

## II. Operation of the international drug control system

### A. Narcotic drugs

#### Status of adherence to the Single Convention on Narcotic Drugs of 1961

50. On 1 November 2005, the number of States parties to the Single Convention on Narcotic Drugs of 1961,<sup>24</sup> or to that Convention as amended by the 1972 Protocol,<sup>25</sup> stood at 183; 180 of those States were parties to that Convention as amended by the 1972 Protocol.<sup>24</sup> Since the publication of the report of the Board for 2004, Angola, Bhutan and Cambodia have become parties to the 1961 Convention as amended by the 1972 Protocol and Nicaragua has become a party to the 1972 Protocol amending the 1961 Convention.<sup>26</sup> Afghanistan, Chad and the Lao People's Democratic Republic continue to be parties to the 1961 Convention in its unamended form only.

51. A total of nine States have not yet become parties to the 1961 Convention: one State in Africa (Equatorial Guinea), two in Asia (the Democratic People's Republic of Korea and Timor-Leste), one in Europe (Andorra) and five in Oceania (Kiribati, Nauru, Samoa, Tuvalu and Vanuatu).

#### Cooperation with Governments

##### *Submission of annual and quarterly statistics on narcotic drugs*

52. The majority of States regularly submit the mandatory annual and quarterly statistical reports. By 1 November 2005, a total of 171 States and territories had submitted to the Board annual statistics on narcotic drugs for 2004, in conformity with the provisions of article 20 of the 1961 Convention. That accounts for 81 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 2004; that figure represents 90 per cent of the 210 States and territories requested to furnish those data. The rate of submission was similar to that of the previous year.

53. The Board urges all Governments to furnish in a timely manner all statistical reports required under the 1961 Convention. In 2005, the Board noted an

improvement in the furnishing of statistical data by Cameroon, Côte d'Ivoire, Ghana, Pakistan, Romania, the Russian Federation, Uruguay and Zimbabwe. In addition, after not furnishing annual statistical reports for several years, Bosnia and Herzegovina, Guinea, Micronesia (Federated States of) and Nauru resumed the submission of those reports. The Board will continue to monitor the situation closely in countries whose Governments do not regularly submit the required reports. The Board is ready to assist Governments with a view to facilitating their compliance with their obligations under the 1961 Convention.

54. 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, did not comply with that requirement in 2005. The late submission of reports makes it difficult for the Board to monitor the manufacture of, trade in and consumption of narcotic drugs and hampers the Board's analysis. 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*

55. The Board wishes to remind all Governments that the universal application of the system of estimates is indispensable for the functioning of the control system for narcotic drugs. Lack of adequate national estimates is often an indication of deficiencies in the national control mechanism and/or health system of a country. Without proper monitoring and knowledge of the actual requirements for narcotic drugs, there is a risk, if estimates are too low, that narcotic drugs available for medical treatment may be insufficient. If estimates are too high, there is a risk that drugs traded in a country may be in excess of medical needs and may be diverted into illicit channels or used inappropriately. A well-functioning health and regulatory system is

necessary to assess the actual requirements of narcotic drugs in every country.

56. By 1 November 2005, a total of 168 States and territories had furnished their annual estimates of narcotic drug requirements for 2006. That number, which represents 80 per cent of the total of 210 States and territories required to furnish such estimates, is slightly lower than the number of States and territories that had provided, by 1 November 2004, estimates for 2005. The Board is concerned that several States and territories failed to provide their estimates in time for examination by it, in spite of being reminded to do so. The Board had to establish estimates for those States and territories in accordance with article 12, paragraph 3, of the 1961 Convention.

57. The estimates established by the Board are based on the estimates and statistics furnished in the past by the respective Governments. In some cases, when such statistics and estimates had not been received for several years, the estimates were lowered considerably in order to reduce 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 Governments concerned to take all the necessary measures to establish their own estimates of narcotic drug requirements and to furnish those estimates to the Board as soon as possible. The Board is ready to assist those Governments by providing clarifications on the provisions of the 1961 Convention relating to the system of estimates.

58. The Board examines the estimates received, including supplementary estimates, with a view to limiting the use 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 2006, since those estimates, according to information available, appeared to be inadequate. The Board is pleased to note that, in 2005, as in previous years, most Governments provided explanations promptly or corrected their estimates.

59. 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 2005. A total of 432

supplementary estimates had been received by 1 November 2005, compared with fewer than 250 in 2001. The Board reiterates its request to Governments to calculate their annual medical requirements as accurately as possible so that it will be necessary to submit supplementary estimates only in cases of unforeseen circumstances.

*Shortcomings in reporting estimates and statistics of narcotic drugs*

60. The Board examines the statistical data and estimates submitted 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 Board is concerned that some Governments continue to experience difficulties in providing complete statistical reports and estimates because of deficiencies in their national monitoring and reporting systems. The Board urges all Governments concerned to strengthen their domestic monitoring and reporting systems to ensure accurate reporting to the Board.

61. In order to help Governments to overcome difficulties in reporting, the Board posted on its website explanations of the reporting requirements for narcotic drugs, including a list of the most frequent problems identified in the estimates and statistical data submitted in the past. Governments are invited to use those explanations, or contact the Board for further clarification, if they experience problems in reporting on narcotic drugs.

*Modifications to the Board's technical report on narcotic drugs*

62. Every year, the Board publishes a technical report on narcotic drugs.<sup>27</sup> The report is used for control purposes by Governments and serves the needs of researchers, enterprises and the general public. The data in the report are based on information furnished by Governments to the Board in accordance with the relevant provisions of the 1961 Convention. In 2004 and 2005, the Board carried out a survey to assess the needs of users of its technical reports on narcotic drugs and psychotropic substances. Information from users was obtained, inter alia, by means of a questionnaire sent to the competent authorities of all States and territories, selected pharmaceutical companies and

other users, including international organizations and associations of professionals.

63. Based on the information gathered through the survey, the Board decided to make some modifications to the technical report on narcotic drugs. The notes on the use of various sections and tables were amended to provide more detailed explanations on the information contained in the publication. Three additional tables were included in the report, in view of the new developments in the manufacture and use of opiate raw materials. The table on world trade was redesigned to reflect three-year data series.

#### **Prevention of diversion into the illicit traffic**

##### *Diversion from international trade*

64. In 2005, as in recent years, no cases involving diversion of narcotic drugs from licit international trade into the illicit traffic were detected, in spite of the very large quantities of substances and the large number of transactions involved. The system of control measures laid down in the 1961 Convention provides effective protection of international trade in narcotic drugs against attempts at their diversion into illicit channels.

65. 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 are fully implementing the system of estimates and the import and export authorization system, in 2004 and 2005 a few Governments authorized 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 into illicit channels if falsified import authorizations are used by drug traffickers. The Board has urged the Governments in question to ensure compliance with the provisions of article 31 of the 1961 Convention when authorizing exports of narcotic drugs in the future. The Board advised the Governments concerned to consult the annual estimates of requirements for narcotic drugs for each importing country and territory, which are published by the Board

in its technical report on narcotic drugs, as well as the monthly updates of the list of estimates.

##### *Diversion from domestic distribution channels*

66. Contrary to international trade, the diversion of pharmaceutical preparations containing narcotic drugs from domestic distribution channels and the abuse of those preparations have continued in many countries. The Board included in its report for 2004 information obtained by means of a questionnaire, sent to the Governments of selected countries, on the diversion and abuse of such preparations and on action taken to counter such activities.<sup>28</sup> During 2005, a few additional Governments replied to that questionnaire; some of the information provided is summarized below.

67. The diversion and abuse of pethidine continue to pose problems in several countries, as confirmed by reports in Bangladesh, China, Uganda and Zimbabwe. In those countries, pethidine was stolen from pharmacies or hospitals or abuse of prescriptions for pethidine was facilitated by medical or related professionals. In China, stricter controls for dispensing and administering drugs in hospitals have been applied with a view to preventing such diversions.

68. In several countries, the diversion and abuse of narcotic drugs involve preparations for which certain control measures (such as a prescription requirement) are not mandatory under the 1961 Convention. In China, where cases involving the diversion and abuse of cough syrups containing codeine have been detected, a prescription requirement for those preparations has been introduced to counter such illicit activities. In India, the Government has established additional control measures for such preparations containing codeine and dextropropoxyphene; the measures include reducing the amount of the active ingredient in such preparations and introducing a quota system for their distribution.

69. The Board welcomes the action taken by Governments to prevent the diversion and abuse of narcotic drugs in the form of pharmaceutical preparations. At the same time, the Board is concerned that the Governments of some countries in which problems with the diversion of pharmaceutical preparations containing narcotic drugs were identified in the past, such as Egypt and Pakistan, have not replied to the above-mentioned questionnaire. The

Board urges 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.

70. The diversion of pharmaceutical preparations containing narcotic drugs from domestic distribution channels and the abuse of such preparations continue to pose problems in several other countries where the availability of those products for legitimate medical purposes has increased (see paras. 102-103).

71. In Australia, a nationwide survey undertaken in 2004 by the Australian Institute of Health and Welfare indicated that the extent of abuse of opioid analgesics was similar to that of methylenedioxymethamphetamine (MDMA, commonly known as Ecstasy) and other amphetamines. Opioid analgesics are considered twice as easy to obtain as cannabis and easier to obtain for abuse than tranquillizers. About 3.1 per cent of the population aged 14 years and over reported recent abuse of such drugs. Eight per cent of the population aged 14 years and over considered the non-medical use of opioid painkillers to be acceptable. The Board trusts that, based on the survey, the Government of Australia will implement measures to prevent the diversion and abuse of pharmaceutical preparations containing opioid analgesics, including measures to educate the public on the dangers of abusing opioid analgesics.

72. In the United States of America, the abuse of pharmaceutical preparations containing opioid analgesics has been rising in recent years. According to the 2004 National Survey on Drug Use and Health, there were 4.4 million regular abusers of narcotic pain-relievers in 2004, and there was an increase in lifetime prevalence of non-medical use of narcotic pain-relievers in the age group 18-25, from 22 per cent in 2002 to 24 per cent in 2004. Among the narcotic drugs that continue to be diverted and abused in the United States are hydrocodone, oxycodone and methadone. The methods of diversion range from forged prescriptions to theft from manufacturers and wholesalers or retailers. The abuse of those drugs is also facilitated by poor practices on the part of some doctors and pharmacists. The Board notes with appreciation that the Government is taking action to prevent diversion and abuse of pharmaceutical preparations (see paras. 349-350). At the same time, the Board urges the Government to review, in

particular, the controls of preparations containing hydrocodone with a view to increasing their effectiveness, because the diversion and abuse of that narcotic drug have posed serious problems in the United States for many years.

73. The Board urges other Governments to regularly collect information on the extent of the diversion and abuse of pharmaceutical preparations containing narcotic drugs, with a view to developing countermeasures, where appropriate. Those measures might include, inter alia, raising the awareness of the public regarding the risks involved in abusing prescription drugs; launching programmes to monitor prescriptions in order to identify and prevent cases of inappropriate prescribing; collecting and analysing information on the dispensing and use of pharmaceuticals; training health-care providers; monitoring licit distribution channels more carefully to prevent and detect theft; and strengthening cooperation by law enforcement agencies, for example, by reporting on relevant seizures. Furthermore, the Board encourages all Governments to draw the attention of medical personnel to the good prescribing and dispensing practices as recommended by the World Health Organization (WHO).

74. For some narcotic drugs, the risk of diversion may be increased when they become available in larger single dosages that are more liable to abuse. That was the case with controlled-release tablets containing high doses of oxycodone that were introduced in 2000. Abusers attempt to circumvent the time-release properties of the tablets by chewing or crushing them. In Canada and the United States, increasing numbers of cases involving the diversion and abuse of fentanyl in the form of transdermal patches have been reported. Abusers were able to remove the full dose of fentanyl from the patch (see para. 373 below). The Board invites all Governments, in cooperation with the pharmaceutical industry and health professionals, to monitor carefully cases involving the diversion and abuse of narcotic drugs available in controlled-release preparations and to take action against their abuse.

75. 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 such as

supervised consumption, short dispensing intervals and central registration of all opioids prescribed for medical use, in order to prevent their diversion into illicit channels. The quantities of opioids used for substitution treatment are increasing in many countries (see paras. 103 and 138 below). The Board requests the Governments concerned to establish a mechanism for the systematic collection of information on the diversion and abuse of such drugs with a view to strengthening control measures to prevent their diversion, where appropriate.

### **Control measures**

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

76. In its resolution 1999/32 of 28 July 1999, the Economic and Social Council called upon Member States to take measures to fight the international trade in poppy seed from countries where no licit cultivation of opium poppy is permitted. Several States have taken measures to prevent imports of poppy seed from such countries. The Board notes with appreciation that, in January 2005, the Government of Azerbaijan, after consultation with the Board, prevented 500 tons of poppy seed originating in Afghanistan from transiting through its territory. Strict control measures for international trade in poppy seed were implemented in India. Similarly, the authorities of Myanmar and Pakistan have adopted measures against trade in poppy seed from illicit sources. In Myanmar, over 163 tons of poppy seed have been voluntarily surrendered by opium poppy growers to the authorities and destroyed since 2002. In Mexico, more than 2 tons of poppy seed were seized in 2004.

77. The Board notes with appreciation that the Government of Afghanistan agreed to the Board's request to adopt legislative measures to prohibit the exportation of poppy seed. The Board trusts that the legislation will be adopted and implemented as soon as possible.

78. Some countries that are involved in international trade in poppy seed have not yet adopted measures that would enable them to prevent imports of poppy seed from countries where no licit cultivation of opium poppy exists. The Board requests the Governments concerned to implement Economic and Social Council resolution 1999/32.

#### *Cannabis used for medical or scientific purposes*

79. Cannabis is included in Schedules I and IV of the 1961 Convention. Substances in Schedule IV are those considered particularly liable to abuse and to produce ill effects. For a few years there has been increased interest in the therapeutic usefulness of cannabis or cannabis extracts, as evidenced by the continuing scientific research in progress in several countries, including Canada, Germany, the Netherlands, Switzerland, the United Kingdom of Great Britain and Northern Ireland and the United States. The results of such research regarding the potential therapeutic usefulness of cannabis have so far been limited.

80. The Board reiterates its concern that, without having reported conclusive research results to WHO, the Governments of Canada (in 2001) and the Netherlands (in 2003) authorized the use of cannabis for medical purposes. The Board is also concerned that cannabis is used for medical purposes in some jurisdictions of the United States without having definitive proof of its efficacy. The Board notes that the Supreme Court of the United States confirmed in June 2005 the right of the Government to enforce the prohibition of the use of cannabis in a state that removed state-level criminal penalties on the use, possession and cultivation of cannabis for medical purposes (see para. 338 below). The Board confirms that it welcomes sound scientific research on the therapeutic usefulness of cannabis, as stated in previous reports,<sup>29</sup> and invites all Governments concerned to share the results of such research, when available, with the Board, WHO and the international community.

81. 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 since the last report of the Board was published, the Government of the United Kingdom has established a national cannabis agency.

82. The Board notes with concern that Governments of some countries where research on the use of cannabis or cannabis extracts for medical purposes is taking place or which authorized the use of cannabis for medical purposes have failed to furnish in a timely manner relevant estimates or statistical reports on their production, imports, exports, consumption and stocks

of cannabis or cannabis extracts, as required by the 1961 Convention. The Board reminds the Governments concerned that those treaty provisions must be implemented and reiterates its request to them to ensure their compliance with those treaty obligations.

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

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

83. Pursuant to the 1961 Convention and relevant Economic and Social Council resolutions, the Board 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 supply and demand. 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 2005 technical report of the Board on narcotic drugs.<sup>30</sup>

#### *Monitoring of the global situation of supply of opiate raw materials*

84. The Board notes that in 2004 production of opiate raw materials, both those rich in morphine and those rich in thebaine, declined in relation to 2003. For opiate raw materials rich in morphine, it was the first decline since 2001, resulting in the production of 447 tons expressed in morphine equivalent. For opiate raw materials rich in thebaine, for which total production had started to decrease in 2003, the decline continued during 2004, reaching 76 tons in thebaine equivalent. The advance data submitted by the main producing countries indicate that global production of opiate raw materials rich in morphine is expected to decline further in 2005, to 353 tons in morphine equivalent, and it is anticipated that global production of opiate raw materials rich in morphine will be less than the global demand, which is about 400 tons in morphine equivalent. Production of raw materials rich in thebaine is expected to rise substantially in 2005, to an estimated 105 tons in thebaine equivalent, and is expected to exceed global demand (90 tons in thebaine equivalent).

85. The Board recommends that global stocks of opiate raw materials be maintained at a level sufficient to cover global demand for about one year, in order to ensure the availability of opiates for medical needs in

case of an unexpected shortfall of production and to reduce the risk of diversion associated with excessive stocks. Global stocks of opiate raw materials rich in morphine have increased steadily since 2000; at the end of 2004 the stocks held in producing countries could have covered global demand for two years. Since the estimated production of raw materials rich in morphine will decline in 2005 to a level below that of global demand, it is expected that stocks of those raw materials will drop; however, they will still be sufficient to cover global demand for more than one and a half years. Global stocks of opiate raw materials rich in thebaine increased sharply until 2003 and were slightly depleted in 2004; at the end of 2004, they were sufficient to cover the annual global demand for those raw materials. It is anticipated that the overproduction of opiate raw materials rich in thebaine in 2005 will result in an increase in stocks of those raw materials.

86. The Board notes that for 2006 most Governments are planning to maintain in their countries the total area to be cultivated with opium poppy so that it is well below the record figure during the expansion of 2002 or 2003. According to the data available, the levels of production of both types of opiate raw material are expected to be below global demand in 2006. However, in view of the high level of stocks of raw materials held in producer countries, the total supply of opiate raw materials (production and stocks) will be sufficient to cover the expected demand.

87. The Board requests the Governments of all producer countries to submit relevant estimates in a timely manner, to maintain cultivation within the limits of the estimates confirmed by the Board or to furnish supplementary estimates to the Board, if necessary, and to report in a timely and accurate manner the amounts of raw materials produced, as well as the alkaloids obtained from them.

88. In the past, the Board has brought to the attention of the international community the fact that the levels of consumption of opioid analgesics for the treatment of moderate to severe pain were low in several countries. The Board welcomes Economic and Social Council resolution 2005/25 of 22 July 2005, entitled "Treatment of pain using opioid analgesics", in which the Council called upon Member States to remove barriers to the medical use of such analgesics, taking fully into account the need to prevent their diversion for illicit use. The Board also appreciates that WHO is

currently developing a global cancer control strategy, which is to have as one of its priorities the promotion of pain relief and palliative care. The Board requests all Governments to promote the rational use of narcotic drugs for medical treatment, including the use of opioid analgesics, in accordance with the pertinent recommendations of WHO.

89. With regard to the production levels of opiate raw materials, the Board requests all producer countries to maintain their future production of opiate raw materials at a level that conforms to the actual requirements for such raw materials worldwide and to avoid keeping excessive stocks, since they might be a source of diversion if they are not adequately controlled. A global increase in the production of opiate raw materials should follow as the countries develop programmes for gradually increasing their demand to the level of their medical needs for narcotic analgesics.

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

90. Pursuant to the relevant Economic and Social Council resolutions, the Board calls upon all Governments to contribute to the maintenance of a balance between the licit supply of and demand for opiate raw materials and to cooperate in preventing the proliferation of sources of production of opiate raw materials. Most recently, in its resolution 2005/26 of 22 July 2005, the Council urged Governments of countries where 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.

91. The Board wishes to remind Governments that narcotic drugs and opiate raw materials are not ordinary commodities and that therefore market economy considerations should not be the factors determining whether or not to permit opium poppy cultivation. The Board appeals to all Governments to comply with Economic and Social Council resolution 2005/26.

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

92. At the request of the Governments of India and Turkey and pursuant to Economic and Social Council

resolution 2004/43 of 21 July 2004, the Board convened an informal consultation on the supply of and demand for opiates for medical and scientific purposes during the forty-eighth session of the Commission on Narcotic Drugs. All major producers and importers of opiate raw materials participated in the informal consultation. The Board has convened such informal consultations on a yearly basis since 1992 to enable the participating Governments to be informed of recent developments affecting the global production of and demand for opiate raw materials. The information obtained during such consultations allows the Governments of producing countries to adjust the production of opiate raw materials to the demand for the opiates derived from them and facilitates 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.

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

93. On the recommendation of the Commission on Narcotic Drugs at its forty-fifth session, the Economic and Social Council adopted resolution 2002/20 of 24 July 2002, in which it urged Governments of all countries producing opiate raw materials to adhere strictly to the provisions of the 1961 Convention, to take effective measures to prevent illicit production, or diversion of opiate raw materials to illicit channels, especially when increasing licit production, and to adopt, after due technical study by the Board of the relative merits of different methods, the best method in that respect.

94. Pursuant to that resolution, the Board studied the relative merits of different production methods, taking into account the following aspects:

- (a) Relative safety: lower risks for diversion, lower regulatory and enforcement overheads;
- (b) Flexibility: responsiveness to national and global needs;
- (c) Productivity and efficiency;
- (d) Adaptability to local conditions (agronomic, socio-economic, existing technology).

95. With respect to relative safety, the Board found that both raw material production systems (for opium

and for poppy straw) have inherent potential for diversion and abuse. However, for illicit uses, opium continues to be more attractive than poppy straw, and the relative risks in opium production tend to be higher than in poppy straw production. Opium is relatively easy to transport and to store over extended periods of time. It is an ideal raw material for the illicit manufacture of morphine and heroin, since both can be obtained under simple conditions and with unchallenging technology.

96. In general terms, the risk factors for the diversion of both products are higher: (a) at the crop production level than at the transportation or processor/industry level; (b) the longer the product is in the custody of the crop growers or at the collection area; and (c) with increased numbers of crop growers or others involved in production. In contrast, the risk factors for diversion appear to decrease with increased mechanization of production and transportation.

97. With regard to other aspects, there is no globally acceptable best method of production that can be identified. There are only options to be considered in the context of the socio-economic, commercial, cultural and historical background, as well as the infrastructure and control systems, of the countries involved.

98. The Board noted that a number of countries that had previously produced opium for licit purposes stopped such production or converted their production system from opium to poppy straw technology. The advantages of such a change are reduced potential for diversion and faster responsiveness to changes in national or global needs due to a more flexible production system.

99. The Board also concluded that there is currently a need for some opium in medicine, which is likely to continue. To meet that need, an appropriate amount of opium should continue to be available. There is also demand for opium as a raw material for the extraction of some alkaloids that are not currently extracted from poppy straw (such as noscapine), although in the future the need for such alkaloids could possibly be met by poppy straw, through the development of alternative poppy varieties.

100. With respect to (a) security measures to prevent diversion, (b) cultivation practices and (c) research, the Board found that improvements are possible in each

producing country. The Board therefore invites all producing countries to review their own production systems and to adopt the best practices to achieve improvements. In particular, the Board calls upon all producing countries, regardless of the production method used, to examine their control measures applied to the production of opiate raw materials with a view to strengthening them, in order to prevent diversion from licit cultivation of opium poppy into illicit channels, in fulfilment of their treaty obligation.

101. A summary of the findings of the Board was brought to the attention of the Commission on Narcotic Drugs at its forty-eighth session, in March 2005. The comprehensive background study was made available to the Governments of countries producing opiate raw materials for medical and scientific purposes.

#### **Consumption of narcotic drugs**

102. Governments should be aware that increased availability of narcotic drugs for legitimate medical purposes may raise the risk of diversion and abuse of those drugs. In the United States, the most frequently diverted and abused pharmaceutical preparations of narcotic drugs are those containing hydrocodone and oxycodone (see para. 72 above). In 2004, the United States accounted for 99 per cent and 85 per cent of global consumption of hydrocodone and oxycodone, respectively. The medical consumption of hydrocodone and oxycodone increased by about 60 per cent and 80 per cent, respectively, in the United States during the five-year period 2000-2004. The medical use of hydrocodone reached almost 16 defined daily doses for statistical purposes (S-DDD) per 1,000 inhabitants per day and that of oxycodone 4 S-DDD in 2004. The Board invites all Governments to closely monitor trends in the consumption of pharmaceutical preparations containing narcotic drugs and to adopt measures against their diversion and abuse, as necessary.

103. Global consumption of methadone has increased by almost three and one half times during the last decade. Methadone is used in several countries for the treatment of pain, but the upward trend in its medical consumption is mainly attributable to its growing use in maintenance treatment related to opioid dependency. The main countries consuming methadone include (in descending order) the United States, Spain, Germany, the United Kingdom, Italy, the Islamic Republic of



Iran, Canada and Australia. Those countries together accounted for more than 86 per cent of global consumption of methadone in 2004. The Board requests the competent authorities of all countries concerned to be vigilant with regard to diversion of, trafficking in and abuse of methadone and to take countermeasures, if necessary (see para. 75 above).

## B. Psychotropic substances

### Status of adherence to the Convention on Psychotropic Substances of 1971

104. On 1 November 2005, the number of States parties to the Convention on Psychotropic Substances of 1971<sup>31</sup> stood at 179. Since the report of the Board for 2004 was issued, four States (Angola, Bhutan, Cambodia and Honduras) have become parties to that convention.

105. Of the 13 States that have yet to become parties to the 1971 Convention, there are 2 in Africa (Equatorial Guinea and Liberia), 1 in the Americas (Haiti), 3 in Asia (the Democratic People's Republic of Korea, Nepal and Timor-Leste), 1 in Europe (Andorra) and 6 in Oceania (Kiribati, Nauru, Samoa, Solomon Islands, Tuvalu and Vanuatu). Some of those States (namely, Andorra, Haiti and Nepal) have already become parties to the 1988 Convention.

### Cooperation with Governments

#### *Submission of annual statistics*

106. By 1 November 2005, a total of 158 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 2004 in conformity with the provisions of article 16 of the 1971 Convention. That accounts for 75 per cent of the States and territories required to furnish such statistics.

107. The Board continues to be concerned by the fact that some main manufacturing and exporting countries do not submit annual statistical reports on psychotropic substances on a regular basis and in a timely manner. That creates difficulties for international control. Statistical information on manufacture, imports and exports of psychotropic substances from those countries is needed to prepare a reliable analysis of global trends in manufacture and international trade of psychotropic substances. Missing or inaccurate details

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 particular by providing annual statistics on psychotropic substances within the deadline, as required under the 1971 Convention.

#### *Quarterly reports for substances in Schedule II of the 1971 Convention*

108. In accordance with Economic and Social Council resolution 1981/7 of 6 May 1981, Governments of countries manufacturing, exporting or importing substances in Schedule II of the 1971 Convention provide voluntarily to the Board quarterly statistics on their imports and exports of those substances. A total of 172 governments (of 156 countries and 16 territories) submitted quarterly statistical reports for the year 2004. Methylphenidate is the most commonly traded substance. Other substances that are traded are from the group of substances called amphetamines (amphetamine, dexamphetamine and methamphetamine).

#### *Assessments of requirements for psychotropic substances*

109. 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 of 21 June 1991 with respect to substances in Schedules III and IV of that Convention. The assessments are communicated to the competent authorities of all States and territories that are required to use them as guidance when approving exports of psychotropic substances. Pursuant to Council resolution 1996/30 of 24 July 1996, in 1997 the Board established assessments for 57 Governments that had failed to furnish such information by that time. Since then, those Governments have submitted their own assessments or communicated modifications to the assessments established by the Board. By 1 November 2005, the Governments of all countries except Somalia had submitted to the Board at least once their assessments of annual medical requirements for psychotropic substances.

110. The Board has recommended that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. While the majority of Governments submit modifications from time to time, many have started submitting revised assessments every year, as is the case with regard to estimates for narcotic drugs. In January 2005, all Governments were asked to review and update, if necessary, the assessments of their annual medical and scientific requirements for psychotropic substances. By 1 November 2005, 102 Governments had submitted to the Board a full revision of the assessments of their requirements for psychotropic substances and 172 had communicated modifications to previous assessments for one or more substances.

111. The Board is concerned that, for several years, a number of Governments have not updated the assessments of their requirements for psychotropic substances. Those assessments may no longer reflect their actual medical and scientific requirements for psychotropic substances in the countries and territories concerned. Assessments that are lower than the actual legitimate requirements may delay the importation of psychotropic substances urgently needed for medical or scientific purposes in the country in question, owing to the need to verify the legitimacy of import orders. Assessments that are significantly higher than the actual legitimate needs may open the door for diversion of psychotropic substances into illicit channels. The Board encourages all Governments to ensure that their assessments are regularly updated and that it is informed of any modifications.

#### **Prevention of diversion of psychotropic substances into the illicit traffic**

##### *Diversion from international trade*

112. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention has been limited to a small number of transactions involving quantities of only a few grams, given the very limited use of such substances. While there have been isolated attempts over the years to divert substances in Schedule I, no diversion to illicit channels has ever taken place, mostly because of the strict international control mechanism for those substances. With regard to use of substances in Schedule I, article 7 (a) of the 1971 Convention states

that parties to the Convention shall prohibit all use of substances in Schedule I except for scientific and very limited medical purposes. No industrial use of those substances is foreseen by the Convention.

113. The above-mentioned provision of the 1971 Convention had been respected by all countries for many years. However, in November 2004, the Board was informed of the use of methcathinone, a substance in Schedule I of the 1971 Convention, for the manufacture of pseudoephedrine by a Japanese company. The company had obtained large amounts of methcathinone in 2001, without the required special import authorization, from India. The Japanese authorities have examined the matter and referred it to the prosecutor's office and have also issued a warning notice to the domestic association of pharmaceutical and chemical industries to review and reinforce compliance with the rules. The Board wishes to remind all Governments of the restrictions in place for the trade in and use of psychotropic substances in Schedule I of the 1971 Convention and calls upon them to remain vigilant and ensure that their industries, as well as authorized traders, are fully aware of all restrictions concerning trade in and use of those substances.

114. The only substances included in Schedule II of the 1971 Convention that are manufactured and traded in large quantities are amphetamine, dexamphetamine and methylphenidate, which are used mostly in the treatment of attention deficit disorder (ADD) and, in the case of the amphetamines, for the manufacture of non-controlled substances. In the past, the diversion of substances in Schedule II from licit international trade was one of the main methods used to supply illicit markets. However, implementation of control measures, coupled with additional measures recommended by the Board and endorsed by the Economic and Social Council, such as assessments and quarterly statistical reports, have virtually eliminated the diversion of those substances in Schedule II. Preparations containing hallucinogens, fenetylline and methaqualone, which are found on illicit markets in various regions of the world, are almost exclusively from clandestine manufacture, while amphetamine, dexamphetamine and methylphenidate found on illicit markets are believed to have been diverted from domestic distribution channels. Other major sources of substances in Schedule II found on the illicit market

are illegally operating Internet pharmacies (see paras. 219-236 below).

115. Licit international trade in psychotropic substances in Schedules III and IV of the 1971 Convention consists of thousands of individual transactions each year. The Board analyses data on international trade in those substances and as appropriate initiates the investigation by Governments of suspicious transactions. The Board notes with satisfaction that such investigations indicate that, in recent years, there has been a significant decrease in the number of cases involving the diversion of substances in Schedules III and IV from licit international trade into illicit channels. Until 10 years ago, such diversion had occurred frequently and involved quantities of up to several thousands of kilograms; nowadays, however, almost all attempted diversions from international trade are discovered and the very rare successful diversions only involve minor quantities. That appears to have been the result of the implementation by Governments of the treaty provisions for substances listed in those schedules and of the additional controls over international trade (the import and export authorization system, the assessment system and the detailed reporting system) recommended by the Board and endorsed by the Economic and Social Council (see paras. 109-111 above and 128-135 below).

116. However, attempts to divert substances in Schedules III and IV of the 1971 Convention still continue. The method used most frequently in attempts to divert psychotropic substances from licit international trade is the falsification of import authorizations. The Board invites all Governments to continue to be vigilant with respect to orders for psychotropic substances and, if necessary, to confirm with the Governments of importing countries the legitimacy of such orders prior to approving the export of such substances. The Board continues to be at the disposal of Governments to facilitate such confirmation. Diversion attempts relate in all cases to substances identified many years ago as target substances for specific illicit drug markets. The substances targeted most frequently by drug traffickers have included stimulants (amfepramone, fenetylline, phentermine and pemoline), benzodiazepines (diazepam, flunitrazepam and temazepam), phenobarbital and buprenorphine.

117. The Board notes with appreciation that exporting countries use the assessments of requirements for 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. For example, during the past year, two attempts at illegally importing into Afghanistan buprenorphine, an opioid analgesic in Schedule III of the 1971 Convention, were successfully prevented as a result of the vigilance of the exporting country. In both cases, the imports were ordered from companies in the Netherlands. The authorities of the Netherlands, noting that no assessment had been established for buprenorphine and that the import certificate to support the transaction was of unknown format, alerted the authorities in Kabul through the Board and were informed that the companies in question were not licensed or authorized to import buprenorphine.

118. The Board also appreciates receiving information from Governments about new and emerging trends in diversion attempts, as well as about procedures not in line with international and national control measures. For example, the Board was recently informed by the Turkish authorities about cases where the import of minor quantities of psychotropic substances had been carried out using couriers and through the mail without the required authorization documents. The Ministry of Health of Turkey subsequently took the necessary measures to warn the importing Turkish companies against such importation. The Board requests national authorities of all countries to be aware that such practices may also occur in their countries and to take measures against such importations.

119. Pharmaceutical preparations containing psychotropic substances found on the illicit market are, however, not necessarily always diverted from licit manufacture and trade. In some cases, increased demand on illicit markets for a specific pharmaceutical product containing a psychotropic substance has led to the illicit manufacture of counterfeit preparations. As diversion from manufacture and international trade is

no longer an important source for the illicit market, illegal manufacture, including counterfeiting of brand products, has become a major source of supply for illicit trade. Such counterfeits are not restricted to the traditionally illegally manufactured substances in Schedule I of the 1971 Convention, such as MDMA, or in Schedule II, such as amphetamines and fenetylline. Pharmaceutical products containing psychotropic substances in all the Schedules have become major drugs of abuse.

120. In addition to the considerable demand for such products on the illicit market, the professional expertise of operators of clandestine laboratories has increased. In some countries, this is attributed to economic problems that have resulted in the loss of jobs by specialists in the chemical or pharmaceutical industry. Raw materials for the manufacture of psychotropic substances can be obtained from countries with insufficient control, or may even be ordered over the Internet, and are then professionally processed by those working for traffickers.

121. Another source of illicit supply is clandestine operations carried out by some established chemical and pharmaceutical companies in addition to their legitimate manufacturing activities. The phenomenon of a business enterprise having both legal and illegal operations, commonly called “night shifts” or “the front and back offices”, can be found not only in manufacturing companies, but also at the retail level, that is, in pharmacies. Such dual operations, legal and illegal, conducted by the same establishment are often the source supplying illicitly operating Internet pharmacies.

122. One example of such ongoing counterfeit operations is the 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 in the late 1980s. Since the beginning of the 1990s, increased control measures have succeeded in stopping such diversions. 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 that substance. In recent years, most seized Captagon tablets have been found to contain amphetamines, in addition to stimulants not under international control.

123. Counterfeiting is not restricted to the strictly controlled substances in Schedule II of the 1971 Convention. For example, Rohypnol, a pharmaceutical preparation containing flunitrazepam, is increasingly being counterfeited for the illicit market. Flunitrazepam, a benzodiazepine used as sedative-hypnotic in Schedule III, is one of the most frequently abused benzodiazepines. After diversion from international trade had been successfully stopped in the 1990s, diversion from domestic distribution channels became the preferred method of supplying illicit markets. In response, several countries, including major manufacturers and importers of the substance, adopted strict control policies for flunitrazepam, in close cooperation with the pharmaceutical industry. In recent years, counterfeit tablets have constituted a sizeable portion of all seized Rohypnol tablets, at least in Scandinavian countries.

124. Information from the Swedish customs authorities indicates that almost all Rohypnol tablets seized are of counterfeit origin. Lithuanian authorities confirm the smuggling of significant amounts of counterfeit tablets from Lithuania into Scandinavian countries. In Norway, most of the 360,000 Rohypnol tablets seized in 2004 were counterfeit. The Board warns national authorities that reliable information on the proportion of counterfeits depends to a large extent on the priority accorded by law enforcement to the problem of Rohypnol abuse and the willingness of authorities to test seized drugs. The illicit manufacture of counterfeit tablets often uses diverted raw materials, such as those obtained from China and India over the Internet.

#### *Diversion from domestic distribution channels*

125. Diversions from domestic distribution channels continue, in some cases, involving, relatively large quantities. 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, together with illegally operating Internet pharmacies, the most important source used by 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 supply of substances by pharmacies without the required prescriptions. The diverted drugs are not only destined for personal use, but are also trafficked

within the country of diversion or smuggled into other countries.

126. Illicit demand for pharmaceuticals containing controlled substances is growing. In a number of countries, the abuse of such pharmaceuticals is second only to the abuse of cannabis. The two most abused groups of psychotropic substances are benzodiazepines and amphetamine-type stimulants. The Board calls on Governments to monitor consumption levels of prescription drugs containing psychotropic substances and to raise awareness about the consequences of the abuse of such drugs.

127. Recently, trafficking in *gamma*-hydroxybutyric acid (GHB), a sedative-hypnotic included in Schedule IV of the 1971 Convention in 2001, and its abuse, have increased. The illicit manufacture of GHB and trafficking in GHB kits and *gamma*-butyrolactone (GBL), a precursor of GHB, have also become serious problems in a number of countries. The Board therefore calls on the competent authorities of all countries concerned to increase their vigilance as regards diversion, the illicit manufacture and abuse of and trafficking in GHB and to inform the Board of developments in that area. The Board strongly encourages Governments to consider developing appropriate programmes for drug abuse prevention that take into account the abuse of GHB.

### **Control measures**

#### *Assistance to Governments in verifying the legitimacy of import transactions*

128. 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 importing countries. In order to assist Governments in the verification of the authenticity of import documents for narcotic drugs, psychotropic substances and precursor chemicals, the Board maintains a collection of sample copies of official import certificates and authorizations in current use by national administrations. By maintaining an updated collection of sample records, the Board seeks to diminish the possibility of narcotic drugs and psychotropic substances being diverted into illicit channels. The Board calls on all countries that have not yet provided such samples to the Board to do so without further delay.

129. The Board notes with concern that, in certain cases, responses to its inquiries for confirmation of 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 may cause delays in legitimate trade in psychotropic substances. The Board would like to draw the attention of the Governments of several countries (Bosnia and Herzegovina, Iraq, Kenya, Myanmar, Senegal, Somalia and the Syrian Arab Republic) to the importance of responding in a timely manner to the Board's requests, in order to avoid delays in imports, which may impede the availability of psychotropic substances for legitimate purposes.

#### *National control measures regarding international trade*

130. The Board is aware of recent cases in which the import of controlled substances was carried out through the post, cargo or couriers without the required import authorization documents having been issued by the authorities of the importing country. The Board draws the attention of the countries concerned to the fact that those practices are not in line with the relevant Economic and Social Council resolutions and that exporting countries must respect national legislation of the importing countries (see paras. 237-242 below, on smuggling by mail).

131. The Board notes with appreciation that in 2005 Costa Rica, Ethiopia, Maldives and Timor-Leste extended the system of import and export authorization for substances in Schedules III and IV of the 1971 Convention. At present, export and import authorizations are required by national legislation for all substances in Schedules III and IV in more than 150 countries and territories. In approximately 20 additional countries and territories, import and export authorizations are mandatory for at least some of those substances.

132. The Board requests the Governments of all countries that do not yet control the import and export of all psychotropic substances by the system of import and export authorizations to introduce such controls. As confirmed by past experience, countries that are centres of international commerce but do not have such controls are at particular risk of being targeted by traffickers. The Board urges all other countries concerned, whether they are parties to the

1971 Convention or not, such as Andorra, the Bahamas, Bhutan, Brunei Darussalam, Burkina Faso, the Congo, Equatorial Guinea, Gabon, Guinea-Bissau, Ireland, Lesotho, the Libyan Arab Jamahiriya, Myanmar, the Niger, Singapore and Zimbabwe, to also introduce such controls for all substances controlled under the 1971 Convention.

133. The Board notes that the Government of India has removed its prohibition on the importation of bromazepam, clorazepate, nimetazepam, phentermine and temazepam, for which article 13 of the 1971 Convention had been invoked.

134. In 2004, several exporting countries received import authorizations for quantities of psychotropic substances in excess of the assessments established by the authorities of the importing countries. The Board notes that the number of countries issuing such authorizations for quantities above assessments has declined in recent years. In 2004, more than 15 countries issued import authorizations for substances in Schedule IV, at least for quantities between 1 kg and 150 kg, without established assessments for the substances concerned. The Board appreciates the support received from some major exporting countries, including France, Germany, India and Switzerland, which have consistently reminded 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.

*Voluntary submission of details on trade in substances in Schedules III and IV of the 1971 Convention*

135. In accordance with Economic and Social Council resolutions 1985/15 of 28 May 1985 and 1987/30 of 26 May 1987, Governments should, in their annual statistical reports, provide the Board with details of trade in substances in Schedules III and IV of the 1971 Convention. Such details should include the identification of countries of origin for imports and countries of destination for exports. Complete details concerning trade movements were submitted for 2004 by 124 Governments, or 79 per cent of all submissions of annual statistical reports for 2004. With few exceptions, all the major manufacturing and exporting

countries furnished such information. However, some 23 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 to ensure the submission of details of trade in their future reports to it.

*Prohibition of advertising of controlled substances*

136. The Board welcomes the decision of the Government of New Zealand in 2005 to ban direct-to-consumer advertising of prescription drugs, including medicines that contain controlled substances, in line with article 10 of the 1971 Convention. That decision was based on the advice of health professionals and consumer groups. The Board calls on countries that allow direct-to-consumer advertising to adopt similar measures.

137. In accordance with the provisions of article 10, "advertisement" refers not only to public announcements in newspapers and magazines destined for the general public, but also to broadcasts on television or radio and the Internet. The Board notes that announcements in technical journals, commercial literature published exclusively for members of the medical profession or for pharmacists or other licensed traders in psychotropic substances should be aimed at the education of health professionals. The Board also draws the attention of Governments to the fact that media used for direct-to-consumer advertising, such as magazines and, increasingly, the Internet, are available and accessible globally. Such advertisements are therefore not restricted to consumers in countries that allow advertising of controlled substances, but also target consumers in countries where such direct-to-consumer advertising is prohibited (see para. 139 on consumption of stimulants for ADD, and paras. 219-236 on misuse of the Internet).

**Ensuring the availability of psychotropic substances for medical purposes**

*Consumption of buprenorphine*

138. Buprenorphine is a potent opioid analgesic that has been included in Schedule III of the 1971 Convention since 1989. For many years, its main use has been as an analgesic. Due to its mixed

agonist/antagonist properties, buprenorphine in higher doses has lately been used for the detoxification and substitution treatment of persons dependent on opiates. Since new preparations containing high doses of buprenorphine (Subutex®) or buprenorphine with naloxone (Subuxone®) have been introduced in several countries for the treatment of drug addicts, global manufacture and consumption of buprenorphine have increased substantially in recent years. During the five-year period 2000-2004, global consumption of buprenorphine nearly tripled, from 660 million S-DDD to 1.7 billion S-DDD. The more buprenorphine is made available for the treatment of addiction as part of primary health care in many countries, the more cases of diversion are reported. In France, which has considerable experience in dispensing buprenorphine for the treatment of persons addicted to opiates, there has been significant diversion of preparations prescribed to opiate addicts registered in substitution treatment programmes. In some countries, such as Finland, buprenorphine has become the most important illicitly used substitute for opiate addicts; in some illicit markets, it has almost totally replaced heroin. The Board notes that in several countries buprenorphine continues to be diverted from licit distribution channels and that opiate addicts are used as couriers, travelling from one country to another to obtain medical prescriptions for the substance.

*Use of stimulants for the treatment of attention deficit disorder*

139. The Board notes the continuing increase in the medical use of stimulants in Schedule II of the 1971 Convention. The Board recognizes the usefulness of stimulants in the treatment of ADD when prescribed on the basis of careful and appropriate diagnosis and proper treatment evaluation. However, the significant increase in the use of stimulants for ADD treatment in many countries raises the question of possible overdiagnosis and overprescription. The high prescription level of stimulants used for the treatment of ADD has increased the availability of those substances on the illicit market. As a result, the non-medical use of prescription stimulants is a growing problem, particularly among young adults and college students in the United States and in other countries where the consumption level of stimulants in Schedule II is high. The Board continues to be concerned about this trend and urges Governments to

take steps to prevent overprescription, diversion and abuse of stimulants in Schedule II. The Board requests the competent authorities of the countries concerned to remind health-care professionals of the need for proper diagnosis of ADD and appropriate prescription practice, in accordance with article 9, paragraph 2, of the 1971 Convention, as well as the need for secure storage and distribution of such substances. In addition, the Board urges the Government of the United States to prohibit public advertisement of psychotropic substances, including stimulants in Schedule II used for the treatment of attention deficit disorder, in accordance with article 10 of the 1971 Convention.

*Stimulants used as anorectics*

140. During the 1990s, the highest level of consumption of stimulants in Schedule IV of the 1971 Convention was recorded in the Americas. The Board has regularly requested the Governments concerned to devote adequate attention to those elevated consumption levels. Consequently, Argentina and Chile, two of the countries with the highest consumer consumption levels, introduced special control measures against the inappropriate use of stimulants, which resulted in a significant decrease in the use of stimulants.

141. In the United States, there was also a significant reduction in the consumption levels of anorectics, mainly phentermine; that reduction lasted only for the short period 1997-1999. After 2000, the consumption of phentermine in that country again rose, though it was still 56 per cent less in 2004 (8.6 S-DDD per 1,000 inhabitants per day) than in the peak consumption year 1996, (19.5 S-DDD per 1,000 inhabitants per day).

142. A steady downward trend in the consumption of stimulants in Schedule IV has been noted in a number of European countries such as (in descending order) France, Ireland, Malta, Italy, Denmark and Portugal; however, in other countries, in particular in Australia, Brazil, Singapore and the Republic of Korea, per capita consumption of anorectics has risen significantly.

143. The Board is concerned that the increasing availability of stimulants in the Republic of Korea (from 9 million S-DDD in 2002 to 139 million S-DDD in 2004) may lead to conditions that are conducive to their abuse and diversion. The Board strongly recommends that the authorities in that country

monitor the situation closely to rule out any possible overprescribing of anorectics while ensuring adequate measures of control over domestic distribution channels.

### C. Precursors

#### **Status of adherence to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988**

144. On 1 November 2005, a total of 177 States, as well as the European Community (extent of competence: article 12), were parties to the 1988 Convention. Seven States have become parties to the 1988 Convention since the report of the Board for 2004 was issued: Angola, Cambodia, Cook Islands, Democratic Republic of the Congo, Liberia, Samoa and Switzerland.

145. With the accession of Switzerland, all major drug and chemical manufacturing, exporting and importing countries are now parties to the 1988 Convention. Of the remaining 16 States that have not yet become parties, 4 are in Africa (Equatorial Guinea, Gabon, Namibia and Somalia), 2 are in Asia (the Democratic People's Republic of Korea and Timor-Leste), 2 are in Europe (the Holy See and Liechtenstein) and 8 are in Oceania (Kiribati, the Marshall Islands, Nauru, Palau, Papua New Guinea, Solomon Islands, Tuvalu and Vanuatu).

#### **Cooperation with Governments**

##### *Annual submission of information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances*

146. Reporting information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances on form D is an obligation under article 12 of the 1988 Convention. By 1 November 2005, such information had been submitted for 2004 by a total of 127 States, territories and the European Community (on behalf of its 25 member States). Several States, including Morocco, New Zealand, the Republic of Moldova and Turkmenistan, have resumed their submission to the Board of information on form D.

147. The Board remains concerned that there are still five States parties that have never submitted form D: Albania, Burundi, Gambia, Serbia and Montenegro and Yemen. The Board urges those States to comply with their treaty obligations without delay. It also calls upon the non-parties that have not yet done so to furnish the required information.

##### *Annual submission of information on the licit trade in and uses of substances in Tables I and II of the 1988 Convention*

148. Since 1995, in accordance with Economic and Social Council resolution 1995/20 of 24 July 1995, the Board has been requesting Governments to provide on form D, on a voluntary basis, data on licit trade in, uses of and requirements for scheduled substances. It is crucial for all Governments to be well informed of trade in and licit requirements for substances in Tables I and II of the 1988 Convention, in order to be able to identify unusual transactions at an early stage and thus prevent the diversion of those substances. Some 79 per cent of all Governments that submitted form D for 2004 to the Board provided data on licit trade in substances in Tables I and II, while 74 per cent were able to provide information on licit uses of and requirements for those substances.

149. Most of the major importing and exporting countries now provide data on licit trade. The Board notes that the Islamic Republic of Iran has reported imports and licit requirements of some substances in Table I, including potassium permanganate and pseudoephedrine, for 2002 and 2003. However, Pakistan, a country that imports large quantities of substances in Table I, including acetic anhydride, ephedrine, potassium permanganate and pseudoephedrine, still does not provide data on its licit trade and requirements. The major exporting countries and territories continued to provide information on individual exports through pre-export notifications pursuant to article 12, paragraph 10 (a), of the 1988 Convention and in compliance with the terms of reference of the international initiatives Operation Purple, Operation Topaz and Project Prism.<sup>32</sup>

150. The Board is pleased to note that, over the years, an increasing number of countries and territories have provided information on imports, exports and licit uses of precursors of amphetamine-type stimulants. Reporting on those substances continued to be highest



for ephedrine and pseudoephedrine. Although the information on trade in other precursors of amphetamine-type stimulants, such as safrole, 1-phenyl-2-propanone (P-2-P) and 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), remains limited, the number of countries providing relevant information is increasing. The Board encourages all countries and territories to strengthen their capacity to monitor and report on trade in precursors of amphetamine-type stimulants.

#### **Prevention of diversion of precursors into the illicit traffic**

151. The most effective way to prevent the diversion of precursors into illicit channels continues to be the rapid exchange of information on both licit trade and trafficking in precursors. The provision of pre-export notifications for the exportation of precursor chemicals has proved to be an efficient tool for that purpose. The Board has continued to play an active role as the international focal point for the exchange of such information in the international initiatives Operation Purple, Operation Topaz and Project Prism. The Board is pleased to note that many countries have already designated central national authorities for Project Prism, which will facilitate the exchange of operational information.

152. An adequate legislative basis or system of control is necessary for successful action against the diversion of precursors into illicit channels. The Board is pleased to note that, in 2005, many Governments introduced new or strengthened existing, controls over precursors. In particular, new European Union legislation<sup>33</sup> entered into force in August 2005, strengthening the monitoring of exports and introducing import controls over precursors.

153. Full details on the activities undertaken by Governments and by the Board in precursor control are contained in the 2005 report of the Board on the implementation of article 12 of the 1988 Convention.<sup>34</sup>

#### *Use of ephedrine and pseudoephedrine for illicit drug manufacture*

154. Trends in trafficking in precursors used in the illicit manufacture of amphetamine-type stimulants have changed over the past few years. Traffickers in North America have increasingly been attempting to divert pseudoephedrine raw material through brokers

in Europe, whereas the pharmaceutical products containing the precursor are usually diverted from Asia. Furthermore, trafficking networks have appeared in Oceania that often smuggle the precursor by employing the same method usually used for smuggling the drug itself.

155. Pseudoephedrine is the key precursor used for the illicit manufacture of methamphetamine, which is abused mainly in the United States and in countries in South-East Asia. While pseudoephedrine is listed in Table I of the 1988 Convention, the control measures provided for in article 12 of that convention do not apply to pharmaceutical preparations containing the substance. As a result, and as more and more countries have strengthened their controls over the raw material, traffickers are increasingly taking advantage of that loophole in the international drug control regime.

156. In the period 2000-2001, large quantities of pharmaceutical preparations containing pseudoephedrine that had been licitly manufactured by Canadian companies were diverted by traffickers for use in illicit methamphetamine manufacture in the United States. The Government of Canada, with the assistance of the Board, was able to remedy that situation by establishing a mechanism for the comprehensive monitoring and control of precursors in Canada, applying control measures also to pharmaceutical preparations containing precursors. That route having been effectively closed, traffickers appear to be turning, once again, to a previous route, namely, via Mexico. There is some concern that pseudoephedrine, in the form of both raw material and a preparation, is again being diverted from licit trade and distribution channels in Mexico for use in the illicit manufacture of methamphetamine.

157. The Board calls upon Governments to estimate their licit requirements for precursors, which may be used in the illicit manufacture of amphetamine-type stimulants, and to submit those data to the Board. The Board reiterates its recommendation to Governments to control pharmaceutical preparations containing scheduled substances in the same way as they control the scheduled substances that those preparations contain. Furthermore, exporting countries are encouraged to provide pre-export notifications for exports of ephedrine and pseudoephedrine, including the pharmaceutical preparations containing those substances, to the authorities of importing countries. At

the same time, Governments are encouraged to take measures, as appropriate, to limit the availability of ephedrine and pseudoephedrine for medical purposes by improving measures for the monitoring and control of domestic distribution channels, where necessary.

#### *Project Prism*

158. As a series of suspicious shipments of pseudoephedrine destined for Mexico were identified and subsequently stopped,<sup>35</sup> the major exporting, importing and trans-shipment countries agreed, under Project Prism, on several voluntary measures to prevent the diversion of pseudoephedrine, including the sending, by certain key exporting countries, of pre-export notifications for pseudoephedrine preparations destined for North America and the development of a framework for a subregional assessment of licit pseudoephedrine requirements by Canada, Mexico and the United States. The Mexican authorities have also taken steps to reduce imports of the substance into Mexico on the basis of a rough estimate of the country's legitimate requirements for pseudoephedrine.

159. Several diversion attempts were uncovered under Project Prism during 2005 involving ephedra, the plant material from which ephedrine and pseudoephedrine are extracted and which is currently not under international control. The 15 shipments involved in the attempted diversions, totalling 933 tons, originated in China and were destined for companies in Germany, Mexico, the Netherlands and Sweden. As in all those cases the authorities of China had provided pre-export notifications to the authorities of the importing countries, it was possible to stop the shipments in time. The Government of Mexico has prohibited all imports of ephedra into that country. Furthermore, all authorities participating in Project Prism were alerted to the attempted diversions.

160. The Board has taken note of the efforts under Project Prism to gather information on exports of safrole-rich oils from South-East Asia. In view of the role of such oils in the illicit manufacture of MDMA, whether as a direct precursor or as a "pre-precursor" (for instance, in the illicit manufacture of 3,4-MDP-2-P), the UNODC Regional Office in Bangkok will conduct a regional survey to determine the extent of the cultivation, harvesting and marketing of the safrole-rich oils in South-East Asia. Governments of

countries in East and South-East Asia are encouraged to cooperate with that important initiative.

161. The concept of directing Project Prism through a task force, with members<sup>36</sup> from each major geographical region, appears to be a sound approach. The Board is pleased to note that the Government of Australia has joined the Project Prism Task Force as the regional representative of Oceania. The experience gained by the Australian authorities in intercepting smuggled consignments of precursors will be of value to the Task Force and will be useful in similar operations launched in other regions.

#### *Project Cohesion (Operation Purple and Operation Topaz)*

162. The Board notes that, upon its recommendation, the steering committees of Operation Purple and Operation Topaz held a meeting in Mexico City in October 2005 to examine and evaluate the activities that had been undertaken. The Board welcomes the decision of the meeting to launch a new phase of the combined operations, named Project Cohesion, which builds upon the successes achieved, for example, through the use of pre-export notifications. The new project introduces a regional approach to operational work and time-limited regional activities and provides for the exchange of real-time information, intelligence-gathering and backtracking investigations. The project also foresees the regular evaluation of activities.

163. In view of the changes in the trends in licit trade and trafficking in potassium permanganate that have taken place since Operation Purple began, it is necessary to ensure that diversions of that substance, which is a precursor of cocaine, are prevented and that the illicit manufacture of cocaine is disrupted. For example, while both the number of shipments and the volume of potassium permanganate imported into the Andean subregion have declined since Operation Purple began in 1999, the Colombian authorities effected their largest seizures ever of that substance in 2004, totalling over 170 tons.

164. During the period from 1 November 2004 to 31 October 2005, the Board was informed of 824 shipments of potassium permanganate, amounting to 27,200 tons, which had been sent to 87 importing countries or territories. In addition to those licit shipments in international trade, a further 36 shipments

of potassium permanganate, totalling over 1,500 tons, were stopped, as there was concern over the legitimacy of the orders. As one of the principal aims of Operation Purple is to identify and intercept attempted diversions of potassium permanganate and to discover front companies and suspect persons, Governments need to thoroughly investigate stopped shipments of the substance. Furthermore, steps will have to be taken to improve the exchange of information on seizures and stopped shipments of potassium permanganate and to initiate backtracking investigations to identify and dismantle the networks concerned.

165. During the period from 1 November 2004 to 31 October 2005, the authorities of 14 exporting countries provided 1,300 pre-export notifications for shipments of acetic anhydride to 48 importing countries or territories. The total amount of acetic anhydride monitored was 331,000 tons. The monitoring of international trade under Operation Topaz resulted in the identification of six suspicious shipments in 2004, with a total of 556 tons. Those shipments were stopped as there was reason to doubt the legitimacy of the orders. There is, however, some concern that not all countries have appropriate mechanisms in place to enable them to rapidly report seizures of acetic anhydride. While nine countries reported 36 individual seizures of the substance in 2004 under Operation Topaz, only four seizure reports were received in 2005.

166. In Turkey, seizures of acetic anhydride have fallen for the third year in a row, which may indicate that traffickers are using new methods or routes of diversion. The authorities of the Russian Federation reported their largest seizures ever of the substance, totalling over 53 tons in 2004. No major seizures have been reported in Afghanistan or its neighbouring countries since 2003, when 11 tons of acetic anhydride were seized in Afghanistan near that country's border with Pakistan. While acetic anhydride was seized each year in Pakistan between 1991 and 1998, no seizures of that substance have been reported in that country since 2001.

167. Governments of countries in West Asia are urged to develop counter-trafficking activities focusing on the substances used in the illicit manufacture of heroin and on acetic anhydride in particular. Furthermore, those Governments are invited to make use of the mechanism established under Project Cohesion to

enable countries in that region to receive support in investigations through advice, guidance and on-site practical assistance.

## **D. Special topics**

### **Evaluation of overall treaty compliance by Governments**

168. Pursuant to its mandate under the international drug control treaties, the Board regularly selects several countries and reviews these countries' overall compliance with the provisions of the international drug control conventions. The review covers various aspects of drug control, including the functioning of national drug control administrations, the adequacy of national drug control legislation and policy, measures taken by Governments in combating drug abuse and illicit trafficking, and Governments' fulfilment of their reporting obligations as required under the international drug control treaties.

169. The findings of the review, as well as the Board's recommendations for remedial action, are conveyed to the Governments concerned, as part of an ongoing dialogue between the Board and Governments to ensure that the provisions of the international drug control conventions are implemented.

170. The Board, while reviewing the drug control situation in various countries, adopts, when necessary, positions on particular drug control issues. Those positions are conveyed to the Government concerned and, when appropriate, made public by the Board through its annual report. Showing respect for the views is an important aspect of cooperating with the Board.

171. In 2005, the Board reviewed the drug control situation in a number of countries, including Albania, Bosnia and Herzegovina, and Romania, as well as measures taken by the Governments of those countries to address their respective drug problems. The three countries are on the Balkan route, the main route used for smuggling heroin from Afghanistan into Europe, and for many years have faced serious drug trafficking problems.

*Albania*

172. The Government of Albania has made some progress in recent years, in particular in the area of law enforcement, and seizures of illicit drugs have increased since 1999. Drug control legislation in Albania is by and large adequate. In 2004, the Government adopted a drug control strategy covering the years 2004-2010, together with an action plan for its implementation.

173. However, resources provided for drug control efforts by the Government are insufficient. Though an interministerial committee to coordinate drug control policy exists, the committee has not been able to function adequately because of a lack of resources. In addition, resources allocated for drug control within the relevant government agencies in Albania are inadequate.

174. Cooperation with the Board has proved to be problematic in several respects. Despite several requests since 2003 for a progress report on the implementation of the Board's recommendations pursuant to its 2002 mission to Albania, the Government could not provide comprehensive information until late 2005. In addition, Albania, despite being a party to the 1988 Convention, has never provided to the Board any of the required information on precursors.

175. In November 2005, the Board invited a delegation of the Government of Albania to its session, as part of the ongoing dialogue with the Government. The delegation reported to the Board on recent measures taken in the field of drug control and assured the Board that the Government was committed to drug control and that cooperation with the Board would improve. The Board trusts that those assurances will be realized and looks forward to closer cooperation with the Government of Albania.

*Bosnia and Herzegovina*

176. There remains an almost complete lack of coordination in the area of drug control between the two entities comprising Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina; and Republika Srpska. There is no legislation at the national level to ensure the implementation of the provisions of the international drug control treaties and no national entity responsible for coordinating drug control efforts.

As a result, Bosnia and Herzegovina has been unable to fulfil its treaty obligations and has failed to provide the Board with the required data regarding narcotic drugs and psychotropic substances.

177. The Board sent a mission to Bosnia and Herzegovina in October 2000. The mission found that the Government had, with the assistance of UNODC, prepared a comprehensive draft bill on drug control. The draft bill would have established a national agency responsible for coordinating drug control policy. However, subsequent to the mission, the draft bill was rejected by the parliament of Bosnia and Herzegovina and remained pending for years.

178. In August 2005, the President and the Secretary of the Board met with the High Representative for the Implementation of the Peace Agreement on Bosnia and Herzegovina. All parties agreed that the adoption of comprehensive legislation on drug control should be a priority of the Government. In late 2005, a revised version of the draft bill was passed in the lower house of parliament and was scheduled for debate in the upper house. The Board expects that the draft bill will be adopted as scheduled.

179. The drug abuse situation in Bosnia and Herzegovina is worsening, especially among young persons. Again, lack of coordination in the Government has hampered efforts to gather data on the drug abuse situation in the country and to establish adequate facilities for the treatment of drug addicts.

180. The Board urges the Government of Bosnia and Herzegovina to make the adoption and implementation of comprehensive drug control legislation matters of priority and to renew its efforts to ensure adequate coordination between the Federation of Bosnia and Herzegovina and Republika Srpska in the area of drug control.

*Romania*

181. After years of dialogue with the Board, the Government of Romania has made significant progress in responding to the Board's concerns. For many years, legislation in the area of drug control was inadequate and administrative structures were weak. That had led to Romania being increasingly used as a drug trafficking hub along the Balkan route.

182. In recent years, the Government of Romania has taken numerous measures to strengthen drug control.

New laws were adopted with the assistance of UNODC, bringing national legislation into conformity with the provisions of the international drug control treaties. An interministerial committee was established to coordinate government efforts in drug control; and recently, a new agency, the National Anti Drug Agency, became operational. The cooperation of the Government with the Board has also improved significantly.

183. The National Anti-Drug Agency of Romania has, on a regular basis, conducted comprehensive evaluations of the implementation of the national drug control strategy. Those evaluations indicate that, while progress has been made in the reduction of illicit drug supply, activities involving demand reduction and drug abuse prevention and treatment remain underfunded.

184. The Board welcomes the progress made in Romania and trusts that the Government will continue its efforts to strengthen drug control. The Board also urges the Government to ensure that programmes in the areas of demand reduction and treatment receive adequate resources, in order to be effective in dealing with the increasing drug abuse problem in Romania.

**Evaluation of implementation by Governments of recommendations made by the Board subsequent to its country missions**

185. The Board conducts an average of 20 country missions a year to review the drug control situation in various countries and Governments' compliance with the international drug control treaties. The country missions generally result in a series of observations and recommendations, which are conveyed formally to the Government concerned.

186. As part of its ongoing dialogue with Governments, the Board also conducts an annual evaluation of the implementation of its recommendations pursuant to those missions. Selected countries are invited to provide information on progress made in the implementation of the Board's recommendations and to inform the Board of any achievements and difficulties in that regard.

187. In 2005, the Board selected a number of countries and one territory to which it had sent missions in 2002 and requested their governments to provide information. The selected countries included Kazakhstan, Kenya, Namibia and the former Yugoslav

Republic of Macedonia; the selected territory was the Netherlands Antilles.

188. The Board expresses its appreciation for the information provided by the Governments of Namibia and the former Yugoslav Republic of Macedonia, as well as by the government of the Netherlands Antilles. That information enabled the Board to conduct a meaningful assessment of the drug control situations in those countries or areas. The Board notes with concern, however, that no information was received from the Governments of Kazakhstan and Kenya.

189. The Board underlines the importance of the review of its country missions and requests the Governments of Kazakhstan and Kenya to ensure that the required information is provided to it without further delay. The full support and cooperation of Governments are essential to the efforts by the Board to achieve the aims of the international drug control treaties.

*Namibia*

190. The Government of Namibia has made progress in some of the areas of drug control, pursuant to the recommendations of the Board. In October 2004, the Government adopted a national drug control master plan.

191. There are, however, a number of issues that still need to be addressed in Namibia. In particular, no significant progress has been made with regard to the adoption of certain draft bills related to drug control. The Board urges the Government of Namibia to take the steps necessary to ensure that those bills are adopted as soon as possible, in order to bring the national legislation into full conformity with the provisions of the international drug control treaties. Measures need to be taken with regard to the control of precursor chemicals, before the relevant legislation is put in place.

192. The Board wishes to emphasize the importance of conducting a rapid assessment of the drug abuse situation in Namibia, in order to ensure that the growing problem of drug abuse is dealt with in a more effective manner.

*Netherlands Antilles*

193. The government of the Netherlands Antilles has adopted new legislation on psychotropic substances,

bringing under control the substances in Schedules III and IV of the 1971 Convention. The legislation in force in the territory is now in compliance with the 1971 Convention. Furthermore, cooperation and coordination in law enforcement activities have been enhanced, and the government has been successful in addressing the problem of cocaine “body packers”<sup>37</sup> departing from the territory for countries in Europe.

194. Legislation on the implementation of article 12 of the 1988 Convention, however, is still pending discussion by the Parliament of the Netherlands Antilles. Moreover, there has been little or no progress in developing a comprehensive national drug control strategy to combat the drug problem. The Board urges the government to take additional steps to ensure that progress is made in those areas.

195. The Board also urges the government of the Netherlands Antilles to implement other recommendations of the Board, in particular to take concrete measures to deal with the problems of the illicit sale of controlled substances via Internet pharmacies and the related diversion of narcotic drugs and psychotropic substances and to conduct a rapid assessment of the drug abuse situation in the territory.

*The former Yugoslav Republic of Macedonia*

196. Noticeable progress has been achieved in drug control in the former Yugoslav Republic of Macedonia. In particular, the Government has undertaken a comprehensive reform of the criminal codes and has adopted a new law on precursor control.

197. Coordination among government agencies, as well as the cooperation of the Government of the former Yugoslav Republic of Macedonia with the Governments of other countries in the region, has also improved. The statistical information provided by the Government indicates a considerable increase in the volume of seized drugs in recent years. Furthermore, the Ministry of Health has taken a number of measures with regard to the control of pharmacies, as well as the treatment of drug addicts, in accordance with the recommendations of the Board.

198. The Government of the former Yugoslav Republic of Macedonia has set objectives in the area of drug control, to be accomplished by the end of 2005, as part of its action plan for European partnership. The Board expects to receive from the Government

information regarding any progress that has been made and difficulties that have been encountered in achieving those objectives.

**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*

199. Article 14 of the 1961 Convention and article 19 of the 1971 Convention describe measures that the Board may take to ensure the implementation of the provisions of those conventions. In 1997, the Board invoked article 14 of the 1961 Convention and article 19 of the 1971 Convention with respect to several States, in view of their persistent failure to bring national control measures in conformity with the respective conventions, to submit information to the Board as required under those conventions and to respond to enquiries of the Board, despite the various forms of communications available, the reminders sent and the technical assistance provided to them in the area of drug control. The objective of the Board has been to promote compliance with those conventions when other means failed. After having what amounted to in some cases a lengthy 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.

200. The Board notes with concern, however, that one State in Africa, with respect to which the Board invoked in 1997 article 14 of the 1961 Convention and article 19 of the 1971 Convention, has made no substantial progress in drug control, despite the Board’s ongoing dialogue with that State. While acknowledging the difficulties the Government may have encountered, the Board urges it to take speedy action to remedy the situation. Measures taken pursuant to article 14 of the 1961 Convention and article 19 of the 1971 Convention consist of increasingly severe steps, and continuous failure to remedy the situation may result in the Board deciding to take further action pursuant to those articles, which could include the Board proposing to the Economic and Social Council to impose an embargo on the State concerned. The Board will continue its consultations

with the State pursuant to those articles to ensure that progress is made in its compliance with the international drug control treaties.

*Consultation with the Government of Afghanistan pursuant to article 14 of the 1961 Convention*

201. The Board, having determined that the situation in Afghanistan had seriously endangered the aims of the 1961 Convention as amended by the 1972 Protocol, invoked article 14 of the 1961 Convention in 2000 with respect to Afghanistan. Since then, the Board has followed closely the development of the drug control situation in Afghanistan and has maintained an ongoing dialogue with the Afghan authorities pursuant to article 14 of the 1961 Convention.

202. The Board notes that the Government of Afghanistan remains fully committed to drug control, as evidenced by the recent statements of the President of Afghanistan in which he reiterated the Government's determination to pursue the fight against drug abuse and illicit trafficking on all fronts. Despite many obstacles, the Government of Afghanistan, with the assistance of the international community, has undertaken a number of major institutional and policy changes, aimed at reaching its counter-narcotics objectives. In particular, the Government has established the Counter Narcotics Ministry, with a view to strengthening the coordination of drug-related activities at the national level, and has created the Central Poppy Eradication Force to address the problem of illicit opium poppy cultivation. The Government has also recently created a committee, headed by the President, to intensify the efforts to eradicate opium poppy. The committee, which includes cabinet ministers and representatives of donor countries, is expected to launch a number of campaigns providing farmers with an alternative livelihood, preventing opium poppy cultivation, destroying opium poppy cultivation sites, establishing a new mechanism for dealing with drug cases, rehabilitating drug addicts and promoting regional cooperation.

203. Progress continues to be made in law enforcement. Several particularly effective law enforcement operations took place in 2005, resulting in a number of significant drug seizures and the dismantling of opium bazaars and illicit drug laboratories. The increasing operations of the newly trained Afghan Special Narcotics Force on illicit drug

activities in different parts of the country displayed a more significant role in the Government's counter-narcotics efforts. Furthermore, the Counter Narcotics Criminal Justice Task Force, established in January 2005, has become operational. The Board encourages the Government to continue its efforts to ensure that the Task Force also operates in provinces in order to bring to justice quickly those engaged in drug-related crime.

204. The Board, while welcoming the above-mentioned positive developments, is seriously concerned that, despite the efforts of the Government and the international community, opium poppy cultivation and illicit drug trade continue to be among the greatest threats to establishment of the rule of law and effective governance in Afghanistan. Opium production in 2005 was estimated at about 4,100 tons, only 100 tons less than the record harvest of 2004, although there was a decline of 21 per cent in the total area under opium poppy cultivation. Afghanistan thus remains the largest source of illicit opium production, accounting for 87 per cent of the world total in 2005. Over one half of the national income continues to be generated from illicit drug-related activities; that situation poses a continuous threat to peace, security and development, not only in Afghanistan, but also in other countries.

205. The varying situation with regard to the eradication of opium poppy cultivation in Afghanistan in 2005 is a clear indication that the ban on opium production issued by the Afghan authorities in 2002 has so far not adequately been implemented. This reveals a lack of commitment towards law enforcement on the part of some officials in the provinces of the country. The Board reiterates that achieving peace, security and development in Afghanistan is closely linked with the solving of the drug control problem, and that failure to address the current drug control situation could undermine the political progress, economic growth and social development in Afghanistan. The Board urges the Government to take firm measures to ensure that the situation is remedied, thus responding to the Board's invoking of article 14 of the 1961 Convention.

206. The Board notes with concern that drug abuse continues to increase in Afghanistan. The most commonly abused substances include not only heroin, opium and cannabis, but also a wide variety of

pharmaceutical products such as analgesics, hypnotic-sedatives and tranquillizers, which can easily be obtained in pharmacies without a prescription. One matter of particular concern is opium abuse among women and the exposure of very young children to opium, as well as the rapid spread of drug-related HIV/AIDS infection.

207. There appears to be no significant progress in this area, due to the lack of institutional arrangements for the planning and coordination of demand reduction programmes. The Board urges the Government of Afghanistan to pursue its action plan on demand reduction in order to achieve the targets identified in various areas of demand reduction, including a public awareness campaign, training, treatment and rehabilitation.

208. The Board expresses its concern regarding the recent advocacy by a non governmental organization of legalization of opium poppy cultivation in Afghanistan. The idea that legalizing opium poppy cultivation would somehow enable the Government to obtain control over the drug trade and exclude the involvement of criminal organizations is simplistic and does not take into account the complex situation in the country. On the contrary, implementation of such an idea would make drug control in Afghanistan more difficult. The Board believes that at present a ban on opium poppy cultivation in Afghanistan is the most suitable and important measure to eliminate the drug problem in the country. The Board is in full agreement with the Government, which has rejected this proposal and has reiterated its determination to continue strengthening drug control, in compliance with its obligations under the international drug control treaties.

209. While recognizing the need to provide the Government with technical assistance, the Board, in cooperation with UNODC, has developed an overall training programme for Afghanistan on the control of licit activities related to narcotic drugs, psychotropic substances and precursors. The purpose of the programme is to increase the Government's capacity to implement the provisions of the international drug control treaties. The Board expects that UNODC will allocate the necessary funds to ensure that the programme is implemented as soon as possible.

210. The Board welcomes the various activities that are being implemented by UNODC to assist the Government in strengthening drug control. The Board

trusts that UNODC will continue to provide assistance to the Government and that the international community will provide adequate funds for that purpose. In particular, the Board notes that the production of opium remains high, despite a reduction in the area of illicit opium poppy cultivation, and requests UNODC to focus on measures to address that issue.

211. In its report for 2001,<sup>38</sup> the Board, under the authority granted to it under article 14, paragraph 1 (d), of the 1961 Convention, called the attention of the parties to that convention, the Economic and Social Council and the Commission on Narcotic Drugs to the drug control situation in Afghanistan. The Board notes with appreciation the continued commitment of the international community to assisting Afghanistan in implementing the ban on opium production, providing legitimate livelihoods to opium poppy growers and bringing counter-narcotics measures into the mainstream of overall development assistance.

212. The Board underlines that addressing the drug control situation in Afghanistan is a matter that requires the continuous and long-term support and cooperation of the international community. The Board urges the international community to renew its efforts to combat opium production in Afghanistan and the corruption associated with that activity, so that the goals in the national drug control strategy, as set out by the Government of Afghanistan in cooperation with the international community, may be achieved within the established time schedule.

213. The Board reiterates that the Government of Afghanistan has the ultimate responsibility of addressing the drug problem and fulfilling its treaty obligations under the international drug control treaties. The elimination of illicit drug activities, in particular the illicit cultivation of opium poppy, should be of the utmost importance to the Government of Afghanistan. The Board will continue to monitor developments in drug control in Afghanistan, as well as the Government's progress, pursuant to article 14 of the 1961 Convention. The invoking of article 14 will remain in force until such time as the Board is satisfied that Afghanistan has complied fully with the provisions of the 1961 Convention.



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

214. 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 or psychotropic substances under international control. The Board has requested Governments to provide specific information on legal provisions or administrative measures adopted in their countries for travellers under medical treatment. Such information should include 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. The Board calls on all Governments that have not yet done so to submit the relevant legal provisions and administrative measures without delay. The Board will ensure the wide dissemination of the information so that Governments will be able to advise travellers on the requirements needed in the country of destination. Whenever appropriate, the Board encourages Governments, when developing or updating a regulatory framework for travellers carrying medical preparations containing controlled substances, to consult the guidelines for national regulations concerning travellers under treatment with internationally controlled drugs, which has been made available in the six official languages of the United Nations on the website of the Board ([www.incb.org](http://www.incb.org)).

215. By 1 November 2005, the Governments of 71 countries had provided the requested information to the Board. In all of the responding countries, travellers were allowed to carry medical preparations containing narcotic drugs and/or psychotropic substances for their personal use in the amount indicated in their medical prescriptions and for the length of treatment prescribed by their doctors, provided that the travellers possessed supporting documents. The diverse laws and regulations, including administrative procedures and practical measures, provided by Governments are being consolidated in a standard format and will be made available on a yearly basis in the technical publications of the Board and on the website of the Board. That information should be considered indicative of the requirements that travellers should be

aware of prior to entering the countries in question. International travellers should be encouraged to obtain more details from the competent national authorities or through other authorized channels such as the diplomatic missions of countries of destination.

**Requirement for drug reference standards**

216. Reference standards of narcotic drugs, psychotropic substances and/or precursors are required for the proper and reliable identification and analysis of controlled drugs and precursors, whether simple screening tests are used or more sophisticated methods are performed for the qualitative and quantitative analysis of drugs in biological samples. The reference standards are an essential element of laboratory routines. The Board draws the attention of Governments to the value and importance of drug testing and to the fact that, without reference standards, laboratories cannot provide essential support services to national criminal justice systems and law enforcement and health authorities.

217. When reference standards of controlled substances are not available in a country and must be imported, authorized national laboratories are required to submit original import certificates issued by the national competent authority under the international drug control treaties. As some national drug testing laboratories have experienced difficulties in obtaining reference standards, the Board encourages Governments to review the adequacy of existing national legislation and regulations, where appropriate, in order to ensure that they do not hinder bona fide drug testing laboratories in their efforts to obtain reference standards or test samples containing controlled substances.

218. The Board encourages national competent authorities to consider as a matter of priority requests for import and export certificates for reference standards or test samples containing controlled substances for use by drug testing laboratories and to take all steps to ensure the timely issuance of the authorizations required under the international drug control treaties. Governments should be aware of and recognize the critical importance of the reference standards and other materials required by drug testing laboratories in providing a reliable service in support of national drug control efforts. Governments should

also bring to the attention of laboratories the requirements and obligations for licensing.

### **Misuse of the Internet**

219. Since 1996, the Board has devoted increasing attention to the problem of internationally controlled substances, including the most strictly controlled substances, being illegally sold by Internet pharmacies. Narcotic drugs in Schedules I and II of the 1961 Convention that are illegally sold by such pharmacies include fentanyl, hydrocodone, oxycodone, methadone, codeine and dextropropoxyphene, all of which are known to be widely abused by drug addicts. Psychotropic substances that are illegally sold by such pharmacies include stimulants in Schedule II (methylphenidate, dexamphetamine, amphetamine) and Schedule IV of the 1971 Convention (amfepramone, phentermine), analgesics in Schedule III (pentazocine) and benzodiazepines in Schedule IV (alprazolam, bromazepam, chlordiazepoxide, diazepam, nitrazepam, temazepam etc.). Those substances are also frequently diverted to be sold on the illicit market and abused by drug addicts.

220. While Internet pharmacies can easily be relocated and can operate from any region in the world, some countries are more frequently used as the base for illegal Internet activities. In the Americas, the United States is not only the biggest consumer country for Internet pharmacies but also the country from where many illegal Internet pharmacies operate. Countries in the Caribbean and Mexico are often found to be source countries. In Asia, China, India, Pakistan and Thailand are most often identified as countries from where illegal Internet pharmacies operate. China has also been identified as a country from where the raw material used for counterfeiting internationally controlled substances is sold illegally via the Internet. In Europe, the Netherlands has been frequently identified as a country from where illegal Internet pharmacies are operating. While illegally operating Internet pharmacies cater to all countries, the majority of the consumers are citizens of the United States or countries in Europe.

221. The extremely volatile and flexible Internet pharmacy market makes a systematic assessment of the scope of the problem difficult. Extensive Internet searches, supported by other information such as seizure data, can provide an indication of the volume

of illegal transactions. According to seizure data, the number of transactions carried out by an illegally operating Internet pharmacy is significantly higher than that of a traditional, legally operating pharmacy. In some cases, the Internet pharmacies averaged 450 sales transactions involving prescription drugs per day; 95 per cent of the transactions involved internationally controlled substances. According to seizure data from the United States, in the case of one illegally operating Internet pharmacy, the turnover for only two substances, diazepam and hydrocodone, totalled about 6 million dosages per year. According to the United States Postal Inspection Service, 10 million shipments of prescription drugs enter the United States illegally each year—and that figure does not include domestic shipments from illegally operating Internet pharmacies based in the United States. Taking into account that each illegal shipment often contains a significant quantity of such drugs (several thousand tablets, according to reports of parcels seized by Thai and United States authorities), the profits to be gained are an incentive for organized criminal groups to engage in such activities. Based on the above-mentioned figures, the estimated value of the illegal transactions is probably in hundreds of millions of United States dollars.

222. The quantities involved, the advertisements of the illegally operating Internet pharmacies and their sales procedures indicate that customers misusing and abusing such drugs are the target group. For example, emphasis on the possibility of purchasing prescription drugs without a prescription, references to discreet shipments and to delivery by mail or to a post office box are signs that the pharmacy in question is an illegally operating Internet pharmacy.

223. Customers of illegally operating Internet pharmacies are using the services for purposes not related to the availability or price of the drugs. Prescriptions for controlled substances can easily be obtained if the substances are required for medical treatment, and at a much lower price. According to the prices listed on the websites of such pharmacies, the substances offered on the Internet are in fact much more expensive, sometimes nearly 18 times more expensive than the same substance purchased through a health or social security insurance scheme or any private health insurance scheme. Even in cases where customers are not insured, legally operating Internet pharmacies with cheaper prices, even for substances

requiring prescriptions, would be preferred over illegally operating Internet pharmacies.

224. Excluding customers with legitimate medical reasons and excluding the cost factor, the availability of prescription drugs without prescriptions remains the only reason for using an illegally operating Internet pharmacy. In the case of internationally controlled substances, this implies that the customers are only those who cannot legally obtain prescriptions for narcotic drugs and psychotropic substances, as they are solely intended for drug abuse and drug trafficking.

225. Some of those prescription drugs contain narcotic drugs and psychotropic substances with habit-forming properties similar to illicit drugs such as heroin and cocaine. Demand is high for some of those controlled pharmaceuticals, which are often abused by drug addicts as their first drug of choice. Another concern is the "discreetness" of illegal Internet pharmacies, which allow customers to remain anonymous. In the case of online consultations, personal details to be given by the customer, including information concerning his or her age, are not verified. Such anonymity poses a serious problem in terms of ensuring the protection of children and youth against drug abuse. The ease with which controlled substances can be obtained through Internet pharmacies constitutes encouragement of their abuse and a serious threat to children and adolescents.

226. Part of the supply of illegal Internet pharmacies is provided through the diversion of pharmaceutical preparations containing controlled substances from licit manufacture and trade. As mentioned in paragraph 121 above, the Board has received several reports from law enforcement authorities on companies and establishments engaged in both legal and illegal manufacture and trade. Another part is illegal manufacture of the products in question (counterfeit) by the use of either diverted raw material or illicit manufacture of raw materials. Customers of illegally operating Internet pharmacies need to be aware that their chances of receiving the authentic product is low. In the United States, for example, it is estimated that only 50 per cent of customers ordering through illegally operating Internet pharmacies receive the genuine product; in particular, pharmaceutical products containing controlled substances and known to be subject to abuse are difficult to divert in the required quantities and are therefore likely to be counterfeit.

227. In one particular case of an illegally operating Internet pharmacy, the United States authorities detected the sale of counterfeit Xanax (alprazolam), Valium (diazepam) and Ritalin (methylphenidate), all from one single counterfeiter in Belize. Similarly, Swedish authorities have reported the appearance of counterfeit Rohypnol tablets that had been manufactured by using raw material illegally obtained on a website operating from China.

228. Similarly, precursors of psychotropic substances are bought via the Internet to be used to clandestinely manufacture those substances. In one such case in the Netherlands, the vigilance of a courier service was crucial in the detection of the illegal sale of GBL on a large scale by a website owner from the Netherlands, who was selling the precursors necessary for the manufacture of GHB, providing the recipe for the illicit manufacture of GHB and actively promoting the use of GHB, all via the Internet. The Board notes with appreciation this example of teamwork involving, among others, law enforcement agencies at the national and international levels, the chemical industry and courier services, which has led to the closing down of the illegal Internet operation.

229. Websites may go up, be moved or be taken down in a short period of time, making it difficult for authorities to track, monitor or shut down sites that are operating illegally and making it easier for the site owners to avoid impending or suspected law enforcement action. Having closed down, they can immediately relocate to another site and start up the business again. It appears that illegally operating Internet pharmacies routinely relocate, without any real reason, just as a precaution. Replicating web searches show the rapid changes and replacements within the business. In a number of cases, an automatic connection from a closed down site redirects the Internet user to a new site that most likely belongs to the same owner as it has practically the same layout and wording.

230. So far, only a limited number of countries have adopted specific legal measures to prevent such misuse of the Internet. Even in countries where such legislation exists, different laws and regulations in other countries make it difficult to consistently identify, investigate and ultimately prevent misuse of the Internet. Isolated legal measures in individual

countries can therefore have only a limited impact without concerted, supportive international action.

231. Counteracting illegal Internet pharmacies requires more diverse investigative resources, at the national level and the international level. Close cooperative working relationships between the different agencies involved needs to be established at the national level. In addition to efforts at the national level, increased international cooperation and networking are required. Specialized units in various countries are already doing screening exercises. In order to avoid duplication, set complementary action and use resources responsibly, authorities should know about each other's activities. International cooperation and exchange of information with regard to operations of illegal Internet pharmacies are currently very limited.

232. The Board notes with appreciation the various initiatives undertaken by authorities in the Netherlands, Sweden and the United States that include cooperation with international organizations, authorities of other countries, Internet service providers and service industries. The Board encourages the countries and international organizations concerned to actively participate in such activities or to initiate such joint efforts if required. The Board urges international organizations, in particular the Universal Postal Union (UPU), the International Criminal Police Organization (Interpol), the Customs Cooperation Council (also called the World Customs Organization) and UNODC, to confront the problems of illicitly operating Internet pharmacies and smuggling controlled drugs by mail in their respective areas of responsibility and to share their experiences with the Board.

233. Authorities encounter difficulties in finding partners in other countries with whom to cooperate in ongoing operations. In a number of cases, there has been no response to requests for cooperation. The Board appeals to the Governments of all countries to handle such requests seriously, to provide all the necessary support to investigative efforts and to instigate immediate criminal procedures against offenders. The Board calls on Governments to undertake efforts to increase the awareness of law enforcement, regulatory and drug control authorities regarding the need to counteract the activities of illegally operating Internet pharmacies. In addition, awareness-raising campaigns should alert the public to

the potential dangers of illegally operating Internet pharmacies. Furthermore, national authorities need to ensure that legislation, as well as the application of laws and sanctioning by courts, is stricter with regard to the diversion of pharmaceuticals in general and the illegal operations of Internet pharmacies in particular. At present, in many countries the judiciary does not accord sufficient importance to such cases. With regard to support required from Internet service providers, the Board wishes to remind Governments to fully utilize existing legislation, or in cases in which such legislation is lacking, to introduce such legislation. National authorities may also seek the cooperation of service industries essential to Internet business operations, such as credit card companies, other financial services facilitating monetary transactions and courier services. They can provide important support not only during investigations, but also in identifying such illegal activities (see para. 228 above).

234. Not all illegally operating Internet pharmacies provide prescription drugs without a prescription. Some offer the possibility of online consultations; however, in most cases such consultations are only an attempt to mask the illegal nature of the transaction. In most cases, such online consultations rely on a questionnaire to be filled out by the customer. The information provided by the customer is not verified. On the basis of such bogus consultations, online prescriptions are then provided by medical doctors working for the illegally operating Internet pharmacies. The procedure does not provide a meaningful doctor-patient relationship but is used as a front for illegal transactions.

235. The authorities of the Netherlands and the United States, having recognized the above-mentioned problem, have issued or are in the process of issuing guidelines and legislation to counteract such illegal activities. In response to a request by the authorities of the Netherlands, the professional organization of physicians in that country released guidelines for online doctor-patient contact in January 2005 that cover all online contact between doctor and patient. The guidelines are similar to the amendment to United States legislation that is currently being discussed, the Ryan Haight Internet Pharmacy Consumer Protection Act of 2005. Once adopted, the Act will require Internet pharmacy websites to display information identifying the business, pharmacist and physician associated with the website; will bar the selling or

dispensing of a prescription drug solely on the basis of an online questionnaire; and will allow a state attorney-general to shut down a rogue site across the country, instead of only barring transactions involving consumers in his or her own state. The Board requests the Governments of all other countries that have adopted guidelines or legislation on prescription practices for Internet pharmacies to provide it with the relevant information.

236. The Board, in an attempt to strengthen international cooperation to counteract illegally operating Internet pharmacies, has informed all Governments of the dangers of such illicit activities, requested them to identify focal points for all activities related to such Internet pharmacies and to provide details of legislation and regulations related to Internet services and sites, as well as on the use of the mail for individual shipments of controlled drugs. The Board calls on those Governments which have not yet provided that information to do so without delay, so that requests for support can be appropriately dealt with and international collaborative efforts will not be hindered. Governments are also requested to provide to the Board all other information on illegally operating Internet pharmacies, so that other Governments can be alerted.

#### **Smuggling drugs by mail**

237. The smuggling of drugs, both illicit drugs and those licitly manufactured and subsequently diverted, by mail constitutes a major threat for law enforcement. According to the World Customs Organization, over the last five years every region of the world has experienced an increase in such illicit activity. For example, in the United States, where 200 billion pieces of mail are handled every year, authorities arrested more than 11,000 suspects during 2003, of whom more than 15 per cent were linked to the smuggling of narcotic drugs, psychotropic substances or precursors through the mail. Such cases have in turn led to a heavy burden being placed on authorities to detect suspicious shipments and to identify sources of illicit supply.

238. The Board notes that other Governments are also enhancing their efforts to intercept illicit drug shipments by mail, and those improvements have contributed to the increase in the number of interceptions of smuggled drug consignments in recent

years. In Bangkok, for example, Thai authorities seized in 2004 more than half a million (526,272) diazepam tablets and capsules in 12 different cases. The individual quantities seized ranged from 28 tablets (a package size) to 40,000 tablets, the main destinations for the consignments being the United Kingdom and the United States. Other psychotropic substances seized by the authorities included alprazolam, clonazepam, loprazolam and phenobarbital. Furthermore, in addition to diverted and/or counterfeit pharmaceutical preparations containing controlled substances, illicit drugs of abuse, such as MDMA and GHB, and precursors are also smuggled by mail.

239. While some of the seized consignments may have been destined for abuse by the recipients, the large size of some the seizures indicates that traffickers are obtaining such substances for distribution on the illicit market. Governments that have not yet done so therefore need to take into account that smuggling by mail has become an important means of supplying illicit markets and that regular and thorough searches of the mail for illicit drug consignments should become a routine law enforcement procedure in all countries.

240. At the same time, the Board recognizes that it is practically impossible to constantly screen all mail and that searches of the mail continue to rely on risk assessments and profiling. Therefore, as in all activities to counter trafficking, close national and international cooperation is required. In particular, standard procedures for conducting investigations into seizures of controlled substances smuggled by mail should be developed, including the collecting of information required for further investigation and analysis. The Africa mail project, initiated by UPU and UNODC with the support of Interpol and the World Customs Organization, provides examples of best practices in the area and demonstrates how such activities can be carried out in a coordinated manner.

241. In the absence of such an operational approach, the Board encourages Governments to provide all available information on seizures of drugs smuggled through the mail to the authorities of the countries of destination, as well as to international entities such as the Board, UPU, Interpol and the World Customs Organization, in order to contribute to the development of concerted international action.

242. In order to counteract smuggling of drugs by mail, the Board encourages every Government to

ensure that its national legislation provides for the possibility to effectively control and screen all routes of international mail leading into and out of the country, including private premises of international mail courier companies. Such control measures should include cooperative arrangements between the various national authorities responsible for the processing and screening of international mail and with privately owned companies. Experience has shown that such efforts can be greatly helped by limiting the number of entry points for parcels, thereby allowing for more efficient control of such consignments. Governments must also ensure adequate training of staff and provide the technical aid required for drug identification, such as X-ray machines, ion scan technology and sniffer dogs. Governments should encourage their law enforcement services to develop intelligence or information centres to support their front-line drug law enforcement operations.

#### **Supply of controlled substances in emergency situations**

243. The Board wishes to emphasize the importance of ensuring the availability of essential narcotic drugs, including opioid analgesics, and psychotropic substances in emergency situations, such as natural disasters, epidemics and conflicts, in which the health conditions of a group of individuals are seriously threatened. In December 2004, immediately following the tsunami in the Indian Ocean, the Board granted expeditiously requests for additional supplies of narcotic drugs to be shipped to the countries concerned. The Board contacted the Governments of major exporting countries and advised them of the simplified export-import control procedures in emergency situations, in accordance with the model guidelines for such situations, which were developed jointly by WHO and the Board. In situations of similar natural and other types of emergencies, Governments should follow the guidelines to ensure the proper provision of essential narcotic drugs and psychotropic substances to people in disaster-stricken areas.