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

61. As at 1 November 2003, the number of States parties to the Single Convention on Narcotic Drugs of 1961[12] stood at 179, of which 175 were parties to that Convention as amended by the 1972 Protocol.[13] The Board welcomes the accession, in 2003, of Algeria and Myanmar to the 1972 Protocol amending the 1961 Convention.[14]

62. Only 13 States have not yet become parties to the 1961 Convention: there are 3 in Africa (Angola, the Congo and Equatorial Guinea), 4 in Asia (Bhutan, Cambodia, the Democratic People's Republic of Korea and Timor-Leste), 1 in Europe (Andorra) and 5 in Oceania (Kiribati, Nauru, Samoa, Tuvalu and Vanuatu). The Board calls once again on those States to become parties to the 1961 Convention without further delay.

63. Four States (Afghanistan, Chad, the Lao People's Democratic Republic and Nicaragua) are parties to the 1961 Convention but have not yet become parties to the 1972 Protocol. The Board reiterates its request to those States to take action to accede to or ratify the 1972 Protocol as soon as possible.

Convention on Psychotropic Substances of 1971

64. As at 1 November 2003, the number of States parties to the Convention on Psychotropic Substances of 1971[15] stood at 174. Since the publication of the report of the Board for 2002,[16] Albania and Saint Lucia have become parties to the 1971 Convention.

65. Of the 18 States that have yet to become parties to the 1971 Convention, there are 4 in Africa, 2 in the Americas, 5 in Asia, 1 in Europe and 6 in Oceania. Some of those States, namely Andorra, Bhutan, Haiti, Honduras and Nepal, have already become parties to the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.[17] The Board reiterates its request to the States concerned to implement the provisions of the 1971 Convention and to become parties to that convention without further delay.

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

66. As at 1 November 2003, a total of 167 States, or 87 per cent of all the countries in the world, as well as the European Community,[18] were parties to the 1988 Convention. Since the report of the Board for 2002 was issued, Mongolia has become a party to the 1988 Convention.

67. The Board notes that almost all of the world's major drug and chemical manufacturing, exporting and importing countries are parties to the 1988 Convention. Of the 25 States that have not yet acceded to that convention, 8 are in Africa, 4 are in Asia, 3 are in Europe and 10 are in Oceania. The Board calls on those States to implement the provisions of the 1988 Convention and to become parties to that Convention as soon as possible.

B. Cooperation with Governments

Reports on narcotic drugs

Submission of annual and quarterly statistics

68. The majority of States regularly furnish the mandatory annual and quarterly statistical reports. As at 1 November 2003, a total of 166 States and territories had submitted to the Board annual statistics on narcotic drugs for 2002, in conformity with the provisions of article 20 of the 1961 Convention. That figure represents 79 per cent of the 210 States and territories required to furnish such statistics. A total of 189 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2002; that figure represents 90 per cent of the 210 States and territories requested to furnish those data. However, 34 States and territories submitted only partial statistics on international trade. The total number of reports received for 2002 by 1 November 2003 was almost the same as in the year before, when it rose to the highest number ever recorded.

69. The Board notes an improvement in the furnishing of statistical data for 2002 from Egypt, the Republic of Moldova, the Russian Federation, Saint Lucia and Tajikistan and, although they are not yet

parties to the 1961 Convention, from Angola, Samoa and Tuvalu. Despite an improvement in reporting annual statistical data for 2001 by Cameroon, the Democratic People's Republic of Korea and Solomon Islands, those States failed to provide annual statistical data for 2002. A few States, all of which are parties to the 1961 Convention, have not been complying with their reporting obligations for several years. The Board has repeatedly reminded those States of their obligations and urged them to ensure regular reporting. The Board will continue to monitor closely the situation in those States and will consider further measures to ensure their compliance.

70. Parties to the 1961 Convention have the obligation to submit annual statistical reports on narcotic drugs to the Board not later than on 30 June following the year to which they relate. The Board continues to be concerned that many States, including some that are major manufacturers, importers, exporters or users of narcotic drugs, such as the Islamic Republic of Iran, Japan, Pakistan, Portugal and Thailand, did not comply in 2003 with that requirement. The late submission of reports makes it difficult for the Board to monitor manufacture of, trade in and consumption of narcotic drugs and delays the analysis of the availability of narcotic drugs for medical purposes and of the balance between the supply of opiate raw materials and the demand for opiates. The Board urges all States that experience difficulties in complying in a timely manner with their reporting obligations to take all measures necessary to ensure the observance of the deadline set in the 1961 Convention for the submission of annual reports.

Estimates of requirements for narcotic drugs

71. The Board wishes to remind all Governments that the universal application of the system of estimates is indispensable for the functioning of the control system for narcotic drugs. Lack of adequate national estimates is often an indication of deficiencies in the national control mechanism and/or health system of a country. Without proper monitoring and knowledge of the actual requirements for narcotic drugs, there is a risk, if estimates are too low, that there will not be sufficient narcotic drugs available for medical treatment. Similarly, if estimates are too high, 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. A well-functioning health and regulatory system is necessary to assess the actual requirements of narcotic drugs in every country.

72. As at 1 November 2003, 167 States and territories had furnished their annual estimates of narcotic drug requirements for 2004, which accounts for 80 per cent of the States and territories required to furnish such estimates. That number is slightly lower than the number of States and territories (170) that had furnished, by 1 November 2002, their estimates for 2003. In spite of reminders sent by the Board, 43 States and territories failed to provide their estimates in time for examination and confirmation by the Board. Thus, the Board had to establish estimates for them in accordance with article 12, paragraph 3, of the 1961 Convention.

73. The Board encourages all States and territories for which it established estimates for 2004 to carefully review those estimates and revise them, if appropriate. Although they are based on the estimates and statistics reported in the past, the estimates established by the Board have been considerably reduced, as a precaution against the risk of diversion of those drugs into illicit channels, in cases where the respective national control system does not appear to be functioning properly. Those established estimates may be insufficient and the States and territories concerned may experience difficulties in importing in a timely manner the quantities of narcotic drugs actually required to meet their medical needs. The Board therefore urges those States and territories to take all the necessary measures to establish their own estimates of narcotic drug requirements and furnish those estimates to the Board in a timely manner. The Board is ready to assist those States and territories by providing clarifications on the provisions of the 1961 Convention related to the system of estimates.

74. The Board examines the estimates received, including supplementary estimates, with a view to limiting the use and distribution of narcotic drugs to the amount required for medical and scientific purposes and to ensuring adequate availability of those drugs for such purposes. The Board has contacted many Governments prior to confirming estimates if those estimates, based on the information available to the Board, appeared to be inadequate. The Board is pleased to note that, in 2003, as in previous years, most Governments provided feedback promptly. However, some States repeatedly encountered difficulties in

providing realistic and comprehensive estimates, particularly for the manufacture of narcotic drugs or the utilization of narcotic drugs for the manufacture of other substances.

75. Some States, including Canada, Norway and the United States, which have well-functioning mechanisms for collecting information on the medical requirements for narcotic drugs within their territories, have furnished their estimates for 2004 with considerable delay, and Japan has not furnished any estimates at all for review by the Board. When Governments do not submit their estimates in a timely manner, it has a negative impact on the analysis of those estimates by the Board. Australia, Brazil and Italy, which in recent years tended to furnish estimates very late, have submitted their estimates for 2004 on time.

76. The Board noted that the number of supplementary estimates furnished by Governments in accordance with article 19, paragraph 3, of the 1961 Convention increased in 2003 compared with recent years. A total of 322 supplementary estimates had been received by 1 November 2003, compared with less than 250 in 2001 and 2002. The figure for 2003, however, is below the average number of supplementary estimates received each year during the mid-1990s. The Board urges Governments to determine their annual medical needs as accurately as possible and to submit supplementary estimates only if they are faced with unforeseen circumstances.

Frequent problems in reporting estimates and statistics of narcotic drugs

77. The Board examines the statistical data and estimates received and contacts the competent authorities, as necessary, in order to clarify inconsistencies identified in their reports that may indicate shortcomings in national control systems and/or the diversion of drugs into illicit channels. The reports submitted by most States have generally been reliable.

78. Some Governments do not consider the high potency of fentanyl and fentanyl analogues (fentanyl, for example, is about 100 times more potent than morphine) when analysing medical requirements for those drugs. Thus, their estimates for fentanyl and its analogues furnished to the Board are much higher than their actual requirements. That sends the wrong message to manufacturers and increases the risk of diversion. The Board requests all Governments to make realistic assessments of their requirements for fentanyl and fentanyl analogues.

79. Several Governments continue to omit data on stocks of narcotic drugs when submitting to the Board the relevant estimates or statistical reports. The Board wishes to remind Governments that failure to provide such data results in imbalances in data, prevents the adequate functioning of the system of estimates and may delay imports of narcotic drugs needed for medical purposes.

80. Several Governments have experienced problems in reporting estimates and statistical information concerning preparations exempted from some measures of control (preparations in Schedule III of the 1961 Convention), in particular those containing codeine, dextropropoxyphene, dihydrocodeine, diphenoxylate, ethylmorphine and pholcodine. The Board wishes to remind all Governments that, for the purpose of estimates and statistics, the information required by the Board is restricted to the quantities of drugs used in the manufacture of such preparations. The incorrect inclusion of those preparations in the estimates and the statistics for consumption and/or stocks of narcotic drugs and in the statistics on international trade results in double counting of data, thus leading to inaccuracies in the analysis of requirements for and actual consumption of the respective drugs.

81. The Board is pleased to note that most of the Governments concerned report estimates and statistics on the cultivation of opium poppy and the production and utilization of and trade in opiate raw materials according to the new method, which was introduced in 2002.[19] Some Governments, however, continue to report according to the old method or omit some required details from the information that they furnish to the Board. The Board has contacted those Governments. The Board trusts that they will fully comply with the new method as soon as possible.

82. Some Governments continue to experience difficulties in providing complete statistical reports to the Board because of deficiencies in their national monitoring and reporting systems. For example, the Government of India continues to have difficulties in gathering data on the consumption of certain narcotic drugs, and the Government of Pakistan has difficulties in gathering data on the utilization of opium released in that country from seizures. The Board

invites all Governments concerned to strengthen their domestic reporting mechanisms, as applicable, in order to ensure the submission to the Board of all the required reports.

Reporting on seizures of narcotic drugs

83. Several Governments failed to include in their statistical reports data on seizures of narcotic drugs and disposal thereof. The Board reminds all Governments of their obligation under article 20, paragraph 1 (e), of the 1961 Convention to furnish to the Board such reports. While other international organizations use the seizure data reported by Governments mainly for the analysis of seizure trends, the purpose of reporting such data to the Board is to ensure that seized drugs have been recorded properly and their disposal has been monitored. In addition, the reporting on seized drugs released for licit purposes, including medical and scientific purposes, is crucial to the analysis of the licit supply of those drugs in individual countries and worldwide.

84. In 2003, the Board carried out an analysis of seizure reports received from Governments and compared those reports with seizure data available to other international organizations. The Board noted that some Governments had submitted conflicting reports on seizures to different international organizations; in several cases there were large discrepancies. The Board has contacted the Governments concerned and requested them to clarify those discrepancies, which may reflect a lack of coordination among the national authorities involved in drug control. The Board urges the Governments concerned to take measures to ensure that statistics on seizures of narcotic drugs and disposal thereof, covering information from all relevant national authorities, are submitted to the Board, including information on the quantities of seized drugs released for licit purposes.

85. When reporting to the Board on seizures of narcotic drugs, Governments are required to report the gross weight of the quantities seized. Governments that release those drugs for licit medical and scientific purposes should, in addition to the gross weight of the drugs released, also indicate their pure anhydrous drug content in order to facilitate the monitoring by the Board of the consumption or utilization of those drugs.

Reporting on manufacturing losses and on destruction of obsolete drugs

86. The Board has been encouraging Governments to provide information on losses that occurred during manufacture of narcotic drugs and destruction of obsolete drugs, although such reports are not required under the 1961 Convention. That information is useful for the analysis of data received from Governments since it indicates the disposal of quantities of narcotic drugs that are no longer available for medical or scientific uses. The Board notes with satisfaction that many Governments report the losses related to the manufacture of narcotic drugs, or of preparations containing those drugs, and the destruction of obsolete drugs. The Board invites all Governments to report separately manufacturing losses and destruction of obsolete drugs, if applicable, using the respective statistical form (form C).

Reports on psychotropic substances

Submission of annual statistics

87. As at 1 November 2003, a total of 161 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 2002 in conformity with the provisions of article 16 of the 1971 Convention. The current rate of submission (77 per cent) is similar to that of the previous year and is one of the highest in the past 10 years.

88. The cooperation of some countries, however, has not been satisfactory. Africa and Oceania continued to be the regions with the highest number of States not submitting their reports regularly. In recent years, more than one third of the States in those regions failed to submit annual statistical reports. The Board noted the qualitative improvements in the reports submitted by the following States: Philippines, United Republic of Tanzania and Uzbekistan.

Assessments of requirements for psychotropic substances

89. Assessments of annual medical and scientific requirements (simplified estimates) 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 which have failed to furnish such information. The information on assessments is sent by the Board to the competent authorities of all States and territories, which are required to use them as guidance when approving exports of psychotropic substances.

90. 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. In 1999 and also in 2002, all Governments were asked to review and update, if necessary, their assessments of annual medical and scientific requirements for psychotropic substances. Since 1999, 167 Governments submitted at least once a revision of the assessments for psychotropic substances used in their countries.

91. As at 1 November 2003, the majority of Governments had submitted to the Board their assessments of annual medical requirements for psychotropic substances. The Governments of the following 10 countries have not yet provided to the Board their confirmation of the assessments previously established by the Board: Burundi, Cameroon, Comoros, Djibouti, Liberia, Mauritania, Niger, Sierra Leone, Somalia and Timor-Leste. Liberia communicated its assessments to the Board in March 2002; however, the Board had to request the authorities to revise those assessments, as they were unrealistically high considering the size of the population of Liberia and the health-care infrastructure in that country. Cameroon, Mauritania and Sierra Leone submitted their annual statistical reports in 2002; therefore, the authorities of those countries should be in a position to evaluate their countries' requirements. The Board encourages the authorities of those countries to submit to it as soon as possible their assessments of annual medical requirements for psychotropic substances.

92. The Board is concerned that many Governments have not updated their assessments for several years. Those assessments may no longer reflect their actual medical and scientific requirements for psychotropic substances. Assessments that are lower than the actual legitimate requirements may delay imports of psychotropic substances urgently needed for medical or scientific purposes in the country concerned, since exporting countries are requested to export only quantities within the limits of assessments. Assessments that are significantly higher than the actual legitimate needs may create an opportunity for 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.

Reports on precursors

93. As at 1 November 2003, a total of 121 States and territories had submitted information for 2002 on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. Over half of all States and territories submitted such data for 2002, which is similar to the rate of previous years.

94. A significant proportion of parties to the 1988 Convention (37 per cent) have yet to meet their reporting obligations under article 12 of that convention. The Board notes with regret that the six parties that have never submitted annual information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, namely, Albania, Burundi, the Comoros, the Gambia, Serbia and Montenegro and Yemen, are still not in a position to furnish that information. The Board has communicated with the respective Governments at the highest level. The Board urges those Governments to submit the information as soon as possible.

95. The submission of data on seizures of precursors is a treaty obligation; such information is essential in analysing the global supply of and demand for illicit drugs. Governments must carry out thorough investigations into interceptions of smuggled consignments and seizures at clandestine laboratories to identify the actual sources of the confiscated precursors. The information can then be utilized to identify and develop appropriate controls to prevent diversions from those sources.

96. Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia are two States parties to the 1988 Convention situated on the Balkan route through which attempts to divert acetic anhydride were uncovered. The Board notes that those two States, which had not submitted the required information before, have now furnished that information for the first time: Bosnia and Herzegovina submitted such

information for 2001 and 2002; and the former Yugoslav Republic of Macedonia submitted such information for 2002.

97. Since 1995, the Board, in accordance with Economic and Social Council resolution 1995/20 of 24 July 1995, has requested the provision of data on licit trade in, uses of and requirements for substances controlled under the 1988 Convention. Such data are requested on a voluntary basis and are treated as confidential by the Board when so requested. The Board notes that the annual rate of response for this type of information has steadily increased over the years. As at 1 November 2003, a total of 95 States and territories had reported data on the licit movement of precursor chemicals for 2002, which is comparable to the rate of response of previous years.

98. The Board encourages all Governments that have not already done so to take steps to establish control mechanisms in order to monitor the licit trade in, and determine the uses of and requirements for, substances in Tables I and II of the 1988 Convention. Once appropriate mechanisms are in place, the Governments will be in a better position to collect and supply such data to the Board. Traffickers are increasingly using different methods in their diversion attempts. The Board reiterates the importance of all Governments being well informed of trade in and licit requirements for substances in Tables I and II of the 1988 Convention, in order to be able to identify unusual transactions at an early stage and thus prevent the diversion of those substances.

99. The Board notes that under Operation Topaz, which involves the international tracking programme for acetic anhydride, a critical chemical used in the illicit manufacture of heroin, and Operation Purple, the intensive international tracking programme for potassium permanganate, a key chemical used in the illicit manufacture of cocaine, most of the major manufacturing, exporting and importing countries provide detailed information on the licit movement of those substances. Furthermore, the transfer in 2001 of those two substances from Table II to Table I of the 1988 Convention has also contributed to enhanced monitoring by Governments of trade in those substances.

100. The number of Governments providing data on licit trade in ephedrine and pseudoephedrine, precursors of amphetamine-type stimulants used in the illicit manufacture of methamphetamine, has remained high over the past few years, as those substances have already been under control in most countries for a long time. Of the Governments providing to the Board data on trade for 2002, over 70 per cent have included information on trade in ephedrine and pseudo-ephedrine.

101. Through the implementation of Project Prism, it is expected that more information will become available on patterns of licit trade in other precursors of amphetamine-type stimulants, in particular 3,4-methylenedioxyphenyl-2-propanone, 1-phenyl-2-propanone and safrole, mainly due to the limited licit trade in those substances. The Board trusts that, following the launching in 2003 of operational activities of Project Prism, under which both international trade in and domestic distribution of precursors of those amphetamine-type stimulants are monitored, the participating Governments will put into place mechanisms for controlling and monitoring the movement of those precursors, enabling those Governments to furnish the relevant data to the Board. The Board also encourages all non-participating Governments to do so.

C. Prevention of diversion into the illicit traffic

Narcotic drugs

Diversion from international trade

102. The system of control measures set out in the 1961 Convention provides for effective protection of international trade in narcotic drugs against diversion into the illicit traffic. No cases involving the diversion of narcotic drugs from licit international trade into illicit channels were detected during 2003, despite the very large quantities of drugs and the large number of transactions involved.

103. The Board wishes to remind all Governments that effective prevention of the diversion of narcotic drugs from international trade requires the implementation by Governments, in cooperation with the Board, of all control measures for those drugs, as provided for in the 1961 Convention. While most Governments have been fully implementing the system of estimates and the import and export authorization system, some Governments authorized in 2002 and 2003 exports of

narcotic drugs from their countries in excess of the corresponding total of the estimates of the respective importing country. The Board is concerned about such exports, which are contrary to the provisions of article 31 of the 1961 Convention and could result in the diversion of narcotic drugs if they involve the use of falsified import authorizations by drug traffickers. The Board has contacted the Governments concerned and urged them to ensure compliance with the provisions of article 31 of the 1961 Convention when authorizing exports of narcotic drugs in the future.

104. The Board notes that the authorities of Bangladesh are investigating a case involving the diversion of 30 kg of pethidine hydrochloride, which disappeared from a store in the airport in Dhaka in October 2002 after having been imported from a country in Europe. The Board requests all Governments to ensure that shipments of narcotic drugs in international trade are effectively protected against theft.

Diversion from domestic distribution channels

105. Diversions of pharmaceutical products containing narcotic drugs from domestic licit distribution channels continue to occur in many countries. Such diversions appear to be underreported, in particular if they involve preparations that may be exempted from certain control measures (preparations in Schedule III of the 1961 Convention).

106. Despite measures taken by the Government of the United States, recent information indicates that pharmaceutical products containing hydrocodone and oxycodone continue to be among the most frequently diverted and abused drugs in that country. In addition, there has been an increase in the diversion and abuse of methadone, which is used both as an analgesic and in substitution treatment. Cases of diversion of oxycodone have also been reported to a lesser extent in the past few years in Australia, Canada and Mexico. The Board notes that diversions and/or seizures of methadone have been reported in the past few years in Australia, Austria, China, Costa Rica, France, Germany, Greece, Turkey and the United Kingdom. Canada has reported increased diversion of codeine, hydromorphone, morphine and pethidine, usually as a result of theft, in doctors' offices, factories, hospitals and pharmacies.

107. Narcotic drugs that have been reported by various other countries as diverted from domestic licit distribution channels are cocaine, codeine, dextropropoxyphene, fentanyl, hydromorphone, morphine and pethidine; the methods of diversion used have ranged from forged prescriptions to theft from manufacturers and wholesalers or retailers.

108. Reports from several developing countries, including Bangladesh, India, the Islamic Republic of Iran and Pakistan, indicate that pharmaceutical preparations containing narcotic drugs, such as codeine cough syrups, codeine tablets, dextropropoxyphene injections and pethidine injections, have been diverted and abused in those countries. In 2003, the Board sent a questionnaire to Governments of selected countries to obtain information on the abuse of pharmaceutical preparations containing narcotic drugs and their illegal distribution through informal markets for medicines. The Governments were also requested to provide information on the possible sources of preparations illegally distributed through such markets. The Board trusts that each of the Governments to which the questionnaire was sent will provide comprehensive replies to enable further analysis of the issue by the Board.

109. The diversion and abuse of opioids prescribed for substitution treatment have been reported in many countries. The Board reiterates its request to Governments of countries where opioids are used for substitution treatment to take measures to prevent their diversion into illicit channels. Such measures may include the central monitoring of all opioids prescribed for that purpose, short dispensing intervals and supervised consumption.

110. Several countries in Eastern Europe have reported the illicit manufacture and abuse of poppy straw extracts containing narcotic drugs. Poppy straw used for this purpose is partly obtained by diverting it from the licit cultivation of opium poppy for culinary purposes. The diversion of a large quantity of poppy straw was reported in Ukraine in 2002. The Board requests all Governments that allow the cultivation of opium poppy for culinary purposes to review the situation in their countries and to strengthen control measures for such cultivation in order to prevent the diversion of poppy straw.

Psychotropic substances

Diversion from international trade

111. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention has been limited to occasional transactions involving very small quantities of no more than a few grams. There have been isolated attempts to divert substances in Schedule I over the years, but they have all been thwarted as a result of the strict international control mechanism for those substances. No actual cases involving their diversion from licit international trade have ever been reported. Licit international trade in almost all psychotropic substances in Schedule II has involved a limited number of transactions; the only exception is licit international trade in methylphenidate, which has been increasing since the beginning of the 1990s, and, to a much smaller extent, licit international trade in dexamfetamine. In the past, the diversion of substances in Schedule II from licit international trade into the illicit traffic was frequent; however, no significant cases involving such diversion have been identified since 1990. That is attributable to the implementation by Governments of the control measures for substances in Schedule II as provided for in the 1971 Convention and to 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.

112. Licit international trade in psychotropic substances in Schedules III and IV of the 1971 Convention is very widespread, involving thousands of individual transactions each year. In the last five years, the analysis by the Board of data on international trade in substances included in those schedules, followed by the Governments' investigation of suspicious transactions, has indicated a significant decrease in the number of cases involving diversion of those substances from international trade into illicit channels. That appears to have been the result of the implementation by Governments of the treaty provisions for substances in those schedules, in combination with voluntary additional controls over international trade, recommended by the Board and endorsed by the Economic and Social Council, such as the system of assessments of annual requirements for psychotropic substances, the import and export authorization system and additional reporting.

113. The Board invites all Governments to continue to be vigilant with respect to orders for psychotropic substances in Schedules III and IV of the 1971 Convention and, if necessary, to confirm with the Governments of importing countries the legitimacy of those orders prior to approving the export of those substances. The Board continues to be at the disposal of Governments to facilitate such confirmation.

114. The Board notes with appreciation the continuing and increasing cooperation of national authorities with the Board, as well as between the national authorities of different countries, which has contributed to a significant improvement of international drug control. Almost all diversions are prevented by the vigilance of competent authorities and law enforcement officers and, in some cases, the voluntary cooperation of manufacturers of psychotropic substances. The Board notes with appreciation that exporting countries 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 the few 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.

Diversion from domestic distribution channels

115. Reports from various countries on the abuse and seizure of psychotropic substances indicate that the diversion of pharmaceutical products containing such substances from licit domestic distribution channels is becoming an increasingly important source for illicit drug suppliers. The methods used by traffickers to divert those products include theft, pretended export, falsified prescription and pharmacies supplying substances without the required prescriptions. Most cases of diversion of psychotropic substances from domestic channels involve relatively small quantities. However, in some cases, such as when traders at the wholesale or retail level are implicated in such diversions, the quantities involved may be considerable. In addition, in some countries, because of the number of cases, the total quantity diverted to illicit markets may not be negligible. The substances diverted

most often are stimulants, benzodiazepines, especially flunitrazepam and diazepam, and the analgesic buprenorphine.

116. The diverted substances are usually destined for the illicit market of the country where they are diverted. In many cases, however, particularly when on illicit markets outside of the country there is high demand for a specific substance and comparatively high street prices, the substances are also smuggled into other countries. For example, the smuggling of flunitrazepam into Norway and Sweden, mostly out of the Baltic States (Estonia, Latvia and Lithuania), has been taking place for a number of years. The total quantity of flunitrazepam smuggled into Sweden is estimated to be approximately the same as the quantity legally prescribed in Sweden (around 2.5 million tablets per year). Due to its high abuse rate, the authorities of Sweden have recently moved flunitrazepam to Schedule II of the national control regime, which puts the substance under the same control as morphine. In addition, the Supreme Court of Sweden decided in September 2003 to lower the quantity of flunitrazepam required for a case to be considered "serious smuggling" under the Penal Code. In Lithuania, authorities from countries in Northern Europe met in Vilnius in June 2003 to devise measures to counteract such diversion activities.

117. The majority of the smuggled flunitrazepam tablets were diverted from licit manufacturers in the Czech Republic in the period 1995-1999. It appears that, since 2000, the tablets have been diverted from markets in the Russian Federation (to where they had been licitly exported from Switzerland) and then smuggled to Scandinavian countries, often through Lithuania and the other Baltic States. During the past year, the Board has been cooperating closely with the competent authorities of the Russian Federation and Switzerland in order to determine which distribution channels the large-scale diversions involved. Information provided by the Swiss authorities indicates that exports of the substance to the Russian Federation were considerably higher than the imports reported by the Russian Federation. The Board trusts that the Russian authorities (to whom it provided detailed background information on all exports of flunitrazepam) will further cooperate with the Board on this matter, as a more detailed investigation of the cases involved is necessary.

Misuse of the Internet

118. During the past few years, the Board has repeatedly expressed its concern about the increasing illicit supply of internationally controlled drugs by Internet pharmacies. In its reports for 2001[20] and 2002,[21] the Board noted the increasing use of the Internet and the mail for illicit trade in narcotic drugs and psychotropic substances, including the smuggling of drugs diverted from domestic distribution channels. That trend continued during 2003.

119. For example, information provided by national authorities indicates that psychotropic substances, mainly substances in Schedule IV of the 1971 Convention, are smuggled out of Asian countries and into European countries and the United States. The Thai authorities reported having intercepted significant quantities of substances in mail centres, listing benzodiazepines as the substances most frequently seized. Indian authorities have also reported having seized parcels containing psychotropic substances at post offices. Swiss authorities noted during the past year a significant increase in illegal mail order shipments containing psychotropic substances ordered on the Internet. As Swiss legislation prohibits the import and export of psychotropic substances by mail without formal authorization by the competent authorities, those shipments were confiscated and the addressees were informed that ordering psychotropic substances via the Internet was not permitted. The illegal shipments originated in Pakistan. Internet sites sell mainly psychotropic substances in Schedule IV; however, they also include offers for Ritalin (methylphenidate) (see also paragraph 188 below). Selling such illegal supplies without prescription and the required medical advice poses a danger to customers, particularly when the substances sold are advertised, against medical opinion, as mild and harmless.

120. The Board calls on all Governments that have not already done so to consider prohibiting the import and export of narcotic drugs and psychotropic substances through the mail system in order to prevent such illegal activity by Internet pharmacies, which should not engage in international trade in such substances.

121. Control over Internet pharmacies is complicated by the fact that such pharmacies can and are operating in all regions of the world and are flexible in that they can relocate if they are forced to do so by strengthened

legislative and law enforcement efforts in a particular country. National authorities are therefore requested to regularly monitor such Internet activities and to react immediately whenever illegal activities are detected. The Board is aware that the different laws and regulations in countries make it difficult to identify and investigate illicit use of the Internet by (a) obtaining information on subscribers from Internet service providers and (b) preventing Internet service providers from purging information on subscribers that is required for investigations. In addition, the huge quantity of letters and parcels shipped each day makes it hard for law enforcement agencies to detect illicit shipments and/or to identify sources of illicit supply.

122. During the past few years, national authorities have shown that by cooperating at the national and international levels, it is possible to thwart such illegal activities. For example, the customs administration and mail administration in one country in Central Europe cooperated with one another, as the drug-sniffing dogs of the customs administration were used to detect illegal mail shipments, leading to a significant drop in such illegal shipments. In another example, the coordinated efforts of United States and Thai authorities in 2000 resulted in raids of Internet pharmacies in Thailand.

123. The Board encourages the authorities of Pakistan to cooperate with the Swiss authorities in a similar manner in order to stop the diversion of psychotropic substances from Pakistan through the Internet and the mail. The Board also encourages all national authorities, as soon as they become aware of such illegal activities, to contact their counterparts in the countries concerned and to inform the Board about those activities. In addition, as Internet pharmacies need to obtain the substances that they sell from legal suppliers, the Board calls upon national authorities to provide information on such activities to their wholesalers and to request them to be on the alert for large orders for controlled substances placed by companies that the wholesalers have not previously verified as reliable customers.

124. The Board calls once again on Governments to ensure that the diversion of and illicit trafficking in pharmaceutical products containing narcotic drugs or psychotropic substances are established as criminal offences, in accordance with the provisions of article 3, paragraph 1, of the 1988 Convention. Such offences should be punishable by sanctions commensurate with their gravity. In countries where the diversion of and illicit trafficking in such products frequently occur, Governments should consider increasing such sanctions. While law enforcement officials, over the past few years, have increasingly taken note of the seriousness of diversions of and trafficking in licitly manufactured substances under international control, in many countries the judiciary still considers such offences to be not of the same gravity as offences involving illicit drugs. Therefore, the Board urgently requests national authorities to bring to the attention of the judiciary in their countries the need to accord importance and adequate penalties to court cases involving the diversion of, as well as the attempted diversion of, licitly manufactured narcotic drugs and psychotropic substances into illicit channels.

125. Similarly, the Board would like to encourage Governments to put more emphasis on efforts to educate the public regarding the dangers of the abuse of licitly manufactured pharmaceutical products containing controlled drugs. Many people continue to believe that, because pharmaceutical products are legally available in pharmacies, such products, when abused, are not as serious as illicitly manufactured drugs.

Precursors

126. The sophisticated attempts by traffickers to divert precursor chemicals, which the Board had noted in its report for 2002,[22] continued in 2003. It is therefore imperative for Governments to thoroughly verify the intended end-use of orders for precursor chemicals, as well as the volumes required for such purposes. It is often essential to conduct physical checks at the importing company and consignees to ensure that the reported end-use is consistent with the activities of the company involved. That has proved to be particularly important for the precursors of amphetamine-type stimulants, such as 1-phenyl-2-propanone and 3,4-methylenedioxyphenyl-2-propanone, which have specific licit uses, and also for ephedrine and pseudoephedrine, substances for which traffickers are increasingly substituting pharmaceutical preparations. Precursors are often smuggled from the place where they are diverted to the place where they are used for the clandestine manufacture of drugs. Investigations of seized shipments have uncovered links between the

networks smuggling drugs and those smuggling precursors, including the use of similar modus operandi to avoid detection of consignments by customs authorities. There is, therefore, an urgent need to review intelligence on networks involved in drug trafficking together with information on trafficking in precursors, including stopped shipments in international trade, in order to identify common links and to plan appropriate operations to stop such activities.

Project Prism

127. Following the launch of Project Prism, at the International Meeting on Amphetamine-type Stimulant Precursors, which had been convened by the Board in Washington, D.C., in June 2002, the first meeting of the Project Prism working groups was held in The Hague in December 2002. Operational activities subsequently commenced in January 2003 to address the diversion of (a) precursors of amphetamine-type stimulants and (b) equipment and materials used in the illicit manufacture of precursor chemicals and the use of the Internet for the sale of such chemicals. Details on the activities are provided in the 2003 report of the Board on the implementation of article 12 of the 1988 Convention. [23]

128. A review of the initial operational activities took place at the second meeting of the Project Prism working groups, held in Bangkok in June 2003. After having considered those initial activities and the cases uncovered, the working groups decided that the operational activities should continue, utilizing the working mechanisms and standard operating procedures that had been devised. The specific activities involved are listed in annex IV of the 2003 report of the Board on the implementation of article 12 of the 1988 Convention.[24]

129. As traffickers are increasingly turning to smuggling precursors of amphetamine-type stimulants in order to avoid the mechanisms established to prevent diversions from international trade, Governments intercepting such smuggled consignments need to share information on those interceptions so that comprehensive investigations may be carried out to identify both the source of the precursors and those responsible for the activity. The Board is pleased to note that the Government of the Netherlands has begun sharing technical information from its investigations with the Government of China on seizures of 3,4-methylenedioxyphenyl-2-propanone made in the Netherlands that had been smuggled out of China. The Board trusts that backtracking investigations of that nature will increasingly be launched by all Governments concerned in order to identify the source of precursors.

130. Operational activities have also shown that Governments need to pay additional attention to preventing diversions from international trade involving pharmaceutical preparations containing precursors of amphetamine-type stimulants and also safrole-rich essential oils. Over 25 million tablets of pseudoephedrine (the equivalent of approximately 1.5 tons of pseudoephedrine) were seized during the first half of 2003 because the consignments were deliberately falsely declared by companies in the exporting countries. Governments should study in depth the volume and extent of international trade in those substances in order to be able to monitor such trade accordingly. The issues surrounding the safrole-rich essential oils are complex, as no specific Harmonized System[25] codes exist for the essential oils, nor are those oils specifically described in shipping documents, with trade and trivial names being used extensively. Under Project Prism, efforts are being made to find out trade patterns in safrole-rich oils by using existing codes. As further information is required to develop appropriate mechanisms to prevent the diversion of those oils, the Board urges Governments to provide their full support to the related activities launched by the relevant Project Prism working group.

Operation Purple

131. Operation Purple,[26] which involves the intensive international tracking programme for potassium permanganate, is now in its fourth year. Participating Governments[27] continue to prevent diversions of the substance from licit international trade for use in the illicit manufacture of cocaine, using the working mechanisms and standard operating procedures established for the operation. During 2003, a total of 19 shipments, amounting to nearly 900 tons of potassium permanganate, were stopped, as there were reasons to believe that the shipments would be diverted from international trade. Should that amount of potassium permanganate have been diverted, it would have been sufficient to manufacture nearly 4,500 tons of cocaine.

132. Intensive efforts were made by the countries in the Andean subregion in the period 1999-2000 to determine actual licit requirements for chemicals of all companies in order to prevent diversion from domestic distribution channels. At the same time, there was a significant decrease in the amount of potassium permanganate imported into the subregion. However, the amount of potassium permanganate imported into the subregion during 2002 and 2003 increased again to above the level of 2000. The Board requests the Governments of the countries concerned, all of which participate in Operation Purple, to continue to verify the legitimacy of each shipment using the methods that have proved effective in the past.

133. Furthermore, the Board notes that Colombia has continued to seize major quantities of potassium permanganate. The data indicate that traffickers may now be diverting the substance from domestic distribution channels in South America to be smuggled into the areas where the illicit manufacture of cocaine takes place, as is the case with acetic anhydride used in the illicit manufacture of heroin. The Board trusts that law enforcement authorities participating in the operation will initiate backtracking investigations to identify the source of seized potassium permanganate and will identify those responsible for the diversion, in order to locate the missing link where the diversion from licit trade into the illicit traffic takes place.

134. During 2003, an increased number of shipments reported under Operation Purple had been ordered by brokers: 200 of the 600 shipments reported in 2003 had been ordered in that manner. Furthermore, of those orders, 70 had been placed by brokers in countries in which the shipments did not physically pass through. Obtaining information on the actual routing of shipments when the broker is not located in that country, not to mention tracking such shipments, can be problematic. The Board reminds the Governments of the countries manufacturing, exporting and trans-shipping such substances of the need to determine, in accordance with standard operating procedures, the entire physical routing of the shipment prior to authorizing an export, as only in that way can diversions be prevented.

Operation Topaz

135. With illicit opium production in Afghanistan increasing, it is essential for the countries in the region to implement the working mechanisms and standard operating procedures established for Operation Topaz[28] to prevent acetic anhydride from being diverted and/or smuggled into and through the region to Afghanistan. The Board is particularly pleased that, during 2003, Afghanistan, Kazakhstan, Kyrgyzstan and Tajikistan joined the operation. The Board continues to be concerned that Turkmenistan, which has not reported to the Board in recent years but made significant seizures of acetic anhydride in the past, is the only country in Central Asia not yet participating in Operation Topaz. The Board therefore urges the Government of Turkmenistan to join Operation Topaz as soon as possible in order to ensure that traffickers will not use that country to smuggle acetic anhydride through the region.

136. The intensive tracking of shipments in international trade, which is one of the elements of Operation Topaz, enables the Board to monitor closely the complex licit international trade patterns and routes that exist for acetic anhydride, which is essential to identifying new or unusual routes, which may be an indication of a diversion or attempted diversion. Changes in licit trade patterns have been observed since Operation Topaz began in 2000. Initially, the Netherlands and the United States were the main centres of international trade in that substance. During 2002,[29] Belgium began to emerge as a further centre. During 2003, Belgium has emerged as the single major trading centre, measured in terms of the number of shipments reported to the Board, while Mexico emerged as the largest exporter of acetic anhydride, measured in terms of the total volume of shipments reported to the Board. The Board has taken note of the comprehensive measures taken by the Governments of Belgium and Mexico to prevent diversions from international trade by ensuring that pre-export notifications are sent for each shipment. The Board trusts that those Governments will continue their high level of support for Operation Topaz.

137. As few attempts to divert acetic anhydride from international trade were uncovered during 2003, it is essential for Governments to launch law enforcement backtracking investigations into seizures and interceptions of smuggled consignments if those responsible for the diversions are to be identified and the missing link, where the substance is diverted from licit trade into the illicit traffic, is to be located. With this second major component of Operation Topaz in

mind, the Board convened a round-table consultation in Vienna in March 2003 to address diversions of acetic anhydride uncovered in Europe. The investigations initiated after the consultations yielded important information on the link between diversions from licit trade in Europe and smuggling into Turkey, involving, in particular, front companies in Serbia and Montenegro. The Board commends the competent authorities of Slovakia and Turkey for their efforts in bringing those cases to light and urges the authorities of Serbia and Montenegro to continue to utilize the close operational ties that have been established.

138. In addition to its mandatory functions under the 1988 Convention, which include the assessment of substances for possible inclusion in the tables of that convention, the Board will endeavour to continue assisting in the international operations, serving, through its secretariat, as the international focal point for the exchange of information. At the same time, the Board understands that the General Assembly may not approve the additional staff resources that the Board found necessary as a minimum in order to continue its essential activities in the international control of precursors, particularly the international operations and it regrets that it would then be compelled to curtail some of its activities.

D. Control measures

Control of cannabis used for medical or scientific purposes

139. In recent years, there has been a growing interest in the possible therapeutic usefulness of cannabis, as reflected by research in an increasing number of countries, including Austria, Canada, Germany, the Netherlands, Switzerland, the United Kingdom and the United States. As stated, for example, in its reports for 2001[30] and 2002,[31] the Board welcomes such research and trusts that the results, when available, will be shared with the Board, WHO and the international community.

140. The Governments concerned have provided the Board with relevant estimates and statistical reports on related production, imports, exports and consumption of cannabis or cannabis extracts. However, the Board notes that some Governments that allow cultivation of cannabis plant for the production of cannabis to be used in the above-mentioned scientific research do not yet apply all the control requirements set by the provisions of the 1961 Convention. In particular, some Governments have not established a national cannabis agency in accordance with articles 23 and 28 of the 1961 Convention, having, in respect of cannabis, the exclusive right of importing, exporting, wholesale trading and maintaining stocks, other than those held by manufacturers of preparations. The Board emphasizes that the relevant treaty provisions must always be implemented, even if cannabis is produced for research purposes only, and calls upon the Governments concerned to take the necessary steps to ensure compliance with all the provisions of the convention.

141. Medical use of cannabis was authorized in Canada in 2001 and in the Netherlands in September 2003. The Board reiterates its concern about such use and calls again upon Governments not to allow the medical use of cannabis unless conclusive results of research are available.

Control over international trade in psychotropic substances

142. The Board notes with appreciation that Angola, Thailand and Tonga extended in 2003 the system of import and export authorizations to include all substances in Schedules III and IV of the 1971 Convention. At present, export and import authorizations are required by national legislation for all substances in Schedules III and IV in at least 175 countries and territories.

143. 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. Experience has shown that countries that are centres of international commerce but do not have such controls are at particular risk of being targeted by traffickers. The Governments of some of those countries, including the Government of Ireland, 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 all psychotropic substances. The Board trusts that they will implement those controls as soon as possible. The Board also invites Singapore to introduce such controls.

144. Several exporting countries received in 2003 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 duly apply the assessment system. The Board has approached the Governments of those importing countries with a request 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 the 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.

145. In accordance with Economic and Social Council resolutions 1985/15 and 1987/30, Governments should provide the Board with information on the countries of origin of imports and the countries of destination of exports of substances listed in Schedules III and IV in their annual statistical reports on trade in psychotropic substances. About 90 per cent of all Governments reporting to the Board have provided such information. With few exceptions, all the major manufacturing and exporting countries furnished such information for 2002. However, about 20 parties to the 1971 Convention failed to provide that information, which may indicate certain deficiencies in their national monitoring and reporting systems. The Board encourages the Governments concerned to improve their data collection systems in order to ensure the submission of details on trade in their future reports to the Board.

Delays by importing countries in confirming the legitimacy of transactions

146. Many exporting countries request the assistance of the Board to verify the legitimacy of import orders for psychotropic substances. The Board notes with concern that in certain cases responses to its inquiries for confirmation of legitimacy of import orders are made with unacceptable delays. The Board is concerned that failure to cooperate with it may hinder the investigation of diversion attempts and/or may cause delays in the legitimate trade in psychotropic substances. The Board would like to draw the attention of the Governments of Afghanistan, Bosnia and Herzegovina, Gabon, Malawi, Pakistan, Sri Lanka and the Syrian Arab Republic to the importance of responding in a timely manner to the Board's requests to avoid delays in legitimate imports, which may adversely affect the availability of psychotropic substances for medical purposes. A consignment cannot be exported if the legitimacy of the transaction is not confirmed by the competent authorities of the importing country.

Endorsement of export authorizations

147. Article 12 of the 1971 Convention provides for the control measures required to be applied on international trade in psychotropic substances. The Board notes that in the majority of exporting countries the authorities attach a copy of the export authorization to the consignment in the same way as other documents needed for customs clearance; however, a separate copy of the export authorization is not always forwarded to the authorities of the importing country. After the transaction takes place, the authorities of the importing country are required to return a copy of the export authorization to the authorities of the exporting country with an endorsement certifying the amount actually received. That requirement makes possible follow-up investigations in international trade in psychotropic substances and the detection of diversions into illicit channels. That requirement, provided for in the 1971 Convention for substances listed in Schedules I and II, was extended by the Economic and Social Council in its resolutions 1991/44 and 1993/38 to apply to substances in Schedules III and IV as well.

148. Many importing countries do not have an established procedure to inform the authorities of the exporting countries about the quantities of psychotropic substances actually received. The Board calls on the Governments of those countries to improve control measures by establishing an appropriate procedure to ensure that psychotropic substances are duly received by importing countries and in the quantities actually exported.

Provisions regarding travellers under treatment involving the use of medical preparations containing controlled substances

149. Travellers who wish to continue their treatment with narcotic drugs or psychotropic substances in foreign countries need to be aware of different national requirements and limitations concerning the carrying of prescribed medical preparations containing those drugs. A meeting of experts held in Vienna in February 2002 developed guidelines for national regulations concerning international travellers carrying medical preparations containing narcotic drugs and psychotropic substances. Subsequently, the Commission on Narcotic Drugs, in its resolution 45/5, encouraged States to consider implementing its recommendations contained in the guidelines. The United Nations Office on Drugs and Crime has recently published the guidelines in the six official languages of the United Nations and disseminated them to all Governments.

150. In order to make all Governments aware of the regulations adopted by other Governments with regard to restrictions applicable in their territory to travellers under treatment with narcotic drugs or psychotropic substances, the Board invites Governments to communicate details of such restrictions. Such communications will be published regularly in the relevant parts of the list of narcotic drugs under international control (the "Yellow List") or the list of psychotropic substances under international control (the "Green List") and on the web site of the Board (www.incb.org), in order to ensure their wide dissemination.

Rescheduling of substances under the 1971 Convention

151. Scheduling of substances under the 1971 Convention is guided by the degree of seriousness of the abuse problem and the degree of usefulness of the substance in medical therapy (great, moderate or little, if any)—in other words, the risk-benefit ratio. If the liability to abuse such a substance constitutes an especially serious public health and social problem and if it does not have any usefulness in therapy, the substance is generally recommended to be added to Schedule I of the 1971 Convention. If the liability to abuse the substance constitutes a public health and social problem that is lesser but still substantial or significant, and in the light of the degree of usefulness of the substance in therapy, it is generally recommended that the substance be added to Schedule II, III or IV, as appropriate. Because of the risk-benefit ratio, Schedule II provides for the more stringent controls.

152. Different regimes of control apply to the different schedules. The higher the schedule, the more widely is, in general, the distribution, whereas, at the same time, the control measures are less stringent. Higher degrees of diversion from licit distribution channels to illicit channels are observed with the lesser controlled substances. It is also known that preparations under Schedule IV, for example, are, generally more widely abused.

153. The stringent control measures applied to substances in Schedule I hamper their medical use when new applications from research prove some medical usefulness. That applies to preparations of the substance *delta*-9-tetrahydrocannabinol (*delta*-9-THC), the main active ingredient in cannabis. In the recent past, new applications were discovered that justified a somewhat wider availability of such preparations for medical use. For that purpose, it was decided by the Commission on Narcotic Drugs to move *delta*-9-THC from Schedule I to Schedule II of the 1971 Convention. Other substances in Schedule II include amphetamines and methylphenidate, which are, within the required control system, readily available for medical use in countries where registered.

154. It should not be forgotten, however, that cannabis is by far the most widely abused drug in the world and its most active psychoactive constituent is *delta*-9-THC. Control measures over preparations containing *delta*-9-THC that are less strict than those presently in force may further weaken the control over its utilization. That would carry the serious risk of widespread abuse of medicinal tetrahydrocannabinol (THC).

155. There are several drugs in Schedule II of the 1971 Convention that are liable to abuse but also widely available for medical purposes. However, due to the appropriate control measures for substances in Schedule II, they are rarely, if ever, associated with abuse. The Board is concerned about a possible re-scheduling of *delta*-9-THC and believes that patients who need it for medical use are able to receive that medication with equal availability, as is the case with other drugs in Schedule II, such as amphetamines and methylphenidate.

E. Scope of control

Implementation of scheduling decisions for psychotropic substances

156. In a few States, Governments have failed for several years to implement scheduling decisions by the Commission on Narcotic Drugs. Such delays create loopholes in the international drug control system that can be exploited by drug traffickers. The Board wishes to remind the States concerned of their obligations under article 2 of the 1971 Convention and requests them to take immediate action to establish adequate procedures for expeditious inclusion into their respective national laws of all new substances added to the schedules of the 1971 Convention by decision of the Commission. The Board welcomes the decision of the Government of Canada to include zolpidem in its national drug control legislation. All psychotropic substances are now under appropriate national control in Canada.

157. Several Governments reported difficulties in implementing the scheduling decisions within the time frame required by the 1971 Convention, that is, 180 days after the date of the communication of such a decision by the Secretary-General to all States. The Board welcomes the commitment of some of those States to adopt the necessary organizational measures to ensure their compliance with that time frame in the future. The Board calls on those Governments which have significant difficulties in ensuring prompt scheduling under their present national legislation to amend procedures in order to comply with their treaty obligations. The Board encourages the Governments of Austria and Israel to include all psychotropic substances listed in the 1971 Convention, including *gamma*-hydroxybutyric acid (GHB) and zolpidem, under their national legislation without further delay.

F. Ensuring the availability of drugs for medical purposes

Demand for and supply of opiates

158. The Board, pursuant to the 1961 Convention and relevant Economic and Social Council resolutions, examines on a regular basis issues affecting the supply of and demand for opiates used for medical and scientific purposes and endeavours, in cooperation with Governments, to maintain a lasting balance between the two. A detailed analysis of the current situation with regard to the supply of and demand for opiates for medical and scientific purposes worldwide is contained in the 2003 technical report of the Board on narcotic drugs.[32]

Monitoring of the global situation of supply of opiate raw materials

159. The Board notes that global production of both types of opiate raw materials, those rich in morphine and those rich in thebaine, reached a record high in 2002, well in excess of global demand. For opiate raw materials rich in morphine, the increase in production in 2002 resulted in a total of 466 tons in morphine equivalent; for opiate raw materials rich in thebaine, it resulted in a total of 117 tons in thebaine equivalent. Furthermore, advance data submitted by the major producing countries indicate that global production of opiate raw materials rich in morphine is expected to amount to up to 516 tons in morphine equivalent in 2003, while global production of raw materials rich in thebaine is expected to amount to an estimated 119 tons in thebaine equivalent in 2003, almost the same level as in 2002.

160. As a consequence of increased production, stocks of opiate raw materials also reached a record high at the end of 2002. Stocks held by the major producing countries are more than sufficient to cover the global demand for opiate raw materials for one year. That demand is expected to increase only slightly in the near future for both types of raw materials and in view of the anticipated further increase in production in 2003, stocks of opiate raw materials are also expected to increase further in 2003.

161. The Board notes that in recent years Governments have tended to adhere less to the estimates system for the cultivation of opium poppy. In 2003 the total area under opium poppy cultivation that was actually harvested in Turkey was well beyond the estimates furnished by the Government and confirmed by the Board. As a consequence, the advance data on production of opiate raw materials in Turkey as indicated by the Government for 2003 also show an increase well beyond what had been previously estimated by the Government. The Board is concerned about the excess cultivation and production beyond the estimates submitted previously by the Government of Turkey and

wishes to stress again the importance of the system of estimates for the area under opium poppy cultivation, which is required under the 1961 Convention. Only cultivation within the upper limits of the estimates will result in global production of opiate raw materials being in line with the Board's projection. The Board therefore requests all producing countries to take the necessary steps in order not to exceed their estimates for cultivation and production of opiate raw materials in 2004, particularly in view of the current oversupply.

162. Increases in the area under opium poppy cultivation in most producing countries in recent years and, in particular, increasing agricultural yields obtained in some countries as a result of continued technological progress have resulted in the oversupply, leading to increasing stocks of opiate raw materials. The Board notes that for 2004 most Governments have either reduced the area to be cultivated with opium poppy or have indicated that they expect a slight decline in the production of opiate raw materials in 2004 compared with 2003, which should result in less global production of opiate raw materials during 2004. However, the reductions foreseen in some countries appear to be offset by increasing yields, and the estimated production for 2004 will still be in considerable excess of global demand. The Board therefore urges all producing countries to act in accordance with the objectives and established policies of international drug control and adjust their future production of opiate raw materials to levels conforming to the actual requirements for such raw materials worldwide.

163. Despite the situation described above, in view of the continued low availability of opiates in many countries for the treatment of pain, the Board wishes to emphasize that it has no objection to increasing production of opiate raw materials, provided that global demand for the raw materials in question can also be increased in the same manner. However, the Board would be concerned if, in the short run, increases in production would result in inappropriately high stock levels, which might be a source for diversion unless they are tightly controlled.

Control over the cultivation of opium poppy destined for the extraction of alkaloids

164. The Board has highlighted on several occasions the need for enhanced controls over the cultivation of opium poppy and the production of poppy straw, in line with the relevant Economic and Social Council and General Assembly resolutions. In its report for 1997,[33] the Board noted that in countries that cultivated opium poppy predominantly for culinary or horticultural purposes and in which poppy straw was produced for the extraction of alkaloids as a by-product, there appeared to be a need for enhanced control of poppy cultivation sites.

165. The Board has reviewed the controls currently applied over the cultivation of opium poppy in those countries and has found that some of those countries still do not apply a licensing system, as recommended by the Board, to regulate the area of cultivation in order to be able to adjust the area to the level of demand for the opiates obtained from the poppy straw that is produced. The Board is pleased to note that a licensing system for the cultivation of opium poppy will be established in the near future in Hungary. The Board recommends to the Governments of the Czech Republic and Serbia and Montenegro, which permit the cultivation of opium poppy for the production of poppy straw as a by-product destined for the extraction of alkaloids and do not yet control such cultivation through a licensing system, to establish such a system so that they will have controls similar to those in the main countries producing poppystraw for such purposes and will be able to apply the provisions of article 25 of the 1961 Convention.

Prevention of the proliferation of production of opiate raw materials

166. The Board notes with concern that commercial cultivation of opium poppy for the manufacture of narcotic drugs has started in the United Kingdom, despite the Board's efforts to discourage Governments from engaging in such activity, in line with the relevant Economic and Social Council resolutions on the supply of and demand for opiates for medical and scientific purposes worldwide. The Board reiterates that, although the 1961 Convention does not prohibit any State from taking up opium poppy cultivation, it is the aim of that convention, as well as the collective responsibility of the international community, to regulate and limit drug crop cultivation and drug production, manufacture and use to quantities required for legitimate purposes.

167. In the past the Board has endeavoured to maintain a proper balance between the supply of opiate raw materials and the demand for opiates, in cooperation with the major producers and importers of opiate raw materials. The introduction of opium poppy cultivation in any additional country has a direct impact on that balance, particularly in times of oversupply and high levels of stocks of opiate raw materials. The Board therefore again calls upon all Governments to contribute to the maintenance of a balance between the licit supply of and demand for opiate raw materials, in line with the relevant Economic and Social Council resolutions, and to cooperate in preventing the proliferation of sources of production of opiate raw materials.

168. The Board notes that the Government of the United Kingdom has not regularly provided it with relevant estimates and statistics on the area to be cultivated with opium poppy and the amount of poppy straw to be used for the extraction of alkaloids, as required under the 1961 Convention; the Government has provided some data only after having been repeatedly reminded by the Board to do so. The Government has also not submitted additional information related to such cultivation, in accordance with the relevant Economic and Social Council resolutions. The Board stresses the importance of the cooperation of all Governments in providing the necessary data, thereby enabling the Board to analyse the situation worldwide. The Board urges the Government of the United Kingdom to take the necessary steps to furnish such data as soon as possible.

Technical study on the relative merits of different methods of producing opiate raw materials

169. A technical study on the relative merits of different methods of producing opiate raw materials was requested by the Commission on Narcotic Drugs at its forty-fifth session, in 2002. The Board has initiated the study which will involve the collection and evaluation of extensive information to be obtained from a number of sources. The Board trusts that all Governments concerned will cooperate with it in this endeavour and will provide responses, in a timely manner, to any queries that they may receive. The Board expects that the results of the study will be available for submission to the Commission at its forty-eighth session, in 2005.

Informal consultation on supply of and demand for opiates for medical and scientific purposes

170. During the forty-sixth session of the Commission on Narcotic Drugs, the Board, pursuant to Economic and Social Council resolution 2002/20 and at the request of the Governments of India and Turkey, held an informal consultation on the supply of and demand for opiates for medical and scientific purposes. All major producers and importers of opiate raw materials participated in the informal consultation. The Board has convened such informal consultations since 1992 to enable the participating Governments to be apprised of recent developments in the production of opiate raw materials and the demand for the opiates obtained from them and to discuss the various policies applied in this respect in other countries. The information gathered at such consultations facilitates the monitoring of the situation by the Board with a view to ensuring the continued availability of opiates for medical purposes while preventing oversupply of the raw materials.

Consumption of narcotic drugs

Consumption of drugs for the treatment of moderate to severe pain

171. The insufficient availability of opioid analgesics for the treatment of moderate to severe pain in developing countries continues to be a matter of great concern for the Board. For example, the share of developing countries in the global consumption of morphine continues to be only about 6 per cent, although those countries account for almost 80 per cent of the world population. In 2002, only 10 countries together accounted for 87 per cent of the total world consumption of morphine. This gap appears to have grown further in recent years. The same trend has been observed with regard to some other opioid analgesics, such as fentanyl, hydromorhone and oxycodone, which have become available in newly developed dosage forms (transdermal patches, controlled-release tablets). The worldwide consumption is almost limited to developed countries, in particular because of the costs of the new preparations.

172. In many developing countries, pethidine continues to be the only strong analgesic available, although it is available in insufficient quantities. In several countries, tramadol, an analgesic not under international control, is also used for the treatment of severe pain.

173. The consumption level of narcotic drugs for the treatment of moderate to severe pain has increased significantly in almost all developed countries during the last decade. However, there continue to be big differences in the per capita consumption of those analgesics. The consumption of those drugs in countries in Eastern and Southern Europe is significantly less than in the countries in Northern and Western Europe. The United States continues to be the main consumer of strong opioid analgesics. In 2002, the United States alone accounted for 54 per cent of global consumption of fentanyl, 51 per cent of global consumption of hydromorphone, 48 per cent of global consumption of morphine and 88 per cent of global consumption of oxycodone.

Efforts to improve availability of narcotic drugs for relief of pain

174. Pursuant to its mandate, the Board endeavours to support the availability of narcotic drugs for medical use, in particular the relief of pain, while preventing their diversion for illicit use. The Board continues to endorse and disseminate the WHO guidelines for national opioids control policy issued in 2000 in the document entitled "Achieving balance in national opioids control policy: guidelines for assessment".[34] The Board appreciates that WHO renewed its emphasis on combating human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and will seek to make the necessary drugs available to patients in developing countries. The Board hopes that focused attention on HIV/AIDS treatment will contribute to improved availability of drugs for related pain management through the health services of those countries.

175. The opioid analgesics under international control, such as morphine and codeine, are included in the WHO Model List of Essential Medicines. Those drugs, whose effectiveness and safety have been proven, should be readily available worldwide for the treatment of pain. The Board has addressed the international community at the World Health Assembly on this issue. The Board encourages developed countries, in cooperation with WHO, to provide assistance to developing countries in training their health authorities and medical community on the establishment or improvement of national pain treatment policies.

176. The Board emphasizes that improved availability of opioid analgesics in many developing countries depends not only on changes in relevant national policies, but also on the readiness for cooperation from the pharmaceutical industry. The current global production of opiate raw materials is sufficient to increase the supply of opiates for the world population. Therefore, the Board encourages manufacturing countries, in cooperation with the pharmaceutical industry, to continue exploring ways to make opioid analgesics more affordable to countries with scarce financial resources and low levels of consumption.

177. The Board notes with satisfaction that several Governments have continued to take steps to improve the availability of opioids for the relief of pain. In the United States, for example, the Pain and Policy Studies Group, a WHO collaborating centre, has reported excellent progress in palliative care in that country, indicating opportunities for further improvements. The American Pain Society has recently published updated guidelines for the management of cancer pain. In China, the access of hospitals to opioids was simplified and the number of doctors to prescribe those drugs were increased. In Panama, steps are being taken to implement new legislation extending the validity of prescriptions of opioid analgesics.

178. Some countries with low consumption of opioid analgesics but with relatively high per capita income have also responded to the Board's urging to improve availability. In Bahrain, a discussion began between the Ministry of Health and the medical community on the development of a national policy on pain management, based on the WHO guidelines. The health authorities in Singapore conducted a preliminary review of the availability and usage of narcotic drugs in the country; the authorities have devised mechanisms for the treatment of patients with severe pain, including the development of clinical practice guidelines for cancer pain and the inclusion of several opioids in the standard drug list of the Ministry of Health. In the Republic of Korea, negative perceptions by doctors and patients concerning the use of opioid analgesics were cited as one of the reasons for low consumption levels of those analgesics, as were concerns by prescribing doctors about the legal consequences of unintentional errors in implementing control regulations.

179. The Board suggests that the health and regulatory authorities in countries with sufficient financial resources, which experience similar problems, should initiate a discussion with the medical community on the rational use of opioids for the treatment of pain and improve access to those drugs.

180. The Board continues to be concerned that in many developing countries, in particular in Africa, the consumption of narcotic drugs for the treatment of pain continues to be critically low. The Board calls on the Governments concerned to identify ways of improving pain management and to work closely with WHO on that matter.

Consumption of psychotropic substances

Consumption of central nervous system stimulants

181. Internationally controlled central nervous system stimulants are used for the treatment of attention deficit disorder (ADD; called attention deficit/hyperactivity disorder (ADHD) in the United States), of narcolepsy and as anorectics in the treatment of obesity. Until the early 1970s, amphetamine and methamphetamine were used in large quantities as anorectics. Such use of amphetamine and methamphetamine has since been discontinued or reduced to the extent that it involves only small quantities. The medical use of phenmetrazine has been discontinued worldwide while fenetylline is prescribed in only a few countries. The use of methylphenidate for the treatment of ADD is increasing in many countries. Amphetamines and pemoline are also used for the treatment of that disorder in some countries. In recent years, the use of amphetamines for that purpose has increased rapidly. Several amphetamine-type stimulants in Schedules III and IV of the 1971 Convention are used as anorectics.

Stimulants in Schedule II of the 1971 Convention used for the treatment of attention deficit disorder

182. Increases in use of stimulants in Schedule II of the 1971 Convention for the treatment of ADD continue unabated. The substances used for this purpose include methylphenidate and two of the amphetamines, primarily dexamfetamine but increasingly also amfetamine. Trends in the medical use of those substances are influenced mainly by developments in the United States, which is the world's main user of stimulants for the treatment of ADD. While during most of the 1990s mainly methylphenidate was used, the increasing prescription of amphetamines since the late 1990s has led to the use of the same number of doses for amphetamines and methylphenidate in the United States. In 2002, the medical use of all three substances together amounted to nearly twice the amount consumed in 1998, because consumption of methylphenidate in the United States increased by 60 per cent, to 17.6 tons, and the use of amphetamines for the treatment of ADD increased by nearly 80 per cent, to 9 tons.

183. While the United States still remains the main consumer of methylphenidate and amphetamines, the use of methylphenidate for the treatment of ADD has also sharply increased in many other countries. A significantly increased consumption rate has been observed mostly in European countries, while Australia and Canada, formerly main consumer countries, are currently experiencing either a levelling off or even a decline in their consumption rate. In some European countries, such as Belgium, Germany, Iceland and the Netherlands, consumption has increased by 150-350 per cent during the last five years. In contrast to methylphenidate, amphetamines are not yet used to the same extent as in the United States. The only other two countries which reported significant use of amphetamines for the treatment of ADD are Australia and Canada, in both cases at a much lower level than in the United States.

184. The increasing manufacture and consumption of those substances have led to increased availability of stimulants in Schedule II. In 2002, 1.3 billion defined daily doses for statistical purposes (S-DDD) of methylphenidate and amphetamines were manufactured in the United States alone, an increase of more than 700 per cent compared with the level of 1992. The Board notes that the former peak consumption period of licitly manufactured amphetamines, during the 1960s and early 1970s, was followed by large-scale diversion and abuse of those substances because of their stimulant properties. Their abuse had been initiated by their having been prescribed as anorectics to large segments of the population. At that time, the United States alone manufactured several billion amphetamine tablets every year; that manufacture peaked at approximately 12 billion tablets in 1971. While the level of manufacture of methylphenidate and amphetamines for the treatment of ADD is still only a tenth of that peak level, the particular dynamic

development of the trend during the past 10 years necessitates a closer examination of whether such yearly increases may not eventually lead to a situation comparable with the early 1970s, when the widespread availability of those substances could only be contained by the introduction of a federal law in the United States (the Controlled Substances Act and the application of quota reductions).

185. This concern by the Board is further substantiated by reports about abuse and diversion of methylphenidate. The National Institute on Drug Abuse of the United States has warned that abuse of prescription drugs remains a serious public health concern. In the United States, methylphenidate is mostly abused by pupils 11-18 years old in a number of large cities and it is sometimes abused in mixtures with heroin and cocaine.

186. A particularly alarming aspect of reports on the abuse of methylphenidate and amphetamines among adolescents and young adults is the fact that adolescents have little difficulty obtaining them from friends or school classmates. Furthermore, schools have been broken into and medication supplies have been stolen without the schools being able to indicate the quantities stolen. There have been similar reports on diversions of methylphenidate from licit use in the United Kingdom. Probably the single most disturbing trend is that adolescents do not consider the abuse of that drug to be serious.

187. The Board requests the competent authorities of the countries concerned to increase their vigilance with regard to diversion of, trafficking in and abuse of stimulants in Schedule II used for the treatment of ADD and to keep the Board informed about all new developments in that area. In particular, in those few countries which allow methylphenidate to be dispensed through schools, control measures, including safety measures for storage and distribution, must be appropriately reviewed and implemented.

188. The Board is also concerned about the illegal sale and advertising of methylphenidate on the Internet, contravening international trade controls and prescription requirements. In one such Internet advertisement, methylphenidate was misleadingly described as a mild central nervous system stimulant and no warning about its abuse potential and no information on its control status were given. National control authorities are requested to do their utmost to stop this practice, as it leads to the wide distribution of erroneous and incomplete information on the substance, which might have serious health effects on unwitting customers.

Use of benzodiazepines

189. Global consumption of benzodiazepines remains at a high level, with more than 31 billion S-DDD manufactured in 2002. The larger group, benzodiazepine-type anxiolytics, accounted for more than 23 billion doses, while the benzodiazepine-type sedative-hypnotics accounted for nearly 8 billion doses. Benzodiazepines are not prescribed for and consumed by the vast majority of the world's population for various economic and social reasons. The countries with the highest per capita consumption are in Europe.

190. Abuse of benzodiazepines has been reported in many regions. It is, however, difficult to obtain reliable information on abuse rates. The Board encourages Governments of countries with high consumption levels for benzodiazepines to initiate an evaluation of abuse rates for benzodiazepines in their countries.

Review of defined daily doses for statistical purposes of narcotic drugs and psychotropic substances

191. In 2002 and 2003, the Board reviewed the defined daily doses used by it in analysing statistics to determine consumption levels of narcotic drugs and psychotropic substances. The defined daily dose for statistical purposes (S-DDD) is a technical unit of measurement used by the Board for the purpose of statistical analysis and is not a recommended prescription dose. As a result of the above-mentioned review, S-DDD for several narcotic drugs and psychotropic substances were modified, taking into account the developments in the most common dosages and methods of administration of those drugs, as well as in indications for which they are used. For example, in the case of morphine, the S-DDD was changed from 30 mg to 100 mg in order to reflect its increased consumption by oral administration, instead of by parenteral administration. Details of all modifications may be found in the 2003 reports of the Board on narcotic drugs[35] and psychotropic substances.[36]

G. Follow-up to missions of the Board undertaken in 2000

192. In furthering the aims of the international drug control treaties, the Board reviews, on a regular basis, overall compliance by Governments with the provisions of the treaties and, in particular, progress made by Governments in the implementation of the Board's recommendations following its country missions.

193. In 2003, the countries under such review included El Salvador (see para. 307 below), Ireland (see paras. 562-563 below), Paraguay (see para. 377 below), the Russian Federation and Senegal (see paras. 275-276 below). The Board sent missions to those countries in 2000.

H. Measures to ensure the implementation of the international drug control treaties

Action of the Board taken pursuant to article 14 of the 1961 Convention and article 19 of the 1971 Convention

194. Since 1997, the Board has formally invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention, a measure to ensure the execution of the provisions of the 1961 Convention and/or the 1971 Convention, with respect to a limited number of States parties to those conventions. The Board's objective has been to encourage compliance with those conventions whenever other means had failed. The countries concerned are not named until such time when the Board may decide to call the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs to the situation, as in the case of Afghanistan. After sometimes lengthy dialogue with the Board pursuant to articles 14 and 19, most of the States have taken remedial measures, resulting in the Board deciding to terminate any action under those articles vis-à-vis those States.

195. In 2003, the Board, while reviewing the status of compliance with the conventions, decided to terminate action under article 19 of the 1971 Convention vis-à-vis one State, taking into consideration the progress made in that State towards full compliance with that convention. The Board expects that that State will continue its efforts to ensure that the provisions of the international drug control treaties are fully respected and implemented.

196. The Board notes with concern that one State, for which measures under article 14 of the 1961 Convention and article 19 of the 1971 Convention remain invoked, has continued to fail to adequately control narcotic drugs and psychotropic substances and to fulfil its reporting obligations as required under the international drug control treaties, despite the ongoing consultations of the Board with that State.

197. The Board urges the State to respond to its concern and take immediate action to remedy the situation. Measures provided for under article 14 of the 1961 Convention and article 19 of the 1971 Convention consist of increasingly severe steps. The Board will continue to monitor developments in that country to ensure that progress is made by the Government. Continuous failure to take remedial action may lead to further action by the Board under the two articles and ultimately to a proposal by the Board to the Economic and Social Council to impose an embargo on the country in question.

Consultations with the authorities of Afghanistan pursuant to article 14 of the 1961 Convention

198. The Board reviewed the drug control situation in Afghanistan and progress made by the Transitional Authority in the implementation of the Board's recommendations pursuant to its consultations, in August 2002, with the Transitional Authority under article 14 of the 1961 Convention.

199. The Board notes that the Transitional Authority of Afghanistan has established, under the National Security Council, the Counter Narcotics Directorate, a national drug control body fully responsible for the coordination of and cooperation in all drug control issues at the national and international levels.

200. The Board also notes that a national drug control strategy, prepared by the National Security Council with the assistance of the United Nations Office on Drugs and Crime and the United Kingdom, was adopted by the Transitional Authority of Afghanistan in March 2003. The Strategy has the overall goal of eliminating the illicit crop cultivation, and the production and abuse of and trafficking in narcotic

drugs, psychotropic substances and precursors into, within and from Afghanistan and, in particular, specifies a time frame for a 70 per cent reduction of illicit crop cultivation by 2008 and total eradication by 2013.

201. While acknowledging some progress made by the Transitional Authority of Afghanistan, the Board remains seriously concerned that, despite the commitment and efforts by the Transitional Authority, increasingly widespread illicit cultivation of opium poppy has been taking place in the country. In particular, in 2003, illicit opium poppy cultivation spread to some new areas, although a decrease was noted in the traditional opium-poppy-growing provinces of Helmand, Kandahar, Nangarhar and Oruzgan. According to a survey conducted by the United Nations Office on Drugs and Crime, there was an increase in both the area under cultivation and the volume of output compared with 2002, when massive illicit crop cultivation in Afghanistan had resumed, with potential illicit opium production amounting to more than 3,400 tons.

202. The Board reiterates that prevention of the cultivation of illicit crops and their eventual eradication should be of the utmost importance to the Transitional Authority of Afghanistan in fulfilling its treaty obligations and can be achieved only when the relevant laws are fully respected and strictly implemented while sustainable alternative sources of income are provided to farmers. The Board urges the Transitional Authority to take adequate measures to ensure that progress is made in the implementation of its ban on opium production and that illicit crop cultivation in Afghanistan is effectively prevented and substantially reduced in the coming years, as targeted in its national drug control strategy.

203. Trade in Afghan opiates generates funds that corrupt institutions, finance terrorism and insurgency and lead to a destabilization of the region. The Board reiterates that achieving peace, security and economic development in Afghanistan is closely linked to solving the drug control problem.

204. The Board notes with concern that the limited progress in reconstruction over the last 18 months has been accompanied by various illegal activities, including drug production and trafficking, which have become two of the main sources of income and employment in Afghanistan. That situation leads to more insecurity and lawlessness, hampering the efforts of the Transitional Authority to combat those illicit activities. Addressing the serious drug control situation in Afghanistan is therefore a matter of urgency that requires extensive and full support from the international community.

205. The Board, in view of the serious drug control situation in Afghanistan, formally invoked article 14 of the 1961 Convention with respect to that country in June 2000 and called the attention of the parties to that convention, the Economic and Social Council and the Commission on Narcotic Drugs to the situation. The invoking of article 14 will remain in force until such time as the Board is satisfied that Afghanistan is complying with the provisions of that convention. The Board urges the international community, particularly the donor countries, to accelerate their delivery of assistance to the Transitional Authority of Afghanistan in its efforts to rid the country of all illicit activities related to drugs.

206. The Board notes that a national drug control law, drafted with the assistance of the United Nations Office on Drugs and Crime, has been adopted and urges the Transitional Authority of Afghanistan to take the necessary steps to ensure its effective implementation.

207. The control of licit activities related to narcotic drugs, psychotropic substances and precursors in Afghanistan remains unaddressed. The absence of drug control regulations to fulfil the objectives of the international drug control treaties, as well as an inadequate drug control system, has contributed to the proliferation of private pharmacies in Kabul where controlled substances from various sources are available for sale. There is an urgent need to bring the existing rules and regulations into compliance with the international drug control treaties, in order to ensure that controlled substances are distributed only through official channels and, at the same time, that legitimate requirements of narcotic drugs and psychotropic substances for domestic medical needs are met.

208. The Board, as required under the 1961 Convention, will maintain its dialogue with the Transitional Authority of Afghanistan and continue to monitor closely the progress made by the Transitional Authority in complying with the provisions of the 1961 Convention.

I. Laws and practices involving penalties for drug trafficking

209. The international drug control conventions require all States parties to establish drug trafficking and a range of related illicit activities as offences under their national laws. The conventions require the parties to take into account the grave nature of those offences and make the offences liable to adequate sanctions, such as imprisonment or other forms of deprivation of liberty, pecuniary sanctions and confiscation. The conventions allow for alternatives to conviction and punishment in appropriate cases of a minor nature, including for all offences related to personal use, such as possession, purchase or cultivation of drugs for personal consumption. The alternatives include measures such as education, treatment, rehabilitation and social reintegration of drug abusers. The conventions generally leave it to each party to determine by national law the type and level of sanctions or alternative justice or health-care system response.

210. In its review of the implementation of the requirements of the conventions by States parties, the Board has noted that, while basic drug trafficking offences have been established by all States parties, some other offences, for instance, those related to the diversion of chemicals for the illicit manufacture of drugs, still have to be introduced in the national legislation of a number of States parties. The Board, through country missions or exchange of letters, has reminded the States parties of their treaty obligations under the 1988 Convention.

211. The Board has considered the issue of type and level of sanctions provided in national laws for drug trafficking offences, bearing in mind the wide discretion left to States parties in this respect by the conventions. The Board has noted that national legislation varies greatly, depending on each State's specific situation in relation to drug issues, their legal system and penal philosophy. Even more diversity can be noted when considering, beyond the written text of national laws, actual prosecuting and conviction practices, as well as methods of targeting the most serious offences.

212. The Board notes that, while diversity and differences in the approach used by States regarding penalties and sanctions for the same class of minor offences are appropriate, serious disparities in penalties for major drug crimes such as drug trafficking, money-laundering and chemical trafficking, can inadvertently make it attractive for drug criminals to operate in certain countries. Where such disparities exist, whether on paper or in practice, opportunities are created for criminals to base or conduct their international operations in the jurisdiction with the least risk of an effective criminal justice response being launched. The 1988 Convention was intended to mobilize States to bring penalties and sanctions more in line with each other, thereby preventing drug traffickers from choosing the jurisdiction of least risk.

213. The Board has considered the issue of capital punishment for drug trafficking offences. Capital punishment is neither encouraged nor prohibited by the international drug control conventions, which do not refer to it under provisions relating to penalties. Under the United Nations standards and norms in criminal justice, States are encouraged to avoid using the death penalty. The safeguards guaranteeing protection of the rights of those facing the death penalty (Economic and Social Council resolution 1984/50, annex) endeavour to limit the scope of application of the death penalty to only the most serious crimes and provides for a number of safeguards. The Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty (General Assembly resolution 44/128, annex), provides for the total abolition of the death penalty, except in time of war if States so reserve. The Board notes that, since 1990, over 35 countries and territories have abolished the death penalty for all crimes. However, the number of countries that could impose the death penalty for drug trafficking rose from 22 countries and territories in 1985 to at least 26 in 1995 and to at least 34 in 2000. While capital punishment for drug trafficking is provided for in the laws of at least 34 countries, drug traffickers are actually being sentenced to death and executed in about 10 countries, mostly in Asia.

214. The Board notes that the provision of the death penalty can result in difficulties in international mutual legal assistance, extradition and transfer of proceeding case work if the requesting State's legislation provides for the death penalty and the requested State's legislation does not. The prospect of the death penalty often constitutes under national legislation a compulsory or discretionary ground for refusal of international mutual assistance.

J. Use of internationally controlled drugs by military and police forces

215. The use of narcotic drugs and psychotropic substances in military warfare and for law enforcement purposes has a long history. During the Second World War, for example, while the use of cocaine or opiates by German soldiers would result in imprisonment, Pervitin (methamphetamine), together with alcohol, was distributed to soldiers in the armed forces. During the same period, amphetamines were widely used in the Japanese armed forces to increase soldiers' performance. Such specific use of drugs in a military context can be considered in some countries to be the origin of later drug abuse problems, as those drugs subsequently gained popularity in other segments of the population.

216. The Board is aware that drugs scheduled under the 1961 Convention or the 1971 Convention, mainly drugs of the amphetamine-type group, continue to be used by some military forces, for example during armed conflict, and that research into further possible uses is taking place. The Board is of the opinion that this type of drug use may not be in line with the international drug control conventions, which require Governments to limit the use of narcotic drugs to medical and scientific purposes only. The Board appeals to Governments to ensure that the military and law enforcement sectors follow the principles of sound medical practice in their use of internationally controlled substances and that the international drug control conventions are respected in those sectors.

K. Measures to reduce harm

217. The Board is responsible for reviewing whether measures taken in a country are in line with the three international drug control conventions. In that context, the Board has, over a period of many years, expressed its views on the compatibility of such measures with the conventions. The Board has decided to further clarify the issue.

218. The conventions do not contain, refer to or define "harm reduction". The three conventions refer to measures against drug abuse. Article 38 of the 1961 Convention refers to the need for a State to take measures for the prevention of drug abuse and for the early identification, treatment, aftercare, rehabilitation and social reintegration of drug abusers. Article 14 of the 1988 Convention requires parties to adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering. The ultimate aim of the conventions is to reduce harm.

219. In its report for 1993, the Board acknowledged the importance of certain aspects of "harm reduction" as a tertiary prevention strategy for demand reduction purposes.[37] In its report for 2000, the Board reiterated that "harm reduction" programmes could play a part in a comprehensive drug demand reduction strategy but such programmes should not be carried out at the expense of other important activities to reduce the demand for illicit drugs, for example drug abuse prevention activities; the Board drew attention to the fact that "harm reduction" programmes could not be considered substitutes for demand reduction programmes.[38]

220. In its report for 2000, the Board also noted that since some "harm reduction" measures were controversial, discussions of their advantages and disadvantages had dominated the public debate on drug policy. The Board regretted that the discussion on some "harm reduction" measures had diverted the attention (and, in some cases, funds) of Governments from important demand reduction activities such as primary prevention or abstinence-oriented treatment.[39]

221. In a number of countries, Governments have introduced since the end of the 1980s programmes for the exchange or distribution of needles and syringes for drug addicts, with the aim of limiting the spread of HIV/AIDS. The Board maintains the position expressed by it already in 1987[40] that Governments need to adopt measures that may decrease the sharing of hypodermic needles among injecting drug abusers in order to limit the spread of HIV/AIDS. At the same time, the Board has been stressing that any prophylactic measures should not promote and/or facilitate drug abuse. The Board welcomes Commission on Narcotic Drugs resolution 46/2 in which the Commission called on all States to strengthen efforts to reduce the demand for illicit drugs, taking into account in their national control policies the drug-related spread of HIV infection.

222. Many Governments have opted in favour of drug substitution and maintenance treatment as one of the forms of medical treatment of drug addicts, whereby a

drug with similar action to the drug of dependence, but with a lower degree of risks, is prescribed by a medical doctor for a specific treatment aim. Although results are dependent on many factors, its implementation does not constitute any breach of treaty provisions, whatever substance may be used for such treatment in line with established national sound medical practice. The Board has, over the years and in line with its mandate under the estimate system of the 1961 Convention, discussed and confirmed quantities Governments have needed for such purpose. As is the case with the concept of medical use, treatment is not treaty-defined; therefore, the parties and the Board are provided with some flexibility.

223. In some countries, facilities have been established where injecting drug abusers can inject drugs that they have acquired illicitly. That practice has been allowed by national drug control legislation or Governments have simply allowed or tolerated such initiatives by local governments or institutions. The Board has stated on a number of occasions, including in its recent annual reports, that the operation of such facilities remains a source of grave concern. The Board reiterates that they violate the provisions of the international drug control conventions.

224. The Board reiterates that article 4 of the 1961 Convention obliges States parties to ensure that the production, manufacture, import, export, distribution of, trade in, use and possession of drugs is to be limited exclusively to medical and scientific purposes. Therefore, from a legal point of view, such facilities violate the international drug control conventions.

225. In some countries where the abuse of synthetic drugs, mainly amphetamine-type stimulants, has become widespread, authorities have provided facilities for having the composition and quality of the drugs, usually in tablet form, tested and then returned to the drug abusers, informing them about the results of the test, in particular to warn them if the drug is impure or adulterated. The Board has been concerned that such practices conveyed the wrong message on the risks of drug abuse and provided a false sense of safety for drug abusers, thereby running contrary to drug abuse prevention efforts required from Governments under the international drug control conventions. The Board notes the announcement of the Government of the Netherlands, one of the first countries where such drug testing had been introduced, that the programme of pill testing at parties and clubs had been terminated in order to avoid the projection of messages counter-productive to drug abuse prevention efforts.

226. The Board calls on Governments that intend to include "harm reduction" measures in their demand reduction strategies to carefully analyse the overall impact of such measures, which may sometimes be positive for an individual or for a local community while having far-reaching negative consequences at the national and international levels.

L. Definition of medical use

227. While the international drug control conventions require parties to limit exclusively to medical and scientific purposes the production, manufacture, export, import and distribution of, trade in and use and possession of drugs, the conventions do not provide a definition of the term "medical and scientific purposes" but leaves that up to parties.

228. The expressions "medical use" and "medical purposes" in the current international drug control conventions existed in earlier treaties. For example, the 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs[41] referred to "medical needs". None of those terms has been precisely defined in the current international drug control conventions or in the commentaries to those conventions. However, the 1971 Convention requires from WHO an assessment of the "usefulness" of a substance when it is considered for international control.

229. The WHO Expert Committee on Drug Dependence, in its sixteenth report,[42] states that the type and degree of international control must be based on two considerations: (a) the degree of risk to public health; and (b) the usefulness of the drug in medical therapy.

230. The usefulness of the drug must take into account the balance between risk and benefit. In the absence of sound evidence of therapeutic usefulness, recourse must be made to a drug's reputation for usefulness, which reflects the general opinion of practitioners or expert panels. That opinion may change with time. For example, new effects, desired or undesired, may be discovered; and with new discoveries, a drug may find new applications or become obsolete. Therapeutic

efficacy and safety are basic conditions that have to be established before the drug can be marketed. Many Governments have accepted the responsibility of ensuring that the drugs made available comply with established standards of efficacy and safety. The consideration of usefulness of a drug goes far beyond medical use and includes its availability and cost and the knowledge and experience of those prescribing it and administering it.

231. Drugs can have different effects on the population of different communities due to cultural, environmental and genetic factors, and therapeutic efficacy and safety may be influenced by various factors including nutritional status and the presence of infections, lesions of the central nervous system and the digestive tract. Therefore, the experience of developed countries and their evaluation of the therapeutic usefulness, safety and efficacy of a drug might not necessarily be applicable to developing countries and vice versa. It seems that the drafters of the international drug control conventions did not purposely leave the term "medical use" ambiguous but it is that they could not reach agreement on a universal definition. This situation will probably remain true in the future.

232. Medical practice and the concept of health change continuously. The expectations of individuals, the public, professionals and policy makers interact with advancements in science and technology, as well as with economic, environmental and sociological changes. The concepts of health improvement, quality of life, well-being and so on influence how basic terminologies are used and can be defined.

233. In the absence of a definition agreed upon by WHO, the Board, for the purpose of carrying out its own work under the international drug control conventions, defines the terms in the following way: a medicine (medicinal substance; that is, whether synthetic and/or natural, pure or in the form of a preparation) is a substance used, designed or approved for the following medical purposes:

(a) Improving health and well-being;

(b) Preventing and treating disease (including the alleviation of symptoms of that disease);

(c) Acting as a diagnostic aid;

(d) Aiding conception or providing contraception;

(e) Providing general anaesthesia.

Medical use

234. The "medical use" of a substance can be stated as its utilization for the above-mentioned medical purposes in a given country. Such use should be approved by the competent regulatory authority of that country and usefulness recognized by the medical community.

235. Medicines work mostly by biochemical, endocrinological, immunological, metabolic, or pharmacological mechanisms. Recently, in the European Union, a fifth category has been added that covers "genomic use" (stem cell administration, gene transfer etc.).

Scientific purposes

236. The designation of the use of a drug for "scientific purposes" is appropriate when it is used as a tool for investigating mechanisms of health or disease or when investigating the use of a product as a medicine. In patients, the investigation would be done as part of a clinical trial, which requires prior approval from the research ethics committee.

Medical consumption

237. "Medical consumption" refers to the medicine (or medicines) consumed by patients for the purpose of improving health and well-being, acting as a diagnostic aid, providing contraception or aiding conception, providing general anaesthesia and preventing and treating disease (including symptom alleviation), as well as for scientific purposes. Medical consumption includes ingestion, inhalation, injection, topical administration and any other route of administration.