

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.