliance by any party with the provisions of the international drug control treaties could have far-reaching negative consequences for the functioning of the entire international drug control system.

259. The Governments of those States, which are parties to the international drug control treaties, have demonstrated over many years their commitment to the aims and object of the international drug control conventions, extending their valuable cooperation to the Board in the implementation of the treaties. The Board stands ready, in line with its mandate, to continue a dialogue with all Governments in order to promote universal compliance with the provisions of the international drug control treaties.

2. New psychoactive substances

260. The term "new psychoactive substances" denotes substances of abuse that are not subject to international control measures but that have effects similar to those of controlled drugs. It is a generic term that includes emerging drugs of abuse sometimes referred to as "designer drugs", "herbal highs", "research chemicals" and "legal highs". It also includes substances that are not necessarily new but which have recently been increasingly abused.

261. In the past several years, the warnings about the dangers posed by new psychoactive substances have multiplied. Public health officials and drug control stakeholders have been raising awareness of the emergence of new psychoactive substances which are outside the scope of international control for some time. In its annual report for 2010, the Board warned Governments of this growing threat and recommended that they take concrete steps to monitor the emergence of new psychoactive substances with a view to adopting national control measures intended to stem the manufacturing, export, import, distribution and sale of these substances.

262. The Board notes that the international community has taken notice of the problem and has turned its attention to identifying ways to address it effectively. The Board also reminds Governments that pursuant to the international drug control conventions, States parties are explicitly authorized to adopt whatever national control measures

they deem necessary in addition to those existing at the international level. In this regard, the Board acknowledges the adoption in many States of legislative and regulatory measures aimed at establishing mechanisms to address the public health dangers caused by the emergence of new psychoactive substances.

263. In March 2012, the Commission on Narcotic Drugs adopted resolution 55/1, entitled “Promoting international cooperation in responding to the challenges posed by new psychoactive substances”, in which the Commission encouraged States to take various decisive individual and collective actions to deal with the threat posed by new psychoactive substances. Through that resolution, the Commission recognized that the capacity of States to effectively deal with new psychoactive substances is a function of their ability to identify those substances in a timely manner, allowing for preventive measures to be taken, and, given the global nature of the problem, to share that information with other States and relevant stakeholders in order to make concerted action possible.

264. In recent years, there has been an unprecedented increase in the emergence of new psychoactive substances not within the purview of the international drug control conventions. The most common categories of these drugs have been synthetic cannabinoids, synthetic cathinones, piperazines and phenethylamines. According to EMCDDA, the number of notifications of new psychoactive substances received by the Centre averaged five per year from 2000 to 2005. In 2011, the figure had increased to 49, meaning that a new psychoactive substance was put on the market almost every week on average. Although it is impossible to know the exact number of new psychoactive substances on the market, experts have advanced estimates running well into the thousands. As abuse of these substances has increased, so too has the number of users who have experienced grave health consequences or even suffered death due to exposure to them. In many countries, use of such substances has manifested itself in marked increases in emergency room visits for adverse health reactions caused by the ingestion of new psychoactive substances, as well as in significant increases in calls to poison treatment centres.

265. The Board encourages all Governments to establish formal mechanisms aimed at collecting information regarding new psychoactive substances, including information regarding their chemical make-up, patterns of abuse, marketing techniques, trade names, distribution and diversion methods and countries of origin. There is mounting evidence suggesting that many new psychoactive substances are being manufactured in China and India. The Board urges the Governments of China and India to investigate this matter and to take decisive action to

prevent the manufacturing of new psychoactive substances on their territory.

266. The Board notes that several States have established early warning systems for new psychoactive substances, which have been pivotal in national efforts to identify and move to control new psychoactive substances. With respect to the regional level, the Board acknowledges the leading role taken by EMCDDA on the question of new psychoactive substances, particularly through its establishment of a European early warning system. The Board encourages those States that have not yet done so to consider establishing early warning systems and to establish mechanisms for the sharing of obtained information with other States and with multilateral stakeholders, including WHO, INTERPOL, UNODC and INCB. The Board urges those multilateral stakeholders to continue to examine specific aspects of the problem of new psychoactive substances and to disclose their findings to the international community. The Board also acknowledges the particularly important role of WHO in monitoring the emerging abuse of uncontrolled substances and recommending scheduling when it deems appropriate.

267. The Board particularly welcomes efforts made by UNODC in response to Commission on Narcotic Drugs resolution 55/1 aimed at collecting information about new psychoactive substances, including through the elaboration and distribution to national laboratories of a questionnaire on the topic. The Board encourages UNODC to act as a focal point on the question of new psychoactive substances and to gather information from States regarding new substances of abuse and measures adopted to address the problem. The Board also encourages States to continue to support ongoing UNODC activities regarding new psychoactive substances such as the global Synthetics Monitoring: Analysis, Reporting and Trends (SMART) programme.²¹

268. A particular challenge to Government efforts to place new psychoactive substances under national control is the difficulty of identifying those substances in a timely manner, given the rapid succession of new substances entering the market, their inconsistent chemical composition and the lack of technical and pharmacological data and reference material, as well as insufficient forensic and toxicological capacity on the part of some States. The Board acknowledges the recommendation contained in Commission on Narcotic Drugs resolution 55/1 that UNODC should continue to provide technical assistance to States, upon request, in order to assist them in bolstering the capacity of their institutions to deal with the problem of

²¹ Available from www.unodc.org/unodc/en/scientists/smart.html.

new psychoactive substances. The Board also encourages closer cooperation between States on a bilateral and multilateral level, as well the provision of technical assistance where required.

269. In order to raise awareness of the public health dangers associated with many new psychoactive substances and, in particular, to dispel the misconception that those substances are safe since they are not controlled, the Board invites all Governments to include new psychoactive substances in the scope of all existing prevention programmes, and, if deemed necessary, to design specific prevention initiatives targeting this phenomenon. The Board reminds States that it is impossible to gauge the extent of the abuse of new psychoactive substances without comprehensive data on prevalence of abuse, populations specifically at risk and patterns of abuse, and encourages Governments to include new psychoactive substances in their national drug abuse surveys and to effectively disseminate the findings of those studies to all stakeholders, as well as to the public, as an additional means of awareness-raising.

270. The Board also encourages States to cooperate in the development of chemical reference standards aimed at identifying new psychoactive substances and to make those standards available to drug-testing laboratories as necessary. Where such reference samples are not available, the Board encourages States to share analytical data. The Board is aware that in many cases, the work of forensic laboratories in identifying new substances is hampered by obstacles to the availability of test and reference samples of internationally controlled substances. INCB encourages States to consider the recommendations made by the Board in its *Guidelines for the Import and Export of Drug and Precursor Reference Standards for Use by National Drug Testing Laboratories and Competent National Authorities*²² and the “Additional courses of action in support of the implementation of the 2007 INCB Guidelines for the import and export of drug and precursor reference standards for use by national drug testing laboratories and competent national authorities”,²³ which are available on the Board’s website.

271. A further obstacle has been the distribution of new psychoactive substances through the Internet. The Board encourages Governments to monitor the activities of websites selling new psychoactive substances and products

containing those substances that are based in their territory, as well as such websites based in other countries, and to share information in that regard with the competent authorities of countries used as a base for such websites. The Board invites Governments to apply the recommendations contained in its *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*²⁴ to the extent to which they are relevant to addressing the sale of new psychoactive substances on the Internet.

272. In addition to the measures listed above, States have taken various legislative and regulatory action to reduce the supply of new psychoactive substances on their territory.

273. Traditionally, national attempts to address new psychoactive substances have been primarily concentrated within the ambit of drug control legislation. Given the speed with which new substances are designed, manufactured and put on the market, drug syndicates are often able to outpace existing controls by staying one step ahead of national legislative and regulatory norms. Further exacerbating this problem is the fact that the onus of identifying and evaluating the potential for harm of new psychoactive substances generally falls upon States, and in many cases no action can be taken to control the substance until that process has been concluded.

274. The adoption of traditional national control measures is often a lengthy and onerous process which, in many cases, has shown itself to be ill-suited for use in addressing such a dynamic phenomenon. In recognition of this fact, States have increasingly developed novel approaches to combating the problem of new psychoactive substances by supplementing traditional drug control measures through an innovative combination of emergency control powers, consumer protection measures and food and drug safety mechanisms in order to expedite the application of control measures to new substances.

275. Among the methods used by States to address the emergence of new psychoactive substances have been the use of “generic” and “analogue” scheduling. In the case of analogue scheduling, a substance that is both structurally similar and has a similar or greater psychoactive effect as a substance already controlled is deemed to be a controlled substance analogue and as such is also considered to be controlled. Under generic scheduling measures, particular variations of a core molecular structure are to be controlled. Thus, each substance does not have to be dealt with individually, and new types of substances can be controlled through these approaches. However, the

²² United Nations publication, Sales No. M.08.XI.6 (available from www.incb.org/documents/Narcotic-Drugs/Guidelines/reference_standards/NAR_Guidelines_reference-standards_en.pdf).

²³ Available from www.incb.org/documents/Narcotic-Drugs/Guidelines/reference_standards/Additional_courses_of_action_ref_standards_EN.pdf.

²⁴ United Nations publication, Sales No. E.09.XI.6.

analogue approach requires the availability of pharmacological data to be able to demonstrate the similarity of psychoactive effects.

276. In seeking to protect the public from potentially harmful substances, States have also made increasing use of “emergency scheduling” procedures that allow them to take swift action to remove a substance from the market while a decision is pending on whether permanent control measures are to be applied to that substance. The adoption of such emergency measures has been highly effective in ensuring that the public is not unnecessarily put at risk before a comprehensive evaluation of the substance can be undertaken by national authorities.

277. Another approach taken by States to limit the public health dangers posed by some new psychoactive substances has been to subject such substances to requirements similar to those imposed upon manufacturers of medications. This has meant that in order for a new psychoactive substance to be deemed to be legal and obtain market authorization, it must have gone through a rigorous approval process backed up by toxicological data, medical trials etc. States having resorted to this type of control measure have reported that the costs associated with the approval process have acted as an effective deterrent for manufacturers of new psychoactive substances.

278. In many countries, recourse has been made to provisions under consumer and health protection laws with respect to requirements for clear disclosure of ingredients, labelling and instructions for use, leading to the confiscation of contravening products, as well as the closure of retail outlets selling them.

279. As noted above, the legal framework established by the international drug control conventions provides the possibility for States to adopt national control measures beyond those mandated at the international level. The choice by each State of what type of measures to apply is informed by the real situation on the ground that such measures are meant to address, and is also governed by the legal and regulatory norms and structures in place. While the Board acknowledges that each State must pursue the adoption of measures tailored to its specific situation, it remains convinced that in identifying appropriate responses to the emergence of new psychoactive substances, States may benefit from an exchange of best practices on the matter.

280. A global problem such as the proliferation of new psychoactive substances requires global solutions. The Board notes the efforts that have been undertaken at the national, regional and international levels to find effective ways to deal with this imposing problem, and encourages

States and international organizations to continue to work together in sharing information, developing common strategies and exchanging best practices. In the pursuit of its mandate, the Board stands ready to assist Governments.

3. Abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances

281. Over the years, the Board has repeatedly drawn the attention of Governments to the increasing abuse of prescription drugs containing controlled substances. In its annual report for 2009, in particular, the Board devoted a special topic to this problem to highlight the need for Governments to give it increased attention and to introduce countermeasures. Since 2009, the abuse of prescription drugs has continued to spread in all regions of the world, and is posing serious health and social challenges in some countries. In North America and South and South-East Asia, as well as some countries in Europe and South America, prescription drug abuse has increased substantially in recent years. In the United States, for example, prescription drug abuse is more prevalent than the abuse of any other internationally controlled substance except cannabis. In Germany and the Russian Federation, sedatives and tranquillizers containing benzodiazepines ranked the second most commonly abused substance group. The most abused substances that have been reported include opioids containing buprenorphine, codeine, hydrocodone, methadone and oxycodone, sedatives and tranquillizers containing benzodiazepines, barbiturates or GHB, and stimulants.

282. The abuse of prescription drugs by injection, which increases the risk of HIV, hepatitis B and hepatitis C infection, has also been reported by many Governments. This problem is noted particularly in South Asia, where the most commonly injected prescription drugs include a variety of benzodiazepines and buprenorphine. Health-care coverage among injection drug users in the region is low; this increases the likelihood of drug abusers sharing their injection equipment.

283. One particular concern of the Board is the increase in recent years in the reported abuse of prescription drugs containing psychotropic substances. According to a recent CICAD report on drug abuse in the Americas, the past year prevalence of the abuse of tranquillizers obtained without a prescription among secondary school students was higher than 6 per cent in Bolivia (Plurinational State of), Paraguay and Colombia. In Singapore, the Government has reported a large increase in the abuse of sedatives and tranquillizers containing benzodiazepines. Increased deaths related to the

abuse of psychotropic substances have been reported by a number of countries.

284. While more and more Governments have become aware of the increased abuse of prescription drugs containing psychotropic substances, the problem remains largely underreported worldwide, compared to the abuse of prescription drugs containing narcotic drugs. Furthermore, the Board is concerned that the general public, in particular youth, are not adequately informed about the damaging effects of such abuse.

285. As with the abuse of prescription drugs in general, the abuse of prescription drugs containing psychotropic substances has gained popularity, owing mainly to the fact that such abuse is less stigmatized than the abuse of illicitly manufactured drugs, the perception that such medications can be obtained legally (for example, from health-care professionals) and the mistaken belief that the abuse of such substances is not damaging to health.

286. Another concern of the Board relates to the role of health-care professionals: they may intentionally or unintentionally contribute to the problem of prescription drug abuse in different ways. According to the latest United States National Survey on Drug Use and Health, the majority of prescription drug abusers who obtained such preparations from a friend or relative indicated that the friend or relative had obtained them using a legitimate prescription. Research has indicated that the training that health-care professionals have received in prescribing and dispensing controlled substances and identifying substance abuse was insufficient in many countries. In addition, the dispensing of prescription drugs by pharmacists without the required prescriptions is a factor in sustaining the illicit use of prescription drugs in some regions, such as South Asia.

287. In response to the challenges posed by prescription drug abuse, many Governments have taken action to address this growing problem. For instance, the Government of Singapore requires medical practitioners to report information such as the duration of treatment periods and the dosage and quantities of prescription drugs that are prescribed to suspected drug addicts. The Governments of Germany and the United States have formulated targeted action plans to monitor and reduce prescription drug abuse. However, more needs to be done.

288. The crucial first step is to improve knowledge about the nature and extent of the abuse of prescription drugs, so as to devise a targeted response. Although a number of studies and research papers regarding prescription drug abuse have become available recently, knowledge about this problem in most countries remains extremely limited. The lack of information on the extent of abuse is a particular

concern in Africa, where the availability of prescription drugs on unregulated markets outside the control of the health authorities appears to be a serious problem. As the Board outlined in its annual report for 2009, Governments should include prescription drugs containing controlled substances in national drug abuse surveys to obtain information on the nature and extent of the abuse. In some countries where this has already been done, the questions on the abuse of prescription drugs in the surveys tend to be unspecific and do not lead to sound conclusions. In some other countries, queries about the abuse of psychotropic substances have been omitted in such surveys, perhaps owing to the perception that the high abuse of opioid analgesics is a greater concern. In all such cases, national surveys should be improved by making the questions comprehensive as well as specific regarding the type of substance abused.

289. Secondly, although there has been significant improvement in some countries in raising awareness about the harmful effects of prescription drug abuse, many people, including from the medical profession, are still not aware that the abuse of prescription drugs containing controlled substances can be as dangerous as the illicit use of other drugs such as heroin and cocaine. Therefore, it is necessary for Governments to formulate and implement effective prevention strategies; such strategies should target the general public and medical professionals, who need to be better educated about the dangers associated with prescription drug abuse. Health authorities and professional organizations should develop guidelines and codes of conduct and enhance training programmes for health-care professions, with the aim of promoting rational prescription and dispensation and reducing abuse of prescription drugs.

290. In some countries, prescription drugs that have high rates of abuse have been removed from the market or replaced with variants less prone to abuse. While such approaches can be part of an effective strategy to tackle the abuse of certain prescription drugs over the longer term, care needs to be taken when applying such approaches because they might limit the availability of those substances on the licit market. In addition, dependent abusers can switch to other forms of abuse to substitute for the substance or substances they were abusing previously, and the substitutes may be even more harmful. Therefore, a balanced approach is needed to prevent abuse while at the same time ensuring the availability of prescription drugs for licit purposes.

291. Last but not least, to tackle the problem of prescription drug abuse, measures need to be taken to prevent the illicit supply of prescription drugs. In addition to diversion from licit channels, the clandestine

manufacture of pharmaceutical preparations containing controlled substances has been uncovered in some countries. This suggests that the abuse of certain prescription drugs has become so widespread that traffickers are seeking new methods to meet the demand. Therefore, the Board urges all Governments to take measures to prevent the diversion and illicit manufacture of prescription drugs, as an effective way to prevent abuse.

292. Some psychotropic substances, all of them central nervous system stimulants, are used mainly in the treatment of attention deficit hyperactivity disorder (ADHD), a mental and behavioural disorder that usually results in learning problems, among many others. Methylphenidate is the most widely known and prescribed substance, and in some countries the only substance, used for such treatment. Dexmethylphenidate, the more potent stereoisomeric form of methylphenidate (which is controlled under the 1971 Convention), is now increasingly imported and used in some countries. Furthermore, amphetamine and dexamphetamine, alone or in combination products, are used for the treatment of ADHD. All three substances mentioned above are included in Schedule II of the 1971 Convention, since they are considered to be of little to moderate therapeutic usefulness and their liability to abuse constitutes a substantial risk to public health. On a much smaller scale, pemoline, a substance included in Schedule IV of the 1971 Convention, has also been used in the treatment of ADHD. More recently, lisdexamfetamine, a prodrug of dexamphetamine (after consumption it metabolizes in the body to dexamphetamine) that is not under international control, has been developed. That substance is considered to be less liable to abuse than amphetamines and methylphenidate, and its use in the treatment of ADHD is spreading in some countries. A number of other substances that are not under international control are also used in the treatment of ADHD.

293. The diagnosis of ADHD, in particular in children, is time-consuming and should follow complex assessments of medical, developmental and educational parameters to exclude the possibility that the behavioural and learning problems are caused by other disorders or by family and environmental circumstances. Diagnosis of ADHD and its treatment with the help of central nervous system stimulants, primarily in children, started to grow substantially in North America about two decades ago, and that growth has subsequently spread to many countries and regions. Since consumption of the substances used to treat ADHD improves academic performance and alleviates behavioural problems, there have been reports of pressure

from schools or parents to prescribe such substances to pupils and students without a proper diagnosis of ADHD. ADHD was previously considered to be mainly a problem of schoolchildren; however, ADHD in pre-school children and in adults has also been increasingly diagnosed and treated with stimulants such as methylphenidate.

294. Partly as a consequence of the developments described above, global use of the substances used in the treatment of ADHD has increased during the past two decades, although there have been changes in the use levels of the various substances mentioned above. Whereas global manufacture and use levels of amphetamines increased in the 1990s, when they were consistently much higher than the manufacture and use of methylphenidate, they have followed a downward trend since about 2000. The manufacture and use of pemoline were also much higher in the 1990s and have declined since. In contrast, the global manufacture of methylphenidate, which increased more than tenfold, from 4.2 tons in 1992 to 45.2 tons in 2011, and in 2009 surpassed the combined global manufacture of all amphetamines, continues to grow. The calculated global consumption increased during the same period from 4.2 tons (139 million defined daily doses for statistical purposes (S-DDD)) to 51 tons (1.5 billion S-DDD). While the Board has no direct information on the levels of use of many stimulants such as lisdexamfetamine that are not internationally controlled, there are signs that the total manufacture and use of central nervous system stimulants for the treatment of ADHD are not levelling off.

295. The high demand in the United States, where the use of methylphenidate and other substances for the treatment of ADHD is heavily advertised, including directly to potential consumers, and is promoted at schools, has been the major driving force for the manufacture and use of methylphenidate. The United States has traditionally been the major manufacturer and user of methylphenidate, in addition to being the major importer of amphetamines used in the manufacture of preparations to treat ADHD. In that country, the levels of calculated consumption²⁵ of methylphenidate increased steadily and sharply

²⁵ The 1971 Convention does not require that Governments furnish to the Board statistics on the consumption of psychotropic substances. In 2011, the Commission on Narcotic Drugs, in its resolution 54/6, requested Governments to submit consumption statistics for psychotropic substances to the Board to enable it to evaluate the availability of psychotropic substances in countries and regions. Some Governments have started to submit such statistics; however, so far the data received are not sufficient for the comparison of statistics between countries and years.

from 1.5 S-DDD per 1,000 inhabitants per day in 1992 to 10.8 S-DDD per 1,000 inhabitants per day²⁶ in 2011.

296. The use of methylphenidate for the treatment of ADHD has spread to a number of other countries. In 1992, the share of the United States in the total calculated use of methylphenidate was 86 per cent; in 2011, that figure dropped to 69 per cent. Whereas in 1992 a total of 63 countries and territories reported use of methylphenidate, in recent years over 100 Governments have reported such use. In 2011, Canada and Iceland, for the second consecutive year, showed higher calculated per capita consumption levels than the United States. Other countries in Europe and Oceania²⁷ that show very high rates of per capita consumption of methylphenidate are also among the countries with very high per capita consumption levels of amphetamines.

297. It should be noted that about half of the countries and territories in the world do not report any use of the psychotropic substances that are typically used in the treatment of ADHD. In particular, many countries where the population is much younger than in the countries reporting high consumption levels of stimulants used in ADHD, and that presumably would have a high rate of ADHD, hardly use such stimulants.

298. The increase in the availability and use of the substances used to treat ADHD, in particular methylphenidate, has been accompanied by frequent reports of diversion and abuse of the pharmaceutical preparations containing those substances from licit distribution into illicit channels, in particular in countries where consumption levels have been high. The preparations are typically abused by two groups: (a) students and pupils who want to improve their academic performance and who seem to ignore the health risks involved in the use of such substances without medical supervision, and (b) abusers of amphetamine-type stimulants who crush and subsequently snort, dissolve or inject the substances in question, such as methylphenidate, or mix them with street drugs to create what is called a "speedball". In the United States in the mid-1990s, the levels of abuse of substances that are used to treat ADHD were not less than the abuse levels of stimulants that were illicitly manufactured.²⁸ Whereas most other amphetamine-type stimulants have been obtained from illicit manufacture, all

the methylphenidate found in illicit markets is believed to be diverted from domestic distribution channels.

299. Many methods for the diversion of those preparations were identified. For example, methylphenidate is among the substances most often obtained through illegal Internet pharmacies. In several countries adolescents and young adults reported little difficulty in obtaining preparations containing methylphenidate or amphetamines from friends or schoolmates. Furthermore, schools have been broken into and medication supplies stolen. In some countries there were reports that methylphenidate could be obtained without a prescription, in contravention of the provisions of the 1971 Convention. At least one criminal network was identified that was involved in falsifying orders for preparations containing methylphenidate.²⁹

300. The Board recognizes the usefulness of stimulants in the treatment of ADHD when prescribed on the basis of careful and appropriate diagnosis and proper treatment evaluation. Nevertheless, the Board has repeatedly expressed its concern about the high level of consumption of methylphenidate and the other substances used in the treatment of ADHD, which has led to the widespread diversion and abuse of pharmaceutical preparations containing those substances. The Board has requested the countries concerned to ensure that the control measures foreseen in the 1971 Convention are applied to the stimulants listed in Schedule II of that Convention and to take additional measures, as necessary, to prevent both the diversion from licit distribution channels and the abuse of preparations containing that substance.³⁰ The Board has also stressed on numerous occasions the importance of education and training for health professionals on the rational use of psychoactive drugs, to prevent the abuse of prescription drugs. In this connection, the Board noted that the significant increase in the use of stimulants for ADHD treatment in many countries could be attributed to possible overdiagnosis and overprescription.

301. Diversions of methylphenidate and other substances used in the treatment of ADHD, direct advertising to the general public to promote their use and wide public dissemination of information about the misuse and abuse of such substances, as well as the sources where they can be obtained, have helped to create an illicit market for preparations containing such substances. The Board is therefore concerned about the unabated increase in consumption of methylphenidate in a number of countries.

²⁶ Since 2010, statistical data on consumption were reported by the United States. The reported data confirm excessively high consumption levels.

²⁷ Namely, Australia, Belgium, Denmark, the Netherlands, New Zealand, Norway, Spain and Sweden.

²⁸ *Report of the International Narcotics Control Board for 2006* (United Nations publication, Sales No. E.07.XI.11), para. 87.

²⁹ *Report of the International Narcotics Control Board for 2009* (United Nations publication, Sales No. E.10.XI.1), para. 98.

³⁰ For example, in recommendation 24 of the *Report of the International Narcotics Control Board for 2009*.

Inadequately controlled supplies of those substances at sites such as schools, private homes and illegal Internet pharmacies, as well as the continued lack of awareness on the part of potential abusers about the health risks associated with the abuse of those stimulants, may lead to increased diversion and abuse.

302. The Board therefore reiterates that Governments should closely monitor the consumption levels of all stimulants that are used in the treatment of ADHD and ensure that they are prescribed in accordance with sound medical practice, as required under article 9, paragraph 2, of the 1971 Convention and in line with the rational use of psychoactive drugs, as recommended by WHO. The competent authorities of the countries concerned should further increase their vigilance with regard to the diversion of, trafficking in and abuse of stimulants in Schedule II used for the treatment of ADHD. Where necessary — for example, at schools — safety measures for storage and distribution should be enforced. Health professionals prescribing substances for the treatment of ADHD and health authorities should advise the general public, students and, in particular, parents of young patients of the risks and consequences of the abuse of such substances. The Board calls further on all Governments to inform it of any new development with regard to the diversion of, trafficking in and abuse of those substances.

4. Diversion of pharmaceutical preparations containing narcotic drugs or psychotropic substances

303. Reported seizures of pharmaceutical preparations containing controlled substances and the reports of increasing abuse in many countries and regions (see paras. 281-302 above) prove that these preparations continue to be readily available on the illicit market. Unlike the case of heroin, cocaine and amphetamine-type stimulants, which are well known to be clandestinely manufactured, the illicit manufacture of pharmaceutical preparations containing controlled substances has rarely been reported, indicating that their supply has been originating primarily from diversion from licit domestic distribution channels.

304. The most commonly diverted pharmaceutical preparations contain the following:

- Strong analgesics such as fentanyl, hydrocodone, morphine and oxycodone
- The substances buprenorphine and methadone which are mainly diverted from substitution treatment

- Stimulants such as methylphenidate and phentermine
- Many sedatives and tranquillizers (certain benzodiazepines and barbiturates, and GHB).

Diverted pharmaceutical preparations containing narcotic drugs and psychotropic substances are frequently abused in the countries of diversion. However, they are also often smuggled from the countries where they were diverted to other countries and regions where they are abused, as reported by a number of countries. For instance, diverted preparations containing buprenorphine were smuggled from France into Mauritius, where the abuse of buprenorphine is a significant concern.

305. Governments are increasingly aware that pharmaceutical preparations continue to be diverted to feed the illicit market, yet knowledge about how those drugs are being diverted remains limited. Of the 65 Governments that have returned the 2011 annual report questionnaire, 25 Governments indicated that they had seized pharmaceutical preparations containing narcotic drugs and psychotropic substances; however, only 7 Governments could identify the source of supply or methods of diversion. Lack of knowledge about the diversion methods makes it difficult to devise targeted countermeasures.

306. On the basis of information available to the Board, the diversion of pharmaceutical preparations containing controlled substances continues to occur mainly in the domestic supply chain. While such diversion appears to be a problem in many countries, it is most prominent in countries where either the national legislation or its implementation is weak.

307. Diversion is often facilitated knowingly or unknowingly in the health-care sector, for instance, through unethical practices of health-care professionals, such as prescribing controlled substances in a manner that is not medically appropriate. The role of some pharmaceutical companies is also important in this regard when they boost sales by offering incentives to medical practitioners for promoting their products. Pharmacies are another important source of diversion for pharmaceutical preparations containing controlled substances. Preparations that require a prescription are obtained in many countries illicitly from pharmacies with or without prescriptions, sometimes owing to a lack of qualified pharmacists in those pharmacies. For example, according to a report of UNODC, in South Asia significant quantities of pharmaceutical preparations are diverted from licensed and unlicensed pharmacies both with and without prescription.

308. Furthermore, pharmaceutical preparations containing controlled substances are often diverted by patients. The sale of legitimate prescriptions to unauthorized persons, forgery of prescriptions, “doctor shopping” using false identification and obtaining drugs from friends are indicated by Governments as being the major methods of diversion. In some cases, drug abusers misuse prescriptions from doctors by making repeated purchases from multiple pharmacies using a single prescription (“pharmacy shopping”).

309. In recent years, illegal Internet pharmacies and mail and courier services have flourished as important channels for diversion, because shipments are difficult to track and the sheer volume of international mail makes it impossible to screen every package. Benzodiazepines appear to be the substances under international control that are most commonly ordered from illegal Internet pharmacies. There is another related concern: the majority of the drugs supplied by illegal Internet pharmacies may be counterfeit.

310. Since 2009, the Board has been collecting information on the smuggling of internationally controlled substances by mail in response to the request by the Commission on Narcotic Drugs (resolution 50/11). To enable the Board to fully assess trends relevant to this issue, Governments are requested annually to provide the Board with information on all seizures of pharmaceutical products containing internationally controlled substances sent through the mail, whether ordered via the Internet or not, and add information regarding the use of the Internet in the relevant transactions, if possible. The Board notes that, while the number of responses received has increased since 2009, several countries with major experience in the control of narcotic drugs and psychotropic substances smuggled by mail did not submit data to the Board, which makes a full analysis of trends difficult. The Board therefore reminds all Governments, pursuant to Commission on Narcotic Drugs resolution 50/11, to submit to the Board the form entitled “Notification on seizures of internationally controlled licit substances smuggled through the mail, including those ordered via the Internet”,³¹ which is sent every year to all Governments.

311. Theft from hospitals and warehouses has also been a method of diversion in many countries. For instance, in Canada between 2009 and 2011, over 3 million tablets were diverted, with over 70 per cent having been stolen. Most of the stolen tablets contained opioids such as oxycodone, hydromorphone and morphine, substances with a high potential for abuse. In the Russian Federation, theft from

hospitals and doctors’ offices was the primary method of diversion for preparations containing fentanyl, benzodiazepines and barbiturates such as phenobarbital.

312. Pharmaceutical preparations that are exempt from the prescription requirement under the international drug control treaties, such as cough syrup containing codeine, have often been targeted by traffickers, since they are easily available in large quantities for abuse or use in the illicit manufacture of other drugs. For instance, in the Russian Federation, codeine preparations that were exempt from the prescription requirement were found to be used in the illicit manufacture of desomorphine, a substance that has been much abused in that country.

313. The Board is aware that some Governments have implemented targeted measures to address the specific challenges posed by the diversion of pharmaceutical preparations containing controlled substances in their country, or are planning to do so. For example, in the United States, prescription drug monitoring programmes have been established in 35 states to track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. In India, where pharmacies were found to be frequent points of diversion of pharmaceutical preparations destined to feed the illicit market in the subregion of South Asia, a programme to monitor the distribution of pharmaceutical preparations to vulnerable areas close to international borders, as well as an online prescription monitoring system is planned. In Australia and China, law enforcement actions against illegal Internet pharmacies have been intensified, leading to the dismantling of a number of illegal online pharmacies and significant seizures of diverted preparations containing controlled substances. In June 2012, the Russian Federation introduced a prescription requirement for the purchase of any codeine preparation in order to reduce the diversion of such preparations.

314. The Board believes that preventing the diversion of pharmaceutical preparations containing controlled substances requires a combination of actions to respond to specific methods of diversion, as shown in the examples above. Strengthening regulatory control measures and building up the capacity of law enforcement authorities so that they are fully aware of the problems associated with the diversion of prescription drugs, are essential. Where appropriate, Governments should introduce or expand programmes to monitor the movement of prescription drugs. New legislation might have to be adopted. For example, the sale of internationally controlled substances by Internet pharmacies should be prohibited. It is equally important for Governments that experience problems of diversion of pharmaceutical preparations to carry out studies of the domestic supply chain, from manufacture or

³¹ Available from www.incb.org/incb/en/narcotic-drugs/Yellowlist_Forms/forms.html.

import of the preparations containing controlled substances to the point of their retail distribution, in order to ascertain the points that are most vulnerable to exploitation by traffickers. In addition, the origin of seized preparations should be investigated by law enforcement authorities to identify their sources and points of diversion. In this connection, the sharing of information and cooperation between the law enforcement authorities of the countries concerned is needed to investigate the smuggling of diverted pharmaceutical preparations.

315. Furthermore, measures are needed to reduce the abuse of diverted pharmaceutical preparations (see paras. 281-291 above), since without such abuse there would be no diversion of those preparations. In this connection, awareness-raising programmes should be conducted for the health-care professions, targeting the legal and ethical aspects of prescribing and dispensing preparations containing controlled substances. Last but not least, Governments should make every effort to ensure that measures to strengthen control of the supply and distribution of controlled substances should never jeopardize the availability of those substances for medical treatment.

5. Substances not under international control

316. In recent years, the Board has repeatedly drawn the attention of Governments to the reports of abuse of and international trafficking in ketamine, a substance currently not under international control. The Board has noted with concern that diversion or trafficking of ketamine has been noted in all regions of the world and that the abuse of ketamine has become a health risk in a number of countries. Widespread abuse of ketamine, particularly among youth, continues to be reported by countries in East and South-East Asia, as well as in the Americas.

317. The international community shares those concerns of the Board. The Commission on Narcotic Drugs, at its forty-ninth session, in March 2006, adopted resolution 49/6, entitled "Listing of ketamine as a controlled substance", in which the Commission called upon Member States to consider controlling the use of ketamine by placing it on the list of substances controlled under their national legislation, where the domestic situation so required. In March 2007, the Commission took further action in its resolution 50/3, encouraging Member States to consider adopting a system of precautionary measures for use by their government agencies to facilitate the timely detection of the diversion of ketamine.

318. The Board notes the adoption of the above resolutions of the Commission on Narcotic Drugs and calls

upon all Governments to implement those resolutions without delay. In 2008, the Board sent a questionnaire to all Governments requesting information on the specific legal or administrative measures adopted pursuant to Commission resolution 49/6, including, in particular, information on measures to control imports and exports of ketamine. The Board received information from 104 countries and territories. Of those, over 50 per cent reported that ketamine had already been placed on the list of substances controlled under national legislation, pursuant to Commission on Narcotic Drugs resolution 49/6. With regard to the control of licit international trade in ketamine, 59 countries and territories informed the Board that they required import and export authorizations for ketamine.

319. The Board has published, on a secure page of its website, information on the requirements for import and export authorizations for ketamine in individual countries, with a view to assisting trading countries in rapidly verifying the legitimacy of individual trade transactions involving that substance without unduly delaying licit trade. The Board calls upon the competent authorities of exporting and importing countries to consult that information before authorizing imports or exports of ketamine. Moreover, the Board reiterates its requests to all Governments that have not yet done so to furnish it with updated information on their national regulatory control measures for ketamine that are applied in their countries pursuant to Commission on Narcotic Drugs resolutions 49/6 and 50/3.

320. In recent sessions of the Commission on Narcotic Drugs, a number of Governments have commented on the health risks and other problems associated with abuse and diversion of ketamine as experienced in their countries. Those countries expressed their disappointment with the fact that the substance was not under international control and called for urgent international action to counter the abuse of and trafficking in ketamine. Welcoming the national controls applied in many countries in accordance with the above Commission resolutions, those Governments stressed the need for concerted action by all Governments, which would best be achieved when ketamine was controlled under the international drug control treaties.

321. The Board notes that ketamine has been illicitly manufactured in some countries, in addition to being diverted from licit channels, and has been subsequently trafficked between countries and regions, to satisfy the growing illicit demand for the substance. The Board shares the opinion of the Governments concerned that national control measures alone may not be sufficient to enable law

enforcement cooperation between the countries involved, the concerted investigation of such crimes or the prosecution of the criminals behind them, to name a few of the actions that need to be taken in this regard.

322. The Board therefore recommends that Governments that do not apply control measures to ketamine remain vigilant, in view of the risk that ketamine might be diverted or abused in the country. The Board further encourages Governments to inform the Board and UNODC of cases of diversion or attempted diversion of ketamine that they may uncover and to collect epidemiological data on the abuse of the substance, and reminds Governments that experience difficulties with the diversion and abuse of ketamine to provide the relevant information to INCB, UNODC and WHO.

323. Another development of concern is the increasing abuse of tramadol, a synthetic opioid not under international control, which has become a serious problem in a number of countries in Africa, notably Egypt. Abuse of tramadol has also been reported by Jordan, Lebanon, Libya, Mauritius, Saudi Arabia and Togo.

324. In response to that emerging threat and concerned by the increasing abuse of tramadol preparations in the country, the Government of Egypt placed that substance, as well as its salts and derivatives and preparations containing tramadol, under national control in 2012. Tramadol is also under national control in other countries, such as Jordan and Saudi Arabia.

325. According to information available to the Board, tramadol seems to be diverted mainly from international trade. For instance, Egyptian authorities seized in the country's main seaports about 120 million tablets containing tramadol in 2011 and about 320 million tablets in the first quarter of 2012. The preparations were reportedly smuggled into Egypt mainly from China and India. Increasing amounts of seizures of preparations containing tramadol are also reported by Saudi Arabia.

326. In West Africa, a series of large seizures of tramadol preparations, totalling more than 132 tons of such preparations, were effected between February and October 2012. The preparations had been concealed in sea containers coming from India and were intercepted by the law enforcement authorities of Benin, Ghana, Senegal and Togo.

327. The Board is concerned about the growing abuse of tramadol in some African and West Asian countries and the increasing amount of trafficking in tramadol preparations to Africa, as evidenced by recent large seizures of such preparations in North and West Africa. The Board calls on countries in Africa and West Asia to take the measures

necessary to address that problem and to furnish pertinent information on the extent and nature of the abuse of and trafficking in tramadol to the Board and WHO.

6. Plant materials not under international control containing psychoactive substances

328. The utilization of plant-based preparations that are not under international control and which contain natural psychoactive ingredients is often part of traditional indigenous rituals, traditional medicine and religious ceremonies. Examples of the plants or parts of plants from which such preparations are concocted include khat (*Catha edulis*) from East Africa and the Arabian peninsula; ayahuasca, a preparation made from plants indigenous to the Amazon basin of South America, most importantly a jungle vine (*Banisteriopsis capii*) and another tryptamine-rich plant (*Psychotria viridis*), containing a number of psychoactive alkaloids, including DMT; the peyote cactus (*Lophophora williamsii*), containing mescaline; magic mushrooms (*Psilocybe*), which contain psilocybine and psilocine; *Ephedra*, containing ephedrine; "kratom" (*Mitragyna speciosa*), a plant indigenous to South-East Asia containing mitragynine; *Salvia divinorum*, a plant originating in Mexico that contains the hallucinogen salvinorin A; and iboga (*Tabernanthe iboga*), native to western Central Africa, containing the hallucinogen ibogaine.

329. The Board pointed out some of the problems related to the use of those plant materials outside their original socioeconomic context in its annual report for 2010 (paras. 284-287). Since then, increasing interest in the use of such plant materials for recreational purposes has been noted, possibly encouraged by a lack of clarity with regard to the control status of the plants at the national or the international level. At present, no plants, including the ones containing psychoactive ingredients, are controlled under the 1971 Convention, although the active ingredients they contain are sometimes subject to international control. For example, cathine and DMT are psychotropic substances included in Schedule I of the 1971 Convention, while the plants and plant-based preparations that contain them, namely khat and ayahuasca, respectively, are not subject to any restrictions or control measures. This situation is seemingly exploited by drug trafficking networks and online retailers, resulting in increased trade, use and abuse of these plant materials in many countries.

330. The easy availability of those plant materials through the Internet is evidenced in the 2011 EMCDDA survey on the online availability of new psychoactive substances in the European Union. According to that survey, the most commonly sold new psychoactive substances based on

natural products in Europe include “kratom”, *Salvia divinorum*, ayahuasca and hallucinogenic mushrooms.

331. Furthermore, the Board notes the increasing popularity of practices that purportedly have spiritual connotations, such as “spiritual tourism”, under the cover of which the plant-based psychoactive materials are consumed. Several centres around the world offer “initiatory journeys” with the presence and assistance of a shaman. Some online travel agencies offer “initiatory journeys” “supervised” by shamans, although such events are usually totally outside the sociocultural context that they claim to represent. Shamanic practices during such initiatory journeys, such as trance, ecstasies, hallucination and divination, are reached mainly through the ingestion of preparations made out of plant materials containing the psychoactive substances mentioned above.

332. The Board notes with concern that the use of those substances has been associated with various serious health risks (both physical and psychological) and even with death. The Board therefore wishes to draw the attention of Governments to the fact that the use of such plant materials for whatever purpose could be unsafe practice.

333. In view of the health risks associated with those materials, a growing number of Governments have placed such material or preparations under national control, or are considering doing so, and are taking other measures to prevent negative health consequences of such use. For example, in 2009 *Salvia divinorum* emerged in Canada as a substance of concern; in 2010, an estimated 1.6 per cent of Canadians aged 15 years and over had used the substance in their lifetime and 0.3 per cent reported having used it in the past year. Although *Salvia divinorum* is not currently scheduled under the Controlled Drugs and Substances Act, Health Canada has proposed to include it as a controlled substance under that Act. In the United States, the substance has been placed on the Drug Enforcement Administration’s “Drugs and Chemicals of Concern” list. In addition, several states in the United States have banned the substance.

334. The Board reiterates its recommendation to the Governments of countries where the misuse and trafficking of such plant materials may occur to remain vigilant and recommends that appropriate action be taken at the national level where the situation so requires.