

II. Operation of the international drug control system

A. Status of adherence to the international drug control treaties

52. The Single Convention on Narcotic Drugs of 1961¹⁹ and the Convention on Psychotropic Substances of 1971²⁰ form the basis of the international drug control system. The accession of all States to those treaties and the universal implementation of all the treaty provisions are prerequisites for effective drug control worldwide, including the achievement of the objectives of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.²¹

Single Convention on Narcotic Drugs of 1961

53. As at 1 November 2004, the number of States parties to the Single Convention on Narcotic Drugs of 1961 stood at 180, of which 176 were parties to that Convention as amended by the 1972 Protocol.²² The Board welcomes the accession, in 2004, of the Congo to the 1961 Convention as amended by the 1972 Protocol. A total of 12 States have not yet become parties to the 1961 Convention: 2 States in Africa (Angola 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). (Andorra and Bhutan have already become parties to the 1988 Convention.) The Board urges all those States to implement the provisions of the 1961 Convention and become parties to that convention without further delay.

54. 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 amending the 1961 Convention.²³ The Board reiterates its request to those States to take action to accede to or ratify the 1972 Protocol as soon as possible (see also paragraphs 163 and 164 below).

Convention on Psychotropic Substances of 1971

55. As at 1 November 2004, the number of States parties to the 1971 Convention stood at 175. The Board

welcomes the accession of the Congo to the 1971 Convention.

56. Of the 17 States that have yet to become parties to the 1971 Convention, there are 3 in Africa (Angola, Equatorial Guinea and Liberia), 2 in the Americas (Haiti and Honduras), 5 in Asia (Bhutan, Cambodia, the Democratic People's Republic of Korea, Nepal and Timor-Leste), 1 in Europe (Andorra) and 6 in Oceania (Kiribati, Nauru, Samoa, the Solomon Islands, Tuvalu and Vanuatu). (Andorra, Bhutan, Haiti, Honduras and Nepal have already become parties to the 1988 Convention.) The Board urges all these States to implement the provisions of the 1971 Convention and to become parties to 1971 Convention without delay.

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

57. The Board welcomes the accession of the following States to the 1988 Convention during the period under review: Congo, Lao People's Democratic Republic and Micronesia (Federated States of). As at 1 November 2004, a total of 170 States, plus the European Community (extent of competence: article 12), were parties to the 1988 Convention. A total of 22 States have not yet become parties to the 1988 Convention: 7 States in Africa (Angola, the Democratic Republic of the Congo, Equatorial Guinea, Gabon, Liberia, Namibia and Somalia), 3 in Asia (Cambodia, the Democratic People's Republic of Korea and Timor-Leste), 3 in Europe (the Holy See, Liechtenstein and Switzerland) and 9 in Oceania (Kiribati, the Marshall Islands, Nauru, Palau, Papua New Guinea, Samoa, the Solomon Islands, Tuvalu and Vanuatu). The Board urges all those States to implement the provisions of article 12 and to become parties to the 1988 Convention as soon as possible.

58. The Board is pleased to note that, with the exception of Switzerland, all States that are major manufacturers, exporters and importers of scheduled chemicals are now parties to the 1988 Convention.

B. Cooperation with Governments

Reports on narcotic drugs

Submission of annual and quarterly statistics

59. The majority of States regularly submit the mandatory annual and quarterly statistical reports. As at 1 November 2004, a total of 175 States and territories had submitted to the Board annual statistics on narcotic drugs for 2003, in conformity with the provisions of article 20 of the 1961 Convention. That accounts for 83 per cent of the 210 States and territories required to furnish such statistics. A total of 188 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2003; that figure represents 90 per cent of the 210 States and territories requested to furnish those data.

60. In 2004, the Board noted an improvement in the furnishing of statistical data by Honduras, Mongolia and Yemen. In addition, after not furnishing annual statistical reports for several years, the British Virgin Islands, the Comoros, Djibouti, Dominica and French Polynesia resumed submission of those reports. The Board urges all Governments to furnish in a timely manner all statistical reports required under the 1961 Convention. The Board will continue to monitor closely the situation in countries whose Governments do not regularly submit the required reports and will consider further measures to ensure their compliance with their obligations under the 1961 Convention.

61. Parties to the 1961 Convention are obliged 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 several States, including some that are major manufacturers, importers, exporters or users of narcotic drugs, such as Brazil, Canada, India, the Netherlands and Thailand, did not comply in 2004 with that requirement and furnished their reports with a significant delay. The late submission of reports makes it difficult for the Board to monitor manufacture of, trade in and consumption of narcotic drugs and hampers the analysis by the Board. 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

62. 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 high, that drugs traded in a country may be in excess of medical needs and may be diverted into illicit channels or used inappropriately. Similarly, if estimates are too low, there is a risk that there will not be sufficient narcotic drugs available for medical treatment. A well-functioning health system is necessary to assess the actual requirements of narcotic drugs in every country.

63. As at 1 November 2004, annual estimates of narcotic drug requirements for 2005 had been furnished by 176 States and territories, or 84 per cent of the States and territories required to furnish such estimates. The Board is concerned that several States and territories failed to provide their estimates in time for examination and confirmation by the Board. The Board had to establish estimates for them in accordance with article 12, paragraph 3, of the 1961 Convention.

64. The estimates established by the Board are based on the estimates and statistics reported in the past by the respective Governments. The estimates have in some cases been considerably lowered, as a precaution in view of the risk of diversion. As a result, the States and territories concerned may experience difficulties in importing in a timely manner the quantities of narcotic drugs required to meet their medical needs. The Board urges the States and territories concerned to take all the necessary measures to establish their own estimates of narcotic drug requirements and furnish those estimates to the Board as soon as possible. The Board is ready to assist those States and territories by providing clarifications on the provisions of the 1961 Convention relating to the system of estimates.

65. The Board reviews 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 contacted several Governments prior to confirming estimates for 2005, as those estimates, according to the information available,

appeared to be inadequate. The Board is pleased to note that, in 2004, as in previous years, most Governments provided clarifications promptly or corrected their estimates.

66. The Board notes that the number of supplementary estimates furnished by Governments in accordance with article 19, paragraph 3, of the 1961 Convention increased in 2004 compared with recent years. A total of 414 supplementary estimates had been received by 1 November 2004, compared with fewer than 250 in 2001. The Board urges Governments to calculate their annual medical needs as accurately as possible and to make every effort to submit supplementary estimates only in cases involving unforeseen circumstances.

Frequent problems in reporting estimates and statistics of narcotic drugs

67. The Board examines the statistical data and estimates furnished by Governments 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 most frequent problems in reporting include the omission of data on stocks of narcotic drugs in the relevant estimates or statistical reports submitted by Governments to the Board and confusion in reporting estimates and statistical information concerning preparations exempted from some reporting requirements (preparations in Schedule III of the 1961 Convention). The Board encourages all Governments to ensure precise reporting on narcotic drugs.

68. In addition, in 2004, as in 2003,²⁴ several Governments did not comply with their obligation under article 20, paragraph 1 (e), of the 1961 Convention to furnish to the Board statistical reports on seizures of narcotic drugs and disposal thereof. The Board reiterates its request to the Governments concerned to adopt all measures necessary 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. While other international organizations use the seizure data reported by Governments mainly for trend analysis, the purpose of reporting such data to the Board is to ensure that seized drugs have been handled properly and that those drugs have not been diverted back into illicit

channels. In addition, the reporting on seized drugs released for licit purposes, including medical and scientific purposes, is important for the analysis of the licit supply of those drugs in individual countries and worldwide.

Reports on psychotropic substances

Submission of annual and quarterly statistics

69. As at 1 November 2004, a total of 155 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 2003 in conformity with the provisions of article 16 of the 1971 Convention. The rate of submission for 2003 was one of the highest in the past 10 years.

70. The cooperation of some States, however, continues to be unsatisfactory. In recent years, more than one third of the States in Africa and Oceania failed to submit annual statistical reports.

71. The failure of some main manufacturing and exporting States to submit annual statistical reports on psychotropic substances continues to create difficulties for international control, in particular if those States failed to submit on time for the previous two years their annual statistical reports on psychotropic substances. Statistical information on the manufacture, import and export of psychotropic substances in those countries is necessary to prepare a reliable analysis of global trends in manufacture and international trade of psychotropic substances. Missing or inaccurate data on exports and imports hinder identification of discrepancies in trade statistics, thereby impeding international drug control efforts. The Board urges the authorities of the countries concerned to examine the situation and to cooperate with the Board in providing annual statistics on psychotropic substances within the deadline, as required under the 1971 Convention.

Assessments of requirements for psychotropic substances

72. Assessments of annual domestic 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

established in 1997 assessments for 57 Governments that had failed to furnish such information. Since then, almost all of those Governments have established their own assessments. The assessments are communicated to competent authorities of all States and territories that are required to use them as guidance when approving exports of psychotropic substances.

73. Despite the fact that assessments of requirements for psychotropic substances submitted by States and territories do not require confirmation by the Board and need not be submitted on an annual basis, the provision of accurate assessments is necessary to ensure the functioning of the control system. The Board has recommended to the Governments to review and update their assessments of annual medical and scientific requirements for psychotropic substances at least every three years. While the majority of Governments submit modifications from time to time, a few Governments have decided to submit revised assessments every year, as is the case with regard to estimates for narcotic drugs.

74. The Board is concerned that a number of Governments have not updated their assessments for several years. Their assessments may no longer reflect their actual domestic medical and scientific requirements for psychotropic substances. Assessments that are lower than the actual legitimate requirements may delay imports of psychotropic substances urgently needed for medical or scientific purposes in the country concerned because of the need to verify the legitimacy of import orders. 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 encourages all Governments to ensure that their assessments are regularly updated and that it is informed of any modifications.

Reports on precursors

Submission of annual information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances

75. As at 1 November 2004, 135 States and territories, together with the European Commission (on behalf of the States members of the European Union), had provided the Board with the required annual information

on chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances (on form D). The Board notes that Canada, after the adoption of comprehensive precursor control legislation, has resumed its reporting to the Board.

76. The Board urges those parties to the 1988 Convention which have not yet submitted such information or have failed to submit it for a number of years to provide the required data as soon as possible. Those parties, which include Afghanistan, Albania, Morocco, Mozambique, New Zealand, the Republic of Moldova, Serbia and Montenegro, Turkmenistan and Zimbabwe, should comply with their treaty obligations as soon as possible.

77. While over 40 Governments have reported seizures of precursors for 2003, few of them have supplemented that data with the required additional information on non-scheduled chemicals, methods of diversion and stopped shipments. The Board calls upon all Governments effecting seizures or intercepting shipments of precursors to thoroughly investigate those cases and to report the results to it. That information is needed to identify new trends in illicit drug manufacture and trafficking in precursors.

Submission of annual information on the licit trade in and uses of substances in Tables I and II of the 1988 Convention

78. Data on the licit trade in, uses of and requirements for scheduled substances is essential to the effective verification of the legitimacy of transactions. Adequate mechanisms and procedures for monitoring the licit trade enable Governments to know the trade patterns and to identify unusual transactions, which is essential to preventing attempted diversions. Therefore, the Board encourages all Governments that have not yet done so to collect and report the relevant data in accordance with Economic and Social Council resolution 1995/20.²⁵

79. Almost 10 years ago, all Governments recognized the need for such voluntary information. The Board notes with satisfaction that most States and territories submitting form D are also including such information in their reports. For example, in the Americas and Europe, approximately 95 per cent of Governments submitting form D are also providing data on licit trade.

80. All of the major manufacturing and exporting countries have continued to furnish comprehensive information on exports of scheduled substances. The Board welcomes the fact that China, a major exporter of precursors, has for the first time provided it with data on licit trade in substances in Table I of the 1988 Convention. Canada, which is one of the major importers of acetic anhydride, potassium permanganate and pseudoephedrine, has also furnished comprehensive data on licit trade in, uses of and requirements for those and other substances. The Board invites Pakistan, which imports significant quantities of ephedrine and pseudoephedrine, to also furnish the requested data.

81. All major exporting countries participating in Operation Topaz and Operation Purple, the international tracking programmes for acetic anhydride and potassium permanganate, have continued to provide information on individual exports of those substances through pre-export notifications. The number of Governments reporting exports and imports of potassium permanganate was the highest recorded in the past five years. More and more Governments also report on their licit requirements for the two substances.

82. A large number of Governments have reported data for 2003 on the licit movement of and requirements for ephedrine and pseudoephedrine, precursors of methamphetamine. Some of the main countries exporting, importing and trans-shipping a relatively newly scheduled precursor, norephedrine, have also provided data on licit trade in that substance.

83. With regard to other key precursors of amphetamine-type stimulants, it has been noted that no country reported any imports or exports of 3,4-methylenedioxyphenyl-2-propanone for 2003. More countries provided data on imports and exports of 1-phenyl-2-propanone and safrole for 2003 than for previous years. The increase in reporting may be partly attributed to the growing awareness of Governments of the importance of monitoring the trade in relevant precursors through mechanisms already in place, such as Project Prism. The Board trusts that with the further development of cooperation under Project Prism, which is aimed at monitoring both the international trade in and domestic distribution of those substances, more comprehensive data will become available.

C. Prevention of diversion into the illicit traffic

Narcotic drugs

Diversion from international trade

84. The system of control measures set out in the 1961 Convention provides for effective protection of international trade in narcotic drugs against attempts at their diversion into the illicit traffic. In 2004, as in recent years, no cases involving the diversion of narcotic drugs from licit international trade into illicit channels were detected, despite the very large quantities of drugs and the large number of transactions involved.

85. 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 2003 and 2004 exports of narcotic drugs from their countries in excess of the corresponding total of the estimates of the respective importing countries. The Board reminds the Governments concerned that such exports are contrary to the provisions of article 31 of the 1961 Convention and could result in the diversion of narcotic drugs if falsified import authorizations were used by drug traffickers. The Board has contacted the Governments in question 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.

Diversion from domestic distribution channels

86. In 2003, the Board sent a questionnaire to selected developing countries to obtain information on the diversion and abuse of pharmaceutical preparations containing narcotic drugs. The replies received confirmed that there has been some diversion and abuse of such preparations, in particular codeine syrups and tablets, dextropropoxyphene tablets and ampoules, and pethidine ampoules. The most frequent methods of diversion include illegal purchases from wholesalers and retailers, as well as theft from various domestic distributors, including hospitals. Several countries reported that smuggling from abroad was one source of the illicit supply of the preparations.

87. The Board requests all Governments concerned to strictly implement the control measures stipulated in the 1961 Convention to stop the diversion and abuse of pharmaceutical preparations. The Board notes with appreciation that some Governments have taken such measures. For example, in Malaysia, close monitoring of the distribution of cough mixtures containing codeine and pholcodine was introduced and the size of cough mixture packages containing pholcodine was reduced. In Thailand, the dispensing of codeine cough syrups without prescription in drugstores and clinics was stopped. In Zimbabwe, a prescription requirement was introduced for cough mixtures containing codeine.

88. In some countries, the diversion and abuse of narcotic drugs involve preparations for which certain control measures (such as prescription requirement) are not mandatory under the 1961 Convention. While the availability of those preparations for medical purposes should not be reduced, the Governments concerned should carefully examine the impact of those exemptions on the diversion and abuse of such preparations in their countries and, if necessary, apply more appropriate levels of control, in accordance with the provisions of article 39 of the 1961 Convention.

89. The Board urges the Governments of countries into which pharmaceutical products containing narcotic drugs are smuggled from abroad to raise the awareness of their customs authorities regarding that problem and to actively seek the cooperation of the countries out of which the products are smuggled, in order to stop those illegal activities. The Board is at the disposal of the interested Governments to facilitate the investigation of cases involving the smuggling of such preparations.

90. Governments of some countries in which problems with the diversion and abuse of pharmaceutical preparations containing narcotic drugs were identified in the past, such as Egypt, India and Pakistan, have not submitted the questionnaire or stated that information is not available. The Board requests the Governments concerned to establish a mechanism for collecting information on the problem, so that, if necessary, measures against such diversion and abuse can be taken promptly. The Board urges international entities, such as the World Health Organization (WHO) and the United Nations Office on Drugs and Crime, to assist Governments, wherever appropriate, in preventing the diversion and abuse of pharmaceutical preparations containing

controlled substances and in monitoring trends in that area.

91. The diversion of pharmaceutical products containing narcotic drugs from domestic licit distribution channels and the abuse of such products continue to be problems not only in developing countries, but also in some developed countries. In the United States, a nationwide survey carried out by the University of Michigan in 2003 indicated that the extent of non-medical use of prescription drugs among young people was second only to the extent of cannabis abuse. According to the survey, among persons in their final year of secondary school (ages 17-18) the abuse of hydrocodone was more than double the abuse of cocaine, Ecstasy or methamphetamine. Among the persons in that age group, 10 per cent reported non-medical use of hydrocodone and about 5 per cent reported non-medical use of oxycodone.

92. The Board welcomes the fact that prevention of the diversion and abuse of pharmaceutical preparations has become one of the priorities in the National Drug Control Strategy of the United States. The Government is developing prescription monitoring programmes to facilitate the collection, analysis and reporting of information on the prescribing, dispensing and use of pharmaceuticals, in order to identify and prevent cases of diversion or inappropriate prescribing.

93. Cases involving the diversion and abuse of opioids, in particular methadone and buprenorphine, when prescribed for substitution treatment have been identified in many countries. The Board requests the Governments of countries where opioids are used for substitution treatment to take measures to prevent their diversion. Such measures may include supervised consumption, short dispensing intervals and central registration of all opioids prescribed for treatment purposes. The Board notes that there have been reports in Austria of the diversion of slow-release oral morphine tablets used for substitution treatment. The Board, aware that the Austrian authorities are investigating the situation, would appreciate being informed promptly of the results of that investigation and, if necessary, of action taken by the authorities to prevent such diversion.

94. The Russian Federation reported cases involving the use of poppy seeds for the illicit manufacture of

extracts containing alkaloids, to be subsequently abused. The investigation of those cases revealed that poppy seeds used for the illicit manufacture of such extracts were contaminated with poppy straw, which was the main reason for the relatively high alkaloid content in the extracts. The poppy seeds in question were imported into the Russian Federation from various countries to be used for culinary purposes. The Board encourages all Governments to be vigilant with respect to attempts by traffickers to use poppy seeds mixed with poppy straw for illicit drug manufacture and to prevent the export and import of such consignments, in accordance with their obligations under the 1961 Convention concerning international trade in poppy straw.

Psychotropic substances

Diversion from international trade

95. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention has been limited to occasional transactions involving in almost all cases 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.

96. For most substances in Schedule II of the 1971 Convention, licit international trade has been restricted to a limited number of transactions. The only major exception is international trade in methylphenidate, which, since the beginning of the 1990s, has increasingly been used in the treatment of attention deficit disorder (ADD). In recent years, international trade in dexamfetamine, also used in the treatment of ADD, has increased, though to a much smaller extent. 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 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.

97. Those strict control measures have eliminated the use of international trade for the diversion of substances

in Schedule II into illicit channels. In some cases, however, strong demand in illicit markets for a specific pharmaceutical preparation containing a substance in Schedule II has led to the illicit manufacture of counterfeit preparations. One example of that is the ongoing illicit manufacture of counterfeit Captagon, a pharmaceutical preparation that, in its licit form, contains fenetylline. Numerous diversions of licitly manufactured Captagon and/or the base substance fenetylline occurred during the late 1980s. Since the beginning of the 1990s increased control measures have succeeded in stopping such diversions. Diversion attempts have been thwarted in all cases except one: in 1998, 70 kg of fenetylline were diverted from Switzerland to Azerbaijan. As fenetylline can no longer be obtained from licit sources, traffickers have resorted to the use of illicitly manufactured fenetylline, in addition to substituting other stimulants for fenetylline. In recent years, most of the tablets seized have contained amphetamines, in addition to stimulants not under international control.

98. The illicit markets for the counterfeit Captagon tablets are countries in the area of the Persian Gulf. The illicit consignments are to a large extent smuggled through Turkey. The Turkish law enforcement authorities are aware of the problem and are making every effort to identify diversion attempts. Millions of counterfeit Captagon tablets are seized in Turkey every year, which is an indication of a well-established international trafficking network. According to Turkish seizure data, Bulgaria is the country most often identified as the source of the seized tablets.

99. Licit international trade in psychotropic substances in Schedules III and IV of the 1971 Convention is common; there are thousands of individual transactions involving such substances each year. The analysis by the Board of data on international trade in substances included in those schedules has indicated a significant decrease in the number of cases involving diversion of those substances from international trade in the past five years. Cases identified by national authorities during the past year involved quantities of no more than 1 kg, whereas during the 1990s such cases often involved quantities of several hundred kilograms. That positive development is the result of the implementation by Governments of treaty provisions, combined 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.

100. Despite those positive developments, there continue to be attempts to divert substances in Schedules III and IV of the 1971 Convention. In all cases, the diversion attempts have involved substances identified many years ago as target substances for specific illicit drug markets. During the past year, two such attempts involved pemoline (a stimulant) and temazepam (a benzodiazepine), both of which are included in Schedule IV of the 1971 Convention. Both substances have been the target of numerous diversion attempts over the past decade and are known for their street value in specific illicit drug markets. In both cases, drug traffickers appeared to have placed an order to establish business relations with manufacturers or wholesalers with the intention of then using that first order to establish trust with their business partners before placing larger follow-up orders.

101. The case of attempted diversion of pemoline mentioned in paragraph 100 involved Nigerian drug dealers who tried to illegally import 90 kg of pemoline from China. As in previous attempts to divert large quantities of pemoline into West African countries, the pemoline was purportedly needed for veterinary purposes: to facilitate the transport of cattle over long distances. The investigation carried out by the Board in cooperation with the Chinese and Nigerian authorities revealed that the drug traffickers had first established contact with the manufacturing company in China by Internet. That case demonstrates that certain psychotropic substances, even after a considerable period of time during which their availability on the illicit market has been restricted, continue to be attractive to drug traffickers; thus, attempts to divert such a substance may occur long after the large-scale abuse of the substance has stopped.

102. The same applies to a diversion attempt involving temazepam, a benzodiazepine that has, for many years, been one of the most popular psychotropic substances on the illicit drug market in the United Kingdom of Great Britain and Northern Ireland, particularly in Scotland. Over the years numerous attempts to divert the substance to the illicit market have been discovered and prevented. Whenever a prospective source has been discovered and closed down by the competent authorities of one country, drug traffickers have shifted

their operations to another country. In the most recent case of an attempted diversion of temazepam, a company in Kosovo (Serbia and Montenegro) ordered 6 kg of temazepam from India. The Indian authorities, noting that no assessment had been established for the substance by the authorities in Kosovo, contacted through the Board those authorities, who confirmed that they had never authorized the transaction.

103. In both of the above-mentioned cases, the vigilance of the competent authorities of the exporting country prevented the diversion attempt. The Board notes with appreciation the 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 in international drug control. As shown in the above two examples, almost all diversions have been prevented as a result of the vigilance of competent authorities and law enforcement authorities 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.

104. Encouraged by this positive development in international cooperation, the Board again calls on 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.

Diversion from domestic distribution channels

105. In contrast to international trade, the diversion of psychotropic substances from domestic distribution channels continues; such diversions involve, in some cases, relatively large quantities of psychotropic

substances. Reports in 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 the most important source for illicit drug suppliers. The methods used by drug traffickers to divert those products include: theft from factories and wholesalers; pretended export; falsified prescription; and the supplying of substances by pharmacies without the required prescriptions.

106. The majority of the diversion cases have involved relatively small quantities of psychotropic substances destined either for abuse by an individual drug addict or for small-scale dealing. Seizure data, however, show that the large-scale diversion of such substances from domestic distribution channels also frequently occurs. For example, more than 100,000 doses of buprenorphine ampoules were seized in Pakistan only in the first half of 2004; 77,250 ampoules were seized in one major haul. All of the seizures were effected during smuggling attempts by commercial air shipment from India.

107. In March 2004, the Board was informed by the Swiss authorities about an attempted diversion of 2,040 packages of Toquilone compositum[®] tablets, containing methaqualone, a substance in Schedule II of the 1971 Convention. The diversion was attempted by a citizen of Serbia and Montenegro who presented to each of a number of Swiss pharmacies a prescription for 120 packages of Toquilone that had been issued by a physician in Serbia and Montenegro. Because of the vigilance of the Swiss pharmacies, the sales were not effected and the competent authorities of Switzerland were immediately alerted.

108. The Board continues to request the cooperation of Governments with regard to the diversion and smuggling of flunitrazepam (under the brand name Rohypnol) from Eastern European countries to Nordic countries. In the 1990s, the substance was diverted from licit manufacturers in the Czech Republic. Investigations undertaken to ascertain whether licitly imported flunitrazepam tablets had been diverted from domestic distribution channels concluded that no cases of diversion had been confirmed in the Russian Federation. It should be noted, however, that the competent authorities of Belarus have reported the uncovering of a channel used for the diversion of flunitrazepam from Belarus to Lithuania. The last significant seizure of the substance in Sweden, made in January 2004, involved

119,500 tablets of Rohypnol. A sample of those tablets tested by a manufacturing company in Switzerland revealed that the tablets consisted of a counterfeit version of green Rohypnol 1 mg tablets. The Board appreciates the cooperation of the Governments of the Russian Federation, Sweden and Switzerland in the above-mentioned investigations.

Precursors

109. Traffickers have been increasingly using new routes and new methods of diversion of substances for the illicit manufacture of drugs. Responses to those developments require modern and flexible approaches to achieve maximum effect. The experience of the past year has shown that the rapid exchange of information concerning both licit trade and trafficking in precursors is currently the most effective way to prevent such diversion. In particular, through pre-export notifications, Governments have been able to rapidly verify the legitimacy of individual shipments. In exercising its functions under article 12 of the 1988 Convention, the Board, through its secretariat, continues to act as the international focal point for the exchange of information under Operation Purple, Operation Topaz and Project Prism. Operational procedures and mechanisms, developed through informal and practical forums, have been particularly useful. The Board and Governments have therefore continued to place high priority on establishing and maintaining such mechanisms. Full details of the activities undertaken under the operations and of the overall impact of those activities are contained in the 2004 report of the Board on the implementation of article 12 of the 1988 Convention.²⁶

110. A total of 20,227 transactions have been notified to the Board and examined under the operations during the past two years. With the assistance of the Board, national competent authorities have initiated additional inquiries in 639 of those cases, which resulted in 161 seizures and 242 stopped shipments and in the identification of 7 attempted diversions and 10 actual diversions. The Board has also initiated a further 605 inquiries, which led to 21 seizures and 56 stopped shipments and the identification of 7 attempted diversions and 6 actual diversions.

111. With regard to future activities, under the operations special efforts should be made to collect, analyse and share real-time operational information and intelligence on the licit trade and traffic in precursors.

Real-time exchange of information on investigations into seizures, stopped shipments and diversion attempts is essential in order to identify both the method of diversion and the persons involved. Controlled deliveries should be used to the maximum extent possible, depending on the circumstances of each individual case. It is the Board's intention to examine the possibilities for harmonizing the work of the three operations, based on the lessons learned from each of them.

112. The Board wishes to remind Governments that the objectives of the operations are in line with the goals agreed at the twentieth special session of the General Assembly concerning amphetamine-type stimulants and the control of precursors. Governments are therefore urged to make available appropriate resources to support operational activities, with a view to meeting those goals. For its part, the Board will continue to support those activities, through its secretariat and in accordance with its mandate under the 1988 Convention.

Project Prism

113. During 2004, activities of Project Prism, the international initiative against diversion of precursors of amphetamine-type stimulants, focused on specific time-bound operations, including the monitoring of international trade in safrole, preventing diversions of pharmaceutical preparations containing pseudoephedrine and locating laboratories involved in the illicit manufacture of 1-phenyl-2-propanone. The Board urges each Government to designate without delay a single contact point, or central national authority, to serve as the focal point for all operational activities under Project Prism, which will assist in ensuring coordination of national efforts and the smooth flow of information.

114. Because of the more effective monitoring of international trade, traffickers are increasingly turning to smuggling chemicals and pharmaceutical preparations containing, in particular, ephedrine and pseudoephedrine. Project Prism has therefore focused on backtracking investigations into seizures of precursors of amphetamine-type stimulants at ports of entry or illicit drug laboratory sites. The Board notes that there were numerous successes in that area in 2004, such as the cooperation between the Governments of China and Poland with regard to a major case involving the smuggling of 1-phenyl-2-propanone into Poland.

115. A specific time-bound operation focusing on backtracking investigations will be launched in Europe with the objective of identifying companies and individuals responsible for the manufacture and diversion of 1-phenyl-2-propanone in the region. The Board welcomes the launching of a limited-time initiative for tracking preparations containing ephedrine and pseudoephedrine; the initiative will focus on the supply of pre-export notifications for shipments of pharmaceutical preparations in international trade and will proceed on a country-by-country basis.

116. The Board reviewed the information supplied by Governments on the licit movement of safrole and found it to be very limited. The Board has therefore endorsed the task force proposal to launch a three-month international programme for tracking safrole in order to identify the exporters and, on the basis of that information, the manufacturers and producers involved. The Board urges all Governments concerned to support the above-mentioned initiatives under the Project.

Operation Purple

117. Operation Purple, the intensive international tracking programme for potassium permanganate, has continued to be useful to Governments in preventing diversions of the substance for use in the illicit manufacture of cocaine. During the phase of the operation from 1 January 2004 to 1 November 2004, a total of 780 shipments, involving over 20,000 tons of potassium permanganate, were monitored. Furthermore, 17 shipments in international trade, involving 620 tons of potassium permanganate, were stopped, as there was reason to suspect that the shipments were to be diverted.

118. One of the main objectives of the Board is to monitor the shipment of potassium permanganate to countries not participating in Operation Purple. The Board has noted, in particular, an increase in the number of shipments reported to non-participating countries in the African region. Following the Board's enquiries, suspicious orders have been identified. For example, the Board appreciates the efforts of the competent authorities of Morocco and Egypt, which are, respectively, the first and the second largest importers of potassium permanganate in Africa. Morocco is currently also the fifth largest importer of potassium permanganate in the world.

119. The Board notes with concern that there is limited reporting on trafficking in potassium permanganate in countries in Central America and South America. Those are the countries most affected by the smuggling of potassium permanganate and the subsequent manufacture of cocaine. The Board therefore urges all those countries to establish the necessary mechanisms for providing information on seizures of potassium permanganate.

Operation Topaz

120. The 46 participating States and territories and the relevant international organizations have continued to use Operation Topaz as an effective tool to monitor international trade in acetic anhydride and to quickly launch backtracking investigations into seizures of that precursor. In addition, the operation has provided a good opportunity to develop synergies between law enforcement and regulatory authorities.

121. The Board welcomes the fact that two more States, Serbia and Montenegro and Turkmenistan, joined the operation in 2004 and that two non-participating countries, Japan and the Republic of Korea, are now supplying pre-export notifications for all shipments of acetic anhydride.

122. The patterns of trade in acetic anhydride have remained largely stable over the past few years. During the first 10 months of 2004, nearly 750 shipments of acetic anhydride, amounting to over 210,000 tons of the substance, were reported in international trade by 17 States and territories. The Board assisted Governments in identifying six attempted diversions of acetic anhydride and also facilitated the launching of backtracking investigations in three significant cases. The Board would like to emphasize the usefulness of operational meetings such as the one hosted by the Government of Austria in Vienna in June 2004.²⁷ Those meetings bring together investigators from various countries concerned by a case, or a series of cases, with the aim of exchanging information on investigations and deciding on further action necessary for the dismantling of trafficking activities. The Board encourages other Governments involved in Operation Topaz to organize such meetings, where necessary, and stands ready to assist in that regard.

123. Shipments of acetic anhydride to West Asia remain a special focus of Operation Topaz. There is no licit requirement for the substance in Afghanistan, and trade

in acetic anhydride in the region is extremely limited. For example, in 2004, only two shipments of acetic anhydride to Afghanistan or its neighbouring countries were reported: both of those shipments were to Pakistan. The only seizure of acetic anhydride reported in the region was one in Afghanistan amounting to 375 litres. It therefore appears that the acetic anhydride being used in illicit heroin manufacture in that country is smuggled through its neighbouring countries and not diverted in the region. The Board urges all Governments to make full use of the mechanisms established under Operation Topaz for addressing the issue of heroin manufacture in West Asia.

D. Control measures

Export of poppy seeds from countries prohibiting cultivation

124. In its resolution 1999/32, the Economic and Social Council called upon Member States to take measures to fight the international trade in poppy seeds from countries where no licit cultivation of opium poppy was permitted. The Board notes with appreciation that several States have taken such measures. Strict control measures were implemented in India for the import of poppy seeds. Similarly, the authorities of Myanmar and Pakistan have adopted measures against trade in poppy seeds from illicit sources.

125. The Board wishes to remind all Governments that, since the cultivation of opium poppy is prohibited in Afghanistan, the import of poppy seeds from that country would be contrary to the efforts of the Government of Afghanistan to eradicate illicit opium poppy cultivation. The Board urges all Governments to prevent all imports of poppy seeds from illicit opium poppy cultivation. The Board would appreciate being informed of action taken by Governments to implement Council resolution 1999/32, including any legislative and administrative measures taken and any seizures of poppy seeds made by their law enforcement authorities because the seeds in question originated in countries where opium poppy cultivation is not permitted.

Implementation of scheduling decisions for psychotropic substances

126. Some Governments have reported difficulties in implementing the scheduling decisions for psychotropic

substances within the time frame stipulated by the 1971 Convention, namely 180 days after the date of the communication of such a decision by the Secretary-General to all States. The Board reminds the Governments concerned of their obligations under article 2 of the 1971 Convention and requests them to consider putting in place necessary legislative and administrative arrangements to enable them to ensure prompt scheduling with a view to complying with their treaty obligations. The Board wishes to call the attention of Governments to the national scheduling systems in force in some countries that allow for automatic scheduling of substances under the national control system of those countries whenever a substance is put under international control.

Controls over international trade in psychotropic substances

127. The Board notes with appreciation that Cambodia, the Comoros, Côte d'Ivoire, Ghana, Japan, Kyrgyzstan, Portugal, Slovakia, Sweden and Uganda extended in 2004 the system of import and export authorizations to include all substances in Schedules III and IV of the 1971 Convention. The Republic of Korea extended the import authorization requirements for the following substances: amfepramone, *gamma*-hydroxybutyric acid (GHB), mazindol, pemoline, phentermine and zolpidem. Cameroon has notified that the substances pentazocine, alprazolam, chlordiazepoxide and zolpidem require import authorizations. At present, export and import authorizations are required by national legislation for all substances in Schedule III in 186 countries and territories and for all substances in Schedule IV in 192 countries and territories. The Board continues to collect samples of import authorization forms issued by national authorities. Those samples allow the Board to verify the legitimacy of import orders at the request of exporting countries. The Board calls on all Governments that have not yet provided it with such samples to do so without further delay.

128. 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 shows that countries that are the centres of international commerce but do not have such controls are at particular risk of being targeted by drug 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 urges all the other States concerned, regardless of whether or not they are parties to the 1971 Convention, to also introduce such controls.

129. Several exporting countries received in 2003 import authorizations for quantities of psychotropic substances in excess of assessments established by the authorities of the importing countries. The Board notes that the number of countries issuing such authorizations for quantities above the assessments has declined in recent years. The Board appreciates the support received from some major exporting countries, including France, Germany, India and Switzerland, 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.

130. In accordance with Economic and Social Council resolutions 1985/15 and 1987/30, Governments should, in their annual statistical reports, provide the Board with details on trade in substances in Schedules III and IV of the 1971 Convention. Those details should include the names of the countries of origin for imports and the countries of destination for exports. Complete details on trade movements were submitted by 132 Governments. With few exceptions, all the major manufacturing and exporting countries furnished such information for 2003. However, about 20 parties to the 1971 Convention failed to provide that information, which may indicate certain deficiencies in their national reporting systems. The Board encourages the Governments of the countries concerned to improve their data collection systems in order to ensure the submission of details on trade in substances in Schedules III and IV in their future reports to the Board.

131. Many exporting countries request the assistance of the Board in verifying the legitimacy of import authorizations for psychotropic substances purportedly issued by the authorities of the importing countries. The Board notes with concern that in certain cases responses to the Board's inquiries for confirmation of the legitimacy of import orders have taken months. The

Board is concerned that failure to cooperate with it may hinder the investigation of diversion attempts and/or cause delays in the legitimate trade in psychotropic substances. The Board would like to draw the attention of the Governments of Bosnia and Herzegovina, Gabon, the Islamic Republic of Iran, Kenya, Myanmar, the Republic of Korea, Somalia and Sri Lanka to the importance of responding in a timely manner to the Board's requests, in order to avoid delaying imports, which have an adverse effect on the availability of psychotropic substances for legitimate purposes.

Lack of precise information in data collected by law enforcement agencies on seizures of psychotropic substances

132. The Board has noted difficulties in providing specific information regarding the collection and classification of data on seizures of psychotropic substances. The review of the annual reports questionnaire of the Secretary-General in the mid-1990s resulted in, among other things, the classification of such substances into the following three groups: amphetamine type (amphetamine, methamphetamine); hallucinogens (lysergic acid diethylamide (LSD)); and sedatives and tranquillizers (barbiturates, benzodiazepines, methaqualone). Providing such detail allows for more in-depth analysis of trends in trafficking in psychotropic substances. In response, a number of competent national authorities have provided more specific data; sometimes the data have been classified down to the substance level. At the same time, however, many national authorities, in particular law enforcement agencies, continue to use terms such as "tablets" or "synthetic drugs" or they use a term such as "Ecstasy" for drugs containing substances other than MDMA that have been seized at rave parties, as MDMA is the substance most commonly seized at those events. That practice is attributable to a lack of laboratory equipment and also to insufficient training of national law enforcement agencies. The Board wishes to draw to the attention of international organizations such as the International Criminal Police Organization (Interpol) and the Customs Co-operation Council (also called the World Customs Organization) to the important role that they could play in that matter, particularly in raising the awareness of national law enforcement authorities by distributing substance-specific information and providing training to such authorities.

E. Ensuring the availability of drugs for medical purposes

Demand for and supply of opiates

133. 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 2004 technical report of the Board on narcotic drugs.²⁸

Monitoring of the global situation of supply of opiate raw materials

134. The Board notes with appreciation that most Governments of producing countries have adhered to its recommendations and taken action to reduce the production of opiate raw materials, those rich in morphine and those rich in thebaine, to reflect the global demand for those raw materials. For both types of raw materials, production had, until recently, been increasing at levels well in excess of global demand. For opiate raw materials rich in morphine, the increase in 2003 was at a lower rate; in that year total production amounted to 487 tons in morphine equivalent. For opiate raw materials rich in thebaine, total production declined to 80 tons in thebaine equivalent in 2003. Advance data submitted by the major producing countries indicate that global production of opiate raw materials rich in morphine is expected to decline to 440 tons in morphine equivalent in 2004, while production of raw materials rich in thebaine is expected to rise to an estimated 95 tons in thebaine equivalent. At present, it is anticipated that global production of both types of opiate raw materials will be slightly higher than the level of global demand, which is about 400 tons in morphine equivalent for raw materials rich in morphine and 90 tons in thebaine equivalent for raw materials rich in thebaine.

135. Increases in the total area cultivated with opium poppy in producing countries and in the agricultural yields obtained, coupled with technological progress, have resulted in overproduction and increasing stocks of opiate raw materials observed in recent years. Stocks of both types of opiate raw materials reached a record high

at the end of 2003. Consequently, those stocks continue to be more than sufficient to cover the global demand for opiate raw materials for one year. Although global demand will slightly increase in 2004 for both types of raw materials, it is not expected to exceed the estimated production in that year. Stocks of opiate raw materials are therefore expected to increase further in 2004.

136. The Board notes with appreciation that, for 2005, most Governments have followed its advice and maintained the area to be cultivated with opium poppy well below the level of 2002 or 2003, which should help to keep the level of production of opiate raw materials in line with global demand. The Board trusts that all Governments of producing countries will adhere to the estimates system for the cultivation of opium poppy and will keep cultivation within the upper limits of the estimates confirmed by the Board or send supplementary estimates to the Board, if necessary.

137. The Board urges all producing countries to act in accordance with the objectives and established policies of international drug control and to maintain their future production of opiate raw materials at a level reflecting the actual requirements for such raw materials worldwide, thus avoiding an inappropriately high level of stocks, which might be a source of diversion if they are not tightly controlled. In view of the continued inadequate global consumption of opiates for the treatment of pain, the Board reiterates that it would welcome a further increase in global demand for opiates (see also paras. 143 and 144 below). The Board encourages Governments to take steps to increase the medical use of opiates in their countries in order to meet their real needs for the treatment of pain.

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

138. The Board has highlighted on several occasions the need for enhanced control over the cultivation of opium poppy and the subsequent production of poppy straw, in line with the relevant Economic and Social Council and General Assembly resolutions (see, for example, the report of the Board for 2003).²⁹ The Board notes the recent technological progress achieved in the cultivation of opium poppy, which has resulted in significant increases in the concentration of alkaloids in opium poppy plants in several producing countries. The potential for diversion of opium poppy plants licitly cultivated in the relevant countries, as well as the abuse

potential of alkaloids obtained illegally from such plants, has therefore also increased substantially. The Board urges all Governments of producing countries to review the adequacy of the existing controls over the licit cultivation of opium poppy in their territories and, if those controls are found to be inadequate, to take remedial measures without delay.

*Prevention of the proliferation of production of
opiate raw materials*

139. In line with the relevant Economic and Social Council resolutions, the Board calls on all Governments to contribute to the maintenance of a balance between the licit supply of and demand for opiate raw materials and to cooperate with it in preventing the proliferation of sources of production of opiate raw materials. Most recently, in its resolution 2004/43, the Council urged Governments of all countries where, in the past, opium poppy had not been cultivated for the licit production of opiate raw materials, in the spirit of shared responsibility, to refrain from engaging in the commercial cultivation of opium poppy, in order to avoid the proliferation of supply sites.

140. The Board wishes to remind Governments that narcotic drugs and their raw materials are not ordinary commodities and that therefore market economy considerations should not be the decisive factors when deciding on whether or not to permit drug crop cultivation. The Board appeals to all Governments to comply with Economic and Social Council resolution 2004/43.

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

141. At the request of the Governments of India and Turkey, the Board convened an informal consultation on the supply of and demand for opiates for medical and scientific purposes, pursuant to Economic and Social Council resolution 2003/40, during the forty-seventh session of the Commission on Narcotic Drugs. All major producers and importers of opiate raw materials participated in the consultation. The Board has convened such informal consultations since 1992 to enable the participating Governments to be informed of recent developments affecting global production of and demand for opiate raw materials and to review the various policies applied in this respect. The information

gathered at such consultations allows the Governments of producing countries to adjust the production of opiate raw materials to global demand for the opiates derived from them and facilitates the monitoring of the situation by the Board. The consultations therefore contribute to the continued availability of opiates for medical purposes while preventing oversupply of the raw materials.

Meeting of permanent representatives on the supply of and demand for opiates for medical and scientific purposes

142. In addition to the above-mentioned informal consultation, which was of a technical nature, the Board convened two meetings with permanent representatives to the United Nations (Vienna) on the issue of supply of and demand for opiates. Invited to those meetings, which were held in May and October 2004, were the representatives of countries that are major producers or importers of opiate raw materials. The objectives of those high-level meetings were to examine the present system for balancing the supply of and demand for opiates and to raise awareness of the necessity to assess the actual medical needs for opiates.

Consumption of narcotic drugs

143. The low consumption of opioid analgesics for the treatment of moderate to severe pain, especially in developing countries, continues to be a matter of great concern to the Board. Global consumption of morphine increased significantly throughout the 1990s; in the past 20 years, it rose almost 10-fold, from 3 tons in 1984 to about 28 tons in 2003. However, the bulk of that increase occurred in some, but not all, developed countries, which represent a small part of the world's population. In 2003, six countries together accounted for 79 per cent of global consumption of morphine. Developing countries, which represent about 80 per cent of the world's population, accounted for only about 6 per cent of global consumption of morphine.

144. Opioid analgesics, such as buprenorphine, fentanyl, hydromorphone and oxycodone (which have become available in newly developed dosage forms, such as transdermal patches and controlled-release tablets), have been increasingly used in recent years for the treatment of pain in some countries. However, the increase in the worldwide consumption of those opioids was again much more pronounced in developed countries, in particular because of the relatively high

costs of those drugs, especially the new preparations (see also paragraphs 193-197 below).

Consumption of psychotropic substances

Consumption of central nervous system stimulants

145. 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, but that has since been discontinued or reduced to the extent that it now involves only small quantities. The medical use of phenmetrazine has been discontinued worldwide while fenetylline is prescribed in only a few countries.

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

146. The increase in the use of stimulants in Schedule II for the treatment of ADD continues unabated. During the five-year period 1999-2003, the medical use in the United States of all three substances together increased by nearly one quarter, to more than 11 defined daily doses for statistical purposes (S-DDD) per 1,000 inhabitants per day. During most of the 1990s, methylphenidate was the primary drug used in the United States. In recent years, however, amphetamines replaced methylphenidate as the drug of first choice in the treatment of ADD in that country. In the United States, the ratio of the use of methylphenidate to the use of amphetamines in 2003 was 5.21 S-DDD to 6.23 S-DDD.

147. Apart from the United States, only Australia uses more amphetamines than methylphenidate in the treatment of ADD. All other countries reported that methylphenidate was the predominant (if not the only) substance used for such treatment.

148. The major countries consuming methylphenidate include Australia, Canada and the United States, as well as European countries. Iceland, which has increased the use of methylphenidate by more than 500 per cent over the past five years, has become the country with the world's largest per capita consumption of the substance: 5.98 S-DDD per 1,000 inhabitants per day. A number of other European countries, such as Norway, Switzerland and the United Kingdom, have shown increasing rates

similar to that of Iceland. The Board recognizes that, with proper diagnosis, stimulants can be effective in treating ADD. The Board urges the competent authorities to continue to carefully monitor developments in the diagnosis of ADD and other behavioural disorders and to ensure that amphetamines and methylphenidate are prescribed in accordance with sound medical practice as required under article 9, paragraph 2, of the 1971 Convention.

149. The Board reiterates its request to the competent authorities of the countries concerned to increase their vigilance with regard to the diversion of, trafficking in and abuse of stimulants in Schedule II used for the treatment of ADD and to keep the Board informed of any new developments in that area. In a few countries, methylphenidate supplies for pupils under treatment for ADD can be stored at the school, and medication is dispensed by the school nurse during the school day. In such cases, control measures, including safety measures for storage and distribution, should be enforced.

Stimulants in Schedule IV of the 1971 Convention used as anorectics

150. The stimulants in Schedule IV of the 1971 Convention are amphetamine-type stimulants mostly used as anorectics. After the mid-1990s, amphetamine-like anorexigenic drugs were, in most countries, no longer recommended for the treatment of obesity, due to their abuse potential and possible adverse reactions.

151. The Board has closely followed trends in the consumption of such anorectics over the past decade. In the mid-1990s, high consumption levels recorded in countries in the Americas led the Board to investigate the matter; since then, global trends and developments have been regularly presented in the annual reports of the Board. In those reports, the Board has repeatedly requested that the Governments concerned give adequate attention to the matter of elevated consumption levels of anorectics. International and regional conferences were organized in cooperation with the Board and the impact of concerted action was soon felt in a number of countries. Two of the consumer countries with the highest consumption levels, Argentina and Chile, introduced control measures, which led to a reduction of nearly 90 per cent in the consumption of those stimulants.

152. Some countries were less successful in their attempts to curb high consumption levels of anorectics.

Brazil, for example, introduced stricter controls for prescriptions between 1994 and 1997 and a reduction of consumption of anorectics was observed. However, after more lenient legislation was introduced in 1998, the use of amfepramone and fenproporex rose by more than 500 per cent.

153. As the diversion of those anorectics from international trade has decreased, such substances have been mainly diverted from domestic distribution channels, to be abused locally or smuggled into other countries. Over the past decade, the Board has repeatedly requested Governments to monitor carefully the use of amphetamine-type stimulants used as anorectics and to ensure adequate control of domestic distribution channels, in order to prevent the diversion of such substances. Governments of countries in which controlled anorectics had been prescribed in large quantities were asked to monitor the situation closely to prevent overprescribing, which could lead to the abuse of those substances due to their stimulant properties. Those Governments were requested to support educational campaigns to inform the medical and pharmaceutical community, as well as the general public, of the dangers involved in the indiscriminate use of stimulants.

154. The experience gained during the past decade in a number of countries suggests that the measures most successful in curbing inappropriate use of anorectics include improved regulatory measures, such as adequate control of domestic distribution channels and changes in prescription policy, as well as education of medical doctors, pharmacists and the general public. The Board therefore encourages the authorities of countries experiencing problems with high consumption levels of anorectics to learn from the experience of their counterparts in those countries which have successfully dealt with the problem, such as Argentina and Chile.

Consumption of other psychotropic substances

Buprenorphine

155. In several countries, mixed agonist/antagonist opioid analgesics such as buprenorphine are subject to more stringent control measures than other psychotropic substances. Buprenorphine, a potent opioid was included in Schedule III of the 1971 Convention in 1989. As the substance is also used, to an increasing extent, in the detoxification and substitution treatment of heroin addicts, global manufacture and consumption have

increased substantially during the past few years. The Board notes that buprenorphine continues to be diverted from domestic distribution channels in several countries. Taking into account the rapidly expanding licit use of the substance, the Board wishes to draw the attention of Governments to the potential misuse and diversion of the substance from domestic distribution channels. The Board reiterates its request to WHO to include information on the misuse and diversion of buprenorphine when reviewing the control status of the substance and to consider reviewing the control status of this class of drugs.

Benzodiazepines

156. Increasing medical availability of benzodiazepines has led in a number of countries to their increasing abuse. For example, the incidence of benzodiazepine abuse among drug addicts in Europe is high, and drug traffickers have successfully developed markets for specific substances. Widespread availability may indicate loopholes in domestic distribution channels. Moreover, information received by the Board from several countries indicates that some general practitioners prescribe benzodiazepines for unnecessarily long periods and for symptoms that may not require such treatment.

157. The Board reiterates its request to Governments of countries in which there are high levels of consumption of benzodiazepines and increasing abuse of those substances to conduct, in cooperation with non-governmental organizations involved in the treatment and rehabilitation of drug abusers, comprehensive surveys to determine the size of the population abusing those substances. The Board also encourages the Governments concerned to monitor consumption levels of benzodiazepines and to raise the awareness of medical practitioners about the rational use of those substances. Noting that in some regions benzodiazepines are occasionally supplied by pharmacies without prescriptions, the Board requests all Governments to ensure adherence to prescription requirements for all psychotropic substances, including benzodiazepines.

158. Adequate availability of benzodiazepines through regular distribution channels is not ensured in all regions of the world, especially in many developing countries. At the same time, it has come to the attention of the Board that essential psychotropic substances have been distributed through informal markets. The Board reiterates its request to Governments to ensure sufficient

supply of those substances for medical purposes through adequately controlled distribution channels with appropriate counselling to consumers.

F. Follow-up to missions of the Board undertaken in 2001

159. Pursuant to 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.

160. In 2004, the Board reviewed the situation in a number of countries to which it had sent missions in 2001. Those countries include Egypt (see paragraphs 253-254 below), Jamaica, Serbia and Montenegro (see paragraphs 547-549 below) and Ukraine (see paragraphs 550-551 below). The Governments of those countries were requested to provide information on measures taken to implement the recommendations of the Board.

161. The Board notes with concern that, despite repeated written requests to do so, the Government of Jamaica has not provided any information on measures taken to implement the recommendations of the Board. The Board calls on the Government of Jamaica to report to the Board any measures that it has taken to comply with those recommendations and to ensure that the provisions of the international drug control treaties are fully complied with in its territory.

162. The Board underlines that it attaches great importance to the implementation of its recommendations and expects the full support and cooperation of Governments. In the absence of information provided by Governments, the Board finds it difficult to conduct a meaningful review and assessment of the drug control situations in various countries.

G. Special topics

1972 Protocol amending the Single Convention on Narcotic Drugs of 1961

163. The amendments brought by the 1972 Protocol to the 1961 Convention reflected two main purposes. The first one was to bestow upon the Board additional

responsibilities and authority to enable it to perform more effectively its role in the supervision of the international drug control system. The second purpose was to reflect the fact that the control of licit drug production, manufacture and trade alone is not sufficient to counter increasing drug abuse and illicit trafficking. The scope of article 14 of the 1961 Convention, regarding the measures by the Board to ensure the execution of the provisions of the convention, was extended to cover not only situations in which the aims of the convention are seriously endangered by reason of a country or territory failing to carry out its provisions, but also serious drug situations not necessarily resulting from the failure of a Government to implement the convention. The Board was authorized to recommend multilateral technical or financial assistance to the Government concerned, if appropriate. The 1961 Convention as amended by the 1972 Protocol gives guidance for parties to establish a balanced approach to the drug abuse problem, based on a system of administrative controls and penal sanctions and, in addition, the prevention of drug abuse and the treatment of drug abusers. The added provisions stipulate that when drug abusers have committed offences under the convention, parties may provide treatment, education, aftercare, rehabilitation and social reintegration, either as an alternative or in addition to conviction or punishment.

164. The Board notes with appreciation that all States that are parties to the 1961 Convention are parties to that convention in its amended form, except for the four States referred to in paragraph 54 above. The Board trusts that those States will soon adhere to the 1972 Protocol and implement its provisions, thus establishing a drug control mechanism in their countries which enables them to deal with the drug problem in a comprehensive and effective manner.

Control of cannabis used for medical or scientific purposes

165. Cannabis is included in Schedules I and IV of the 1961 Convention. According to article 3 of the 1961 Convention, drugs in Schedule IV are those considered particularly liable to abuse and to produce ill effects. Since the end of the 1990s, scientific research on the therapeutic usefulness of cannabis or cannabis extracts is in progress in several countries, including Canada, Germany, the Netherlands, Switzerland, the United Kingdom and the United States.

166. In 2004, the Board contacted the countries where such research was known to take place, asking for the findings of the studies in question. The replies received so far from the relevant countries indicate that results of such research regarding the potential therapeutic usefulness of cannabis or cannabis extracts remain limited. The Board therefore wishes to voice concern about the medical use of cannabis in Canada and the Netherlands and in some jurisdictions of the United States, in the absence of conclusive results on the effectiveness of such use. The Board confirms that it welcomes sound scientific research in this respect, as stated in previous reports,³⁰ and trusts that the results, when available, will be shared with the Board, WHO and the international community.

167. Articles 23 and 28 of the 1961 Convention provide for a national cannabis agency to be established in countries where the cannabis plant is cultivated licitly for the production of cannabis, even if the cannabis produced is used for research purposes only. The Board notes that the Government of the United Kingdom plans to establish a national cannabis agency by the end of 2004 and that the Government of Switzerland is taking steps to provide a legislative basis for the establishment of such an agency in that country.

168. The Board notes with concern that the Governments of several countries where research on the medical use of cannabis or cannabis extracts is taking place or where the medical use of cannabis is permitted have had difficulties furnishing in a timely manner relevant estimates and statistical reports on production, imports, exports and consumption of cannabis or cannabis extracts, in accordance with the 1961 Convention. The Board wishes to remind the Governments concerned that the relevant treaty provisions must be implemented and reiterates its request to those Governments to take the necessary steps to ensure their compliance with those provisions.

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

169. The Commission on Narcotic Drugs, in its resolutions 45/5 and 46/6, encouraged States parties to the 1961 Convention, that Convention as amended by the 1972 Protocol and the 1971 Convention to notify the Board of restrictions currently applicable in their territory to travellers under medical treatment with

drugs containing narcotic drugs and psychotropic substances under international control. The Board has requested Governments to provide specific information on their legal provisions or administrative measures regarding travellers under medical treatment, including restrictions and conditions that need to be met by travellers entering or leaving their territory and carrying medical preparations containing controlled substances for personal use. Several Governments have already provided the requested information to the Board. The Board calls on all Governments that have not yet done so to submit such information without delay. The information received by the Board will be made widely available so that Governments will be able to advise travellers on the restrictions.

Misuse of the Internet

170. Since 1996, the Board has devoted more and more attention to the problem of Internet pharmacies illicitly selling pharmaceuticals containing internationally controlled narcotic drugs and psychotropic substances. While the Board recognizes and has acknowledged that, in principle, the Internet may facilitate access to medical and pharmaceutical services for large segments of society, it has also warned that the potential for misuse is considerable.³¹ This concern has been validated by developments during the past few years. Narcotic drugs and psychotropic substances are increasingly being advertised and illicitly sold without required prescriptions by Internet pharmacies; the pharmacies are thus not only operating in contravention of international and national legislation but also subjecting customers to serious health risks. Furthermore, narcotic drugs and psychotropic substances with high abuse potential are diverted and trafficked through the Internet to the illicit market; thus, the Internet has been acting as a substitute for trafficking channels that have been successfully closed.

171. The Board, aware of the fact that the problem of illicit sales through the Internet requires close cooperation between countries and international organizations, organized in Vienna in 2004 an expert group meeting for experts from relevant international organizations and national authorities. The meeting provided significant insight into the problem and recommended several measures, some of which are presented below.

172. Available information indicates that the illicit sale of pharmaceuticals containing controlled narcotic drugs

and psychotropic substances via the Internet and the illicit distribution of such substances by mail are global problems; resolving those problems requires urgent action by the international community. Evidence collected and analysed by regulatory and law enforcement authorities indicates that several billion doses of controlled substances are illicitly sold each year.

173. Investigations by the United States authorities of illicit Internet pharmacies show that the proportion of the total sales of pharmaceuticals accounted for by prescription drug sales is significantly higher than for traditional licensed pharmacies and that the vast majority (sometimes more than 95 per cent), of their prescription drug sales involve internationally controlled narcotic drugs and psychotropic substances. That information is confirmed by data analysis and case studies undertaken in Asian and European countries. Those investigations also confirm that around 90 per cent of such sales by Internet pharmacies are conducted without the prescriptions required for internationally controlled narcotic drugs and psychotropic substances.

174. Such sales include substances in Schedules I and II of the 1961 Convention and substances in Schedules II, III and IV of the 1971 Convention. One particular concern of the Board is the fact that substances known to have a high abuse potential—certain opioids (such as oxycodone), stimulants (amphetamines) and benzodiazepines (such as alprazolam and diazepam)—are among the substances frequently traded by illicit Internet pharmacies. In addition, certain substances with (possibly fatal) health risks, such as fentanyl and secobarbital, are sold by Internet pharmacies.

175. As the vast majority of Internet pharmacies fulfil these orders without requiring a valid prescription or (in cases of online doctor consultations) without verifying personal details provided by the customer, one special concern involves the age of customers. The illicit trade over the Internet has been identified as one of the major sources for prescription medications abused by children and adolescents in certain countries such as the United States. At present, there are no mechanisms in place to block the access of children and adolescents to those Internet sites or to prevent illicit supplies by Internet pharmacies from reaching persons in that age group.

176. Investigations carried out in the United States and in a number of European countries revealed that purchases from illicit Internet pharmacies are more

expensive than purchases from licensed pharmacies. In addition, costs will not be refunded by national health systems if no prescription has been obtained. Therefore, it appears that those customers who order pharmaceuticals containing internationally controlled substances from illicit Internet pharmacies cannot legally obtain the required prescription. Apart from the higher costs, customers of illicit Internet pharmacies cannot rely on the authenticity and the quality of the pharmaceuticals sold, which may even include counterfeit drugs, as in a recent case where supplies for two Internet pharmacy sites were illicitly manufactured in a clandestine laboratory. Customers of illicit Internet pharmacies should be aware that such purchases constitute a breach of law in almost all countries, as prescription requirements are universal.

177. Given the fact that Internet pharmacies, irrespective of the residence of the owner of the Internet site, can ship orders from pharmacies operating in all regions of the world, meaningful action against such illicit activities depends on close international cooperation and the political will of all Governments to accord importance to the matter. The Board notes with appreciation that the United States has identified the non-medical use of prescription drugs as one of the top three priorities of the 2004 National Drug Control Strategy. The Strategy highlights the importance of state prescription monitoring programmes, physician training, and public education programmes to curb the abuse of prescription drugs. It calls upon the pharmaceutical industry, the medical community and state governments to work in partnership, and it looks for new initiatives and technologies to identify, investigate and prosecute illicit Internet pharmacies. The Board calls upon all Governments to make similar efforts.

178. Diversions of internationally controlled narcotic drugs and psychotropic substances occurring under the anonymity of Internet pharmacies constitute new challenges for investigative as well as prevention efforts. Significant synergies can be achieved through concerted national and international action. The establishment and monitoring of national legislation and regulations involve various government offices and agencies. The international character of the transactions means that the cooperation of such offices and agencies in the countries concerned is called for. The Board plans to organize a meeting to mobilize the regional and international organizations concerned, such as Interpol,

the World Customs Organization, WHO and the Universal Postal Union.

179. Action to be taken in a timely manner necessitates the efficient sharing of experience and exchange of information in specific cases, as well as rapid intervention by national authorities. The Board is pleased to note that positive examples of successful international cooperation show that concerted action can have an impact. The Board commends the efforts of the authorities of the Netherlands Antilles in 2004, in cooperation with national authorities in the United States and countries in Europe, which prevented the diversion of psychotropic substances into illicit channels.

180. While most countries are willing to support investigations involving Internet pharmacies shipping illicit consignments from their territory, a lack of cooperation by some national authorities has been identified as a major impediment to concerted efforts. In its annual report for 2003,³² the Board referred to the illegal shipments of psychotropic substances from an Internet pharmacy in Pakistan to Switzerland and requested the competent authorities of Pakistan to urgently investigate the matter. The Board notes with concern that so far no cooperation has been forthcoming and that other countries, such as the Netherlands, are also receiving similar illicit shipments from Pakistan. As the authorities of Pakistan have received all the details of the Internet pharmacies involved, the Board calls on the authorities to investigate and prosecute the cases without further delay.

181. There is a need to establish a mechanism that will ensure the sharing of experience and the rapid exchange of information on specific cases, as well as the standardization of data collected. The Board, in cooperation with national authorities and international organizations, will seek to identify measures to support such international cooperation. Urgent action is also required with regard to the sharing of information on national legislation regarding Internet pharmacies and shipments of individual orders by mail.

182. National legislation needs to be supported by the universal application of international regulations. Illicit Internet pharmacies dealing with brand products must obtain their supplies from established and recognized suppliers supervised by the competent authorities of the country from which they operate. Implementing and enforcing existing laws in all countries, including

provisions of the relevant international treaties and Economic and Social Council resolutions, would significantly contribute to the prevention of diversions of internationally controlled narcotic drugs and psychotropic substances through the Internet. The Board wishes to remind all Governments to implement fully all provisions of the three international drug control conventions, as well as all relevant measures requested by the Council in its resolutions, such as the establishment and monitoring of the system of assessments for psychotropic substances and the system of requirements for import and export authorizations. The Board also wishes to bring to the attention of all Governments the action plans adopted by the General Assembly at its twentieth special session, in particular the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors (Assembly resolution S-20/4 A), and the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (Assembly resolution 54/132, annex), in which the Assembly recognized that the use of the Internet posed new opportunities and challenges to international cooperation in combating drug abuse and illicit production and trafficking.

183. According to information available to the Board, diversions of narcotic drugs and psychotropic substances mostly occur when consignments pass from the wholesale level to the retail level. Competent authorities should, therefore, seek to identify weaknesses in national regulatory systems with regard to domestic distribution, as well as in reporting and inspection.

184. The support of national authorities is required to increase awareness of problems relating to the diversion of pharmaceutical products containing narcotic drugs and psychotropic substances. The Board once again calls on national authorities to bring to the attention of the judiciary, as well as prosecutors, the urgent need to give greater importance and adequate penalties to court cases involving the diversion of licitly manufactured narcotic drugs and psychotropic substances into illicit channels. In addition, efforts need to be made to educate the general public about the dangers involved in abusing pharmaceutical products containing controlled drugs. Consumers should be made aware that such purchases not only constitute a breach of law but are also potentially dangerous to their health, because there is little or no quality control. Countries should cooperate with the

pharmaceutical industry, as well as with Internet service providers, in order to support international activities in this area. The Board would like to remind all Governments that their political will is necessary if all of the above-mentioned initiatives are to be carried out.

Public incitement to drug abuse

185. During the past few years, the Board has noted an ambiguity towards drug abuse in some countries in Western Europe: while drug abuse prevention campaigns call on young people to refrain from abusing drugs, authorities have not taken measures against incitement to abuse drugs, and drug abuse may even be promoted through certain media or other channels.³³

186. The Board calls on all Governments that have not yet done so to implement article 3, paragraph 1 (c) (iii), of the 1988 Convention, which requires each State party, subject to its constitutional principles and the basic concepts of its legal system, to establish as criminal offences publicly inciting or inducing others to commit any of the offences established in accordance with article 3 or to illicitly use narcotic drugs or psychotropic substances.

187. The Board notes that the criminalization of incitement or inducement to commit drug trafficking offences is covered in most national penal codes by a general provision on "incitement to commit a crime", in addition to being specifically provided for in the national drug control laws of many countries.

188. The Board notes that most European countries have included incitement to illicit drug use as a specific offence in their drug control legislation or among the drug control provisions of their national penal or health code. For example, in France, the Public Health Code provides that anyone who in any way induces the illicit use of narcotic drugs or substances presented as having the effects of narcotic drugs or shows such use in a favourable light is considered to have committed an offence that carries a penalty of up to five years of imprisonment and/or a fine of up to 75,000 euros. In Germany, a term of imprisonment of up to five years or a fine may be imposed on anyone who publicly, at a meeting or by the dissemination of written material, calls for the use of narcotics that have not been prescribed in the permitted manner. However, it remains to be seen how those provisions are being implemented.

189. The Board notes with concern that in some European countries, in particular Spain, the liberal approach towards personal drug consumption appears to have been extended to incitement to engage in, or the advertisement and promotion of, such activity. According to a legal opinion formulated in February 2003 by the public prosecutor of the Supreme Court in Spain, the sale in “grow-shops” of cannabis seeds and equipment for the cultivation of cannabis plants for personal consumption and the advertisement of such seeds and equipment, as well as the dissemination of detailed advice on methods of such cultivation in specialized magazines available to the general public, do not constitute penal offences under current legislation, as long as it has not been established that the cultivation is for purposes of trafficking. In some countries, while there is a provision in the legislation, the liberal approach adopted towards personal drug consumption and related activities might also extend to enforcement of the ban on incitement or on the advertisement and promotion of such activities.

190. The Board stresses that the constitutional principles and basic legal concept that have been invoked in supporting a non-criminalizing approach to dealing with personal drug consumption activities in some countries cannot, by analogy, be extended to acts such as incitement to use illicit drugs or advertisement of such activity. Indeed, inciting or inducing others to illicitly use drugs does not belong to the private sphere of the individual and it can be clearly associated with social harm. Moreover, incitement and advertisement of illicit drug use would be contrary to the emphasis on prevention and education that often accompanies the non-penal treatment of drug abusers in those countries.

191. The Board notes that the WHO Framework Convention on Tobacco Control,³⁴ adopted by the World Health Assembly in May 2003, includes various provisions on a comprehensive ban of all tobacco advertising, promotion and sponsorship. It would be inconsistent if countries undertake a ban on the advertisement of tobacco, the use of which is licit, but deprive themselves of the legal means to prohibit and suppress the advertisement of illicit drugs.

192. The Board is concerned about the situation in countries where the current legal regime makes it extremely difficult to prosecute persons for publicly inciting others to illicitly use drugs or to illicitly cultivate drug crops. The Board reiterates that it is

important for Governments to comply fully with the provisions of the international drug control treaties.

Efforts to improve availability of narcotic drugs for relief of pain

193. Pursuant to its mandate, the Board endeavours to support the availability of narcotic drugs for medical use, including the relief of pain, while preventing their diversion for illicit use.

194. The Board has cooperated with WHO in joint efforts to increase the availability of narcotic analgesics for the treatment of pain worldwide. In recent years, the Board has brought the issue of low availability of opioid analgesics to the attention of the international community at the World Health Assembly. In its address to the Executive Board of WHO in 2004, the Board once again made health policy makers aware of that issue. The Board notes with appreciation that WHO is preparing a comprehensive global strategy against pain, which is aimed at providing assistance to countries in building capacity and raising awareness in the area of using opioids in pain treatment. The Board will cooperate with WHO in the implementation of the activities related to the strategy. The Board calls on the international community to support WHO efforts to ensure adequate pain treatment worldwide.

195. France is one of the countries where the availability of opioids has increased significantly during the past decade. The increase in the consumption of opioid analgesics in France has been linked to the introduction of new medications, the simplification of the regulatory system and the adoption of two action plans on the fight against pain, aimed at raising the awareness of health professionals and the general public.

196. While consumption of narcotic drugs for the treatment of pain continues to be extremely low in many countries, particularly countries in Africa and Asia, commendable progress has been achieved in some developing countries. For example, Uganda, which has been active in the field of pain management since the 1990s, has become the first African country to recognize palliative care as an essential clinical service, integrating pain treatment strategies into its health services and providing morphine free of charge to cancer and HIV/AIDS patients. The Government of Uganda has changed its national legislation to make opioid analgesics (especially morphine) more available. Health-care professionals and community workers have

received training in the proper use of opioid analgesics in the management of pain. In 2004, the Government of Uganda further modified its policy on narcotics to permit nurses with a certificate in specialized palliative care to prescribe and supply certain opioid analgesic drugs, including morphine.

197. The Board encourages Governments that have not yet done so to examine the extent to which their health-care systems and laws and regulations permit the use of opioids for medical purposes, to identify possible impediments to such use and to develop plans of action for the development of long-term pain management strategies, with a view to facilitating the supply and availability of narcotic drugs for all appropriate indications.

Food products and dietary supplements illicitly containing controlled substances

198. In its annual reports for 1995³⁵ and 1998,³⁶ the Board referred to the illicit use of psychotropic substances, in contravention of the provisions of the 1971 Convention, as concealed ingredients in herbal medicines and to attempts to market preparations containing narcotic drugs and psychotropic substances as “food products” and “dietary supplements”. Such attempts have recently reoccurred. The covert and inappropriate use of those substances has in the past led to severe health problems and, in a number of cases, death. The Board therefore urges Governments to investigate such cases of illicit use of narcotic drugs and psychotropic substances without delay and to bring to the attention of WHO and the Board all information required to alert the international community to such potentially dangerous misuse of controlled substances.

Facilities where persons can abuse illicitly acquired drugs

199. The Board notes with concern that facilities where persons can abuse drugs that they have illicitly acquired remain in operation in a number of countries in several regions. The Board reiterates that those facilities contravene the international drug control treaties, in particular article 4 of the 1961 Convention, which obligates parties to ensure that the production, manufacture, import, export and distribution of, trade in and use and possession of drugs should be limited exclusively to medical and scientific purposes. The Board urges the Governments concerned to take

immediate measures to ensure compliance with the international drug control treaties.

Use of narcotic drugs manufactured from seized materials

200. Some Governments release seized material (such as opium and cocaine) for the manufacture of narcotic drugs for medical purposes. That practice is not prohibited under the 1961 Convention. However, the General Assembly, in its resolution 33/168, invited Governments to increase their joint efforts to eradicate illicit cultivation of narcotic plants in order to ensure a continuing balance between licit supply and licit demand, and to avoid unforeseen imbalances caused by sales of seized and confiscated drugs. Moreover, the Economic and Social Council, in its resolutions on the supply of and demand for opiates for scientific and medical needs, has repeatedly encouraged all Governments to avoid unforeseen imbalances between the licit supply of and demand for opiates caused by the exportation of products manufactured from seized and confiscated drugs, and to restrict the use of such products to domestic use only. In order to remove any temptation to countries to use seized raw materials for the manufacture of products destined for export, the Board urges countries that are exporting licitly produced raw materials to maintain the standards of quality of those raw materials.

Medical prescription of heroin

201. Heroin is prescribed in a few countries to a small proportion of long-term opiate addicts, and in some other countries research on prescription of heroin for the treatment of such addicts is under way. The Board reiterates its reservations concerning the medical prescription of heroin. The Board wishes to emphasize the importance of formally involving WHO in the evaluation of the results of all projects on the medical prescription of heroin to addicts.

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

202. Article 14 of the 1961 Convention and article 19 of the 1971 Convention describe measures that, in

certain circumstances, the Board may take to ensure that States implement provisions of the conventions.

203. The Board has, since 1997, formally invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention with respect to a limited number of States parties, in view of the drug control situation in those countries and the Governments' lack of compliance with the international drug control treaties. The States involved are not named until such time as the Board deems it necessary to call the attention of the other States parties, the Economic and Social Council and the Commission on Narcotic Drugs to the situation, as in the case of Afghanistan.

204. The Board's objective has been to promote the compliance of States with the conventions when other means failed. As a result of an ongoing dialogue with the Board pursuant to article 14 of the 1961 Convention and article 19 of the 1971 Convention, most of the States took remedial measures. Consequently, the Board decided to terminate any action pursuant to those articles vis-à-vis those States.

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

205. The Board invoked article 14 of the 1961 Convention with respect to Afghanistan in 2000. Since then, the Board has maintained a close dialogue with the authorities of that country. In addition, the Board has undertaken several missions to Afghanistan. In February 2004, at the request of the Board, a delegation from the Government of Afghanistan reported to the Board on the drug control situation in the country, as part of the continuing consultations under article 14 of the 1961 Convention.

206. The Board notes that the Government of Afghanistan, in cooperation with the Government of the United Kingdom and the United Nations Office on Drugs and Crime, has recently developed five action plans within the framework of the national drug control strategy, covering the areas of law enforcement, counter-narcotics judicial reform, alternative livelihoods, drug demand reduction and public awareness. The Board considers that development to be an important step forward in drug control and hopes that the Counter-Narcotics Directorate, the national coordinating body for drug control in Afghanistan, will work closely with all the government ministries concerned to ensure that the implementation of the

national drug control strategy is well coordinated and effectively carried out.

207. The Board also notes that progress has been made in building the capacity of Afghanistan in the area of law enforcement. Since the establishment of the Counter Narcotics Police of Afghanistan (CNPA) and the Special Narcotics Force, there have been a number of successful law enforcement operations, resulting in several significant drug seizures involving heroin, morphine, opium and cannabis resin. The Board encourages the Government to continue its efforts in that area, in order to address the illicit drug trafficking situation in the country in a more effective way.

208. The Board is seriously concerned, however, that the overall drug control situation in Afghanistan appears to have deteriorated. In particular, illicit opium poppy cultivation continued to expand in 2004, occurring in almost all the provinces in the country and involving an increased number of farmers. Consequently, illicit opium production has reached 4,200 tons, an increase of 17 per cent compared with 2003, according to the annual survey conducted by the United Nations Office on Drugs and Crime. That is a clear indication that illicit opium production will continue to thrive unless firm action is taken to eliminate such production and other illicit drug-related activities, including illicit drug manufacture and trafficking.

209. The Board wishes to underline that it is the responsibility of the Government of Afghanistan to fulfil its obligations under the international drug control treaties, to which Afghanistan is a party. The elimination of the illicit cultivation of opium poppy should be of the utmost importance to the Government, as it is essential to the stability of the country, in addition to being in the interest of the international community. The Board urges the Government to establish law and order in rural areas, to extend the enforcement of the ban on opium production so that it applies to the entire country and, with the assistance of the international community, to provide alternative livelihoods to opium poppy growers. The Board stresses that counter-narcotics measures should be brought into the mainstream of overall development assistance. The Board hopes that the targets set out in the national drug control strategy will be met without further delay.

210. Afghanistan is faced with not only the serious problem of illicit opium poppy cultivation, but also growing problems involving illicit manufacture of and

trafficking in opiates, as a result of increased opium production. Opium and heroin of Afghan origin continue to be smuggled on a large scale into other countries in West Asia and, through those countries, into Europe. That situation hinders national reconstruction efforts and also constitutes a serious threat to security and stability in the region. The Board calls upon the international community, the countries into which Afghan opiates are being smuggled, including the neighbouring countries of Afghanistan, to continue strengthening their cooperation with the Government of Afghanistan. Such cooperation should include, whenever possible, the provision of technical and financial assistance to the Government with a view to enhancing its capacity in law enforcement. The full cooperation of the international community will be necessary for the country to succeed in recovering from its disastrous past.

211. The Board notes with concern that drug abuse in Afghanistan has increased significantly over the past few years because of prolonged human deprivation and suffering, the breakdown of traditional social controls, the return of refugees and the almost unlimited availability of opiates within the country. What is especially disturbing is that heroin is frequently mixed with other controlled substances from unknown sources, such as diazepam and phenobarbital. Another major concern is the increasing use of injection as a mode of administering illicit drugs, particularly among heroin abusers. Given the almost total collapse of social and physical infrastructure after over two decades of war and conflict, there are limited treatment facilities and no trained staff to deal with drug abuse problems.

212. The Board notes with appreciation that a project aimed at reducing illicit drug demand in Afghanistan has recently been developed by the United Nations Office on Drugs and Crime. The Board hopes that, with the support of the international community, the Government of Afghanistan will successfully implement its action plan on demand reduction and achieve the targets identified in various areas of demand reduction, including public awareness, training, treatment and rehabilitation.

213. There is substantial evidence that a wide range of pharmaceutical products containing controlled substances can be obtained in Afghanistan over the counter (without medical prescriptions) from unregulated pharmacies, other retail outlets and even roadside stalls. Most of the products are adulterated, out of date and

unregistered and have been illicitly manufactured elsewhere and smuggled into Afghanistan. That situation, if left unaddressed, will contribute to a worsening of the drug abuse problem. The Board urges the national authorities responsible for drug control to increase adherence to drug control regulations, in order to counter the proliferation of such pharmacies and identify the sources of the substances involved, and to ensure that controlled drugs are used exclusively for medical and scientific purposes. In particular, the Ministry of Health should, as a matter of urgency, establish and promulgate rules and regulations on the control of narcotic drugs and psychotropic substances, in order to ensure that controlled drugs are distributed only through official channels and, at the same time, that the legitimate requirements for drugs used for medical needs are met.

214. The Board notes the positive results of a joint technical visit of the United Nations Office on Drugs and Crime and the Board to Afghanistan in May 2004 to accelerate the implementation of the new Afghan drug control law. The Board supports the continuation of such joint technical visits, as they contribute to the strengthening of the national capacity to implement the provisions of the international drug control treaties.

215. The invocation of article 14 of the 1961 Convention will remain in force until such time as the Board is satisfied that Afghanistan is complying with the provisions of that convention. The Board, in accordance with the 1961 Convention, will continue to maintain dialogue with the Government and monitor closely the drug control situation in Afghanistan until substantial progress is made by the Government in its drug control efforts. The recently held election and the firm statement by the President-elect that he will accord high priority to the matter of illicit drugs are the first steps toward a better future for the country.

Policy of the Government of the Netherlands on cannabis

216. In August 2004, the Government of the Netherlands officially informed the Board of a crucial and significant change in its policy on cannabis. In an inter-ministerial policy paper on cannabis, the Government acknowledged that “cannabis is not harmless”, neither for the abusers nor for the community, and stressed the importance of strengthening “measures against street dealing, drug tourism and

cannabis cultivation” and of continuing “to reduce the number of coffee shops”. That is a good example of applying objective evaluation of public policies.

217. The Government of the Netherlands now recognizes that coffee shops are “not blameless” in the maintenance of the illicit drug trade and are not satisfactory in terms of suppressing drug-related crime. The Government also notes that coffee shops may discredit the drug policy of the country in general.

218. The Government of the Netherlands is requesting local authorities responsible for the implementation of the coffee shop policy to assist in tightening the cannabis policy. The Government intends to reduce the number of coffee shops located near schools and in border areas and to take action against uncontrolled outlets. Furthermore, the Government, together with the local authorities, will take action to ensure that drug tourism, in border areas in particular, is kept under control.

219. The Government of the Netherlands also stated that it would implement an action plan to discourage cannabis abuse, which would include specific drug prevention campaigns aimed at high-risk groups, as well as an annual mass-media anti-drug campaign over a period of three years that would specifically target young people between the ages of 12 and 18. The Government also plans to enhance efforts to treat cannabis abusers. Regarding the illicit cultivation of cannabis with a high tetrahydrocannabinol (THC) content (“Nederwiet”, “Dutch skunkweed”) in the Netherlands, the Government advocates a twin-track policy of administrative and criminal law enforcement, with a view to using a combination of sanctions to make cultivation as unattractive as possible. Specifically, the Government noted that new prosecutorial guidelines provide a basis for taking more speedy action against those involved in the cultivation of cannabis; the Government stated that it plans to raise the penalty for large-scale illicit cannabis cultivation to at least five years of imprisonment.

220. The Board welcomes the initiative of the Government of the Netherlands, which is an important step in the right direction—towards full compliance with the international drug control conventions concerning cannabis. The fact that the Government recognizes health and social problems associated with cannabis abuse, its cultivation and trafficking is of importance, not only for the Netherlands, but also for the entire

region and beyond. The Board urges the Government to take further action to reduce the number of coffee shops, which are contrary to the provisions of the international drug control treaties.

221. In view of the emerging evidence of health-related consequences of cannabis abuse, the Board requests WHO to examine that issue.