

## II. Operation of the international drug control system

### A. Status of adherence to the international drug control treaties

#### Single Convention on Narcotic Drugs of 1961

84. As at 1 November 2001, the number of States parties to the Single Convention on Narcotic Drugs of 1961<sup>36</sup> or to that Convention as amended by the 1972 Protocol<sup>37</sup> stood at 175, of which 167 were parties to that Convention in its amended form. Since publication of the report of the Board for 2000,<sup>38</sup> Albania, the Central African Republic, Djibouti and Yugoslavia have become parties to the 1961 Convention as amended by the 1972 Protocol and Belarus, Turkey and Ukraine have become parties to the 1972 Protocol.

85. Afghanistan, Algeria, Chad, the Islamic Republic of Iran, the Lao People's Democratic Republic, Morocco, Myanmar and Nicaragua continue to be parties to the 1961 Convention in its unamended form only. The Board notes that the parliament of the Islamic Republic of Iran has ratified the 1972 Protocol amending the 1961 Convention;<sup>39</sup> the Board trusts that the instrument of ratification will be deposited soon. The Board urges all those States to take prompt action to accede to or ratify without further delay the 1972 Protocol.

86. Of the 16 States that are not yet parties to the 1961 Convention, there are 4 in Africa, 3 in the Americas, 3 in Asia, 1 in Europe and 5 in Oceania. Among those States, Andorra, Belize, Bhutan, Guyana and Saint Vincent and the Grenadines are parties to the most recent international drug control treaty, the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Guyana is also a party to the Convention on Psychotropic Substances of 1971. The Board wishes to remind the Governments of those States that implementation of the 1988 Convention cannot be ensured without adhering to the other international drug control treaties.

#### Convention on Psychotropic Substances of 1971

87. As at 1 November 2001, the number of States parties to the 1971 Convention stood at 169. Since the report of the Board for 2000 was issued, the Central

African Republic, Djibouti, Maldives, San Marino, the United Republic of Tanzania and Yugoslavia have become parties to the 1971 Convention.

88. Of the 22 States that have yet to become parties to the 1971 Convention, there are 5 in Africa, 5 in the Americas, 4 in Asia, 2 in Europe and 6 in Oceania. Some of those States, namely Belize, Bhutan, Haiti, Honduras, Nepal, Saint Lucia and Saint Vincent and the Grenadines, have already become parties to the 1988 Convention. The Board reiterates its request to the States concerned to implement the provisions of the 1971 Convention and to become parties to that Convention as soon as possible.

#### United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

89. Six States have become parties to the 1988 Convention since the report of the Board for 2000 was issued: Albania, Central African Republic, Djibouti, Kuwait, Mauritius and Yugoslavia. As at 1 November 2001, a total of 162 States, or 85 per cent of all the countries in the world, and the European Community<sup>40</sup> were parties to the 1988 Convention.

90. The Board welcomes the fact that the number of States that have taken steps to accede to the 1988 Convention and to implement the provisions of that Convention has increased steadily. Of the 29 States that have not yet become parties to the 1988 Convention, there are 10 in Africa, 6 in Asia, 3 in Europe and 10 in Oceania. The Board again requests that all those States take the necessary steps to accede to the 1988 Convention as soon as possible.

### B. Cooperation with Governments

#### Reports to the Board

##### *Reports on narcotic drugs and psychotropic substances*

91. In carrying out the responsibilities assigned to it under the 1961 and the 1971 Conventions, the Board maintains a continuous dialogue with Governments. The statistical data and other information obtained from them are utilized by the Board in analyses of the

licit manufacture of and trade in narcotic drugs and psychotropic substances worldwide, in order to identify whether Governments have strictly enforced treaty provisions requiring them to limit to medical and scientific purposes the licit manufacture of, trade in, distribution and use of those drugs, while at the same time making such drugs available for the sick.

92. As at 1 November 2001, a total of 161 States and territories had furnished to the Board annual statistics on narcotic drugs for 2000, in conformity with the provisions of article 20 of the 1961 Convention. That figure represents 77 per cent of the 209 States and territories required to submit such statistics. A total of 186 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2000; that figure represents 89 per cent of the 209 States and territories that have been requested to submit those data. However, 41 States and territories submitted only partial statistics on international trade. The number of reports for the year 2000 that were received in 2001 was higher than the number of reports for 1999 received at the same time of year in 2000, when annual statistics from 134 States and territories and quarterly statistics from 176 States and territories were received.

93. The Board notes with satisfaction that some States and territories, including Gibraltar, Mali, the Marshall Islands and Senegal, improved their reporting on narcotic drugs in 2001. While the majority of States have regularly furnished statistical reports, there are a few States parties to the 1961 Convention that have not been complying with their reporting obligations for several years. The Board has repeatedly contacted those States and urged them to take all the measures necessary to ensure regular submission of mandatory reports. The Board continues to closely monitor the situation in those States and will consider further measures to ensure their compliance.

94. Statistical data on narcotic drugs received from States are important to the analysis by the Board of the availability of narcotic drugs for medical needs and to efforts to achieve a balance between the supply of and the demand for opiate raw materials. The ability of the Board to carry out its analysis depends on the timeliness, comprehensiveness and quality of the statistical reports submitted by States and territories. During the last few years, statistical reports submitted by States that are major producers, manufacturers, exporters, importers or users of narcotic drugs, such as

Australia, Belgium, France, Germany, India, Italy, Japan, Spain, Switzerland, Turkey, the United Kingdom and the United States, have been generally accurate. However, some of those States, including India, Italy and the United Kingdom, will have to further improve the quality of their reporting. In 2001, Australia, India and Japan submitted their annual reports very late and India did not provide complete information. Those three States had also had difficulties in submitting their reports in a timely fashion in previous years. The Board wishes to remind those States of their treaty obligation to furnish annual reports for all narcotic drugs not later than on 30 June of the year following the year to which they relate. All States that experience similar difficulties should also take the measures necessary to ensure full and timely compliance with their reporting obligations in the future.

95. The Board has similar concerns regarding the submission of reports on psychotropic substances by some major manufacturing and exporting countries. Delays in the submission of data by Brazil and Japan have prevented the Board from monitoring effectively international trade in psychotropic substances. The Board again urges in particular the Government of Brazil to submit the required reports without further delay.

96. As at 1 November 2001, a total of 145 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 2000 in conformity with the provisions of article 16 of the 1971 Convention. That figure represents 69 per cent of the 209 States and territories required to furnish such reports. The number of reports received for 2000 was slightly higher than the number of reports received for 1999 at the same time of year. In recent years, the final number of States and territories that submitted their annual statistical reports to the Board was approximately 170.

97. The cooperation of some States has not been satisfactory. A large number of States in Africa and Oceania continued not submitting their reports regularly. In recent years, more than one third of the States in those regions have failed to submit annual statistical reports. The Board notes with satisfaction in 2000 that some States in Africa, including Burundi, Djibouti, Zambia and Zimbabwe, and in Oceania, namely the Marshall Islands and Samoa, improved

their reporting on psychotropic substances. Other States, such as Belize, Georgia, Nepal and Uruguay, submitted their statistical reports in 2000 after several years of not reporting to the Board.

98. The international and domestic movement of narcotic drugs and psychotropic substances is continuously monitored by the Board in order to identify any possible deficiencies in control mechanisms, particularly those that could facilitate the diversion of narcotic drugs and psychotropic substances from licit to illicit channels. The Board has been contacting many States because of discrepancies and imbalances in their reports. The States concerned should carefully examine the reasons for any inconsistencies in their reports to ensure that individuals and companies authorized to carry out activities involving narcotic drugs and psychotropic substances provide timely and reliable reports as required by the 1961 and the 1971 Conventions and that no diversion of narcotic drugs or psychotropic substances for illicit purposes occurs.

#### *Reports on precursors*

99. Reporting information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances is a treaty obligation under article 12 of the 1988 Convention. As at 1 November 2001, such information had been submitted for 2000 by a total of 116 States and territories and the European Community (on behalf of its 15 member States), or 55 per cent of the parties and 29 per cent of the non-parties, to the 1988 Convention; thus, the reporting rate in 2001 was similar to that of 2000.

100. The Board notes that Mauritania, a party to the 1988 Convention, complied with its reporting obligation for the first time by submitting annual information required under the 1988 Convention for 2000. Six parties to the 1988 Convention submitted information for 2000 after not having done so for at least the previous three years. Of those parties, Azerbaijan, Bhutan, Saint Vincent and the Grenadines and Uruguay supplied on form D information on licit trade pursuant to article 12 of the 1988 Convention, whereas Togo and, with respect to Afghanistan, the Taliban authorities submitted form D, reporting no seizures of, and no licit trade in, substances controlled under the 1988 Convention. The Board is concerned

that there are still nine States parties to the 1988 Convention that have never reported to it.

101. The Board is also concerned about 25 States parties to the 1988 Convention that have not submitted information for at least three consecutive years. The Board urges those parties to take all measures necessary to ensure their full compliance with reporting obligations under the 1988 Convention.

102. As for licit trade, Governments have been requested, in accordance with Economic and Social Council resolution 1995/20, to provide data on licit trade in, uses of and requirements for substances listed in Tables I and II of the 1988 Convention. The data are submitted on a voluntary basis and, if requested by Governments, are considered by the Board to be confidential. An increasing number of diversions of precursor chemicals have been prevented as a result of such reporting, as more is now known about the usual patterns of international trade in those chemicals, and unusual or suspicious transactions can be identified more easily.

103. Almost all the major manufacturing, exporting and importing countries and territories have reported such licit trade data for 2000. As traffickers are using increasingly diverse routes to divert precursors to areas where the illicit manufacture of drugs takes place, it is important for comprehensive information to be available for all regions. The total number of States and territories that provided such data for 2000 was 85, which is similar to the total number for 1999. The Board is pleased that Austria, Azerbaijan, Cuba, Myanmar, Paraguay, Singapore and Zambia provided such data for the first time or submitted more comprehensive information.

104. Between 1999 and 2001, the information available on global trade in acetic anhydride, which is used in the illicit manufacture of heroin, and potassium permanganate, which is used in the illicit manufacture of cocaine, has increased steadily, largely as a result of the international tracking programmes introduced for those substances. Since March 2001, when the monitoring of international trade in acetic anhydride began under Operation Topaz,<sup>41</sup> additional information has become available to the Board from a number of States that had not previously reported their trade in that substance. Likewise, the level of knowledge about licit international trade in potassium permanganate has continued to increase since 1999, when Operation

Purple<sup>42</sup> first began. As a more comprehensive picture of global trade in those substances has emerged, the Board has been able to assist Governments in recognizing and responding to attempts at diverting those substances.

105. Given the increasingly widespread abuse of amphetamine-type stimulants, in particular MDMA (Ecstasy), the Board is pleased that a number of States have continued to report their exports of the precursor chemicals isosafrole, piperonal, 1-phenyl-2-propanone, phenylacetic acid, safrole and 3,4-methylene-dioxyphenyl-2-propanone (3,4-MDP-2-P) and that, in 2001, some have provided details on their imports of those substances for the first time. The Board invites all States that trade in those substances to supply such information in the future.

*Estimates of requirements for narcotic drugs*

106. The Board wishes to remind all Governments that the universal application of the system of estimates is indispensable for the effective functioning of the control system for narcotic drugs. Lack of adequate national estimates is often an indication of deficiencies in the national control mechanism. Without proper monitoring and knowledge of the actual requirements for narcotic drugs, there is a risk that drugs traded in a country may be in excess of medical needs and may be diverted into illicit channels or used inappropriately.

107. As at 1 November 2001, 166 States and territories had furnished their annual estimates of narcotic drug requirements for 2002; that figure represents 79 per cent of the total number of States and territories required to furnish such estimates. In spite of reminders, 43 States and territories failed to provide their estimates and the Board itself had to establish estimates on behalf of them in accordance with article 12, paragraph 3, of the 1961 Convention. As in previous years, Africa was the region with the largest proportion of States that had failed to furnish estimates (20 States, or 36 per cent of the States and territories in the region).

108. The Board encourages all States and territories for which it established estimates for 2002 to carefully review those estimates and revise them, if appropriate. It should be noted that the Board based its estimates for those States and territories on the estimates last reported by them and, in most cases, reduced those estimates by a certain percentage as a precaution

against diversion. States and territories that do not have adequate estimates may experience difficulties in importing in a timely manner the quantities of narcotic drugs required to meet their medical needs. The Board therefore urges the States and territories concerned to take all the measures necessary to enable them to properly estimate their narcotic drugs requirements and to furnish those estimates to the Board in a timely manner. The Board is ready to assist those States and territories by providing clarifications and training material on the provisions of the 1961 Convention related to the system of estimates.

109. The Board examines the estimates received from States, including supplementary estimates, with a view to ensuring adequate availability of narcotic drugs required for medical and scientific purposes. The Board has contacted many States prior to confirming their estimates when additional clarifications are needed to ensure that those estimates reflect their actual requirements. Most States have provided feedback promptly. The Board invites the authorities of Italy, Poland, the Russian Federation and the United Kingdom to improve their cooperation with it in this area and to respond promptly to enquiries of the Board concerning the adequacy of their estimates.

110. The Board is pleased to note that the Central African Republic, Chad, Guinea, Montserrat, Tajikistan and Tristan da Cunha, States and territories that had not furnished their own estimates of narcotic drug requirements for 2001, furnished their own estimates for 2002.

111. Only 47 States furnished their estimates for 2002 by 30 June 2001, the deadline set by the Board. The Board notes with apprehension that a number of States, including developed countries with long-established mechanisms for collecting information on their medical requirements for narcotic drugs, such as Australia, Japan and the United States, have in recent years furnished their estimates considerably later than 30 June. Such late submissions have a negative impact on the analysis by the Board. All States are requested to comply with the deadline for the submission of estimates.

112. The Board notes with satisfaction that the number of supplementary estimates furnished by States in accordance with article 19, paragraph 3, of the 1961 Convention has continued to decrease. The number of supplementary estimates submitted to the Board per

year declined from around 700 in the mid-1990s to less than 300 in 2000 and fewer than 250 in 2001. This development confirms that the quality of the estimates furnished by States has improved. The Board reiterates its request to all States to calculate their annual requirements for narcotic drugs as accurately as possible and to submit supplementary estimates only if there are unforeseen circumstances.

*Assessments of requirements for psychotropic substances*

113. Assessments of annual domestic medical and scientific requirements (simplified estimates) for psychotropic substances have been submitted to the Board by Governments pursuant to Economic and Social Council resolution 1981/7 with respect to substances in Schedule II of the 1971 Convention and Council resolution 1991/44 with respect to substances in Schedules III and IV of that Convention. Pursuant to Council resolution 1996/30, the Board establishes assessments for those Governments that have failed to furnish such information. The assessments are provided by the Board to competent authorities of all States and territories that are required to use them as guidance when approving exports of psychotropic substances.

114. Unlike estimates for narcotic drugs, assessments of requirements for psychotropic substances submitted by States and territories do not require confirmation by the Board and continue to be considered valid until the Board receives new assessments. Governments may inform the Board at any time of their decision to modify their assessments. Modifications to previous assessments of one or more substances have been received from 123 Governments since January 1999, the last time that Governments were formally requested to provide assessments.

115. As at 1 November 2001, the Board had received assessments of annual medical requirements for psychotropic substances from all but 11 States. Those States still had not provided the Board with any confirmation of the assessments previously established by the Board. The 11 States were as follows: Burundi, Cameroon, Comoros, Djibouti, Liberia, Mauritania, Niger, Seychelles, Sierra Leone, Solomon Islands and Somalia. The Board notes with appreciation that eight States (Armenia, Belize, Congo, Gabon, Guinea, Haiti, Rwanda and United Republic of Tanzania) and

one territory (Bermuda) submitted for the first time their assessments for psychotropic substances.

116. The Board is concerned that many States and territories have not updated their assessments for several years. Those assessments may no longer reflect their actual domestic medical and scientific requirements for psychotropic substances. Assessments that are lower than the actual legitimate requirements may delay the import of psychotropic substances urgently needed for medical or scientific purposes in a country because of the need to verify the legitimacy of import orders. Assessments that are significantly higher than the actual legitimate requirements may provide an opportunity for the diversion of psychotropic substances into the illicit traffic. The Board invites all Governments to ensure that their assessments are regularly updated and that it is informed of any modifications.

## C. Prevention of diversion into the illicit traffic

### Narcotic drugs

#### *Diversion from international trade*

117. As in recent years, no cases involving the diversion of narcotic drugs from licit international trade into the illicit traffic were detected during 2001, despite the large quantities of substances and the large number of transactions involved. Effective prevention of the diversion of narcotic drugs from international trade is a result of the implementation by Governments, in cooperation with the Board, of strict control measures for those drugs, as provided for in the 1961 Convention, including the system of estimates and the import and export authorization system.

#### *Diversion from domestic distribution channels*

118. Information on the diversion of pharmaceutical products containing narcotic drugs from licit distribution channels has been received from various countries, although such cases appear to be under-reported, particularly when they involve preparations included in Schedule III of the 1961 Convention that are exempted from some control measures.

119. In recent years, several Governments have reported the diversion and abuse of preparations

containing codeine. In Egypt, the manufacture of cough mixtures containing codeine was stopped by the authorities in 2001 in response to the diversion and abuse of such mixtures. In the Islamic Republic of Iran, codeine preparations have been diverted from licit distribution channels to parallel markets. Canada has reported increases in the number of cases involving theft and forged prescriptions of opiates, in particular codeine.

120. The increasing availability of narcotic drugs for legitimate medical purposes in some countries may raise the chances of them being diverted from domestic distribution channels or abused. For example, in the United States, data for 2000 from the Drug Abuse Warning Network (DAWN) confirmed that hydrocodone and oxycodone were among the most frequently abused pharmaceutical products containing substances under international control; the frequency with which they were mentioned in emergency cases was similar to that of the benzodiazepines. The diversion and abuse of those drugs in the United States are related to their sharply increasing availability for medical use, which is partly a result of aggressive promotional activities.

121. The risk of abuse of some narcotic drugs may be compounded by their availability in new pharmaceutical forms more liable for abuse. That was the case of slow-release tablets containing high doses of oxycodone that were introduced in the United States in 2000. Abusers attempt to circumvent the time-release properties of the tablets by chewing or crushing them. Crushed tablets are snorted or dissolved in water and injected. The main means used to divert the drugs were "doctor shopping",<sup>43</sup> fraudulent prescriptions and theft from pharmacies.

122. The Board notes that the authorities in the United States are implementing a multidimensional strategy to deal with the problem of diversion and abuse of oxycodone. That strategy includes increasing cooperation with the pharmaceutical industry, introducing stronger warnings and precautions on the labels of containers of oxycodone tablets, educating health-care providers and increasing the penalties for illegal distribution of the drug. The Board invites all Governments to carefully monitor cases involving the diversion and abuse of narcotic drugs available in slow-release preparations and to take action against

their illicit use, in cooperation with the pharmaceutical industry and health professionals.

123. Cases involving the diversion and abuse of opioids, in particular methadone, when prescribed for substitution treatment, have been identified in several countries. The Board requests the Governments of all countries where opioids are used for that purpose to take the necessary measures to prevent diversion. Such measures may include supervised consumption, short dispensing intervals and central registration of all opioids prescribed for treatment purposes.

124. The Board invites all Governments to ensure a prompt exchange of information among national authorities on the diversion, seizure and abuse of, and illicit trafficking in, pharmaceutical products containing narcotic drugs. All Governments should provide their law enforcement authorities with adequate information, training and technical means to increase their capacity to detect such products in the illicit market and during smuggling attempts.

125. The Board reminds all Governments that information on seizures of narcotic drugs, including those contained in pharmaceutical products, should be reported to the Board in annual reports, in accordance with the provisions of article 20 of the 1961 Convention. Governments should also report relevant information on illicit traffic in pharmaceutical products containing narcotic drugs and psychotropic substances to the Secretary-General and, if appropriate, to the relevant international organizations, such as Interpol or the World Customs Organization.

### **Psychotropic substances**

#### *Diversion from international trade*

126. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention has been limited to sporadic transactions involving no more than a few grams. No cases involving the diversion of those substances from licit international trade have ever been detected. Because the authorities exercise particular vigilance when trade transactions involve substances in Schedule I, attempts at diversion can be easily identified. Such was the case in December 2000, when the attention of the authorities in Germany was drawn to an attempt to divert methylenedioxymethamphetamine (MDA) in a case involving an enquiry from a company in the

Democratic People's Republic of Korea concerning the export of about 2,000-10,000 kg of MDA annually. The company claimed that the special import licence required pursuant to article 7 of the 1971 Convention would be issued by the Ministry of Health of the Democratic People's Republic of Korea. A German company had declined to accept the offer as such a transaction would be contrary to German law. The Board was informed by the authorities in the Democratic People's Republic of Korea that the diversion attempt had been carried out by an unidentified person purportedly acting on behalf of a client of the company in the Democratic People's Republic of Korea. The Board appreciates the cooperation of the authorities in the Democratic People's Republic of Korea and Germany in preventing the diversion.

127. Methylphenidate is the most frequently traded substance in Schedule II of the 1971 Convention; there has been a remarkable increase in the international trade in methylphenidate since the beginning of the 1990s. Licit international trade in all other substances in Schedule II has involved a limited number of transactions. In the past, the diversion of substances in Schedule II from licit international trade was a major supply source for illicit markets. With the practically universal application of strict control measures for substances in Schedule II and a strengthened international control system, cases involving the diversion of such substances have become rare.

128. During the last 10 years, there has been only one case involving the diversion of a substance in Schedule II. That case, which occurred in 1998, involved the diversion of nearly 70 kg of fenetylline, a stimulant that has frequently appeared under the name of Captagon on illicit markets in West Asia. The fenetylline was exported from Switzerland to Azerbaijan. The traffickers had obtained the fenetylline on the basis of two falsified import authorizations from the Ministry of Health of Azerbaijan. After arriving in Baku, the fenetylline was smuggled into Turkey, to be transported further, most probably to other countries in West Asia. The Board brought to the attention of the competent authorities in Azerbaijan the fact that Switzerland had reported exports of fenetylline to Azerbaijan during 1998 and that no such imports had been reported by Azerbaijan. The authorities in Azerbaijan promptly investigated the matter and, as a

result of that investigation, eight persons were arrested for trafficking in fenetylline.

129. Success in preventing such diversions depends on the implementation by Governments of the control measures for substances in Schedule II as foreseen by the 1971 Convention and on the almost universal application of additional control measures (assessments and quarterly statistical reports) recommended by the Board and endorsed by the Economic and Social Council. Preparations containing hallucinogens, amphetamines, fenetylline and methaqualone found on illicit markets in various regions are manufactured almost entirely in clandestine laboratories.

130. Analysis of seized tablets confirms that most of the trafficked preparations are counterfeit. In the case of the counterfeit fenetylline preparation Captagon, most seized tablets do not contain fenetylline but a number of other substances, including amphetamines and a number of substances not under international control. Seizure data indicate that trafficking in counterfeit Captagon tablets continues in West Asia, and that countries in central and eastern Europe are suspected of being the source countries of the seized tablets. In order to investigate the problem and positively identify the source countries, the cooperation of authorities in the various countries concerned is required, in particular with regard to laboratory analysis and comparison of seized samples. The Board, therefore, encourages all countries concerned to establish a network of exchange of information and cooperation between law enforcement authorities, in particular between forensic laboratories.

131. Licit international trade in psychotropic substances in Schedules III and IV of the 1971 Convention is extensive, involving thousands of individual transactions each year. On the basis of regularly conducted analyses of data on international trade in those substances, the Board identifies suspicious transactions and requests Governments to investigate such transactions. The Board notes with satisfaction that the analysis of data on international trade in those substances and the ensuing investigations have indicated a significant decrease, in recent years, in the number of diversions of substances in Schedules III and IV from licit international trade into illicit channels. That decrease is directly related to increasing efforts by Governments to implement treaty provisions for substances in those schedules, in

combination with additional controls over international trade (import and export authorization system, assessment system and detailed reporting system) as recommended by the Board and endorsed by the Economic and Social Council (see paragraphs 168-171 below).

132. A significant gap has been closed in the international control system for psychotropic substances by the introduction of control measures for psychotropic substances in Schedule IV of the 1971 Convention in recent years in a number of important manufacturing and trading countries, such as Belgium, Canada and Switzerland. There are, however, a few important manufacturing and exporting countries that have not yet implemented all additional control measures for several psychotropic substances in Schedule III or IV of the 1971 Convention, such as the import and export authorization system (see paragraphs 168-171 below). Governments should be aware that any inconsistency in applying the control provisions may facilitate diversion. Traffickers may attempt to exploit the situation in countries lacking control and divert psychotropic substances into illicit channels.

133. The Board notes with appreciation that some major exporting countries, such as France, Germany, India, Switzerland and the United Kingdom, very effectively use the assessments of requirements of psychotropic substances published by the Board to verify the legitimacy of trade transactions. Such verification is especially important in the case of orders placed by companies in countries that have not yet introduced mandatory import authorizations for all psychotropic substances. Trade transactions identified as suspicious because the import orders exceed the established assessments are either verified with the Board or brought to the attention of the importing country. That process facilitates the identification of diversion attempts. For example, in one recent case a Lebanese company illegally placed an order for 100 kg of diazepam, nearly 10 times the assessment of Lebanon for the substance, with a company in the United Kingdom. The Board notes with appreciation that Lebanon has recently introduced mandatory import and export authorizations for all international trade in psychotropic substances.

134. Such verification of import orders with the assessments published by the Board also helps to

prevent the diversion of psychotropic substances by means of falsified import authorizations. Falsification of import authorizations was until recently the method most frequently used to divert psychotropic substances from licit international trade into illicit channels. As such falsified authorizations have continued to be used in diversion attempts, the Board invites all Governments of exporting countries, in cases where there is doubt, to confirm with the Governments of the importing countries the legitimacy of orders prior to approving the export of psychotropic substances. The Board continues to be at the disposal of Governments to facilitate such confirmation. In recent years, the most frequent attempts at diversion have involved stimulants (amfepramone, fenetylline, phentermine and pemoline), benzodiazepines (diazepam, flunitrazepam and temazepam), phenobarbital and buprenorphine. In most cases, however, the diversion was prevented.

135. Exporting countries should also exercise the utmost vigilance with respect to orders for delivery of psychotropic substances to countries with dysfunctional governmental structures and civil or military conflicts. In one such case, traffickers had attempted to divert phenobarbital from international trade into illicit channels in Afghanistan, to be used to adulterate heroin.

136. The Board, aware of reports on the use of psychotropic substances for the adulteration of heroin in West Asia, has collected information from selected countries on that matter. Laboratory analysis has shown that the psychotropic substances most frequently identified as adulterants in heroin are phenobarbital and diazepam. A number of other barbiturates and benzodiazepines have been identified in a small number of countries. Abuse of such adulterated heroin significantly increases the risk of fatality and polydrug dependence for heroin abusers, as barbiturates and benzodiazepines potentiate the central nervous system depressant effects of opioids.

137. Laboratory results in countries carrying out such analysis on a regular basis indicate that, while psychotropic substances continue to be used as adulterants in heroin from West Asia, their presence in samples of seized heroin has decreased over the last decade and is no longer very significant. This development may have been caused by stricter controls on international trade in psychotropic substances

implemented in most major manufacturing and exporting countries.

*Diversion from domestic distribution channels*

138. With the strengthening of controls on international trade in psychotropic substances, drug traffickers have started to look for new supply sources. Diversion of pharmaceutical products containing psychotropic substances from domestic distribution channels has become an increasingly important supply source. The diversion methods used by traffickers include the following: robbing or stealing from factories, wholesalers, pharmacies, hospitals or doctors' offices; "pretended export"; illegal selling by wholesalers and retailers; forging or selling prescriptions; illegal supplying of substances without prescription; and diversion by medical professionals.

139. The substances most frequently diverted from domestic distribution channels include stimulants (amphetamines, amfepramone, methylphenidate and phentermine), benzodiazepines (alprazolam, chlor diazepoxide, diazepam, flunitrazepam, nitrazepam and temazepam), phenobarbital and buprenorphine. Although such diversions from domestic distribution channels involve much smaller quantities of psychotropic substances than diversions from international trade during the 1980s and 1990s, the quantities being diverted to illicit markets are, nevertheless, not negligible.

140. The smuggling of diverted substances is not restricted to any region. During the last few years, a number of European countries have experienced an increase in the smuggling of psychotropic substances, mostly diazepam, from countries in West, South and South-East Asia. Diazepam, nitrazepam and buprenorphine are smuggled within South Asia and from South Asia into countries in Central Asia. Flunitrazepam and temazepam continue to be smuggled within Europe, despite the intensified efforts of law enforcement and drug control authorities.

141. The diversion and smuggling of psychotropic substances need to be counteracted by intensified cooperation between law enforcement and drug regulatory authorities, including the establishment of mechanisms for the prompt exchange of information among national authorities. Similarly, the exchange of information is required between the countries into which pharmaceutical products containing psycho-

tropic substances are smuggled and the suspected source countries. In order to identify illegal suppliers, it is essential for the suspected source countries to be provided with information such as the batch numbers and container numbers of smuggled and seized psychotropic substances.

142. During the last few years, cooperation between countries has improved considerably and has helped authorities to identify deficiencies in the control of domestic distribution channels. The Board notes with appreciation that additional control measures for domestic distribution systems have been adopted in a number of countries in Asia, such as China, India and Thailand, and in Europe, such as the Czech Republic and Slovakia.

143. For many years, the illicit traffic in diverted pharmaceutical products was not considered to be at the same level of importance as trafficking in narcotic drugs or psychotropic substances manufactured in clandestine laboratories. The Board has requested Governments to ensure that the diversion of and illicit trafficking in pharmaceutical products containing psychotropic substances are established as criminal offences, in accordance with the provisions of article 3, paragraph 1, of the 1988 Convention. The Board notes with appreciation that, among law enforcement authorities, awareness of trafficking in diverted psychotropic substances has increased during the last few years in many countries and that some countries have introduced in their national legislation stricter sanctions for such offences. However, many countries have not yet introduced in their legislation penalties for trafficking in diverted psychotropic substances consistent with penalties for trafficking in narcotic drugs. The Board, therefore, reiterates its request to the Governments concerned to consider amending their national legislation to allow for the prosecution of the drug traffickers involved.

144. The Board also reiterates its request to all Governments to promptly report important seizures of psychotropic substances, including seizures of pharmaceutical products diverted from licit distribution channels, so that new trends in the illicit traffic, as well as the sources and methods of diversion being used, may be identified.

145. The Board has noted the risk associated with the improper storage of seized psychotropic substances. In its report for 2000, the Board recommended that

Governments ensure that seized substances are either destroyed at the earliest possible date or adequately protected against diversion attempts.<sup>44</sup> In addition, the Board contacted the Governments of a number of countries to investigate the procedures currently being applied in dealing with seized substances. The Board notes with appreciation that all the Governments contacted reported well-established procedures and safety measures for the storage and disposal of seized psychotropic substances. In all cases, the handling of seized psychotropic substances was governed by detailed instructions. Seized psychotropic substances were either destroyed immediately after seizure or handled in accordance with stringent safety measures.

### Precursors

146. During 2001, the exchange of information between Governments and the Board to verify the legitimacy of individual shipments of controlled chemicals successfully prevented the diversion of large amounts of those chemicals from international trade for use in the illicit manufacture of narcotic drugs and psychotropic substances. Diversions from domestic manufacture and distribution channels, however, continue to be a significant source of the controlled chemicals found in illicit channels, especially acetic anhydride and the precursors used in the illicit manufacture of amphetamine-type stimulants. Governments need to carry out thorough investigations into interceptions of smuggled consignments and seizures at illicit laboratories, in order to identify the actual sources of the precursor chemicals seized and to determine the methods of diversion used by traffickers. Once that information is available, it will be possible to introduce appropriate controls to prevent diversions from those sources. Governments are also urged to thoroughly examine the possibility of carrying out controlled deliveries when consignments are intercepted, with a view to identifying and prosecuting those responsible for the diversion and smuggling of controlled chemicals.

### *Operation Purple*

147. During 2001, Operation Purple, the voluntary international initiative to track individual shipments of potassium permanganate in international trade, continued to achieve successes in preventing diversions into the illicit traffic. The Board is pleased to note that Operation Purple has also effectively

identified new methods and routes of diversion that traffickers were attempting to use after certain trafficking routes and networks had been identified and dismantled.

148. As the international focal point for the exchange of information, the Board, through its secretariat, continues to verify the legitimacy of shipments of potassium permanganate to countries not participating in Operation Purple. In doing so, the Board has noticed an increase in the number and volume of shipments of potassium permanganate to countries not participating in the operation, in particular to such countries in Asia. The increasing volume in trade coincides with numerous diversions and attempted diversions of potassium permanganate being uncovered in South-East Asia. Details of those cases are provided in the 2001 report of the Board on the implementation of article 12 of the 1988 Convention.<sup>45</sup> Investigations into those cases are being carried out by the Governments concerned. The findings of those investigations will be made known to all Governments so that existing control and monitoring mechanisms may be modified to prevent similar diversion attempts from being made elsewhere.

149. The results of chemical analyses of samples of cocaine seized throughout the world show that the use of potassium permanganate as an oxidizing agent in the cocaine purification process has remained at an all-time low for the second consecutive year. A further indication that Operation Purple has been successful in preventing diversion of potassium permanganate for use in the illicit manufacture of cocaine is the fact that Colombian authorities are uncovering illicit laboratories set up by traffickers trying to manufacture potassium permanganate themselves.

### *Operation Topaz*

150. Operation Topaz, a comparable initiative for acetic anhydride, was launched in March 2001. Participating in the initiative are the competent authorities of countries that are major manufacturers and traders of acetic anhydride, that have seized the substance and that are located in areas where the illicit manufacture of heroin takes place, as well as the World Customs Organization, Interpol and the United Nations International Drug Control Programme (UNDCP). As with Operation Purple, the Board, through its

secretariat, serves as the international focal point for the exchange of information.

151. Drug traffickers divert acetic anhydride not only from international trade, but also from domestic distribution channels, to be subsequently smuggled into the areas where the illicit manufacture of heroin takes place. For that reason, Operation Topaz consists of two major components: an intensive international tracking programme to prevent diversions from international trade; and law enforcement investigations to intercept smuggled consignments and to track seizures back to the source, the place from which the acetic anhydride was diverted, with a view to developing adequate controls to prevent diversion from domestic distribution channels.

152. The first six months of Operation Topaz have shown that both the number of transactions and the amounts shipped are much larger for acetic anhydride than for potassium permanganate. Furthermore, the routes of trade for acetic anhydride are more complex than those for potassium permanganate, with nearly 85 per cent of the shipments of acetic anhydride passing through trans-shipment points instead of being transported directly from the manufacturing countries to the consumer countries. The Board is pleased to note that the operating procedures established under Operation Topaz are functioning well, with exporting and trans-shipment countries supplying pre-export notifications for individual shipments. Details of the diversions from international trade that have been prevented under the operation since 1 March 2001 are reflected in the 2001 report of the Board on the implementation of article 12.<sup>46</sup>

153. Operation Topaz has also recorded successes through law enforcement activities aimed at intercepting smuggled acetic anhydride, with large seizures of the substance being reported by participating authorities and new smuggling routes being identified. The details of those seizures are presented in the 2001 report of the Board on the implementation of article 12.<sup>47</sup>

154. As for tracking seizures back to the source from where the acetic anhydride was diverted, a limited number of authorities have successfully carried out such investigations. In general, however, investigations have not continued once a seizure has been effected. The Board wishes to remind Governments that only by conducting further investigations can essential

information be obtained that will allow the identification of both the source of the acetic anhydride and the individuals responsible for the diversion, thereby preventing future diversions from that source or by those individuals.

#### *Precursors for amphetamine-type stimulants*

155. In view of the increasing concern over the diversion of precursors used in the illicit manufacture of amphetamine-type stimulants, a number of initiatives have been launched by the Governments concerned calling for international action with the assistance of the Board. Those initiatives, in particular those of the European Commission and the United States, have resulted in proposals being made for action to prevent the diversion of controlled and non-controlled chemicals from international trade and for law enforcement action against the smuggling of those substances. The proposals formed the basis for Economic and Social Council resolution 2001/14, entitled "Prevention of diversion of precursors used in the illicit manufacture of synthetic drugs".

156. In June 2001, the Board organized an informal round table in Beijing for competent authorities directly investigating cases involving the diversion and smuggling of precursors for MDMA (Ecstasy).<sup>48</sup> The round table focused on 3,4-MDP-2-P, at present the precursor chemical of choice among illicit manufacturers of MDMA (Ecstasy). That precursor is licitly manufactured in China for use in the manufacture of a pharmaceutical product. As a result of the strict controls in China over the export of the substance, traffickers most frequently smuggle 3,4-MDP-2-P out of the country after purchasing it from domestic distribution channels. Therefore, it was found essential for the authorities of countries, especially countries in Europe, which have effected seizures of the precursor to share with the Chinese authorities all relevant findings that are necessary to track back the sources of diversion and to prevent further diversion from domestic channels.

157. There is a need for action to be taken at the international level relating to all other major precursors for amphetamine-type stimulants, considering the extensive international trade in many of those precursors. The Board intends to organize an international meeting on precursors for amphetamine-type stimulants in 2002 with the major manufacturing

and trading countries and with those countries where illicit manufacture takes place, in order to review the extent of the global trade in precursors for amphetamine-type stimulants and to devise working mechanisms and standard operating procedures for preventing the diversion of those substances for use in illicit drug manufacturing.

## **D. Control measures**

### **Control of cannabis used for research purposes**

158. Scientific research on the efficacy of medical use of cannabis or cannabis extracts has been initiated or is planned in several countries, including Canada, Germany, the Netherlands, Switzerland, the United Kingdom and the United States, as evidenced by the estimates furnished by those countries to the Board. The research projects are aimed at assessing the efficacy of cannabis or cannabis extracts in the treatment of acquired immunodeficiency syndrome (AIDS) wasting, glaucoma, multiple sclerosis and pain and in alleviating the side effects of cancer chemotherapy. The Board welcomes sound scientific research into the possible therapeutic properties and medical uses of cannabis or cannabis extracts and reiterates<sup>49</sup> that any decision on their medical use should be based on clear scientific and medical evidence. The Board trusts that the results of such research, when available, will be shared with the Board, the World Health Organization (WHO) and the international community.

159. The Board wishes to remind the Governments of countries where scientific research involving cannabis or cannabis extracts is undertaken of the control requirements set by the relevant provisions of the 1961 Convention to reduce the risk of their diversion and abuse. Such Governments should bear in mind the obligation to provide the Board with relevant statistical reports on related production, imports, exports and consumption of cannabis or cannabis extracts.

### **Supply of narcotic drugs and psychotropic substances to extraterritorial military units**

160. Recently there have been discussions about the arrangements that should be made to provide narcotic drugs and psychotropic substances to the medical detachments and military hospitals of military units

stationed on the territory of another State for the purposes of a peacekeeping mission, frontier guard duties under relevant agreements, the fight against terrorism and others.

161. The provision of narcotic drugs and psychotropic substances to extraterritorial military units should not be treated as an import or export operation because the materials in question (narcotic drugs and psychotropic substances) remain within the jurisdiction of the party to the Convention whose military units are being supplied. The Board draws the attention to article 32 of the 1961 Convention and article 14 of the 1971 Convention, which refer to similar transactions. The articles explicitly provide that the carriage of certain quantities of narcotic drugs and psychotropic substances for first-aid purposes or emergency assistance to passengers shall not be considered to be export, import or passage through a country, although the transport vehicle involved (aeroplane, train or boat) may be on or above the territory of another sovereign State. Even though they are on or above the territory of another sovereign State, the medical personnel will use the narcotic drugs and psychotropic substances for the treatment of passengers only. Similarly, the medical sub-units of military units and the military hospitals located on the territory of another sovereign State will provide assistance only to the military and civilian personnel of those entities.

162. However, the narcotic drugs and psychotropic substances provided to medical detachments and hospitals must be accompanied by the relevant documentation issued by the supplier. The shipment must also be provided with adequate protection to prevent any leaks. Suppliers providing narcotic drugs and psychotropic substances to military units and hospitals must receive confirmation from the units concerned of the safe arrival of the narcotic drugs and psychotropic substances in the quantities stated in the accompanying documentation. The medical units must likewise perform the established accounting operations for narcotic drugs and psychotropic substances and must use them only for their own needs; there exists no right to transfer such materials to organizations of the sovereign State on whose territory the units are stationed or any other units under another sovereign authority. The Government that supplies drugs for such purposes should report to the Board all such quantities as being "consumed" within its country.

**Provisions regarding travellers under treatment involving the use of medical preparations containing narcotic drugs**

163. In its report for 2000,<sup>50</sup> the Board reviewed the issue of travellers under treatment involving the use of narcotic drugs and concluded that there was a need to establish provisions for narcotic drugs similar to those for psychotropic substances as contained in article 4 of the 1971 Convention. Those provisions should facilitate and enhance security in cases involving travellers who carry prescribed medical preparations containing narcotic drugs and who wish to continue their treatment in the countries that they visit. The Commission on Narcotic Drugs, in its resolution 44/15, taking into account the proposals by the Board in its report for 2000,<sup>51</sup> invited UNDCP, in cooperation with the Board and WHO, to convene a meeting of experts to develop guidelines for national regulations concerning international travellers under treatment with internationally controlled drugs. The Board notes that the meeting of experts is scheduled to be held in February 2002.

164. In its resolution 44/15, the Commission also invited Governments to inform the Board of restrictions and limitations applied in cases involving travellers carrying medical preparations containing narcotic drugs or psychotropic substances and requested the Board to publish that information in the list of narcotic drugs under international control (the "Yellow List") and the list of psychotropic substances under international control (the "Green List"). Once the guidelines for national regulations concerning international travellers under treatment with internationally controlled drugs are established, the Board will contact all Governments to be informed of any restrictions applied in that area with a view to publishing the information in the lists of controlled substances.

**Estimates and statistics related to seized narcotic drugs released for medical purposes**

165. The Board notes that, in Jamaica, Pakistan and Sri Lanka, seized narcotic drugs were released in 2000 for medical purposes but no corresponding estimates and statistics for consumption or stocks of those drugs were furnished to the Board. The Board wishes to remind the Governments of those countries, as well as other countries where drugs released from seizures are

used for medical purposes, of their obligation to comply with all provisions of the 1961 Convention concerning the control of those drugs, including the submission of accurate estimates and statistics to the Board.

**Export of poppy seeds from countries prohibiting cultivation**

166. In its resolution 1999/32, the Economic and Social Council called upon Member States to take measures to fight the international trade in poppy seeds from countries where no licit cultivation of opium poppy was permitted. The Board notes with appreciation that some States have already taken such measures. For example, in June 2000, the authorities of Azerbaijan detained a consignment of almost 49 tons of opium poppy seeds that was being transported through that country from Afghanistan. Drug traffickers had intended to export the poppy seeds to India by use of a falsified certificate of origin. Similarly, the authorities of Pakistan have adopted measures against trade in poppy seeds originating from illicit sources.

167. The Board requests all Governments to ensure the prevention of any trade in opium poppy seeds, including transit transactions, that is contrary to the provisions of Economic and Social Council resolution 1999/32. Governments should share with other Governments concerned and the Board information on suspicious transactions and seizures involving poppy seeds.

**Controls over international trade in psychotropic substances**

168. The Board notes with appreciation that Fiji, Iceland, Lebanon and Samoa extended in 2001 the system of import and export authorizations to include all substances in Schedules III and IV of the 1971 Convention. In Canada, that system was extended to include almost all substances in those schedules. At present, such authorizations are required by national legislation for all substances in Schedule III in about 160 countries and territories and for all substances in Schedule IV in about 150 countries and territories. In approximately 30 additional countries and territories, import and export authorizations are mandatory for at least some substances. Such transactions have to be issued by the national competent authorities of those

countries through which the respective consignment is actually moving, independently of the financial arrangements that may have been made in third countries.

169. The Board requests the Governments of all countries that do not yet control the import and export of all psychotropic substances by the system of import and export authorizations to introduce such controls. As confirmed by past experience, countries that are centres of international commerce but do not have such controls are at particular risk of being targeted by drug traffickers. The Governments of the major trading countries, Ireland and the United Kingdom, with which the Board has had a dialogue on this issue for a long time, have stated their intention to extend the import and export authorization system to include all psychotropic substances. The Board trusts that they will implement those controls as soon as possible. The Board invites all other countries concerned, such as the Bahamas, Egypt, the Libyan Arab Jamahiriya, Myanmar, Nepal and Singapore, to introduce such controls as well.

170. Several exporting countries received in 2001 import authorizations for quantities of psychotropic substances much in excess of assessments established by the authorities of the importing countries. The Board is concerned about the high number of such cases, which indicates the failure of the importing countries concerned to apply the assessment system. The Board has requested the Governments of those importing countries to correct the situation. The Board appreciates the support received from some major exporting countries, including France, Germany, India, Switzerland and the United Kingdom, that have been consistently reminding those importing countries of any failure to comply with the assessment system. The Board reiterates its request to all Governments to establish a mechanism to ensure that their assessments are in line with their actual legitimate needs and that no imports exceeding the assessments are authorized.

171. About 90 per cent of all Governments have provided in their annual statistical reports to the Board details on the countries of origin of imports and the countries of destination of exports of substances in Schedules III and IV of the 1971 Convention. The Board requests the Governments that have not provided that information to include it in their future

reports in order to ensure better analysis of data and feedback.

#### **Problems in reporting related to excess of the nominal volume of small single-dose containers**

172. For a number of years, the authorities of several countries have asked for clarification concerning accurate reporting of quantities of controlled substances contained in small single-dose containers. In such containers, usually ampoules or vials of small sizes (1-5 ml), the actual content may differ from the nominal content because of the extra volume filled in as required by most commonly used pharmacopoeias (called "overfilling"). The problem occurs more frequently with regard to reporting on international trade in narcotic drugs but has also been encountered with regard to international trade in some psychotropic substances.

173. According to article 31, paragraph 7 (b), of the 1961 Convention, the endorsement should specify the amount actually imported. Similarly, the provisions of article 12, paragraph 1 (e), of the 1971 Convention states that the Government of the importing country or region, when the importation has been effected, shall return the export authorization with an endorsement certifying the amount actually imported, to the Government of the exporting country or region. Consequently, the Board has advised Governments to follow the practice of accounting for the actual quantities received rather than the quantities stated in the nominal content of preparations in small containers, such as injectable preparations (ampoules or vials), in accordance with those articles. However, the extra volume is not always known if it is not specifically reported by the manufacturer, and there are variations in interpretation by authorities of different exporting and/or importing countries. Some importing countries maintain that only the nominal content should be reported, as it reflects the actual quantity needed and requested in the import authorization.

174. The most commonly used pharmacopoeias contain specifications on injectable preparations for quality-control purposes. In those specifications it is explained that when a preparation for parenteral use (injection) is supplied in a single-dose container (an ampoule or vial), the volume in each container is in slight excess of the nominal (labelled) volume. For technical reasons, manufacturers are required to ensure

that the volume of the injection in a single-dose container is sufficient to permit withdrawal of the nominal dose. The filling volume will be determined by the characteristics of the preparation. Overfilling varies depending on the size of the container and the nature of the solution that it contains. The excess volume is not intended to be administered to the patient; therefore, it should not be considered part of the amount consumed.

175. Overfilling represents a technical requirement in any preparations of solution pharmaceutical dosage forms in very small containers. The extra amount of substance required to cover the amount accepted by pharmacopoeias is intended to ensure quality control for such preparations. Such extra quantities are, in general, assumed by the manufacturer within the total expenses of the process. Manufacturers record those amounts as used, in the same way that losses are recorded during the entire manufacturing process. Consequently, manufacturers of such preparations in small single-dose containers are subject to verification by the competent authorities when records are regularly inspected. Overfilling as such has not been reported as being subject to abuse. Rejected preparations of dosage forms in small containers follow the same procedure as any other rejected preparations. They are put in special containers, sealed, and kept in secure areas until they are finally disposed of, usually by incineration in the presence of a national drug control officer.

176. It is the practice in some exporting countries to report the total amount manufactured and the total amount exported, including overfilling. There may be discrepancies in the calculation of overfilling, since the accuracy of overfilling is directly related to the equipment used, which may vary from company to company or, if the same company is located in different countries, from country to country. Discrepancies are observed in the importing countries as quantities reported for the same substance may be different from those reported in the country of origin of such imports (Belgium, Denmark, Spain etc.). Therefore, manufacturers are advised to report the excess volume used for the manufacture as they report losses, and the exporting countries, for the purpose of accuracy in international trade, should indicate only the nominal content in their statistics. The Board has no objection if, for international trade, quantities are reported as indicated on the label. However, countries

that are able to record the actual content and would like to do so may indicate both the actual content and the nominal content in the export certificates.

## **E. Scope of control**

### **New substances added to the schedules of the 1971 Convention**

177. The Commission on Narcotic Drugs, in its decisions 44/1, 44/2, 44/3 and 44/4, decided to include 4-bromo-2,5-dimethoxyphenethylamine (2C-B) in Schedule II, *alpha*-methyl-4-methylthiophenethylamine (4-MTA) in Schedule I, *gamma*-hydroxybutyric acid (GHB) in Schedule IV and zolpidem in Schedule IV of the 1971 Convention. Thus, the total number of substances controlled under the 1971 Convention increased to 115. The scheduling decisions of the Commission are fully effective with respect to each party to the 1971 Convention 180 days after the date of the communication from the Secretary-General informing States of those changes. The Board requests Governments to take appropriate action to bring existing national control regulations for those substances in line with the provisions of the 1971 Convention, as required under article 2, paragraph 7, of that Convention.

178. The Board has noted with concern that a number of Governments have not implemented the scheduling decisions of the Commission on Narcotic Drugs within the time frame required by the 1971 Convention. The Board reiterates that those Governments must address this failure by amending their national legislations and/or procedures.

### **Control of acetic anhydride and potassium permanganate**

179. The Board's assessment of acetic anhydride and potassium permanganate, recommending that the substances be transferred from Table II to Table I of the 1988 Convention,<sup>52</sup> was communicated to the Commission on Narcotic Drugs at its forty-fourth session, in March 2001. On the recommendation of the Board, the Commission, in its decisions 44/5 and 44/6, decided to transfer both substances to Table I of the 1988 Convention.

180. The Secretary-General, in his note verbale dated 11 June 2001, communicated those decisions of the

Commission on Narcotic Drugs to all States parties and non-parties to the 1988 Convention. In accordance with the provisions of article 12, paragraph 6, of the 1988 Convention, the decision to transfer those substances to Table I becomes fully effective with respect to each party 180 days after the date of that communication, that is, on 8 December 2001. The Board wishes to remind all Governments that the provisions of pre-export notifications for both acetic anhydride and potassium permanganate, as provided for under article 12, paragraph 10 (a), is now a treaty obligation, when such notification has been requested by the importing country.

## **F. Ensuring the availability of drugs for medical purposes**

### **Demand for and supply of opiates**

181. The Board, while analysing annual production of opiate raw materials and consumption of opiates worldwide, examines on a regular basis issues affecting the supply of and demand for opiates used for medical and scientific purposes and endeavours to maintain a lasting balance between the two. A more detailed analysis of the supply of and demand for opiates for medical and scientific needs is contained in the 2001 report of the Board on narcotic drugs.<sup>53</sup>

### **Cultivation of the thebaine-rich variety of opium poppy on the rise**

182. The Board notes that since 1998, when commercial cultivation of the thebaine-rich variety of opium poppy began in Australia, the total area under such cultivation has been on the rise. In 2000, thebaine-rich poppy straw was harvested from a total area of 5,479 hectares, compared with 809 hectares in 1998 and 1,978 hectares in 1999. If, as projected, further increases take place in 2001 and 2002, the cultivation of the thebaine-rich variety and the morphine-rich variety of opium poppy will almost be in equal proportions—around 10,000 hectares each.

### **Stocks of opiate raw materials increasing**

183. The Board notes that overall utilization of opiate raw materials for the extraction of alkaloids has continued to follow the trend towards a larger proportion of the alkaloids being extracted from

concentrate of poppy straw than from opium. That has been mainly the result of the increasing use of thebaine-rich poppy straw to respond to the growing demand for oxycodone for the treatment of pain and for buprenorphine, increasingly used in heroin substitution treatment. So far, however, the Board has not included any quantities related to thebaine in its analysis of the supply of and demand for opiates worldwide. But even without including thebaine-rich concentrate of poppy straw, in 2000, a record amount of 246.2 tons of concentrate of poppy straw in morphine equivalent were used for the extraction of alkaloids, whereas the amount of opium used dropped to 76.5 tons, its lowest level in 20 years.

184. Global stocks of opium increased further at the end of 2000, reaching 170.4 tons in morphine equivalent. A further increase was also noticed in respect of concentrate of poppy straw, stocks of which stood at 80.3 tons in morphine equivalent in 2000, having gradually increased from 35.9 tons since 1995. In general, increased production of opiate raw materials over the past few years has contributed to a substantial increase in global stocks, particularly of opium.

185. The Board notes that the Government of India has reduced considerably its projected area for opium poppy cultivation for 2002, bearing in mind its current level of opium stocks and the actual quantities of opium required worldwide for the extraction of alkaloids. The Board considers that adjustment to be a timely and positive development. The Board hopes that the Governments of producing countries will, based on their actual stocks and export requirements, make the necessary adjustments while planning their future production to ensure the continued availability of opiate raw materials and, at the same time, to prevent any imbalance caused by excessive production.

186. Considering the current levels of stocks of opiate raw materials, the Board calls the attention of all Governments to Economic and Social Council resolution 2001/17 and requests Governments to refrain from exporting and importing seized opiates or products derived from seized opiates.

*Expert working group on the supply of and demand for opiates for medical and scientific needs*

187. In 2001, the Board examined the work of an expert working group, composed of representatives from the main countries producing or importing opiate raw materials, to review, in particular, the methodologies used for the analysis of the global supply of and demand for opiates for medical and scientific needs. The Board endorsed the conclusions and recommendations of the expert working group.

188. In order to ensure the smooth and effective implementation of the recommendations, the Board decided, inter alia, that the Governments concerned should be requested to provide additional data related to opiate raw materials. The Board believes that the new methodologies recommended by the expert working group will provide a more accurate analysis and therefore a clearer picture of the situation and trends with regard to the supply of and demand for opiates for medical and scientific needs worldwide.

189. The Board has requested WHO to consider whether it would be more appropriate to place buprenorphine under the control of the 1961 Convention instead of the 1971 Convention, particularly in view of its increasing use in pain management and heroin substitution treatment and, therefore, its importance in the assessment of the supply of and demand for opioids for medical and scientific needs. The Board hopes that the recommendation to reschedule buprenorphine will be further reviewed by the WHO Expert Committee on Drug Dependence and eventually considered by the Commission on Narcotic Drugs.

*Recommendations of the Board on the methodologies for the supply of and demand for opiates for medical and scientific purposes*

190. Having considered recent developments and trends related to the use of thebaine for the manufacture of opiates and the increasing consumption of oxycodone and hydrocodone, the Board recommends, inter alia, that:

(a) Additional opiates (thebaine, oxycodone and hydrocodone etc.) be included in calculations of supply and demand;

(b) Four figures—the gross weight of the material and the estimated weight of morphine (anhydrous morphine alkaloids), codeine (anhydrous codeine alkaloids) and thebaine (anhydrous thebaine alkaloids)—be reported with respect to opiate raw materials;

(c) Utilization data be added and used for the calculation of demand for opiate raw materials;

(d) Conversion coefficients be based on the relative molecular weights with respect to alkaloids and on actual conversion rates in industrial processes with respect to opiates;

(e) Various forms be modified to incorporate additional data to be provided by Governments;

(f) Buprenorphine and oripavine be considered by WHO for possible scheduling as controlled drugs under the 1961 Convention.

*Informal consultation on supply of and demand for opiates for medical and scientific needs*

191. Pursuant to Economic and Social Council resolution 2000/18, on demand for and supply of opiates for medical and scientific needs, an informal consultation was organized at the request of the Governments of India and Turkey during the forty-fourth session of the Commission on Narcotic Drugs, in March 2001. The consultation, to which the Board invited the authorities of all the main countries producing and importing opiate raw materials, provided an appropriate opportunity for participating Governments and the Board to be apprised of developments in the supply of and demand for opiates in those countries.

**Consumption of narcotic drugs**

*Consumption of drugs for the treatment of moderate to severe pain*

192. There continue to be very significant differences between countries in the consumption levels of narcotic drugs for the treatment of moderate to severe pain. Although global consumption has been increasing sharply during the last two decades, the growth has mainly been attributed to several developed countries, while the use of those drugs in many other countries, in particular developing countries, has remained extremely low. Fentanyl, morphine and pethidine are

the analgesics most commonly used worldwide for the treatment of moderate to severe pain. Other opioids such as ketobemidone, oxycodone and tilidine are used for that purpose mainly in some developed countries.

193. Global consumption of morphine has increased 10 times during the last two decades. Since the beginning of the 1990s, the use of fentanyl (in particular in the form of transdermal patches) for the treatment of chronic pain has also been sharply growing. The use of oxycodone has been rising since the middle of the 1990s, particularly in relation with the introduction in the United States of slow-release tablets containing that drug (see paragraphs 120-122 above). Global consumption of pethidine is slightly decreasing.

194. In 2000, the 20 countries with the highest levels of consumption of narcotic drugs for the treatment of moderate to severe pain were Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Iceland, Ireland, Israel, Luxembourg, Sweden, Switzerland, the Netherlands, New Zealand, Norway, Portugal, the United Kingdom and the United States—all of them developed countries. The United States alone accounted for more than 40 per cent of global consumption of morphine, 55 per cent of global consumption of fentanyl and more than 90 per cent of global consumption of oxycodone. In the above-mentioned countries, as well as in several others, the consumption of narcotic drugs has been increasing as a result of constant efforts to improve pain management.

195. Governments should be aware that increasing availability of narcotic drugs for legitimate medical purposes might facilitate the diversion and abuse of those drugs. The Board invites the Governments concerned to closely monitor trends in the consumption of pharmaceutical products containing narcotic drugs and to adopt measures against their diversion and abuse.

*Efforts to improve the availability of narcotic drugs for the relief of pain*

196. As emphasized by the Board on several occasions,<sup>54</sup> it is the obligation of all Governments to ensure the availability of narcotic drugs for the relief of pain and suffering, while preventing their diversion for illicit use. Among the most frequent reasons for the unavailability of opioids are: absence of a special policy on the management of acute and chronic pain,

including cancer pain; serious deficiencies in the system for assessing the requirements for narcotic drugs; budgetary constraints; overly restrictive regulations and complicated administrative procedures; concerns about the legal consequences of unintentional errors; concerns about unintended addiction; and inadequate or insufficient training of health professionals.

197. The Board welcomes the document entitled “Achieving balance in national opioids control policy: guidelines for assessment”, issued by WHO in 2000,<sup>55</sup> in which Governments are encouraged to achieve better pain management by identifying and overcoming regulatory barriers to the availability of opioids. In the opinion of the Board, the guidelines for the review of national policies contained in that document should always be applied with full respect for the provisions of the 1961 Convention and the corresponding national legislation. The Board urges all Governments that have not yet done so to examine their national policies, legislation, regulations and administrative procedures to identify and remove any obstacles to ensuring the adequate availability of opioids for treatment of moderate to severe pain. The Board requests the relevant international bodies, such as WHO and UNDCP, to further strengthen their support to developing countries in that field.

198. The Board notes with satisfaction that several Governments have taken steps to improve the availability of narcotic drugs. For example, in India, model regulations aimed at simplifying access to morphine for use in palliative care were developed by the Government, in cooperation with WHO, in 1998 and have since been introduced in several states in that country; workshops were organized to explain palliative care to drug control officials and to encourage their cooperation with health professionals in order to ensure improved access to morphine. In Italy, a new law on the use of analgesics came into force in March 2001; prescriptions for analgesics may now cover medication for a longer period of treatment and access to opioids to meet urgent requirements has been simplified.

199. The Board is concerned that, in many countries, particularly in Africa and Asia, the consumption of narcotic drugs for the treatment of moderate to severe pain continues to be extremely low. The Board reiterates its request to the Governments of the

countries concerned to look for ways to ensure appropriate access to analgesics.

#### **Use of methylphenidate for the treatment of attention deficit disorder**

200. The United States has always been the main consumer of methylphenidate, accounting in most years for around 85-90 per cent of global consumption of that substance.<sup>56</sup> In 2000, that country's share of global consumption of methylphenidate dropped to 70 per cent because of the large increase in consumption in other parts of the world. That development was also closely related to a recent sharp increase in the use of amphetamines (amphetamine and dexamphetamine) for the treatment of attention deficit disorder (ADD) in the United States. The use of amphetamines has already surpassed that of methylphenidate; amphetamines account for more than one half of the stimulants prescribed for the treatment of ADD. Total calculated consumption of stimulants for the treatment of ADD in the United States amounted to 9 defined daily doses per 1,000 inhabitants per day in 2000, a level comparable to almost three times the total consumption of all sedative-hypnotics in that country.

201. The Board trusts that the competent authorities of the United States will continue to carefully monitor developments in the diagnosis of ADD and other behavioural disorders and to ensure that amphetamines and methylphenidate are prescribed in accordance with sound medical practice as required under article 9, paragraph 2, of the 1971 Convention. The Board notes with concern that pharmaceutical companies have recently started publicly advertising methylphenidate preparations, including directly through consumer advertising campaigns in women's and other magazines and by distributing to the general public advertisements containing information on ADD. The Board notes that the authorities of the United States have asked the pharmaceutical companies to refrain from such advertising activities, particularly in the light of the fact that such activities are in contradiction with article 10, paragraph 2, of the 1971 Convention, on prohibiting the advertisement of psychotropic substances to the general public. The Board trusts that actions will follow to bring legislation in line with that Convention.

#### **Stimulants used as anorectics**

202. While consumption levels dropped significantly in the Americas, the consumption of anorectics has increased significantly in some countries and areas in South-East Asia, such as the Hong Kong Special Administrative Region of China, Malaysia and Singapore, and in Australia. European countries have reported divergent trends. While the consumption of anorectics has remained limited in most countries in Europe, others, such as Switzerland and the United Kingdom, have recorded remarkably increased rates. The Board requests Governments to carefully monitor the use of such substances in order to avoid their overprescription and possible abuse. The Board encourages Governments to ensure adequate control of domestic distribution channels for such substances, in order to prevent them from being diverted to illicit markets or smuggled into other countries, as the Board has repeatedly received reports of such occurrences during recent years.

203. In its report for 1998, the Board welcomed resolution S-20/4 A, adopted by the General Assembly at its twentieth special session, held in 1998, which contains the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors.<sup>57</sup> The Board would like to remind Governments of their commitment to give high priority to measures against the abuse of amphetamine-type stimulants. Governments have confirmed their determination to detect and prevent the diversion of amphetamine-type stimulants from licit to illicit channels, as well as the irresponsible marketing and prescribing of such substances.

#### **Consumption of buprenorphine**

204. Buprenorphine, a potent opioid added to Schedule III of the 1971 Convention in 1989, has been in clinical use as an analgesic for many years. Buprenorphine has recently been introduced in the detoxification and substitution treatment of heroin addicts in several countries. In 2000, the Board initiated a survey of that use. In 2001, the Board followed up its survey with an investigation of the national control status of buprenorphine.

205. In the majority of countries reporting to the Board, buprenorphine is not controlled as a psychotropic substance but as a narcotic drug. During the last few years, its use in heroin substitution

treatment has been introduced in a number of countries (Australia, China, Denmark, France, Germany, India, Italy, Switzerland and the United Kingdom). Several other countries (the Netherlands, Poland, Turkey and the United States) have either reported the exceptional use of buprenorphine in substitution treatment or considered initiating its use in substitution treatment.

206. The worldwide manufacture of buprenorphine has been sharply increasing and is expected to increase further with the expanding use of that substance in substitution treatment. At the same time, the diversion of buprenorphine from domestic distribution channels and the smuggling and abuse of that substance have been reported in countries in Africa, Asia and Europe. As the availability of buprenorphine increases, its abuse may increase further as well. The Board, therefore, invites the Governments of all countries concerned to monitor carefully the use of that substance in order to prevent its diversion and abuse.

#### **Consumption of other psychotropic substances**

207. In recent years the particularly high benzodiazepine consumption levels in a number of European countries has led to the introduction of measures such as campaigns for raising the awareness of medical professionals and the general public, closer monitoring of prescription practices and tighter control mechanisms. The Board notes with appreciation that such measures have led to reductions in consumption levels in some of the most concerned countries, such as France. In this respect, the Board welcomes regional initiatives such as the meeting of the group of experts to examine the appropriate use of benzodiazepines, organized by the Pompidou Group of the Council of Europe in January 2001. The conclusions of the meeting resulted in further discussions by European countries, which ultimately led to the adoption by the Commission on Narcotic Drugs of resolution 44/13, entitled "Contribution to the appropriate use of benzodiazepines". In that resolution, the Commission addressed a number of matters referred to in the *Report of the International Narcotics Control Board* over the previous few years, including the appropriate prescription, dispensing and use of benzodiazepines, training for health professionals and information for patients.

#### **G. Control of cannabis**

208. Cannabis has been used in traditional medicine in some countries for centuries. In the early twentieth century, however, its recreational use became a social problem in traditional consumer countries, mainly in Asia. The 1925 International Opium Convention<sup>58</sup> included the first provisions on cannabis, which were aimed at preventing the export of cannabis resin to countries that prohibited its use and were intended to stop the illicit international trade in Indian hemp, especially the resin prepared from it.

209. There was no initiative to prohibit the traditional use of cannabis during the time of the League of Nations. It was only after the Second World War, in the 1950s, that a change in the attitude of the international community took place, as the traditional use of the drug began to be regarded as a form of abuse. Discussions began on the possibility of suppressing cannabis use, especially in Asia.

210. The new attitude was translated into the provisions of the 1961 Convention, which includes provisions on the control of cannabis. In that Convention, cannabis is defined as the flowering or fruiting tops of the cannabis plant (excluding the seeds and leaves when not accompanied by the tops) from which the resin has not been extracted. In the present chapter, cannabis is referred to in accordance with that definition. Cannabis has been included not only in Schedule I, but also in Schedule IV of the 1961 Convention, which requires the most stringent control measures. Parties to the 1961 Convention may adopt any additional control measures regarded as necessary, including prohibition, in the light of the particularly dangerous properties of the drugs listed in Schedule IV. To be included in Schedule IV, a drug has to be considered particularly liable to abuse and to produce ill effects, and such liability should not be offset by substantial therapeutic advantages. This was found applicable to cannabis in 1961. Countries where traditional use of cannabis existed were allowed a 25-year moratorium to phase out the use of cannabis for purposes other than medical and scientific purposes, in accordance with article 49 of the 1961 Convention.

211. Parties to the 1961 Convention are required to limit exclusively to medical and scientific purposes the production, manufacture, export, import and distribution of, trade in and use and possession of

cannabis, as is the case for any other drug under its scope. That represents one of the most essential objectives of that Convention, as reflected in its preamble. Prohibition of the production of cannabis and cannabis resin does not necessarily imply prohibition of the cultivation of the plant itself if the plant is to be used for industrial purposes. However, cultivation of cannabis for any purpose might, in any event, have to be prohibited under article 22 of the 1961 Convention. Subject to their constitutional limitations, parties to the 1961 Convention must adopt measures that will ensure that the cultivation, manufacture, extraction, preparation, possession, offering, offering for sale, distribution, purchase, sale, delivery on any terms whatsoever, transport, importation and exportation of drugs contrary to the provisions of the Convention are punishable offences and that serious offences are liable to adequate punishment, in particular by imprisonment or other penalties involving deprivation of liberty. The international drug control treaties do grant some latitude with regard to the penalization of personal consumption-related offences. Parties to the 1961 Convention are under obligation not to permit the possession of drugs for personal non-medical consumption. Parties to the 1988 Convention are required to establish as criminal offences activities preparatory to personal consumption, subject to each party's constitutional principles and the basic concepts of its legal system.

212. The last few decades have brought about a significant increase in the abuse and illicit supply of cannabis in countries which, in the first half of the twentieth century, were not confronted with any major abuse of cannabis. Today, cannabis is by far the most widely and most frequently abused drug listed in the international drug control treaties, affecting practically every country. Developed countries in the western hemisphere have also been confronted with major abuse of the drug. Both international and domestic illicit supply networks have developed. The above-mentioned trends have been accompanied by a rapid proliferation of cannabis cultivation, mainly indoor cannabis cultivation, which has yielded cannabis with an increasingly high tetrahydrocannabinol (THC) content.

213. Consensus among Governments had developed in favour of firm control over cannabis. Over the last few decades, almost all countries in the world have applied

the strict control measures foreseen in the international drug control treaties. Some Governments have introduced even more comprehensive measures, such as extending the control to include the leaves and seeds of cannabis and prohibiting all cultivation and use of cannabis.

214. The Board has noted some exceptions to the above-mentioned developments and also some shifting towards a more liberal cannabis policy in several developed countries, particularly in recent years. The Governments of some countries in western Europe have introduced legislative changes involving decriminalization of the personal use of cannabis and preparatory acts to such use, such as cultivation and possession of cannabis. In four States members of the European Union (Italy, Luxembourg, Portugal and Spain) possession of cannabis for personal consumption is not considered a criminal offence, and acts preparatory to personal consumption, such as acquisition, transportation and possession of cannabis, are not penalized. Only administrative sanctions apply to those acts.

215. In the Netherlands, the possession, cultivation, sale and keeping of stocks of cannabis are activities prohibited by law. The sale, production and possession of up to 30 g of cannabis are punishable by imprisonment for one month and/or a fine; for possession for the import or export of more than 30 g, the maximum penalty is four years of imprisonment; and the penalty is two years for the manufacture, including the cultivation of hemp for non-agricultural or industrial purposes, transportation, sale, possession and storage.

216. The Government of the Netherlands, however, has issued guidelines that assign to the investigation and prosecution of possession of cannabis for personal use (up to 5 g) the "lowest judicial priority", which in practice has resulted in such acts never being investigated and prosecuted. The guidelines further specify the terms and conditions for the sale of cannabis in so-called authorized "coffee shops", whereby the sale of up to 5 g of cannabis per transaction is tolerated and a "coffee shop" is allowed to hold stocks of up to 500 g of cannabis at any one time. "Coffee shop" owners and clients who respect the guidelines are safe from prosecution. Thereby hundreds of "coffee shops" in the big towns of the Netherlands have made cannabis readily available. In 2001, local authorities in a town on that country's

border with Germany even unveiled plans to open so-called drive-through shops where "drug tourists" can buy small amounts of cannabis without leaving their cars.

217. While noting that the number of "coffee shops" in the Netherlands has been reduced significantly, the Board reaffirms its position that the operation of such "coffee shops", which buy, stock and sell cannabis products for non-medical use, is in contravention of the provisions of the 1961 Convention. The Board notes that allowing such "coffee shops", based on the theory of separability of "soft" and "hard" drugs, has not prevented the illicit sale of cannabis outside such shops in the Netherlands and the continuing significant abuse of "hard" drugs.

218. In February 2001, the Government of Belgium published a note on drug policy that is to be presented to the parliament. In the note, it is proposed that possession of cannabis for personal consumption be exempted from prosecution. At the same time, penalties for drug trafficking would be increased. The production, supply, sale and ownership of large quantities of cannabis would continue to be prosecuted, as would the abuse of cannabis, when such activity leads to unsociable behaviour. The abuse of cannabis would also still be prosecuted when it causes a public nuisance when it occurs or on school premises, involves minors or occurs in any place where the public order would be affected. The final decision of the parliament is still pending.

219. The Government of the United States has consistently applied strict measures in conformity with the provisions of the international drug control treaties and has continuously challenged moves towards legalization at the state level. The United States Supreme Court ruled in May 2001 that cannabis herb had no medical benefits worthy of making an exception to federal drug laws. Such an exception would be made only for Government-approved research programmes involving the drug. The decision was in favour of an appeal from the Government against a ruling by a California court that created a limited exemption for some persons to smoke cannabis herb. While the drug remains an illegal drug under federal law, six states have approved ballot initiatives allowing the use of "medical marijuana" and the relaxation of penalties for possession, thus creating exemptions for some people to consume the drug.

220. Some recent reports that the United Kingdom intends to reschedule cannabis have been interpreted as decriminalization of cannabis. However, possession and use of cannabis in that country would remain punishable offences if rescheduling were decided. The Board hopes that the United Kingdom, which has always kept its drug policy consistent with the international drug control treaties, will continue to follow that policy.

221. Although cannabis has not been approved as a medicament by the competent national authority in Canada, new legislation pursuant to a court's decision in that country has defined as "medical use" the personal consumption of cannabis herb by certain seriously ill persons. To date, there has been no reliable scientific evidence of the safety and efficacy of smoking cannabis herb for therapeutic purposes, however, and the Board has invited the Government of Canada to state on what scientific grounds it has decided to allow persons to smoke cannabis for "medical" purposes and to provide information on the efficacy, safety and therapeutic usefulness of cannabis.

222. In Switzerland, draft legislation, if adopted, would provide for the decriminalization of both the non-medical consumption of cannabis and the cultivation, manufacture, production, possession, detention and purchase of cannabis as long as they constitute preparatory acts for personal consumption and have not created for third parties the opportunity to consume. In addition, the draft legislation would grant the Government the power to define, in consultation with the cantons, priorities in drug law enforcement and thereby restrict the legal obligation to prosecute certain offences. The draft legislation would provide that, if such power is used to restrict the obligation to prosecute offences relating to cannabis, police enquiries, prosecution, judgement or sentencing would be waived in favour of whoever delivers or sells, even on a commercial basis, small quantities of cannabis or cannabis products to persons more than 18 years old, under certain conditions, and in favour of whoever cultivates, manufactures, purchases or stores cannabis with the aim of selling it under the above-mentioned conditions. The Government may furthermore issue regulations defining the extent and arrangement of cultivated areas, the number and situation of points of sale, the duty to keep accounts and records and requirements concerning the personality of traders.

223. The above-mentioned draft provisions are described by the Swiss authorities as a depenalization of cannabis consumption and preparatory acts thereof and are claimed to be in conformity with the international drug control treaties.

224. The Board considers that the draft legislation would provide for much more than the depenalization of cannabis consumption and preparatory acts. First, the personal consumption and the cultivation, manufacture, production, possession, detention and purchase of cannabis for non-medical purposes would cease to be prohibited. Furthermore, the draft law clearly contemplates the depenalization of the sale of cannabis and the regulation and organization of the cultivation and sale of cannabis.

225. Therefore, the draft legislation, if adopted, would amount to an unprecedented move towards legalization of the consumption, cultivation, manufacture, possession, purchase and sale of cannabis for non-medical purposes. That would not be in conformity with the international drug control treaties, in particular the 1961 Convention. Cannabis is included in Schedules I and IV of the 1961 Convention. Under article 4 of the 1961 Convention, parties to that Convention are required to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs. The draft legislation, if enacted, would contravene not only the letter but also the spirit and essential objectives of the international drug control treaties. Moreover, the creation of a "licit" market for cannabis in one country is likely to stimulate its production in other countries, thereby undermining the international drug control system.

226. The Board notes that the above-mentioned changes in cannabis policy and legislation are predominantly taking place in developed countries. There is a growing gap between declared government policy at the international level and implementation. Sometimes, various "quick solutions", driven by immediate domestic political priorities, are given preference. It is disturbing that, while many developing countries have been devoting resources to the eradication of cannabis and to fighting illicit trafficking in the drug, certain developed countries have, at the same time, decided to tolerate the cultivation of, trade in and abuse of cannabis. When the international drug control treaties were adopted, the

international community emphasized the principle of universality, since a breach in the international consensus by one State would endanger the implementation of the treaties by other States.

227. The Board believes that control measures and action against trafficking in and abuse of drugs can only be effective if carried out universally in a concerted and coordinated way, in accordance with the international drug control treaties. Some Governments have justified changes of policy by stating that the consumption of cannabis is not more dangerous to health than the consumption of alcohol or tobacco and carries a lower risk than the consumption of other drugs such as heroin, cocaine or amphetamines. The Board wishes to remind Governments that the international drug control conventions provide for mechanisms and procedures with which parties to the conventions, if they have such evidence, may propose changes to the conventions. Article 3 of the 1961 Convention, for example, provides for a specific mechanism for changing the scope of control of narcotic drugs, by adding a drug to a schedule, deleting a drug from a schedule or transferring a drug from one schedule to another. To do otherwise and not follow that procedure would be to ignore established international laws to which Governments have made commitments.

228. The Board invites all Governments and relevant international bodies, in particular the Commission on Narcotic Drugs and WHO, to take note of and discuss the new cannabis policies in a number of countries and to agree on ways to address that development within the framework of international law. It is essential that WHO be involved in the evaluation of not only the potential medical utility of cannabis, but also the extent to which cannabis poses dangers to human health. If the results of scientific research objectively show that cannabis is medically useful, it will remain a scheduled substance, one that deserves strict control. Should present and future scientific studies reveal medical usefulness of cannabis, WHO should be informed in accordance with article 3 of the 1961 Convention. It should not be forgotten, however, that an amendment of cannabis controls under the 1961 Convention would have a wide impact on the international drug control system. The international community has to carefully weigh the possible benefits of relaxed controls against the very likely increase in the abuse of cannabis and other consequences of such action.

229. Articles and comments in the press have favoured a more liberal policy towards the drug, trying to convince the public of its allegedly limited harmful effects and contributing to increased social acceptability of cannabis abuse. The Board is concerned by the continuing toleration of the advertising or selling, in shops and on the Internet, of cannabis, which is presented as being harmless. Such information is inaccurate and misleading and gives a wrong message to the public, particularly youth. Seeds for cannabis with a high THC content continue to be sold freely, mainly through the Internet.

230. The public has the right to know the health and social consequences associated with the possible use of cannabis to a similar extent, in amount and frequency, as tobacco or alcohol. Adding another drug to the same category as alcohol and tobacco would be a historical mistake, especially at a time when policies aimed at fighting the abuse of those two substances are being given the attention that they deserve.

## **H. Measures to ensure the implementation of the 1961 Convention**

### **Illicit cultivation of opium poppy in and illicit trafficking in opiates from Afghanistan**

231. Having determined that Afghanistan had become by far the world's largest illicit producer of opium, and that this seriously endangered the aims of the 1961 Convention as amended by the 1972 Protocol, the Board at its sixty-eighth session, in May 2000, decided to invoke article 14 of that Convention with respect to Afghanistan and, under paragraph 1 (a) of that article, to propose both to the Islamic State of Afghanistan and to the Taliban authorities the opening of consultations and to request explanations. The invoking of article 14, the proposal for consultations and the request for explanations were communicated in letters sent to the Islamic State of Afghanistan and to the Taliban authorities in June 2000. Because of the internal conflict in Afghanistan, the Board had not considered it appropriate to invoke article 14 at an earlier stage. However, the Board had, for a number of years, brought the problem to the attention of the world community.

232. The Board, at its sixty-ninth session, in November 2000, decided that representatives of the Islamic State of Afghanistan and the Taliban authorities should be invited to discuss with it measures that they had taken to comply with the provisions of the 1961 Convention and, in particular, any progress made against the illicit cultivation of opium poppy and the illicit production of and trafficking in opiates. On 28 March 2001, consultations were held with high-ranking representatives of the Islamic State of Afghanistan in Vienna. The Board at its seventy-first session, in May 2001, decided to schedule a visit to Afghanistan for consultations with the Taliban authorities in Kabul. The visit took place from 4 to 6 September 2001.

233. Based on the above-mentioned consultations, the Board found that existing legislation prohibited the cultivation, production, manufacture and use of, and trade in, narcotic drugs for illicit purposes and that the total ban on opium poppy cultivation pronounced by the Taliban authorities in July 2000 had given effect to an important part of the existing legislation and resulted in a sharp decline in the cultivation of opium poppy for the growing season 2000/2001 in the areas controlled by the Taliban authorities. Illicit opium poppy cultivation in the remaining areas had continued unabated with recent significant increases. The Board found it difficult to determine the level of stocks of opiates kept in the territories controlled by the Islamic State of Afghanistan or the Taliban authorities but recognized that the continued seizure of opiates in countries surrounding Afghanistan tended to indicate the existence of significant stocks held by a large number of drug trafficking groups. While the ban had been successful, other aspects of the Convention had not been attended to and implemented in all areas of Afghanistan. The Board agreed that, whatever the outcome of the recent events in Afghanistan, the international community should be made aware of the continued potential of extensive illicit opium poppy cultivation in Afghanistan and, when the situation permitted, the Board, as provided for under article 14 bis of the 1961 Convention as amended by the 1972 Protocol, would urge the international community to assist Afghanistan in preventing the resumption of illicit opium poppy cultivation and the related production of opiates in, as well as the trafficking in opiates.

234. Thus, having found that there is a serious situation in Afghanistan that needs cooperative action involving the international community, as well as the future authorities in Afghanistan, in order to be remedied and that bringing the situation to the notice of the parties to the 1961 Convention, the Economic and Social Council and the Commission on Narcotic Drugs is the most appropriate method of facilitating such cooperative action, the Board, under the authority granted to it under article 14, paragraph 1 (d), of the 1961 Convention, has called the attention of the parties to that Convention, the Council and the Commission to the above-mentioned situation in Afghanistan. The Board has concluded that addressing the serious drug control situation in Afghanistan needs the full support and cooperation of the international community, in particular the neighbouring countries. Achieving peace, security and development in Afghanistan is closely linked to the solving of the drug control problem.

**Other actions of the Board under article 14 of  
the 1961 Convention and article 19 of the  
1971 Convention**

235. In 1997, the Board formally invoked measures to ensure the execution of the 1961 Convention and/or the 1971 Convention vis-à-vis a limited number of countries for their persistent failure to bring their control measures in line with the respective conventions, to submit information to the Board as required under those conventions and to respond to enquiries of the Board, despite numerous reminders and the international technical assistance, including training, given to them in the field of drug control. Measures under article 14 of the 1961 Convention and article 19 of the 1971 Convention, which consist of increasingly severe steps, are invoked when attempts by the Board to encourage compliance with those conventions using other means have been unsuccessful. The early stages of the dialogue will remain private and confidential and therefore the countries are not named.

236. The Board notes that two African countries have brought their controls and submissions of data up to date, and the Board has therefore terminated all action under article 14 of the 1961 Convention and article 19 of the 1971 Convention with respect to those countries. The Board continues to monitor developments with respect to other countries for which those measures have been invoked and hopes that the few other

countries for which those measures remain invoked will in the near future bring their controls and cooperation with the Board to an adequate level so that further legal steps by the Board may be avoided.