

# Chapter II.

## Functioning of the international drug control system

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

41. 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

42. As at 1 November 2013, the number of States parties to the Single Convention on Narcotic Drugs of 1961 or that Convention as amended by the 1972 Protocol<sup>16</sup> stood at 186. Of those States, 184 were parties to the 1961 Convention as amended by the 1972 Protocol. A total of 10 States have yet to accede to the 1961 Convention or that Convention as amended by the 1972 Protocol: 2 States in Africa (Equatorial Guinea and South Sudan), 1 in Asia (Timor-Leste) and 7 in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu).

43. The number of States parties to the Convention on Psychotropic Substances of 1971 remained 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).

44. The number of States parties to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 stood at 187. A total of nine States have yet to become parties to that Convention: three States in Africa (Equatorial Guinea, Somalia and South Sudan), one in Asia (Timor-Leste) and five in Oceania (Kiribati, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

45. The Board reiterates the importance of universal application of the international drug control treaties and urges those States that have not yet done so, particularly those in Oceania, 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

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

47. The findings of the review, as well as the Board's recommendations for remedial action, are conveyed to

<sup>16</sup>United Nations, *Treaty Series*, vol. 976, No. 14152.

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.

48. In 2013, the Board reviewed the drug control situation in Kyrgyzstan, the Netherlands, Peru and Timor-Leste, 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) Kyrgyzstan

49. Drug trafficking poses a serious threat in Kyrgyzstan because of the country's proximity to Afghanistan. As a major route for drug trafficking (the so-called "northern route") passes through Kyrgyzstan, the country is used as a transit area for transporting illicit consignments of drugs, primarily heroin and opium, from Afghanistan to countries in the Commonwealth of Independent States and Europe. Opiates originating in Afghanistan are increasingly being smuggled into Kyrgyzstan, crossing the country's border with Tajikistan, which leads through 1,000 kilometres of mostly mountainous terrain.

50. Illicit drug production in Kyrgyzstan poses a significant challenge to the Government's efforts to address the drug problem. In Kyrgyzstan, cannabis plants grow wild on a total of about 10,000 hectares (ha). Cannabis and cannabis resin are illicitly produced in Kyrgyzstan for illicit markets in the country or the region. *Ephedra* plants, used for the illicit manufacture of methamphetamine, also grow wild in the country, on an area covering about 55,000 ha. Kyrgyzstan is experiencing a rise in the abuse of drugs, especially opiates and cannabis, as well as an increase in the abuse of drugs by injection and in HIV infection. Kyrgyzstan's drug control efforts are often hampered by poverty, unemployment, labour migration and corruption.

51. Kyrgyzstan, a party to the three international drug control treaties, has gradually strengthened its efforts in drug control since 1991, when it gained its independence. The country has adopted national drug control legislation in line with the international drug control treaties and designated the State Drug Control Service as the competent national authority responsible for the implementation of the treaties. In 2011, Kyrgyzstan established a national committee for drug control coordination. Various measures aimed at the prevention of HIV infection and drug addiction among adolescents and young people are

being implemented by the Ministry of Education and Science and the Ministry of Health and by a range of non-governmental organizations.

52. The Board notes, however, that Kyrgyzstan has yet to update its last national drug control strategy, which covered the period 2004-2010. The Board encourages the Government of Kyrgyzstan to adopt a comprehensive and well-balanced national drug control strategy—one that sets clear goals and allocates resources to the prevention of drug abuse and the treatment and rehabilitation of drug-dependent persons, as well as to law enforcement. The Government should continue to cooperate closely with international partners, including the United Nations Office on Drugs and Crime (UNODC) and the donor community, to combat drug trafficking and reduce the illicit demand for drugs on its territory.

53. The Board notes with appreciation that the Government of Kyrgyzstan has been effectively cooperating with the Board and has been complying with its reporting obligations under the international drug control treaties.

#### (b) Netherlands

54. The Board has long-standing concerns regarding certain drug control policies adopted by the Government of the Netherlands, in particular the policy that allows small amounts of cannabis to be sold and abused in so-called "coffee shops". The Board is also concerned about the operation of so-called "drug consumption rooms", facilities where drug addicts can abuse drugs.

55. Over the years, the Board has maintained an ongoing dialogue with the Government of the Netherlands on those and other issues. At the request of the Government, the President and the Secretary of the Board met with a delegation from the Netherlands in March 2013 to discuss the drug control situation in that country, in particular the latest policy developments regarding "coffee shops". The delegation informed the President that some progress had been made: the Opium Act had been amended over the years, particularly with respect to the provisions prohibiting trade and production. In June 2006, the maximum penalty for some offences established pursuant to the Opium Act had been increased and the elements "intentional contravention" and "large quantities" had been added to sections 10 and 11 of the Act. In November 2008, a large number of hallucinogenic mushrooms had been added to schedule II of the Opium Act and a ban on hallucinogenic mushrooms had entered into force.

56. The Board was also informed that, as at 1 January 2012, the policy for “coffee shops” had become stricter: access to “coffee shops” had been restricted to residents of the Netherlands aged 18 and older. The stricter policy rules, which had originally applied to “coffee shops” only in the southern provinces of Limburg, North Brabant and Zeeland, had been applied to all “coffee shops” in the Netherlands since 1 January 2013. The new system of control required persons purchasing cannabis in “coffee shops” in border areas of the country to present proof of residence in the form of a standard residence certificate issued by the municipality, together with their identification card. The Board notes the measures taken by the Government of the Netherlands to implement stricter policies towards “coffee shops” and calls upon the Government to step up its efforts to ensure the full compliance of the Netherlands with the provisions of the international drug control treaties.

57. The Board notes that drug policy remains an issue of high priority in the Netherlands and that the Government continues to spend considerable resources in drug control, including in drug demand reduction. The control of licit activities involving narcotic drugs, psychotropic substances and precursor chemicals in the Netherlands is strict and effective, and the Government has cooperated closely with the Board on most issues. The Government has continued to strengthen law enforcement efforts to address the problem of illicit manufacture of amphetamine-type stimulants, in particular 3,4-methylenedioxymethamphetamine (MDMA, commonly known as “ecstasy”), and to cooperate with the Board in joint operations to improve precursor control.

58. The Board trusts that the Government of the Netherlands will also review its policy on “drug consumption rooms” and urges the Government to take the measures necessary to ensure full compliance with the international drug control treaties.

59. The Board appreciates the cooperation it has received from the Government and the detailed information provided to the Board regarding the drug control situation in the Netherlands and looks forward to continuing its ongoing dialogue with the Government on issues related to drug control.

### (c) Peru

60. The Board notes that, following its continuous dialogue with the Government of Peru over the past few years, the Government has improved its level of cooperation with the Board. The Government is committed to

following an integrated approach to ensuring that controlled substances are handled effectively and that their diversion from licit distribution channels is countered by effective control measures. The Government has adopted a comprehensive drug control strategy, which places emphasis on alternative development, and increased its efforts in the eradication of illicit coca bush cultivation. The Board also notes that the Ministry of Health of Peru has drafted a new directive to ensure adequate availability of narcotic drugs and psychotropic substances for medical purposes in the entire country.

61. The Board notes, however, that the traditional habit of chewing coca leaf has not yet been abolished in Peru, as required under the 1961 Convention as amended by the 1972 Protocol. Some of the industrial uses of coca leaf by the national coca enterprise, such as the manufacture of coca tea, coca soap and coca flour, are not in conformity with the provisions of the 1961 Convention as amended by the 1972 Protocol.

62. Furthermore, the Board notes with concern that despite the coca bush eradication efforts of the Government and the fact that it has taken a lead role in promoting alternative development, Peru became the world’s largest producer of coca leaf with a total area of coca cultivation reaching 60,400 ha in 2012. The available data show an increasing trend in illicit coca bush cultivation after 2005, which continued until 2012, when some stabilization and a small reduction were recorded.

63. Following its high-level mission to Peru in May 2012, the Board communicated its recommendations to the Government for implementation. The Board trusts that the Government will attach great importance to those recommendations to ensure that progress is made in addressing drug-related problems particularly with regard to the prevention and reduction of illicit cultivation of coca bush and trafficking of cocaine in the country.

### (d) Timor-Leste

64. Timor-Leste, a relatively young country, having gained its independence in 2002, is reportedly being used as a transit area for smuggling drugs such as methamphetamine, “ecstasy”, cannabis, cocaine and heroin into Australia and Indonesia. Pharmaceutical preparations containing pseudoephedrine and ephedrine are readily available in numerous pharmacies without adequate regulatory control. The weak and inadequate legal and institutional frameworks in Timor-Leste make the country particularly vulnerable to drug trafficking and abuse.

65. Until 2012, the Government of Timor-Leste had not considered drug trafficking and abuse to be matters requiring immediate attention. However, several significant drug-related arrests and the seizure of large amounts of drugs at the country's international airport and at points along its border with Indonesia in 2012 seem to have alerted the Government of Timor-Leste to the need to address drug control issues. Timor-Leste has yet to adopt national drug control legislation and to put in place a national mechanism for drug control coordination. Implementation of the drug control measures required under the international drug control treaties is severely hindered by the lack of human resources and technical tools such as laboratories and forensic equipment.

66. Timor-Leste is one of the few States in the world that have not acceded to any of the three international drug control treaties. The Board is concerned that failure to accede to those treaties may not only weaken the collective efforts of the international community to prevent the diversion of internationally controlled substances into illicit channels but also expose Timor-Leste to the dangers of drug abuse, drug trafficking and related forms of crime.

67. The Board notes that the Government of Timor-Leste has been taking steps towards ratification of the 1988 Convention. While it welcomes this positive development, the Board urges the Government to address the remaining obstacles to ratification and to ensure that Timor-Leste accedes to all three of the international drug control treaties as soon as possible. The Board calls upon the international community to provide the required assistance to the Government to enable Timor-Leste to ratify and implement those treaties.

### 3. Country missions

68. 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 that it visits, thereby enabling the Board to provide Governments with relevant recommendations and to promote treaty compliance.

69. Since the previous report of the Board, the Board has sent missions to the following countries: Benin, Cambodia,

Canada, Haiti, Indonesia, Kenya, Lao People's Democratic Republic, Malaysia, Mozambique and Singapore.

#### (a) Benin

70. A mission of the Board visited Benin in July 2013. Since the Board's previous mission to the country, in 1995, Benin has ratified the 1988 Convention; it is now a party to each of the three international drug control treaties. The Board notes with appreciation that the Government is fully committed to the objectives of the treaties. National legislation and administrative regulations provide a good basis for the implementation of the provisions of the treaties. The drug control structures of the Government are in place, though their capacity needs to be strengthened.

71. Benin, owing to its location and the importance of the port of Cotonou, continues to be used by traffickers as a transit country for illicit drug consignments. In Benin, there is limited illicit cultivation of cannabis plants in some parts of the country, and the abuse of cannabis is common. The abuse of pharmaceutical preparations containing controlled substances is also a problem, but the most widely abused preparation is tramadol, an opioid analgesic not under international control.

72. The Board notes that good cooperation and joint action involving Beninese law enforcement authorities and their counterparts in neighbouring countries has led to successful operations and drug seizures.

73. During the 2013 mission, members of the Board discussed with Beninese authorities ways to improve the accuracy of their reporting on licit activities involving substances under international control, in particular psychotropic substances licitly manufactured in Benin. The issues discussed included the low availability of opioid analgesics for medical purposes and measures to increase the rational use of those substances and to address the abuse of tramadol.

#### (b) Cambodia

74. A mission of the Board visited Cambodia in December 2012 to review the compliance of Cambodia with its obligations under the three international drug control treaties, which that State has signed (although it has yet to invoke article 12, paragraph 10 (a), of the 1988 Convention), and to monitor progress made in implementing the recommendations made by the Board during its previous mission to that country, in 2003.

75. Since the 2003 mission of the Board, the Government of Cambodia has focused its drug control efforts and prioritized the use of law enforcement resources in tackling drug abuse. Those issues have also been actively supported at a high political level. A new law on drug control was promulgated on 2 January 2012 with a view to building on the progress achieved since the 2003 mission of the Board, including by addressing the issues of drug abuse and drug-related offences and by more effectively implementing the international drug control treaties.

76. While noting those positive developments, the Board remains concerned by the fact that, since 2003, Cambodia has increasingly been used as a regional hub for the transport of illicit consignments of heroin, cocaine and methamphetamine; moreover, there have been indications of illicit methamphetamine manufacture in the country. The Board is also concerned that the Government has not devoted sufficient resources to tackling drug traffickers at higher levels, as lower-level drug traffickers and drug abusers continue to be the primary targets of drug control efforts in Cambodia and drug abusers are being treated in compulsory treatment centres. The Board urges the Government of Cambodia to continue developing community-based programmes for the treatment of drug abusers throughout the country. The Board also urges the Government to take further action to ensure adequate availability of opioid analgesics for use in the treatment of pain.

### (c) Canada

77. In May 2013, a mission of the Board visited Canada. The Board's last mission to Canada had been carried out in 2003. Canada is a party to each of the three international drug control treaties, and the Government has repeatedly expressed its commitment to working with the Board to ensure full implementation of the country's treaty obligations. Canada continues to experience high levels of abuse of prescription drugs among all age groups. In addition, the prevalence of drug abuse in Canada, in particular cannabis abuse among youth, continues to be high. Furthermore, weaknesses in the national control measures applicable to "medical cannabis" have increased the risk of diversion of cannabis into illicit channels.

78. The 2013 mission of the Board discussed Canada's drug control framework with particular emphasis on the above-mentioned issues of concern. The Board notes with appreciation that several measures have been taken by the Canadian authorities to address the problem of the abuse of prescription drugs, including the adoption

of the first comprehensive Government strategy to address the problem and the staging of Canada's first national initiative for returning unwanted, unused or expired prescription drugs. The Board also notes the country's comprehensive overhaul of regulations governing its "medical cannabis" scheme, which includes the phasing out of production of cannabis for personal use and the bolstering of measures to prevent the diversion of cannabis into illicit channels. Finally, the Board recognizes the work done by Canadian authorities in working with aboriginal stakeholders to develop culturally appropriate initiatives for the prevention of drug abuse and the treatment and rehabilitation of drug-dependent persons.

79. Despite those positive developments, the Board continues to be concerned about the high prevalence of drug abuse among the general population and especially among youth and encourages the Canadian authorities to bolster efforts to prevent drug abuse, including campaigns to raise public awareness about the adverse health effects of drug abuse. The Board also encourages the Canadian authorities to invest additional resources in the preparation of national studies on the prevalence of drug abuse. Finally, the Board calls upon the Government of Canada to ensure the provision of adequate resources for aboriginal health initiatives.

### (d) Haiti

80. A mission of the Board visited Haiti in April 2013. A mission of the Board had previously visited Haiti in 2001, and a technical mission had visited the country in 2007. In addition to having not yet ratified the 1971 Convention, Haiti is faced, among other things, with the challenge of creating a more effective and flexible drug control system to replace the current one, providing more effective monitoring of pharmaceutical preparations containing controlled substances.

81. The Board's 2013 mission discussed with the Government of Haiti its efforts to combat drug trafficking and related criminal activities, in particular money-laundering. That was a key issue for legislators, who were debating the drafting of new legislation on the matter. While noting that great strides had been made in developing the police service of Haiti, the mission urged the Government to ensure that any new legislation to counter money-laundering was compliant with the recommendations of the Financial Action Task Force (FATF) and to continue its active support of reform relating to the judiciary and the legal code.

82. The Board has noted that the Government of Haiti needs to do more to ensure the availability of controlled substances, in particular opioids, for medical purposes. It should also work with the donor community to build new facilities for the treatment of drug-dependent persons, to develop programmes to reduce the illicit drug demand and educate the public about the dangers of drug abuse, to provide effective alternatives to the uncontrolled sale of medicines by street vendors and to ensure the safe disposal of seized, counterfeit and out-of-date pharmaceutical preparations.

### (e) Indonesia

83. A mission of the Board to Indonesia in September 2013 reviewed the situation in the country since the Board's last mission, in 2004. The aim of the 2013 mission was to follow up on the progress made in the country since the Board's last mission, specifically, regarding adequate availability of opioid medication for pain and palliative care; to assess changes in the current drug situation in the country; to review the drug treatment system; to inform the Government about available INCB tools to counter trafficking in precursors; and, ultimately, to examine the Government's efforts to comply with obligations under the three international drug control conventions.

84. Access to opioid medication for pain and palliative care, while improving, continues to be limited. Abuse of amphetamine-type stimulants—primarily methamphetamine—continues to increase in the country. The drug treatment system provides a variety of treatment modalities and rehabilitation and aftercare services through a number of Government ministries and non-governmental organizations. While treatment capacity has increased, greater capacity is needed to address the size of the drug-abusing population and the needs of specific populations, such as by providing gender-specific treatment services for females.

85. The Government is encouraged to expand its use of the tools available to counter trafficking in chemicals, such as establishing annual legitimate requirements for the import of ephedrine and pseudoephedrine in the form of pharmaceutical preparations, registering focal points with the INCB Precursors Incident Communication System (PICS), and actively using the Pre-Export Notification Online (PEN Online) system for exports of all precursors, regardless of their physical form.

### (f) Kenya

86. A mission of the Board visited Kenya in June 2013. The primary focus of the mission was to discuss with the relevant authorities the compliance of Kenya with its obligations under the three international drug control treaties, the availability of opioids for use in palliative care, issues related to precursor control and utilization of the Board's tools for countering precursor trafficking and illicit drug manufacture.

87. Several developments have taken place in Kenya since the Board's previous mission to the country, in 2002. The Government ensures standards of care and licensing for all centres for the treatment of drug-dependent persons; and the second national household survey on drug abuse was completed in 2012, making Kenya one of only a handful of countries in Africa that have made reliable assessments of the drug abuse situation. However, access to opioids for palliative care was found to be very poor in Kenya, and the Government is encouraged to find ways to ensure the rational use of opioids.

88. There are indications that the abuse of heroin and other drugs by injection is increasing in Kenya, particularly along the coast and in large urban centres. In Kenya, the availability of services for the treatment of persons who abuse drugs by injection is low compared with the estimated number of such persons, and that is of particular concern given the increased likelihood of the spread of blood-borne diseases.

89. While Kenya is a party to each of the three international drug control treaties, its national drug control legislation, adopted in 1994, has not kept pace with changes in drug trafficking and illicit drug manufacture in the country. There is no national drug control authority and the Government has never adopted a national drug control strategy, despite the fact that those problems were identified during the 2002 mission of the Board. Lack of coordination among the various branches of the Government involved in drug control continues to be a cause for concern; and that problem is compounded by the country's resource shortages and the limited capacity of staff in many national agencies and has resulted in the Government's inability to prosecute drug-related cases swiftly and successfully.

### (g) Lao People's Democratic Republic

90. A mission of the Board visited the Lao People's Democratic Republic in March 2013, 10 years after the previous mission of the Board to that country. The

Lao People's Democratic Republic has long been associated with illicit opium poppy cultivation and opium trafficking. It is in a vulnerable position because of the increasing abuse of amphetamine-type stimulants, both in the country and in the region, and because it is used as a transit country for drug trafficking in the region. In recent years, the situation has worsened, as the illicit cultivation of opium poppy and the abuse of and trafficking in amphetamine-type stimulants have been increasing.

91. During discussions with Lao officials, the Board's mission expressed concerns about the upsurge in illicit opium poppy cultivation and opium trafficking in the country. It was noted that although the Lao People's Democratic Republic had ratified the international drug control treaties, it had not yet invoked article 12, paragraph 10 (a), of the 1988 Convention. The Government was urged to address that issue, so that it could build on the success of its opium poppy eradication programme. The Government was also strongly encouraged to finalize the national drug control master plan for the period 2014-2019 and to take steps to ensure adequate availability and rational use of pain-relieving medication and increase the number of trained and qualified professionals who could administer opioid analgesics. The issue of treatment of drug addicts was also raised. It was recommended that community-based programmes for the treatment of drug addicts should be expanded, that persons should be admitted to such treatment programmes on a voluntary basis and that decisions on whether a person could enter or be discharged from such treatment programmes should be made by professional health-care staff.

#### (h) Malaysia

92. A mission of the Board visited Malaysia in September 2013. Malaysia continues to be used as a transit country for illicit drug consignments destined for illicit markets in other countries. However, increased illicit demand for drugs, particularly amphetamine-type stimulants, in Malaysia has resulted in drugs being smuggled into the country by organized criminal groups. The illicit manufacture of synthetic drugs in Malaysia has also increased in recent years. Malaysia has a coastline that is 4,675 km long; that, together with the country's geographical location, poses a significant challenge for law enforcement authorities, particularly in the area of border control.

93. Malaysia is a party to each of the three international drug control treaties. The national drug control

legislation is considered to be comprehensive, covering the prevention of drug abuse and the treatment and rehabilitation of drug-dependent persons, a reflection of the seriousness of the Government's efforts to curb drug abuse and trafficking. The Government is implementing the national drug control strategy in an effort to ensure full compliance with the international drug control treaties and has made significant progress in some areas. In 2010, Malaysia took significant steps to move away from regimented treatment and rehabilitation of drug-dependent persons and to move towards a voluntary, open-access and comprehensive approach to such treatment and rehabilitation, within the framework of the Government Transformation Programme, a broad-based initiative aimed at addressing key areas of concern to the public, including drug abuse.

94. The diversion and misuse of psychotropic substances and prescription drugs remain a source of concern to the Government of Malaysia. Efforts continued to be made to address those problems, as evidenced by a series of legislative and administrative measures taken by the Government in recent years. The Government is committed to fulfilling its obligations under the international drug control treaties and has enhanced cooperation among law enforcement agencies aimed at preventing the diversion and misuse of psychotropic substances and prescription drugs.

#### (i) Mozambique

95. A mission of the Board visited Mozambique in December 2012. Mozambique is a party to all three international drug control treaties. The Board notes that, after its previous mission to Mozambique, in 1997, the Government had made some progress in certain areas of drug control, including the adoption of national drug control legislation, the establishment of a national committee for drug control coordination and the adoption of a strategic plan for preventing drug abuse and combating drug trafficking for the period 2010-2014. While those important steps have demonstrated the Government's commitment to drug control, significant challenges remain.

96. Mozambique continues to be used as a transit country for illicit consignments of drugs such as cannabis resin, cannabis herb, cocaine and heroin, destined for Europe, and methaqualone (Mandrax), destined primarily for South Africa. The Government is aware of the challenge posed by drug trafficking and has taken some steps to address that challenge, such as strengthening land and sea border control, enhancing law enforcement

capacity and carrying out drug abuse prevention activities targeting young persons. However, the Government lacks the capacity and resources to effectively counter the transit traffic.

97. Although the abuse of drugs, particularly cannabis, appears to be significant in Mozambique, 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 inadequate. There is a need for the Government to take the measures necessary to address those problems.

#### (j) Singapore

98. The Board undertook a mission to Singapore from 30 September to 2 October 2013. The mission established a dialogue with officials regarding the situation and efforts related to countering drug trafficking, reviewed legislative measures and administrative policies for drug and chemical control that had been introduced in the country, and discussed issues related to opiate availability in palliative care and the provision of drug abuse treatment services.

99. Since the Board's last mission to Singapore in 1995, several notable developments have taken place. Singapore signed the 1988 Convention in 1997 and implemented precursor controls, making active use of INCB tools to counter trafficking in precursors. Amphetamine-type stimulants have become increasingly problematic, and, most recently, the abuse of new psychoactive substances has emerged. In response, the Government introduced temporary scheduling measures for generic groups of substances, which included several new psychoactive substances, such as synthetic cannabinoids.

100. Heroin abuse is on the increase, driven in large part by drug offenders who continue to struggle with their addiction after their release from prison. There is no opioid substitution therapy in Singapore. Drug treatment in the country is compulsory, but treatment capacity has been expanded, allowing access to services with little delay. A broad range of treatment modalities targeting individual user's needs and addressing the risk of reoffending are available, and aftercare and reintegration support are comprehensive.

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

101. 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 2013, the Board invited the Governments of the following six countries, to which it had sent missions in 2010, to provide information on progress made in the implementation of its recommendations: Croatia, Gabon, Guatemala, India, Lebanon and Myanmar.

102. The Board wishes to express its appreciation to the Governments of Croatia, Guatemala, India, Lebanon and Myanmar for submitting the information requested. Their cooperation facilitated the Board's assessment of the drug control situation in those countries and the Governments' compliance with the international drug control treaties.

103. In addition, the Board reviewed the implementation of the recommendations it had made following its 2009 mission to Australia, as the Government had not provided the requested information in time for review in 2012.

104. The Board notes that the Government of Gabon has yet to provide information on progress made in the implementation of the Board's recommendations following its 2010 mission to that country. The Board urges the Government to provide the requested information as soon as possible.

#### (a) Australia

105. The Board notes that the Government of Australia continues to allocate adequate resources for the development and implementation of effective drug control policy and initiatives. Australia has implemented the legislative frameworks necessary for the control of narcotic drugs, psychotropic substances and precursors, as required under the international drug control treaties. Australia has adopted a coordinated and integrated approach to drug control issues that utilizes the National Drug Strategy 2010-2015 (the three pillars of which are demand reduction, supply reduction and harm reduction) and the National Drugs Campaign.

106. The Board welcomes the successful implementation in Australia of the law enforcement initiatives to prevent and combat trafficking in drugs and their



precursors. Extending until 2015 the National Amphetamine-Type Stimulant Strategy 2008-2011 enabled the continuation of efforts aimed at reducing the availability of and illicit demand for amphetamine-type stimulants while preventing their abuse and the associated harm in Australia. During the period 2010-2011, intelligence operations carried out by the law enforcement agencies of Australia in relation to trafficking in amphetamine-type stimulants and cocaine resulted in, among other things, the identification of the organized criminal groups involved and the emerging threats posed by those drugs; in addition, the intelligence operations led to the investigation of related cases involving money-laundering. The Government has worked on improving measures used for the detection, deterrence and disruption of cross-border drug trafficking. In particular, Operation Bergonia, carried out by Australian law enforcement agencies, resulted in the seizure of 464 kg of cocaine in 2010, the third largest single seizure of that drug in Australia.

107. The Government of Australia has continued its efforts to promote rational use and adequate availability of opioids for legitimate purposes, while preventing their diversion into illicit channels. The Government closely monitors and regulates the production of opiate raw material, as well as the use of preparations containing narcotic drugs, in the country. Australia is developing its first national strategy to reduce the misuse of pharmaceutical drugs and the associated harm while enhancing the quality use of such drugs.

108. The Board notes the efforts of the Government of Australia in facilitating bilateral, regional and international cooperation in drug control. In particular, the law enforcement authorities of Australia have been engaging with their counterparts in the region and beyond in building effective partnerships to combat transnational organized crime, including the smuggling of persons, as well as drugs, across borders. Recent achievements include the establishment of a liaison office of the Australian Federal Police within the National Narcotics Board of Indonesia and the interception of illicit shipments of narcotic drugs as a result of collaboration with the Anti-Narcotics Force of Pakistan. The Australian Customs and Border Protection Service has continued to carry out a range of activities designed to strengthen the border management capabilities of Asia-Pacific countries, including through the South-East Asian border security programme. The Board appreciates the efforts of the Government of Australia in promoting regional and international cooperation and providing assistance in building the capacity of countries to prevent and combat illegal cross-border activities, including drug trafficking.

109. The Board notes with concern that a “medically supervised injecting centre” continues to operate in Sydney, Australia. The operation of the centre on a trial basis commenced in May 2001, and legislation adopted at the state level in October 2010 made the centre a permanent fixture. The Board wishes to reiterate its view, which has been communicated to the Government of Australia on several occasions, that facilities in which persons can abuse with impunity illegally acquired drugs contravene the principle of the international drug control treaties that drugs should be used only for medical and scientific purposes.

### (b) Croatia

110. The Board notes that progress has been made in drug control by the Government of Croatia following the mission of the Board to that country in 2010. Prior to becoming a member of the European Union, Croatia worked to harmonize its national legislation with European Union legislation in the area of drug control. The Government adopted the national strategy on combating drug abuse for the period 2012-2017. Additional resources were provided to the office for combating drug abuse, and training was provided to its staff, in cooperation with European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and other relevant institutions of the European Union. With the support of EMCDDA, the Ministry of Health of Croatia conducted a survey on the prevalence of use of various drugs among the general population. The Board encourages the Government of Croatia to continue its efforts in that area, particularly with regard to the setting up of a standardized national monitoring system for systematically reporting on the prevalence and nature of drug abuse in the country.

111. In Croatia, the adoption of a new criminal code, which entered into force on 1 January 2013, has made an important change in the legal framework related to combating drug abuse. Provisions relating to drug-related crime have been amended, and provisions relating to the implementation of measures for the treatment of drug addiction have been updated. One of the novelties of the criminal code is that it contains a provision relating to offences committed in an educational institution or its immediate vicinity. Its long coastline and national borders make Croatia attractive to drug traffickers, who use it as a trans-shipment area for smuggling controlled substances. The Board notes the measures implemented by the Government to increase the capacity of law enforcement authorities to combat drug trafficking and organized crime, in cooperation with their counterparts in

other countries and relevant international organizations. The Board encourages the Government to continue its efforts in that direction so that border control activities to counter drug trafficking can be enhanced.

112. The Ministry of Health of Croatia needs to address the problem of funding therapeutic communities and treatment centres for drug addicts and to provide training for health-care professionals working in that area. The Board encourages the Government of Croatia to provide adequate resources for the continued development of services for the treatment and rehabilitation of drug addicts in the country and to ensure that such persons have access to a full range of treatment options. The Government should also implement more effective measures to prevent methadone and buprenorphine from being diverted from substitution treatment programmes into illicit channels.

113. While the level of consumption of narcotic drugs used for the treatment of pain in Croatia has increased steadily over the past decade, it remains relatively low, in particular when compared with the consumption level in many other member States of the European Union. The Board recommends that the Government of Croatia should undertake an assessment of the medical requirements for narcotic drugs in the country and identify whether there are any impediments to the availability of those drugs and, if so, take steps to ensure that those impediments are removed. The Board trusts that the Government will continue strengthening its drug control efforts. The Board stands ready to continue its dialogue with the Government and, if necessary, to provide assistance.

### (c) Guatemala

114. The Board notes that, following its mission to Guatemala in 2010, the Government has taken steps to implement the Board's recommendations, particularly in the area of law enforcement. The Government has expanded the drug control functions of the Ministry of the Interior through the Fifth Vice-Ministry of the Interior, established the legal framework for exercising those functions and strengthened the Counter-narcotics Analysis and Information Division, part of the General Directorate of the National Civil Police. The Board trusts that those steps will contribute to strengthening the Government's capacity to address drug trafficking and related corruption and violence.

115. In Guatemala, efforts have also been made in the area of precursor control. Authorities of Guatemala use

the PEN Online system on a regular basis. In January 2012, a committee on precursors was established, comprising all relevant institutions in Guatemala, such as the National Security Council, the Ministry of Health, the Ministry of the Interior, the National Institute of Forensic Sciences, the Supreme Court of Justice, the Ministry of Public Finance and the Public Prosecution Service, thus facilitating inter-institutional coordination on issues relating to precursor control. In 2013, the Government established a unit for monitoring precursors and chemical substances, demonstrating its commitment to the aims of the international drug control treaties.

116. Guatemala has participated in the Container Control Programme, implemented jointly by UNODC and the World Customs Organization, and has established a joint unit under the Programme to carry out operations relating to the control of narcotic drugs and psychotropic substances in maritime ports.

117. The Board notes, however, progress is lacking in other areas where it has made recommendations to the Government of Guatemala, such as the introduction of reliable data-processing systems for the control of licit activities involving internationally controlled substances, the issue of availability of opioids for the treatment of pain, as well as the prevention of drug abuse and the treatment and rehabilitation of drug-dependent persons. The Board encourages the Government of Guatemala to take the steps necessary to ensure that progress is also made in those areas.

### (d) India

118. The Board notes the efforts made by the Government of India in the implementation of the Board's recommendations following its mission to that country in 2010, demonstrating the continued commitment of the Government to the aims of the international drug control treaties.

119. In particular, increased efforts have been made in India to control licit activities involving narcotic drugs, psychotropic substances and precursors. In 2013, the Government of India issued an order on narcotic drugs and psychotropic substances, replacing the 1993 order. The 2013 order adds new substances to schedules and introduces new provisions, such as measures for the import and export of preparations containing ephedrine or pseudoephedrine, as well as codeine-based pharmaceutical preparations. The Government has decided to amend national legislation with a view to addressing the issue of divergent regulatory provisions in different states,

thereby ensuring India's compliance with the international drug control treaties on its entire territory. The Government is currently looking into the issue of Internet pharmacies and developing a system for the online registration and submission of returns by manufacturers of psychotropic substances; the system is to be fully functional by December 2013. Preparations are being made for a system for narcotic drugs.

120. A series of measures have been taken by the Government of India to strengthen law enforcement capacity. Additional regional offices have been opened and a committee has been established to assess and upgrade the capacity of existing forensic laboratories. Continued efforts have also been made to curb the illicit cultivation of opium poppy. Satellite imagery is being used for the identification of areas under illicit opium poppy cultivation; that is followed by opium poppy eradication efforts undertaken jointly by law enforcement agencies at the national and state levels. State governments have been called upon to identify areas with a tradition of illicit opium poppy cultivation and to make plans for alternative development programmes as required.

121. Furthermore, steps have been taken by the Government of India in the area of demand reduction. A pilot survey on drug abuse is being carried out in a number of states, following a similar pilot survey conducted in 2010, with a view to further defining the efficacy of the sampling design and survey methodology. The results of the more recent pilot survey are expected to be available by June 2014 and will then be used as the basis for a nationwide survey. In addition to the integrated rehabilitation centres for addicts, which provide counselling, treatment and rehabilitation services for drug-dependent persons, 122 centres or units for the treatment of such persons are located in hospitals throughout the country. A project has been initiated to provide training for doctors involved in detoxification and treatment programmes, and financial support is being provided to major hospitals in the country to strengthen their capacity in that area.

122. The Board welcomes the measures taken by the Government of India in various areas of drug control and encourages the Government to continue those efforts. In particular, the Government should take further steps towards full compliance with its reporting obligations as required under the international drug control treaties. Additional efforts should be made to prevent the abuse of drugs and to prevent, in conformity with the provisions of the 1961 Convention, the misuse of, and illicit traffic in, the leaves of the cannabis plant.

## (e) Lebanon

123. The Government of Lebanon has acted upon the recommendations made by the Board following its 2010 mission to the country, and progress has been made in some areas. The Government has adopted a law to combat money-laundering. It has also established a special commission of inquiry and an office for combating financial crimes and a public prosecution service to combat such crime. Numerous drug-related awareness-raising and counselling activities involving bodies such as educational institutions and municipalities have been organized.

124. The Government of Lebanon has indicated that controlled opioid analgesics used for medical treatment are available without undue restrictions, and patients can obtain the medicine in pharmacies and hospitals using a prescription issued by a physician. Data available to the Board suggest that some progress has been made by the Government in that area.

125. The Board, while acknowledging the above-mentioned positive developments in drug control in Lebanon, notes with concern that the country still lacks a comprehensive national drug control strategy. In addition, progress has yet to be made in implementing the Board's recommendations with regard to effective inter-ministerial drug control coordination and cooperation as well as measures to counter activities involving counterfeit Captagon tablets. The Board encourages the Government to continue its drug control efforts and, in particular, to take the steps necessary to ensure that a national drug control strategy is adopted as soon as possible and to take additional measures to counter the illicit cultivation of drug crops and trafficking in and abuse of drugs.

## 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

126. Article 14 of the 1961 Convention (and that Convention as amended by the 1972 Protocol) and article 19 of the 1971 Convention set out measures that the Board may take to ensure the execution of the provisions

of those Conventions. Such measures, which consist of increasingly severe steps, are taken into consideration when the Board has reason to believe that the aims of the Conventions are being seriously endangered by the failure of a State to carry out the provisions of those Conventions.

127. The Board has invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention with respect to a limited number of States. The Board's objective has been to encourage compliance with those Conventions when other means have failed. 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 a decision by the Board to terminate action taken under those articles vis-à-vis those States.

128. 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

129. Consultations between the Board and the Government of Afghanistan pursuant to article 14 of the 1961 Convention continued in 2013. On 12 March 2013, the President of INCB met with Zarar Ahmad Muqbel Osmani, Minister of Counter Narcotics of Afghanistan and Head of the Afghan delegation to the fifty-sixth session of the Commission on Narcotic Drugs. The Minister updated the Board on the current drug control situation in Afghanistan, highlighting challenges the Government was facing in addressing the drug problem in the years ahead, particularly in view of the forthcoming conclusion of the International Security Assistance Force (ISAF) mission in Afghanistan in 2014. The President of the Board, while noting difficulties in addressing the drug problem, reiterated Afghanistan's obligations to ensure that progress was made under article 14 of the 1961 Convention.

130. The Secretary of the Board met with the Permanent Mission of Afghanistan in Vienna on a number of occasions during the year to follow up on the Government's implementation of the international drug control treaties.

The meetings focused on issues of concern to the Board relating to Afghanistan, particularly with regard to the lack of progress in the prevention and reduction of illicit opium poppy cultivation, the worrying trend of illicit cannabis plant cultivation and the increased drug abuse and illicit trafficking.

131. At the request of the Government of Afghanistan, the secretariat of the Board provided training to the Afghan regulatory and law enforcement agencies in Kabul in December 2012, in cooperation with the UNODC country office in Afghanistan. The training, aimed at improving Afghanistan's capacity with regard to treaty compliance, covered various aspects of drug control, including the functioning of the international drug control treaties and the treaty-based reporting obligations. The training provided a favourable opportunity to discuss with the Afghan authorities the practical implementation of the provisions of the drug control treaties.

### *Current drug control situation in Afghanistan*

132. Recent years have witnessed a deteriorating situation with regard to illicit cultivation of opium poppy in Afghanistan. The total areas under opium poppy cultivation have increased for three consecutive years since 2009/10, when illicit opium poppy cultivation stood at 123,000 ha. The high sale price of opium and the deteriorating security situation have been the main reasons for farmers engaging in that illicit cultivation.

133. In 2013, the total area under illicit opium poppy cultivation reached a record level of 209,000 ha, an increase of 36 per cent compared with 2012 (153,000 ha). The southern and western regions continued to be the centre of illicit opium poppy cultivation, accounting for 89 per cent of the total cultivation in the country. Despite low yields, potential illicit production of opium also increased, by 49 per cent, from 3,700 tons in 2012 to 5,500 tons in 2013, due to the extremely high level of cultivation.

134. The Governor-led eradication of opium poppy continued in 2013, involving 18 provinces in Afghanistan as in the previous year. However, the total area of opium poppy eradicated declined to 7,323 ha, a decrease of 24 per cent as compared with 2012 (9,672 ha). The level of eradication in 2013 accounted for only 3.5 per cent of the total area of opium poppy under cultivation in Afghanistan. The areas eradicated in the three largest poppy-growing provinces, namely Farah, Helmand and Kandahar, were negligible, particularly in view of the high level of opium poppy cultivation in those provinces.

135. Illicit cultivation of cannabis plant and production of cannabis resin remain a significant challenge in drug control in Afghanistan. In 2012, the total area under cannabis plant cultivation was estimated at 10,000 ha, a 17 per cent decrease as compared with 2011. The total production of cannabis resin, however, increased by 8 per cent, reaching 1,400 tons because of the higher yields achieved. Like the opium poppy cultivation, most of the cannabis plant cultivation was concentrated in the southern provinces of Afghanistan, accounting for some 54 per cent, and, to a lesser extent, in the east and north of the country. The lucrative nature of cannabis plant cultivation has led to an increased number of farmers engaging in the illicit cultivation of both opium poppy and cannabis plant.

136. The Board notes that the eradication campaign carried out in Uruzgan province in 2012 resulted in a significant reduction in cannabis plant cultivation in that province, to less than 100 ha from more than 1,000 ha in 2011. The Board, while welcoming this development, remains concerned about the lack of progress in various areas of drug control in the country and urges the Government of Afghanistan to effectively implement the concrete measures that have been adopted in the context of anti-drug trafficking, alternative development and drug demand reduction.

### *Cooperation with the Board*

137. The Government's cooperation with the Board has improved in recent years. On 20 March 2013, the Ministry of Counter Narcotics submitted to the Board its 2012 report reflecting efforts made by the Government to implement the international drug control treaties. The Board notes that the Government has further strengthened the role and functions of the Ministry of Counter Narcotics in national drug control coordination. New initiatives have been taken to address the drug problem, such as identifying owners of large areas under opium poppy cultivation, expanding the "food zone" programme and developing a five-year plan on drug abuse.

138. The Government took several steps in an effort to strengthen the control of licit activities related to narcotic drugs, psychotropic substances and precursor chemicals, including launching monitoring missions, developing a functional system for estimates and assessments and strengthening information-sharing with exporting countries.

139. The Government's treaty-based reporting has also improved, with statistical data on narcotic drugs,

psychotropic substances and precursors being regularly submitted to the Board, as required under the international drug control treaties. Afghanistan has increasingly been involved in various programmes and projects aimed at preventing diversion of precursor chemicals from licit sources into illicit channels. In August 2013, Afghanistan became a member of Project Cohesion, an initiative to monitor international trade in the precursor chemicals most commonly used in the illicit manufacture of heroin, cocaine and amphetamine-type stimulants.

### *Cooperation by the international community*

140. The reporting period saw continued activity under the programme for Afghanistan and neighbouring countries, led by the United Nations, with a focus on capacities to collect and analyse data on drugs, cross-border controls and control of precursor chemicals, involving countries participating in the UNODC regional programme and other countries in the region. Under the Triangular Initiative, a series of meetings were held in Kabul in August 2013 with senior officials of Afghanistan, Iran (Islamic Republic of) and Pakistan working to strengthen counter-narcotics cooperation. Joint operations, border liaison offices, communication and exchange of information were discussed. In June 2013, phase IV of the Paris Pact Initiative was launched, demonstrating the continued commitment of the international community to tackle trafficking in opiates originating in Afghanistan.

141. The Board notes that the "food zone" programme, which is aimed at promoting alternative development in opium poppy-growing areas, has expanded to four additional provinces: Badakhshan, Farah, Kandahar and Uruzgan. Combined with other alternative development measures, it is expected that the programme will contribute to tangible progress in preventing and reducing illicit cultivation of opium poppy and cannabis plant in the country in the years to come. The Board will continue to closely monitor the drug control situation in Afghanistan, as well as the measures taken and progress made by the Government of Afghanistan in addressing the drug problem, with the assistance of the international community.

### *Conclusions*

142. The drug control problem in Afghanistan and the neighbouring region remains of grave concern, particularly in view of the deteriorating situation with respect to the illicit cultivation of opium poppy and cannabis plant

in Afghanistan in recent years. This situation seriously endangers the aims of the international drug control treaties. The Board calls upon the Government of Afghanistan, the United Nations and the rest of the international community to continue their cooperation to achieve the goals set out in various important documents adopted by the international community. Bearing in mind the overarching objective of the National Drug Control Strategy of Afghanistan, the Government of Afghanistan, with assistance from the international community, including, in particular, through UNODC, should translate its commitment into specific actions and ensure that substantial, sustainable and measurable progress is achieved in countering drug trafficking, alternative development and drug demand reduction in the country.

## C. Governments' cooperation with the Board

### 1. Provision of information by Governments to the Board

143. 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.

144. 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

145. 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.

146. As at 1 November 2013, annual statistical reports on narcotic drugs (form C) for 2012 had been furnished by 164 States and territories (representing 77 per cent of the States and territories requested to submit such reports), although more Governments are expected to submit their reports for 2012 in due course. In total, 186 States and territories provided quarterly statistics on their imports and exports of narcotic drugs for 2012, amounting to 87 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.

147. As at 1 November 2013, annual statistical reports on psychotropic substances (form P) for 2012, in conformity with the provisions of article 16 of the 1971 Convention, had been submitted to the Board by 135 States and territories, amounting to 63 per cent of the States and territories required to provide such statistics. In addition, 105 Governments voluntarily submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II of the Convention, in conformity with Economic and Social Council resolution 1981/7, and a further 61 Governments submitted some quarterly reports. The Board notes that the Governments of only three countries that trade in such substances failed to submit any quarterly report for 2012.

148. While it may be expected that some Governments will furnish form P for 2012 at a later date, it is of concern that the total number of submissions of form P has gradually declined over the past five years. From a regional perspective, that worrisome development can be attributed to non-reporting by countries in Africa, the Caribbean and Oceania. It is of particular concern that the number of African countries that have not furnished form P to the Board has been increasing, reaching, with form P for 2012, a total of 34 countries and territories in Africa—almost 60 per cent—failing to report. Likewise, 13 countries and territories in the Caribbean and 11 in Oceania did not furnish form P for 2012. That 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 may also be an indication that those Governments are not 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. In contrast, form P for 2012 was furnished by all countries but one in Europe and most countries in North and South America. With

respect to Asia, 14 Governments did not furnish form P for 2012.

149. Among the countries 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 Australia, Brazil, Canada, China, France, Germany, India, Japan, the Netherlands, Pakistan and the United States. The Board notes that some of those countries have persistently failed to submit annual statistical reports in a timely manner. Mexico, the Republic of Korea and Singapore, which are significant importers or exporters of psychotropic substances, did not submit form P for 2012. Late submission or failure to submit statistical reports makes it difficult for the Board to monitor licit activities involving controlled substances and delays the analysis by the Board of the worldwide availability of such substances for legitimate purposes. Those shortcomings are often 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. The Board therefore wishes to invite Governments to encourage dialogue with manufacturing and trading companies in the pharmaceutical industry with a view to improving the collection and reporting of statistical data on narcotic drugs and psychotropic substances.

150. The Economic and Social Council, in its resolutions 1985/15 and 1987/30, requested Governments to provide the Board with details of trade (i.e., data broken down by countries of origin and destination) in substances listed in Schedules III and IV of the 1971 Convention in their annual statistical reports on psychotropic substances. For 2012, complete details on such trade were submitted by 129 Governments (95.5 per cent of all submissions of form P). The Board notes that the number of countries failing to submit any details of trade for 2012 is the lowest since 2007.

151. The Board also notes with satisfaction that the number of countries that submit consumption data for psychotropic substances on a voluntary basis in accordance with Commission on Narcotic Drugs resolution 54/6 has continued to increase. Thus, in 2012, a total of 53 countries and territories submitted data on consumption of some or all psychotropic substances, representing a 26 per cent increase over 2011 in the number of countries and territories submitting such data. The Board appreciates the cooperation of the Governments concerned and calls upon all other Governments to furnish information

on the consumption of psychotropic substances, as such data are key to an improved evaluation of the availability of psychotropic substances for medical and scientific purposes.

152. Each year, parties to the 1988 Convention provide information, via a special form called "form D", on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, as required under article 12 of the Convention. As at 1 November 2013, a total of 123 States and territories submitted form D for 2012. However, 74 countries did not submit the form on time, therefore failing to meet their obligations.

153. Of the 124 States and territories that provided data, 49 per cent reported seizures of scheduled substances. However, details relating to those seizures were often lacking, such as name, quantity and type of precursor seized, and the modus operandi used by traffickers. By ensuring that they provide that information on form D, Governments would enable the Board to more effectively identify and analyse emerging trends in trafficking in precursors and illicit manufacture of drugs.

154. By accessing data related to trade in precursors, the Board is able to monitor legitimate international trade flows in order to identify patterns of suspected illicit activity, which can help to prevent the diversion of precursor chemicals. That information is provided by parties to the 1988 Convention in accordance with Economic and Social Council resolution 1995/20. As at 1 November 2013, 112 States and territories had provided relevant information on licit trade, and 108 States and territories had informed the Board about the licit uses of and requirements for those substances.

155. Over the past year, the international community has used a variety of innovative tools to reinforce and bolster the precursors control regime. Domestic legislation tools were used by Australia, China, India, Peru and Viet Nam to strengthen controls over the manufacture, import and sale of scheduled substances predominantly used in the manufacture of amphetamine-type stimulants. In terms of regional cooperation mechanisms, the European Commission moved to strengthen legislation for control of acetic anhydride. The Board also notes the constructive use of bilateral agreements between Governments in order to resolve precursor-related issues, such as the agreement between China and Mexico.

156. The online system PICS is a secure tool for enhanced communication and information-sharing between national authorities on precursor incidents

(seizures, stopped shipments, diversions and diversion attempts, illicit laboratories and associated equipment) worldwide and in real time. PICS is now established as a key tool of the international precursor control regime, with an ever-increasing number of users communicating more and more incidents through it. As of 1 November 2013, there were 350 registered users of PICS, from 80 Governments and 8 international and regional agencies, who used the system to communicate more than 850 incidents spanning 84 different countries and territories.

### 3. Submission of estimates and assessments

157. 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 2013, a total of 164 States and territories had submitted estimates of their requirements for narcotic drugs for 2014, representing 77 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.

158. As at 1 November 2013, the Governments of all countries except South Sudan and all territories 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.

159. Pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of their annual medical and scientific requirements for psychotropic substances in Schedules II, III and IV of the 1971 Convention. 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.

160. Since 1 November 2012, a total of 80 countries and 8 territories have submitted fully revised assessments of

their requirements for psychotropic substances, and a further 78 Governments submitted modifications to assessments for one or more substances. Governments of 21 countries and 1 territory have not submitted any revision of their legitimate requirements for psychotropic substances for at least three years.

161. By estimating annual legitimate requirements of precursors commonly used in the manufacture of amphetamine-type stimulants, Governments can monitor trade in those chemicals for suspicious import patterns and possible cases of diversion. In its resolution 49/3, the Commission on Narcotic Drugs requested Member States to provide to the Board annual estimates of their legitimate requirements for four substances frequently used in the manufacture of amphetamine-type stimulants—namely 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), pseudoephedrine, ephedrine and 1-phenyl-2-propanone (P-2-P)—and preparations containing those substances. As of 1 November 2013, 153 Governments had provided 749 estimates for the above-mentioned substances, an increase from the previous year. First-time submissions were provided by Armenia and Cameroon.

162. 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. The Board 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 for use by competent national authorities, published in February 2012.

163. 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 are also available on the website.

#### 4. Data examination and identified reporting deficiencies

164. The provision of statistical data by Governments allows INCB to monitor the functioning of the international drug control systems which, in turn, assists Governments in their response to possible diversions and illegitimate uses of internationally controlled substances.

165. Countries that provide accurate statistical data to INCB 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 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.

166. 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 make a timely and relevant review and analysis of the data by the Board very difficult. Some Governments, among them major manufacturing countries, experience challenges in reporting accurately and in a timely manner due to organizational changes or shortages in financial and human resources. To better respond to those difficulties, the Board encourages all Governments to take the necessary steps to establish mechanisms that allow competent authorities to maintain institutional memory and knowledge with regard to reporting requirements under the international drug control conventions during times of change. To assist Governments, the Board has developed tools and kits for use by competent national authorities, which are available on its website free of charge. Governments are invited to make increasing use of those tools in the execution of their functions under the international drug control treaties.

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

167. The international drug control regime was established with two equally important aims: first, 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; and second in order to ensure the availability of internationally controlled substances for legitimate use. For narcotic drugs and psychotropic substances, in particular, the conventions are aimed at ensuring their availability for medical and scientific purposes. 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

168. 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.

169. The Board notes that the establishment of "medical cannabis" programmes in some countries is permitted pursuant to the Single Convention on Narcotic Drugs of 1961, but that these are subject to the strict control measures for cannabis cultivation, trade and distribution

set forth in articles 28, 23 and 30. The Board notes that in some countries the control measures mandated by the 1961 Convention have not been fully implemented, giving rise to inconsistencies with the Convention. In addition, the Board notes that in a few countries, there have been legislative proposals intended to regulate the use of cannabis for purposes other than medical and scientific ones. Such proposals, if implemented, would be in contravention of the Convention.

170. The Board notes that some Governments appeared to have difficulties amending their national legislation to reflect changes introduced in the scope of control of the Convention on Psychotropic Substances of 1971. For example, although zolpidem was added to Schedule IV of the 1971 Convention in 2001, a number of Governments have not amended their national lists of controlled substances accordingly. The Board therefore sent a circular letter to Governments in April 2013 to solicit information on control measures applied to zolpidem; by 1 November 2013, replies from 48 Governments were received. The Board is pleased to note that all responding Governments have already placed zolpidem under national control, and that 46 of those Governments have also introduced an import authorization requirement for that substance, in accordance with Economic and Social Council resolutions 1985/15, 1987/30 and 1993/38. According to information available to the Board, a total of 117 countries and territories have placed zolpidem under national control; of those, 107 Governments have also introduced an import authorization requirement for that substance. The Board encourages all Governments that have not yet done so to provide it with the requested information on the control measures for zolpidem that are in place in their countries. The Board also encourages all Governments that have not yet introduced an import authorization requirement for zolpidem in accordance with the above-mentioned Economic and Social Council resolutions to do so as soon as possible.

171. The Commission on Narcotic Drugs, in its decision 56/1 of March 2013, decided to transfer *gamma*-hydroxybutyric acid (GHB) from Schedule IV to Schedule II of the 1971 Convention. The decision was communicated by the Secretary-General to Member States and the Director-General of the World Health Organization (WHO) on 7 June 2013. In accordance with article 2, paragraph 7, of the 1971 Convention, the decision of the Commission became fully effective with respect to each party 180 days after the date of that communication, i.e., on 4 December 2013.

172. The Board requests all Governments that have not yet done so to amend the list of substances controlled at

the national level accordingly to adequately reflect the recent change in the control regime now applicable to GHB, and to apply to that substance all control measures foreseen for the substances included in Schedule II of the 1971 Convention, including the introduction of a mandatory import and export control requirement.

173. Controlling precursors used in illicit drug manufacture is a complex task that has to take into account the constantly evolving *modi operandi* used by drug traffickers. Taking that reality into account, the Board once again calls on countries to review their domestic control systems in order to ensure that, at a minimum, a system of end-user registration and declarations of end use is in existence; that they have knowledge of legitimate requirements in order to set realistic limits to importation, particularly for chemicals with little or no legitimate use; and that notifications of all exports are sent out prior to their departure.

174. By implementing those measures, countries limit their exposure to the risk of being targeted by illicit drug traffickers. It should also be underlined that by effectively monitoring stakeholders involved in domestic manufacturing and distribution of controlled substances, Governments will be in a position to more easily comply with their obligations related to preventing diversion.

## (b) Prevention of diversion from international trade

### *Estimates and assessments of annual requirements for controlled substances*

175. Among the main control measures used to prevent the diversion of controlled substances from international trade are the systems of estimates and assessments of legitimate annual requirements for controlled substances, which enables exporting and importing countries alike to ensure that 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 on manufacture or import. The system of assessments of annual requirements for psychotropic substances was adopted by the Economic and Social Council and the system of estimates of annual requirements for selected precursors was adopted by the Commission on Narcotic Drugs to help Governments to identify unusual transactions that might indicate attempts by traffickers to divert controlled substances into illicit channels.

176. The systems of estimates and 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 previously submitted to the Board or to have decreased substantially below the level of those requirements, importing countries should inform the Board immediately. 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.

177. In accordance with its mandate to identify gaps 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 systems of estimates and assessments. In that connection, the Board provides advice to Governments on the details of the estimates and assessments systems, as necessary.

178. As in previous years, the Board found that in 2013 the system of estimates for narcotic drugs continues to be respected by most countries. In 2012, nine countries were contacted regarding possible excess imports or exports identified with regard to international trade in narcotic drugs effected during 2012. Three cases were clarified as being due to (a) errors in reporting of imports or exports and (b) re-export trade. However, six countries confirmed that excess exports or excess imports had actually occurred. The Board contacted the Governments concerned and requested them to ensure full compliance with the relevant treaty provisions.

179. With respect to psychotropic substances, pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of annual domestic medical and scientific requirements for psychotropic substances in Schedules II, III and IV of the 1971 Convention. The assessments received are communicated to all States and territories to assist the competent authorities of exporting countries when approving exports of psychotropic substances.

180. 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. However, 22 Governments have

not submitted a revision of their legitimate requirements for psychotropic substances for at least three years. The assessments valid for those countries and territories may therefore no longer reflect their actual medical and scientific requirements for psychotropic substances.

181. When assessments are lower than the actual legitimate requirements, the importation of psychotropic substances needed for medical or scientific purposes may be delayed. When assessments are significantly higher than legitimate needs, they may increase the risk of psychotropic substances being diverted into illicit channels. The Board calls upon all Governments to review and update their assessments on a regular basis and to keep it informed of all modifications, with a view to preventing any unnecessary importation and, at the same time, facilitating the timely importation of psychotropic substances needed for medical purposes.

182. As in previous years, the system of assessments for psychotropic substances continues to function well and is respected by most countries. In 2013, the authorities of 13 countries issued import authorizations for substances for which they had not established any assessments or in quantities that significantly exceeded their assessments, and only two exporting countries exported psychotropic substances in quantities exceeding the respective assessment. In most of those cases, the transactions concerned imports destined for re-export. The low number of excess imports and exports is a positive development attributable to the slight change made in 2013 to the system of assessments for psychotropic substances, aimed at making it more transparent and effective. Since then, Governments are no longer requested to include estimates for exports or re-exports in the annual assessments for psychotropic substances.

183. Pursuant to resolution 49/3 of the Commission on Narcotic Drugs, entitled "Strengthening systems for the control of precursor chemicals used in the manufacture of synthetic drugs", Governments submit estimates of annual licit requirements for the four substances commonly used in the illicit manufacture of amphetamine-type stimulants. Governments of 152 countries currently use that system to check for and identify suspicious imports of the substances by looking at the amounts imported. In order to enhance the quality of the estimates, and consequently the ability to effectively detect suspicious trade, a better understanding of domestic markets is needed, including knowledge of manufacturing companies, their capacities, end-users and legitimate end-use. The need for this is particularly evident in countries in West Asia, Central America and the Caribbean and Oceania.

### *Requirement of import and export authorizations*

184. The requirement for import and export authorizations is another main control measure to prevent the diversion of controlled substances from international trade, since it allows the competent national authorities to check the legitimacy of individual transactions prior to shipment.

185. 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.

186. The Board noted that some countries expressed concern about the new regulations for the import authorization procedure (for test and reference samples) implemented by Brazil. The paper import authorizations previously issued for import were being replaced by electronic import authorizations that did not comply with all the treaty requirements applicable to international movements of controlled substances under the United Nations drug control conventions.

187. Most importantly, the Board found that under the newly adopted procedure new import authorizations are now issued in PDF format and no longer contain an original stamp and signature of the certifying officer, rendering them extremely vulnerable to possible falsification. The Board also found that under the new procedure there was no possibility foreseen for authorities of the exporting countries to effectively verify the authenticity of the electronic "import certificate". While the Board welcomes and supports initiatives of Governments to make use of technological progress to improve domestic control over the licit movement of narcotic drugs and psychotropic substances, it reiterates that such initiatives must be implemented in conformity with the requirements of the international drug control treaties.

188. Import and export authorizations are mandatory for transactions involving substances under control pursuant to the 1961 Convention and any of the substances listed in Schedules I and II of the 1971 Convention. The competent national authorities must issue import authorizations for transactions involving the importation of such substances into their country. The 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 the country.

189. The 1971 Convention does not require import and export authorizations for trade in psychotropic substances listed in Schedules III and IV of the Convention. To address the widespread diversion of those substances from international trade, 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.

190. To date, 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 above-mentioned Economic and Social Council resolutions. To assist Governments and to prevent traffickers from targeting countries in which controls are less strict, the Board has been disseminating to all competent national authorities a table showing the import authorization requirements for substances in Schedules III and IV applied pursuant to the relevant Economic and Social Council resolutions. That table is published in the secure area of the Board's website, which is accessible only to specifically authorized Government officials, so that competent national authorities of exporting countries may be informed as soon as possible of changes in import authorization requirements in importing countries.

191. The Board once again encourages all Governments that do not yet require import and export authorizations for all psychotropic substances to extend such controls to all substances in Schedules III and IV of the 1971 Convention as soon as possible and to inform the Board accordingly, pursuant to the above-mentioned resolutions of the Economic and Social Council.

192. A strong import and export control system involves issuing individual export authorizations for scheduled precursor chemicals. Those Governments that issue only general permits, or do not require any permits at all for the import or export of scheduled precursor chemicals, are leaving themselves open to the risk that drug traffickers will seek to exploit weak controls for their own ends. The Board therefore urges all Governments to ensure that permits are required to import and export controlled precursors and, where possible and necessary, that these permits be individual rather than general in nature.

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

193. 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.

194. For the international import and export authorization system for narcotic drugs and psychotropic substances to function, it is indispensable that the competent authorities of exporting countries verify the authenticity of all import authorizations that they consider to be suspicious. Such action is particularly necessary in all cases where import authorizations have new or unknown formats, bear unknown stamps or signatures or have not been issued by a recognized competent national authority, or when the consignment consists of substances known to be frequently abused in the region of the importing country. The Board notes with appreciation that a number of Governments have adopted the practice of verifying with the competent authorities of importing countries the legitimacy of import authorizations or bringing to the attention of those authorities documents that are not in full compliance with the requirements for import authorizations under the international drug control conventions.

195. The Board continues to receive requests from Governments of exporting countries to assist in verifying the legitimacy of import authorizations, particularly when their own endeavours to receive feedback from the authorities of the importing countries fail. If the Board does not have sufficient information to confirm the legitimacy of those authorizations, it contacts the importing country to ascertain the legitimacy of the transaction.

196. Importing countries have also become increasingly active in implementing the import authorization system. Many Governments of importing countries regularly inform the Board of changes in the format of their import authorizations and provide the Board with samples of revised certificates and authorizations for narcotic drugs, psychotropic substances and precursor chemicals, so that the Board may assist Governments of exporting countries in verifying the authenticity of documents. Some importing countries send a copy of all import authorizations

they have issued to the Board to expedite verification of their legitimacy.

197. The Board welcomes the cooperation and support extended to it by Governments, as that information helps the Board to better assist the authorities of exporting countries to verify the legitimacy of import authorizations and thus prevent the diversion of narcotic drugs and psychotropic substances from international trade. In that connection, the Board has noted that the format and the content of the import and export authorizations currently in use in some countries do not meet fully the pertinent requirements of the international drug control treaties. The Board therefore calls upon all Governments to review the format of import and export authorizations currently in use in their countries and, wherever necessary, to bring it into full conformity with the international drug control treaties.

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

198. Over the past few years, the Board, together with the international community, has been promoting the development of an international electronic import and export authorization system for narcotic drugs and psychotropic substances: the International Import and Export System (I2ES). Governments will recall that in the report of the International Narcotics Control Board for 2012, the Board informed Governments of the initiative, and highlighted the progress made in the development work on the system.<sup>17</sup>

199. In its resolution 55/6 of March 2012, the Commission on Narcotic Drugs encouraged 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. The Commission also requested UNODC to undertake the development and technical maintenance of the system, and invited the INCB secretariat to administer the system during the start-up phase in the biennium 2012-2013. Funding of the system was to rely completely on voluntary contributions from Governments.

200. With the generous support of a number of Governments, a prototype of the I2ES system was developed and demonstrated at a side event during the fifty-sixth session of the Commission in March 2013. The I2ES

<sup>17</sup>E/INCB/2012/1, paras. 209-213.

system, which is designed to be web-based and user-friendly, will facilitate and expedite the work of national competent authorities and reduce the risk of diversion of narcotic drugs and psychotropic substances, in accordance with the international drug control conventions concerning international trade in those substances.

201. In March 2013, the Commission on Narcotic Drugs in its resolution 56/7, welcomed the contributions of a number of Member States for the initial phase of I2ES and invited Member States to continue to provide voluntary financial contributions to UNODC for the further development and maintenance of the system. The Commission invited the secretariat of INCB to administer the system, in line with its mandate, and encouraged Member States to provide the fullest possible financial support, including through extrabudgetary resources, for that purpose.

202. With the participation of selected competent national authorities from all regions of the world, on 15 November 2013, a pilot testing phase of I2ES was to be initiated for the period ending 31 January 2014. An assessment of the pilot testing phase will be presented to Member States at the time of the fifty-seventh session of the Commission, to be held in March 2014, and should be rolled out in the course of 2014.

203. The Board invites all Governments to continue supporting the initiative and to provide the necessary resources for the administration of the system, pursuant to Commission resolution 56/7.

### *Pre-export notifications for precursor chemicals*

204. By invoking article 12, paragraph 10 (a), of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, a country makes it mandatory for exporting countries to inform the competent authorities of an importing country that there is a planned export of precursors to their territory, prior to actual shipment. This allows the importing country to be made aware of the trade and to verify its legitimacy. However, currently only 90 States and 3 territories have formally requested pre-export notifications. While this is still an increase of 13 Governments compared with the previous year, there is still a significant number of Governments that may not be aware of the import of controlled precursors into their territory. The Board calls upon all remaining Governments to further strengthen the pre-export notification system by invoking the provisions of article 12, paragraph 10 (a), of the 1988 Convention without further delay.

205. Launched in March 2006, the Board's PEN Online system allows competent national authorities of importing and exporting countries to inform each other about international trade of precursor chemicals in order to confirm the legitimacy of a given trade and help limit diversion. Since 2012, a further 11 countries have registered to use the system (bringing the total number to 146 States and territories): Algeria; British Virgin Islands; Burkina Faso; Cabo Verde; Côte d'Ivoire; Liberia; Libya; Macao, China; Marshall Islands; Solomon Islands; and Tajikistan. The increased use of PEN Online and thus its increased coverage, has led to a rise in the number of pre-export notifications communicated through the system, which now stands, on average, at over 2,000 each month. The Board therefore urges the remaining 51 States that have not registered with the PEN Online system to do so as soon as possible and calls on Governments to actively use the system. It also reminds all Governments exporting scheduled chemicals to countries that have invoked article 12, paragraph 10 (a), of the 1988 Convention 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).

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

206. The control measures described above are effective. Very few cases involving diversion of narcotic drugs or psychotropic substances from international trade into illicit channels have been identified in recent years.

207. Discrepancies in Government reports on international trade in narcotic drugs are regularly investigated with the competent authorities of the relevant countries to ensure that no diversion of narcotic drugs from licit international trade takes place. Since May 2013, investigations regarding trade discrepancies for 2012 have been initiated with 27 countries. The responses from the countries concerned indicated that the discrepancies were caused by clerical and technical errors in preparing the reports, reporting on exports/imports of preparations in Schedule III without indicating that fact on the form, and inadvertent reporting of transit countries as trading partners. There were no identified cases indicating a possible diversion of narcotic drugs into illicit channels.

208. During the last year, only one case of diversion of a psychotropic substance from international trade into

illicit channels was identified. The case in question concerned a diversion of an import of diazepam from China to Nigeria. In the case in question, the importing company claimed to have lost the related import permit and was provided by the Nigerian authorities with a replacement permit. It was later determined that exports corresponding both to the original permit and the replacement permit had taken place, as was corroborated by the Government of China. At present, it is not clear whether the diverted diazepam actually arrived in Nigeria or was diverted to another destination.

209. In addition, attempts to divert psychotropic substances from international trade continue to be detected by vigilant competent national authorities, which often work in close cooperation with the Board.

210. Falsified import authorizations continue to be used by traffickers to attempt diversion of controlled substances. In 2013, a diversion attempt was identified through the vigilance of the competent authorities of the Czech Republic, which stopped a shipment of phentermine (Adipex capsules) that was to be exported to Yemen. The shipment was stopped as the import permit, which claimed the shipment was for a humanitarian emergency, had apparently been falsified and because the consignment was to be delivered to a post office box address in Yemen. Upon inquiry with the authorities of Yemen, it was confirmed that the import permit in question had been falsified.

211. The Board trusts that Governments investigate all attempts to divert controlled substances, such as the attempt mentioned above, in order to identify and prosecute the persons responsible. The Board also urges Governments to remain vigilant and scrutinize import and export orders involving controlled substances to ensure that they are delivered to licit consignees.

212. In accordance with Commission on Narcotic Drugs resolution 50/11, Governments are encouraged to notify the Board of seizures of internationally controlled substances ordered via the Internet and delivered through the mail, in order to assess the extent of and trends pertaining to that issue. In 2013, six countries reported such seizures (Chad, Finland, Norway, the Russian Federation, Singapore and Thailand). Chad reported a seizure in 2012 of 5,436 capsules of diazepam, originating in Cameroon. Finland reported seizures of buprenorphine, methylphenidate, zolpidem and some benzodiazepines in quantities ranging from 299 units to 10,745 units, from unknown sources. Norway reported seizures of 18 different psychotropic substances, including significant quantities of alprazolam and diazepam, entering the country by mail

from a number of countries. The Russian Federation reported seizures of 17 different psychotropic substances, most notably of almost 2 kg of amphetamine. Singapore reported seizures of small quantities of clonazepam, diazepam and midazolam sent by mail from China and Pakistan. Thailand reported seizures of alprazolam and diazepam, which was mainly sent by mail from Thailand to the United Kingdom of Great Britain and Northern Ireland.

213. The controls currently in place have been effective to the point that traffickers are now seeking to exploit weaknesses at the domestic level rather than trying to divert controlled substances from international trade. However, it is also clear that some substances used in the illicit manufacture of amphetamine-type stimulants continue to be targeted for diversion from international trade, in particular preparations containing the precursors ephedrine and pseudoephedrine. In addition, the evolving trend with regard to the diversion of non-scheduled chemicals will pose a challenge to existing control measures, for which new approaches may be required to respond effectively.

#### (d) Prevention of diversion from domestic distribution channels

214. The diversion of narcotic drugs, psychotropic substances and precursors from licit domestic distribution channels has become a main source for supplying the illicit markets. The narcotic drugs and psychotropic substances involved are diverted mainly in the form of pharmaceutical preparations. Some of 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 section E below.

215. Governments have no obligation to bring to the attention of the Board individual cases of diversion from domestic distribution channels. Consequently, for many substances found to have been diverted, there is little record of the point of diversion or of the actual methods used by traffickers or abusers to obtain those substances. Frequently, seizure data provide an indication of problems that continue to be experienced with such diversion. For narcotic drugs and psychotropic substances, data on substance abuse obtained either through drug abuse surveys or from drug treatment and counselling centres also confirm the widespread availability of narcotic drugs and psychotropic substances that were diverted from licit distribution. Abusers that are seeking treatment can direct

the authorities to the sources of the substances in question, including pharmacies that do not implement the prescription requirements, thefts and unethical behaviour by patients, such as “doctor shopping”. The Board recommends that Governments inform it regularly of the major cases of diversion of controlled substances from domestic distribution channels in their countries so that the lessons learned from such diversion cases can be shared with other Governments.

216. For narcotic drugs and psychotropic substances, the substances most frequently diverted tend to be those that are most widely consumed for licit purposes. Among the psychotropic substances most frequently diverted are stimulants (amphetamines, methylphenidate and anorectics) and sedatives such as benzodiazepines (especially diazepam, alprazolam, lorazepam, clonazepam, flunitrazepam and midazolam), barbiturates and GHB.

217. The trend towards diversion of substances from domestic trade channels, which are then trafficked out of the country, a trend which has been previously signalled by the Board, continues. In general, countries should develop a better understanding of their domestic markets, including the role of manufacturing companies and end-users of scheduled precursors, in order to limit opportunities for domestic diversion that can be exploited by traffickers.

218. In terms of scheduled precursors, diversion from domestic distribution channels is particularly noticeable for acetic anhydride, a precursor used in heroin manufacture. In order to raise awareness about this issue and develop better understanding of modi operandi used by traffickers of this substance, the Board initiated an international activity that focused on the verification of legitimacy of domestic trade in, and end-use of, acetic anhydride, under the auspices of Project Cohesion, the international initiative to combat trafficking in heroin precursors. The operation involved the participation of 41 countries, and its results will be evaluated by the INCB Precursors Task Force and reported at a later date. The Board encourages Governments to actively participate in such intelligence-gathering activities under Project Prism and Project Cohesion.

219. Weaknesses in the controls over pharmaceutical preparations in countries of South-East and West Asia are of concern to the Board. High annual legitimate requirements for ephedrine and pseudoephedrine in some countries of those regions, in parallel with large numbers of seizures, point to the need to improve controls over distribution and estimates. The Board is also aware of domestic diversions of pharmaceutical preparations in countries

of South-East and West Asia, as well as in South Asia, communicated via PICS.

220. The continued success of control measures applied to international trade in potassium permanganate have forced trafficking organizations to both obtain the substance from other sources and find alternatives with which to illicitly manufacture cocaine. For example, authorities in Colombia estimate that between 60 and 80 per cent of the potassium permanganate used in Colombia is obtained through illicit manufacture from manganese dioxide and not diverted from international trade. It is also believed that sodium permanganate is being used as a possible substitute. The net result is that the ability of traffickers to manufacture cocaine in large quantities remains, and the Board is concerned by the growing threat of cocaine manufacture spreading into Central America and other regions outside South America.

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

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

222. INCB 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 of 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 2013 technical report of the Board on narcotic drugs.<sup>18</sup> The following paragraphs provide a summary of that analysis.

223. INCB 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, and at the same time, limit the risk of diversion associated with excessive stocks.

224. While global production of opiate raw materials rich in morphine was lower than global demand estimated by Governments for those raw materials in the period 2006-2008, production exceeded demand from 2009 to 2011. As a result, stocks increased and at the end of 2011 stood at about 493 tons, sufficient to cover the expected global demand for 14 months. In 2012, stocks remained at the same level (483 tons) as a result of production exceeding demand, although the gap between the two was considerably reduced in comparison with 2011 and still sufficient to cover the expected global demand for about 12 months. In 2013, global production of opiate raw materials rich in morphine is expected to exceed global demand again, with the result that global stocks of those raw materials will further increase in 2013. Stocks were expected to reach 596 tons by the end of 2013, which is equivalent to about 15 months of expected global demand at the 2014 level. Producing countries plan to increase production in 2014. Stocks are anticipated to reach about 795 tons at the end of 2014, sufficient to cover several more months of expected global demand. The global supply of opiate raw materials rich in morphine (stocks and production) will remain fully sufficient to cover global demand.

225. In 2012, global production of opiate raw materials rich in thebaine was again higher than demand as reported by Governments, leading to a slight increase in stocks (to 183 tons) at the end of 2012, equivalent to global demand for 8 months. Production is expected to increase in 2013 and to grow further in 2014. By the end of 2013, global stocks of opiate raw materials rich in thebaine will likely reach 244 tons, sufficient to cover global demand for 10 months, and at the end of 2014 reach 353 tons, sufficient to cover several months of expected global demand. The global supply of opiate raw materials

rich in thebaine (stocks and production) will be more than sufficient to cover global demand in 2013 and 2014.

226. The stocks of opiate raw materials rich in morphine will be at the recommended level at the end of 2013 but will be above the recommended level (15 months) as at the end of 2014. Stocks of opiate raw materials rich in thebaine are expected to increase in 2013 and 2014 but will be below the recommended level.

227. The Board noted that data show that the amount of opiate raw material available for the manufacturing of narcotic drugs for pain relief is more than sufficient to satisfy current demand level as estimated by Governments and that global stocks are increasing. The Board noted that despite this, the consumption of narcotic drugs for pain relief is concentrated in a limited number of countries. The Board calls on Governments to ensure that substances under international control used for pain relief are available and accessible to people in need and asks Governments to make every effort to facilitate that process.

## (b) Consumption of psychotropic substances

228. While the submission by Governments of consumption data on narcotic drugs to the Board is a treaty requirement under the 1961 Convention, such reporting for psychotropic substances is not required under the 1971 Convention. As a consequence, consumption levels for psychotropic substances continue to be calculated by the Board on the basis of data furnished by Governments on manufacture, international trade, quantities used for industrial purposes and stocks. That situation makes it more difficult to come to reliable conclusions than in the case of narcotic drugs.

229. To address that situation, the Commission on Narcotic Drugs, in its resolution 54/6, encouraged all Member States to furnish to the Board data on consumption of psychotropic substances. The number of Governments that are furnishing such data has steadily increased since 2010. The Board is pleased to note that for 2012, a total of 53 Governments have already been in a position to submit data on consumption of psychotropic substances to it in accordance with the Commission resolution 54/6. That development will enable the Board to more accurately analyse the consumption levels of psychotropic substances in the countries and territories concerned and to better monitor consumption trends in countries and regions with a view to identifying unusual or undesirable developments.

<sup>18</sup>E/INCB/2013/2.

230. Consumption levels of psychotropic substances continue to differ widely among countries and regions, reflecting diversity in medical practice and related variations in prescription patterns. However, as the Board has repeatedly pointed out, high or low levels of drug consumption in a country should be a matter of concern to the Government. High levels of consumption of psychotropic substances that are not medically justified may lead to the diversion and abuse of the substances in question, whereas very low levels of consumption of psychotropic substances in some countries may reflect the fact that those substances are almost inaccessible to certain parts of the population. Where substances are not accessible on the licit market for genuine medical purposes, those substances, or counterfeit medicaments allegedly containing those substances, may appear on unregulated markets. The Board reiterates its recommendation to all Governments to compare the consumption levels in their countries with those in other countries and regions, with a view to identifying unusual trends requiring attention, and take remedial action where necessary. At the same time, the Board encourages all Governments to ensure the rational use of internationally controlled substances, in accordance with the pertinent recommendations of WHO.

### (c) Activities of intergovernmental and non-governmental organizations

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

232. UNODC continued to develop the global programme to improve the management policies and procedures related to controlled medication, particularly for prescription pain medication. The aim is to increase access to controlled drugs for medical purposes used for treatment of severe pain, thereby reducing existing barriers to rational use and increasing the number of patients receiving appropriate treatment for conditions requiring the use of such medication, while minimizing diversion, misuse and abuse. The global programme has received funding from Australia, and while UNODC is continuing to fundraise, it has decided, together with the Union for International Cancer Control, to start some of the activities foreseen by the programme in a pilot country.

### (d) National activities

233. The Board notes that action has been taken in several countries to improve the level of consumption of

internationally controlled substances, in particular opioid analgesics.

234. In India, an amendment to India's Narcotic Drugs and Psychotropic Substances Act was introduced to strengthen the Act with regard to opioid accessibility. The amendment was drafted through a cooperative effort by the Government of India's Department of Revenue and palliative care non-governmental organizations in an effort to achieve a more balanced policy that ensured nationwide consistency in the licensing and movement of opioids between Indian states, while maintaining adequate controls. The Board welcomes the effort of the Government of India and looks forward to the final approval of the amendment.

235. In August 2012, the Government of Viet Nam adopted the national target programme on drug abuse prevention and control for the period 2012-2015. The new programme updated the country's drug control strategy and focuses on expanding methadone substitution treatment among the country's large population of HIV-vulnerable injecting drug users.

### (e) Information on specific requirements for travellers who carry medical preparations containing controlled substances for personal use

236. The Commission on Narcotic Drugs, in its resolutions 45/5, 46/6 and 50/2, encouraged States parties to the 1961 Convention and the 1971 Convention to notify the Board of restrictions currently applicable in their territory to travellers under medical treatment with preparations containing substances under international control, and requested the Board to publish that information in a unified form in order to ensure its wide dissemination and facilitate the task of government agencies.

237. As of 1 November 2013, the Board had received from 86 Governments information on the legal provisions and/or administrative measures currently applicable in their countries to travellers carrying medical preparations containing narcotic drugs or psychotropic substances for personal use. The Board, in cooperation with those Governments, has been putting the information received into a standard format so that travellers may receive comprehensive information on the requirements in their countries of destination. The Board urges Governments that have not yet done so to examine the standardized information on their national requirements and to inform the Board of their approval of that information. Once

approved, the standardized information will be posted on the website of the Board.

238. The Board calls on all Governments that have not yet done so to submit to it their current national regulations and restrictions applicable to international travellers carrying medical preparations containing internationally controlled substances for personal use, pursuant to Commission on Narcotic Drugs resolutions 45/5, 46/6 and 50/2. In addition, Governments should notify the Board of any changes in their national jurisdictions in the scope of control of narcotic drugs and psychotropic substances relevant to travellers under medical treatment with internationally controlled substances, in accordance with Commission resolution 50/2.

## E. Special topics

### 1. Prescription drug disposal initiatives

239. The Board has repeatedly drawn the attention of Governments to the growing public health threat caused by increasing global prevalence rates of prescription drug abuse. The abuse of prescription drugs has increased in all regions, with those prevalence rates, in some countries, outpacing the rates for illegal drugs.

240. While many factors may have contributed to that development, the Board notes that the increased prevalence in prescription drug abuse has, to a large extent, been driven by the widespread availability of those drugs, as well as to erroneous perceptions that prescription drugs are less susceptible to abuse than illicit drugs. The non-prescription use of those drugs for self-medication has further exacerbated the problem.

241. One of the main sources of prescription drugs diverted from licit channels for abuse identified by public health officials is the presence in households of prescription drugs that are no longer needed or used for medical purposes. Surveys of abuse prevalence undertaken in several countries have revealed that a significant percentage of individuals abusing prescription drugs for the first time obtained the drug from a friend or family member who had acquired them legally.

242. In the light of that situation, the international community has recognized that an effective means of addressing the growing threat posed by prescription drug abuse and addiction is to focus efforts on supply reduction and

public awareness initiatives. Among the measures being increasingly used are prescription drug disposal initiatives, including prescription drug take-back days.

243. The setting-up of such initiatives in many jurisdictions has yielded significant results at a relatively low cost. In the United States alone, since the staging of the first prescription drug take-back day in 2010, such initiatives have resulted in the removal of 1,733 tons of prescription drugs from circulation and possible abuse. In staging and publicizing these initiatives, public health authorities have helped increase public awareness of the dangers of prescription drug abuse and of the importance of ensuring that unused prescription drugs that are no longer needed are disposed of safely.

244. The importance of these measures has been recognized by the international community, including by the States members of the Commission on Narcotic Drugs. Accordingly, in March 2013, the Commission adopted its resolution 56/8, entitled “Promoting initiatives for the safe, secure and appropriate return for disposal of prescription drugs, in particular those containing narcotic drugs and psychotropic substances under international control”.

245. In its resolution 56/8, the Commission called upon States to consider the adoption of a variety of courses of action to address prescription drug abuse in cooperation with various stakeholders such as public health officials, pharmacists, pharmaceutical manufacturers and distributors, physicians, consumer protection associations and law enforcement agencies, in order to promote greater awareness of the risks associated with the non-medical use of prescription drugs, in particular those containing narcotic drugs or psychotropic substances.

246. In adopting that resolution, the Commission has recognized that programmes for the safe disposal of prescription drugs are an integral part of any strategy to address prescription drug abuse and may be an effective means of raising public awareness of the dangers of the harm caused by that abuse.

247. Drawing on the encouraging results achieved in many States in the implementation of successful initiatives for the disposal of prescription drugs, in its resolution 56/8 the Commission encouraged Member States to exchange good practices, to be emulated in States that had not yet implemented such activities or that sought to strengthen or optimize existing measures.

248. The Board fully endorses the courses of action set forth in Commission on Narcotic Drugs resolution 56/8

and calls upon all States that have not already done so to develop comprehensive strategies to address prescription drug abuse, including mechanisms to ensure the safe return and disposal of medications possessing psychoactive properties, particularly those containing narcotic drugs or psychotropic substances. The Board also recommends that States consider expanding these programmes to include all substances having psychoactive properties, whether available with a prescription or without.

249. Although the establishment of safe disposal initiatives is an important tool for addressing prescription drug abuse, that measure alone will not suffice. As such, the Board wishes to reiterate that any comprehensive strategy aimed at tackling the problem of prescription drug abuse must also address the root causes of the excessive supply of prescription drugs, including overprescribing by medical professionals, “doctor shopping” and inadequate controls on the issuing and filling of prescriptions.

## 2. Illegal Internet pharmacies

250. For several years, the Board has drawn the attention of Governments and other members of the international community to the phenomenon of illegal Internet pharmacies and the need to better protect the public against the illegal distribution of preparations containing internationally controlled substances. Substances frequently sold through such pharmacies include opioid analgesics, central nervous system stimulants and tranquillizers. To assist Governments in addressing the problem, the Board developed, with the support and contribution of national experts and relevant international organizations, Internet service providers, financial services and pharmaceutical associations, *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*.<sup>19</sup> The guidelines, which were launched in 2009, are aimed at assisting Governments in formulating national legislation and policies for regulatory, law enforcement and other authorities with regard to the use of the Internet to dispense, purchase, export or import internationally controlled substances.

251. To assess the implementation of the guidelines and to obtain information on good practices in addressing the unauthorized sale of internationally controlled substances using the Internet, the Board sent a questionnaire to Governments in March 2013; responses were received from 78 countries and territories throughout the world. Most Governments reported that, on their territory, the

sale of internationally controlled substances by Internet pharmacies was prohibited, and some expressly stated that not allowing Internet pharmacies to operate on their territory had limited the problem.

252. Where Internet pharmacies are permitted, such pharmacies must generally meet the same legislative requirements that are applicable to storefront pharmacies. Some pharmacies do not use the Internet to sell internationally controlled substance, as they consider the risk of diversion to be too large. In some cases, applications to open Internet pharmacies are examined by law enforcement authorities prior to being approved.

253. Many Governments reported having implemented the guideline calling on Governments to adopt national legislation on the designated routing and inspection of mail and other items handled by international courier companies. Legislation and policies in place normally allow border service agencies to examine pharmaceuticals that are shipped by mail. The extent to which consignments of medication containing internationally controlled substances are inspected varies. In some cases, all consignments containing any medicinal product are examined; in others, inspections are carried out at regular intervals with a view to detecting illegal shipments. In addition, countries may have in place specific requirements for the distribution of medicinal products by mail (or as one Government reported) may not allow narcotic drugs or psychotropic substances to be shipped through the postal system unless they are to be used as test or reference standards.

254. One central concern is the potential danger to the health of customers who have procured over the Internet pharmaceutical products containing internationally controlled substances. National efforts have been made to protect such customers from harm. The National Association of Boards of Pharmacy, for example, which has members in Canada, New Zealand and the United States, has developed the Verified Internet Pharmacy Practice Sites (VIPPS) programme, whereby participating pharmacies must comply with a number of licensing and inspection requirements. Each VIPPS pharmacy site is identified by a hyperlink seal displayed on the website; by clicking on the seal, website visitors are able to access verified information about the pharmacy. Similarly, since 2 January 2013, member States of the European Union are required to apply directive 2011/62/EU of the European Parliament and of the Council of the European Union, which, inter alia, requires each member State to introduce a “common logo” on websites of legally operating online pharmacies. The logo must be clearly displayed on every

<sup>19</sup>United Nations publication, Sales No. E.09.XI.6.

web page of any online pharmacy offering pharmaceutical products containing internationally controlled substances and should allow the identification of the member State in which the online pharmacy has been established.

255. In several countries, particularly in Europe and North America, as well as in Australia and New Zealand, awareness-raising campaigns are regularly carried out, often on the Internet, to inform the public about the potential dangers of ordering pharmaceutical products over the Internet. Websites established specifically for this purpose may include information and verification tools to assist in identifying whether the pharmacy in question is a genuine enterprise. Some websites also have facilities for reporting suspected fake online pharmacies to the relevant authorities.

256. Action against illegal Internet pharmacies involves multiple actors at the national level, usually the Ministry of Health and law enforcement agencies and, in many cases, other ministries such as the Ministry of Economics, the Ministry of Technology or the Ministry of Justice. An effective response therefore requires the collaboration of those Government agencies, as well as fruitful cooperation within the private sector, particularly among Internet service providers.

257. When asked about good practices in addressing the problem of illegal Internet pharmacies, Governments cited regular monitoring of the Internet and the investigation of suspected illegal pharmacies. Several Governments also reported examples of successful cooperation at the national and international levels that had resulted in the seizure of internationally controlled substances and the dismantling of organizations trafficking in such substances.

258. One example of effective international action is Operation Pangea, an annual operation that is coordinated by the International Criminal Police Organization (INTERPOL), involves the World Customs Organization, the Permanent Forum on International Pharmaceutical Crime, the Heads of Medicines Agencies Working Group of Enforcement Officers, the Pharmaceutical Security Institute and the European Police Office (Europol) and is supported by the Center for Safe Internet Pharmacies, as well as companies in the private sector. Six such operations have been carried out since 2008. The latest, a one-week operation carried out in June 2013, resulted in the shutdown of more than 9,000 websites, in addition to the suspension of the payment facilities of illegal pharmacies and the disruption of a substantial number of spam messages.

259. The results of the Board's 2013 survey on illegal Internet pharmacies also highlighted the digital divide. Most of the respondents were from regions in which a high percentage of the population uses the Internet, such as Europe and North America. Respondents from other regions often expressed a lack of awareness of illegal Internet pharmacies and of action that could be taken against them. According to the International Telecommunication Union, however, between 2009 and 2013, the number of households with Internet access grew fastest in developing countries—average annual growth was 27 per cent in Africa—and 15 per cent in Asia and the Pacific, the Arab States and the Commonwealth of Independent States. Those growth rates underscore the need to increase public awareness in those regions of the dangers of illegal Internet pharmacies and to strengthen activities to build the capacity of authorities involved in responding to crime involving the Internet.

260. Since 2004, the Board has been collecting information from Governments on activities and measures targeting illegal Internet pharmacies. As illegal Internet pharmacies are a global challenge, strengthened international action is required to effectively address the problem. The Board calls on Governments to continue to provide it with information on the subject and to develop and promote good practices in that area so that sustained action can be taken against the problem.

### 3. Global developments in the non-medical use of tramadol

261. The Board welcomes the adoption of Commission on Narcotic Drugs resolution 56/14, on tramadol, in which the Commission highlighted the concerns of Member States with respect to the expansion of the illicit manufacture and the illicit domestic and international distribution of tramadol in some countries, as well as the risk of illicit use of tramadol and its potential exploitation by trafficking organizations. The Board highlighted in its annual report for 2012 that abuse of tramadol, a synthetic opioid not under international control, had become a serious problem in a number of African countries, notably in North Africa. In 2013, large seizures in Africa were once again reported.

262. In its resolution 56/14, the Commission invited the International Narcotics Control Board (INCB) to consider incorporating in its annual report for 2013 information on global developments in the non-medical use and abuse, illicit manufacture and illicit domestic and international distribution of tramadol.

263. A questionnaire, made available on paper and online, was transmitted to Member States with the request that they provide information on the use and status of tramadol in their country. A total of 81 States responded.

264. The results show that almost all countries (80 of the 81 countries responding) reported that tramadol was used for medical purposes in their territory. In most countries (72 countries or 90 per cent), a prescription was required for all tramadol preparations, and in another 5 countries (5 per cent) a prescription was required for some preparations. However, only 33 countries (40 per cent) of the responding countries reported that tramadol was controlled under national legislation. Only 13 countries (28 per cent) of the 46 countries responding to the specific question were considering placing tramadol under control, and the respondents for those countries commented that such a control measure would limit abuse of the drug but should not have an impact on its availability for medical use.

265. Thirty-three countries, approximately 42 per cent of those responding, reported non-medical use and/or abuse of tramadol, mostly providing anecdotal information. With respect to trends observed, abuse of tramadol (two thirds of which is oral dosage form abuse) was increasing in 12 countries (38 per cent) of the countries reporting such abuse and was stable in a further 13 countries (42 per cent).

266. Thirty-three countries (72 per cent of 46 countries responding to the specific question) were not considering placing tramadol under control, expressing concern that the introduction of control measures would limit accessibility and make doctors more reluctant to prescribe the drug.

267. A limited number of countries (five countries or 15 per cent of the 32 countries responding to the specific question) indicated that abuse of tramadol posed a significant risk to public health, while a larger portion (nine

countries or 28 per cent) did not consider the abuse of tramadol to be a significant risk to public health.

268. In 20 countries (25 per cent of the countries responding) there was evidence of illicit distribution of tramadol, and in 17 countries (21 per cent) there was diversion into illicit distribution channels, mostly diversion attributable to retailers or patients. Just 12 countries (15 per cent) had evidence of illicit import of tramadol, and 24 countries (32 per cent) reported seizures. Very few respondents indicated local illicit manufacture or export.

269. In conclusion, the picture emerging from the survey is that tramadol abuse seems to be a problem for a limited but significant number of countries (32 of the 77 countries responding on that issue). Five countries reported that abuse of tramadol was a significant risk, while illicit trafficking was recorded in a limited number of countries. There were no clear data on abuse, only anecdotal evidence. It seems that a number of States do not intend to strengthen control measures for tramadol because they do not want to limit accessibility and because they do not have strong evidence of abuse and illicit trafficking.

270. The Board notes that abuse of tramadol is a significant problem in a limited number of countries and that there are growing indications of non-medical use of tramadol and diversion to illicit channels. The Board notes that tramadol is controlled in most countries where it has been found to be abused and that a number of other countries that have encountered problems with such abuse are considering taking that measure. The Board notes that it is important to ensure that tramadol is available for medical purposes but that it is equally important for countries to ensure that it is not used for non-medical purposes. Therefore, the Board recommends that countries continue to monitor trends and collect data on the use, abuse, illicit domestic and international distribution and manufacture of tramadol and share those data with the Board and the World Health Organization.