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**Special Session of the General Assembly devoted to the fight against the illicit production, sale, demand, traffic and distribution of Narcotic drugs and Psychotropic substances and related activities, 1998.**

INCB/STI

Recommendations by the International Narcotics Control Board

**MEASURES TO COUNTER ILLICIT MANUFACTURE OF,  
TRAFFICKING IN AND ABUSE OF STIMULANTS**



INTERNATIONAL NARCOTICS CONTROL BOARD

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## Introduction

1. At its fifty-first session, the General Assembly adopted resolution 51/64 of 12 December 1996 by which it decided to convene a special session on international drug control in June 1998. In that resolution, the General Assembly invited organs, organizations and specialized agencies of the United Nations system to contribute fully to the preparations for the special session of the General Assembly, in particular by submitting to the Commission on Narcotic Drugs, as the preparatory body for the special session, concrete recommendations on the issues to be addressed by the special session.

2. At its sixty-second session, held from 5 to 16 May 1997 at Vienna, the International Narcotics Control Board (INCB) decided to respond to the invitation by the General Assembly by presenting a series of documents containing concrete recommendations that INCB has made on issues to be dealt with at the special session of the General Assembly, identified by the Commission on Narcotic Drugs, acting as the preparatory body for the special session.

3. The series of documents of the Board refer to the conclusions and recommendations made by the Board in its annual reports or similar documents, over the last years for consideration of Governments. The documents are meant to facilitate Governments to reach agreement in their deliberations of the various subjects to be discussed at the special session of the General Assembly. Documents have been prepared on:

- < Measures to counter illicit manufacture of, trade in and abuse of stimulants (INCB/STI)
- < Measures to enhance the control and monitoring of precursors frequently used in the manufacture of illicit drugs (Document INCB/PRE)
- < Measures to counter money-laundering (Document INCB/MON)
- < Measures to promote judicial cooperation (Document INCB/JUD)

4. A further document which will outline concrete recommendations of the Board on the issue of demand reduction will be made available to the second session of the Commission on Narcotic Drugs, acting as preparatory body for the special session, to be held from 27 February to 5 March 1998, in the course of the forty-first session of the Commission on Narcotic Drugs.

5. The documents of the Board are available in English, French and Spanish, the working languages of the Commission on Narcotic Drugs.

## MEASURES TO COUNTER ILLICIT MANUFACTURE OF, TRAFFICKING IN AND ABUSE OF STIMULANTS

6. The illicit manufacture of, trafficking in and abuse of stimulants is a matter of concern to the International Narcotics Control Board in the context of its responsibilities under the international drug control treaties, in particular the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Over the past years, the Board has made several recommendations on those issues, particularly in the supplement to its Report for 1994 entitled "Effectiveness of the international drug control treaties" (E/INCB/1994/1/Supp.1) and in the Annual Reports of the Board for 1995 (E/INCB/1995/1) and 1996 (E/INCB/1996/1). The Board also made recommendations on the use of methylphenidate and on the consumption of stimulants as anorectics in two background papers prepared for the second Expert Meeting on Amphetamine-type Stimulants, held at Shanghai, China, from 25 to 29 November 1996.

The present document contains an overview of recommendations that the Board has previously made, relating to the implementation of the 1971 Convention.

7. The present document consists of two chapters: Chapter I provides an overview of general recommendations concerning all psychotropic substances, including stimulants; and Chapter II presents recommendations of the Board on a number of measures specific to individual stimulants (MDMA, methylphenidate) or a group of stimulants (anorectics). Quotes from the Reports of the Board are shown in italics.

### I. GENERAL RECOMMENDATIONS OF THE BOARD

8. In the supplement to its Report for 1994 entitled "Effectiveness of the International Drug Control Treaties" (E/INCB/1994/1/Supp.1), the Board made a number of suggestions concerning the functioning of the 1971 Convention.

#### A. Making scheduling procedures of the 1971 Convention similar to those of the 1961 Convention

9. *"Clear scheduling criteria and fast scheduling decisions are key elements in the proper functioning of the international drug control system."* This is of particular importance with regard to stimulants in the form of designer drugs which are rapidly emerging on the illicit market.

10. *"Before the adoption of the 1971 Convention, the scheduling of new drugs was a relatively speedy process because of the clear criteria used for scheduling decisions. Those criteria were defined in article 3, paragraph 3, of the Single Convention on Narcotic Drugs, 1961; consequently, any new drug liable to similar abuse and productive of similar ill effects as the drugs already under international control could be put under control without delay. Due to some commercial interests and alleged*

*public health considerations, this "similarity concept" was abandoned by the plenipotentiary conference that adopted the 1971 Convention. In order to avoid the international control of a great number of amphetamine- and barbiturate-type drugs, the "similarity concept" was replaced by complex and contradictory criteria.*

11. *Introducing the new scheduling criteria into the international drug control system has had three negative consequences:*

(a) *In order to avoid arbitrary decisions, the World Health Organisation (WHO) was forced to build up a complex and lengthy "evaluation" mechanism;*

(b) *As a consequence of the time-consuming evaluation process, scheduling decisions have been considerably delayed, allowing the propagation of new drugs of abuse. Unscrupulous chemists and illicit traffickers often exploit this time-lag by offering other similar drugs not under international control;*

(c) *The ambiguity of scheduling criteria, together with the inclusion among those criteria of such requirements as evidence or likelihood of abuse constituting a serious public health and social problem, has contributed to the hesitation of Governments to send notifications for changing the scope of control of the 1971 Convention. (...)*

12. *Examination of the substances scheduled under the 1971 Convention since the coming into force of that Convention reveals that applying the similarity concept would lead (with few exceptions) to the same result, only with greater speed and less energy and at less expense.*

13. *In the case of the 1961 Convention, scheduling decisions of the Commission on Narcotic Drugs are taken by a simple majority vote. The 1971 Convention stipulates that such decisions should be taken by a two-thirds majority of the members of the Commission. That requirement has also contributed to delayed scheduling. There have been cases in which the international control of some substances has been hindered for several years not because of votes cast against scheduling them but only because of a large number of abstentions and absent delegations.*

14. *In order to enhance the effectiveness of the (...) 1971 Convention, consideration should be given to the scheduling criteria and process. Amending the provisions of the 1971 Convention on scheduling to conform with those of the 1961 Convention would*

*lead to the elimination of contradictions and to transparency and fast scheduling decisions, reducing at the same time the costs of the evaluation process.”*

**B. Making assessments and import and export authorizations mandatory for substances in Schedules II, III and IV of the 1971 Convention \***

15. *In the view of the Board, a view that was endorsed by the Commission on Narcotic Drugs and the Economic and Social Council, not including some control measures of the 1961 Convention in the 1971 Convention has hindered the prevention of diversion of substances in Schedules II, III and IV of the 1971 Convention. Therefore, the Board recommended the following in the supplement to its Report for 1994 entitled “Effectiveness of the International Drug Control Treaties”:*

16. *“Experience has shown that the objective of the 1971 Convention to prevent the diversion of psychotropic substances from licit sources into illicit channels can only be achieved if the following two prerequisites are universally established:*

*(a) A pre-export review of the legitimacy of each transaction must be carried out in all exporting countries, based on the requirement of mandatory export authorization or pre-export declaration;*

*(b) The competent authorities of exporting countries must have at their disposal during the above-mentioned pre-export review at least a rough indication of the legitimate requirements of importing countries for individual psychotropic substances.*

17. *With respect to substances in Schedule II of the 1971 Convention, the provisions require parties to that Convention to comply with the first prerequisite listed above (article 12) but not with the second one. With respect to substances in Schedules III and IV, neither of the prerequisites is provided for by the mandatory control measures of the 1971 Convention.*

18. *The Economic and Social Council, in its resolution 1981/7, invited all Governments to respond positively to the suggestion of the Board that they should assess from time to time their medical and scientific requirements for substances in Schedule II of the 1971 Convention. Consequently, the large-scale diversion of substances in Schedule II, including amphetamine and*

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\* See Annex 1: Proposed amendment to the Convention on Psychotropic Substances, 1971

methamphetamine, in the 1970s and in the beginning of the 1980s has been curtailed by, *inter alia*, the almost universal application by Governments of the simplified estimate system that has taken place since then. The Council has requested all Governments voluntarily to extend the system of import and export authorizations provided for in article 12, paragraph 1, of the 1971 Convention to cover international trade in substances listed in Schedules III and IV (Council resolutions 1985/15, 1987/30 and 1993/38); and it has invited all Governments to extend the system of simplified estimates (assessments) of annual medical and scientific requirements to include substances listed in Schedules III and IV (Council resolutions 1991/44 and 1993/38). However, those measures have not yet been universally applied and, consequently, the diversion from licit sources of substances in Schedules III and IV” still continues.

19. *“In addition to preventing diversion, a mandatory system of export authorizations for substances in Schedule III and IV of the 1971 Convention would render more efficient the mechanism for import prohibition provided for under article 13. This mechanism was expected to serve as a tool for protecting importing countries against unwanted imports of substances in Schedules II, III and IV. It has brought only partial results with respect to substances in Schedules III and IV, however, partly because exporting countries that do not have such a system for pre-export controls for those substances are not in a position to effectively enforce import prohibitions adopted by other countries. (...) The Board would like to encourage Governments to make use of article 13, under which a country may take a decision to prohibit the import of substances found to be diverted and abused and which makes possible a better sharing of control obligations between importing and exporting countries.*
  
20. *“Practical experience has shown that the provisions of the 1971 Convention cannot ensure the achievement of the treaty objectives with respect to substances in Schedules II, III and IV.”* The Board hopes that Governments will agree to amend *“the 1971 Convention in which the measures recommended by the Economic and Social Council in its resolutions 1985/15, 1987/30, 1991/44 and 1993/38 would be included as obligations under the 1971 Convention. That would result in a simplified estimate system for substances in Schedules II, III and IV and a system of import and export authorizations for substances in Schedules III and IV.”*

**C. Providing data on international trade to enable  
the International Narcotics Control Board  
to properly monitor such trade\***

21. Concerning the provision of data on international trade, the Board recommended the following in the supplement to its Report for 1994 entitled “Effectiveness of the International Drug Control Treaties”:

22. *“ With respect to substances in Schedules III and IV of the 1971 Convention, Governments are not required under article 16 to provide the Board with detailed information on their imports and exports (countries of origin and countries of destination). Thus, the Board has been unable to fully analyse the international trade in those substances and to advise Governments on certain cases involving diversion or on shortcomings in national trade controls. The Economic and Social Council, in its resolution 1985/15, requested all Governments to voluntarily furnish information to the Board on the countries of origin of imports and the countries of destination of exports of substances listed in Schedules III and IV.*

23. *Governments should consider making the requirement of detailed reporting on countries of origin of imports and countries of destination of export of substances in Schedules III and IV a treaty obligation.”*

**II. SPECIFIC RECOMMENDATIONS OF THE BOARD**

24. In its Annual Reports for 1995 (E/INCB/1995/1) and 1996 ( E/INCB/1996/1), the Board made specific recommendations regarding individual stimulants (MDMA, methylphenidate) as well as concerning a group of stimulants, namely anorectics. In addition, the Board made further recommendations on the use of methylphenidate and on the consumption of stimulants as anorectics in two background papers prepared for the second Expert Meeting on Amphetamine-type Stimulants, held at Shanghai, China, from 25 to 29 November 1996.

**A. Recommendations regarding the increasing illicit use of MDMA**

25. In its report for 1995 (E/INCB/1995/1), the Board made the following recommendation:

26. *“ The Board is concerned that the mass media in some countries have given publicity to views glamorizing the recreational use of some psychotropic substances in Schedule I, including*

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\* See Annex 1: Proposed amendment to the Convention on Psychotropic Substances, 1971

*methylenedioxymethamphetamine (MDMA), commonly known as “ecstasy”. The Board emphasizes that such views can lead to false perceptions and can undermine drug abuse prevention efforts. The Board, therefore, calls on the media to ensure that their publications and broadcasts are not damaging and counterproductive to their otherwise valuable and necessary contribution to the campaign for preventing drug abuse.”*

## **B. Recommendations regarding the increase in medical use of methylphenidate**

27. Since 1994, the Board has been closely monitoring the worldwide medical use of methylphenidate, a stimulant included in Schedule II of the 1971 Convention. The use of this substance has increased from less than 3 tonnes in 1990 to more than 10 tonnes in 1995. This global trend largely reflects developments in the United States of America, which accounts for approximately 90 per cent of total world consumption. Methylphenidate is used in the United States mainly for the treatment of attention deficit disorder (ADD) in children. In Canada, the second largest user of methylphenidate, average consumption is approximately one half of that in the United States. The use of methylphenidate has also increased in several other countries in recent years, but it remains substantially lower than in Canada or the United States.

28. The Board made several recommendations on the use of methylphenidate in its Annual Reports for 1995 and 1996. The Board requested the authorities of the United States to continue “*to carefully monitor future developments in the diagnosis of ADD in children and the extent to which methylphenidate and other stimulants (such as dexamfetamine and pemoline) are used in the treatment of ADD, in order to ensure that those substances are prescribed in accordance with sound medical practice as required under article 9, paragraph 2, of the 1971 Convention.*” The Board further invited the medical community in the United States “*to continue to address the issue of increasing use of stimulants in the treatment of ADD.*”

29. Furthermore, the Board requested “*all Governments to exercise the utmost vigilance in order to prevent overdiagnosing of ADD in children and medically unjustified treatment with methylphenidate and other stimulants. The competent authorities of some of the countries in which methylphenidate is increasingly being used have informed the Board of their intention to initiate research on that issue. The Board welcomes such initiatives.*” In a background paper entitled “Control of use of methylphenidate in the treatment of ADD” prepared for the second Expert Meeting on Amphetamine-type Stimulants, it was recommended that “*close monitoring of trends should also be undertaken by countries which have only recently started utilizing methylphenidate for the treatment of ADD, in order to prevent from the outset any misuse of the substance.*”

30. In its Annual Reports for 1995 and 1996, the Board invited WHO “*to evaluate, as a matter of priority, the prevalence of ADD in various parts of the world, the diagnostic criteria for ADD, and the use of methylphenidate and other stimulants and any other forms of treatment of that disorder in children. The Board also invites WHO to bring the results of the evaluations to the attention of national public health authorities.*”

31. In a background paper on control of use of methylphenidate in the treatment of ADD prepared for the second Expert Meeting on Amphetamine-type Stimulants, the following was noted and recommended:

32. *“An issue of concern is the increasing incidence of abuse of methylphenidate by persons not under treatment and the occurrence of an illicit market in the substance. Countries are encouraged to strictly apply control measures in accordance with the provisions of the 1971 Convention to prevent any further spread of the non-medical use of the substance.”*

### **C. Recommendations regarding the high consumption of stimulants as anorectics**

33. In its Annual Report for 1996, the Board noted and recommended the following with respect to the consumption of stimulants as anorectics:

34. *“Statistical data submitted by Governments to the Board indicate that stimulants included in Schedule IV of the 1971 Convention, used as anorectics, are consumed in some countries in the Americas in much higher quantities than in other regions. The countries with the highest consumption rate for anorectics are Argentina, Brazil, Chile and the United States. A number of Governments of other countries have also reported increasing use of anorectics under international control, although to a much lesser extent.*

35. *Governments of countries in which controlled anorectics are prescribed in high quantities should closely monitor the situation to prevent their overprescribing, which could lead to the abuse of these substances due to their stimulant properties. Those Governments should support educational campaigns to inform the medical and pharmaceutical community as well as the general public, of the dangers of indiscriminate use of stimulants. The media in those countries should play an important role in promoting a more responsible attitude to the use of stimulants as anorectics.”*

36. In a background paper entitled “Recent trends in the use of stimulants as anorectics” prepared for the second Expert Meeting on Amphetamine-type Stimulants, the following was noted and recommended:

37. *“At the same time the medical community is requested to analyse their approach towards the prescription of stimulants as anorectics to avoid the serious misuse of the substances leading to abuse.(...) Since prescription formulas seem to be one of the*

*main sources of stimulants used as anorectics in a number of countries, (...) Governments may want to consider legal action to ensure appropriate use of prescription formulas. Pharmaceutical companies should be encouraged to devote resources to medical research concerning the development of safer and non-dependency producing anorectics.”*

38. In its Annual Report for 1996, the Board also requested the “*Governments of all countries to strictly implement the provisions of article 10 of the 1971 Convention, which prohibits the advertisement of psychotropic substances to the general public.*” The Board also expressed its concern about “*the activities of some medical practitioners and weight reduction clinics in the United States that use INTERNET to promote the consumption*” of stimulants used as anorectics.

39. The Board further noted that “*cases involving diversion of anorectics from licit distribution channels into illicit markets have been reported in several countries. It has also been discovered that such stimulants are being smuggled into countries where illicit markets exist. In addition to peddling at the street level, health clubs, fashion shops and beauty farms have been identified as establishments through which such stimulants are illegally supplied.*” Trends should be closely monitored to prevent/reverse the evolvement of an illicit market in amphetamine-type stimulants included in Schedule IV of the 1971 Convention. “*The Board urges all Governments to apply appropriate measures to stop the diversion of anorectics from licit manufacture and trade in order to prevent the further development of illicit markets for such substances.*”

## **Annex I**

Proposed amendment  
to the Convention on Psychotropic Substances, 1971

### Text of amendment

#### **Article 12**

##### PROVISIONS RELATING TO INTERNATIONAL TRADE

Sub-paragraph 1.(a):

The words “..substances in schedule I or II..” shall be replaced by the words “..psychotropic substances ..”

Paragraph 2: Shall be deleted

Paragraph 3: The words “In respect of substances in Schedules I and II the following additional provisions shall apply:..” shall be deleted.

#### **Article 12 (bis)**

the text of the new Article 12 (bis) shall be deleted:

##### ASSESSMENTS OF ANNUAL REQUIREMENTS

1. The Parties shall furnish to the Board, in the manner and form prescribed by the Board, assessments of their annual requirements for substances in Schedules II, III and IV. The Board shall transmit the assessments to all other Parties. Parties may modify their assessments at any time.
2. Each Party shall ensure by such measures as it considers appropriate that exports from its territory of substances listed in Schedules II, III and IV in amounts that exceed the assessments of the importing country confirms that the imports are legitimate.

## **Article 16**

### **REPORTS TO BE FURNISHED BY THE PARTIES**

Sub-paragraph 4.(b):

The words “..on total quantities exported and imported;” shall be replaced by the words  
“.. Exported to and imported from each country or region;”

paragraph 5: Shall be deleted.