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), 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.
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.

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.

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).

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.

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.

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.

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.

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.