

II. Operation of the international drug control system

A. Narcotic drugs

Status of adherence to the Single Convention on Narcotic Drugs of 1961 and that Convention as amended by the 1972 Protocol

62. Since the publication of the report of the Board for 2006, Andorra and the Democratic People's Republic of Korea have become parties to the 1961 Convention as amended by the 1972 Protocol. As at 1 November 2007, the number of States parties to the Single Convention on Narcotic Drugs of 1961⁴² or that Convention as amended by the 1972 Protocol stood at 186. Of those States, 183 were parties to the 1961 Convention as amended by the 1972 Protocol. Afghanistan, Chad and the Lao People's Democratic Republic continue to be parties to the 1961 Convention in its unamended form only. The Board once again calls on those three States to accede to the 1972 Protocol amending the 1961 Convention⁴³ as soon as possible. A total of eight States have not yet become parties to the 1961 Convention: one State in Africa (Equatorial Guinea), one in Asia (Timor-Leste) and six in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Tuvalu and Vanuatu). The Board reiterates its request to those States to become parties to the 1961 Convention without further delay.

Cooperation with Governments

Submission of annual and quarterly statistical reports on narcotic drugs

63. In performing the tasks assigned to it under the 1961 Convention, the Board maintains a continuous dialogue with Governments. The statistical data and other information received from them are used by the Board in assessing the licit manufacture of, trade in and consumption of narcotic drugs worldwide, with a view to determining the extent of Governments' compliance with treaty provisions requiring them to limit to medical and scientific purposes the licit manufacture of, trade in and use of narcotic drugs, while at the same time ensuring their availability for legitimate purposes.

64. Parties to the 1961 Convention have an obligation to furnish to the Board annual statistical reports on production, manufacture, consumption, stocks and seizures of narcotic drugs. They also have an obligation to submit to the Board quarterly statistics on imports and exports of narcotic drugs. As at 1 November 2007, a total of 172 States and territories had submitted annual statistics on narcotic drugs for 2006. That accounts for 82 per cent of the 211 States and territories required to furnish such statistics. A total of 187 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2006; that figure represents 89 per cent of the 211 States and territories requested to furnish those statistics. Details of the statistical data received, including the status of compliance by individual parties with their reporting obligations, are included in the 2007 technical report of the Board on narcotic drugs.⁴⁴

65. The vast majority of States regularly submit the mandatory annual and quarterly statistics. However, the Board is concerned that many States, including some that are major manufacturers, importers, exporters or users of narcotic drugs, such as Ireland, Japan, the Netherlands and the United States, did not provide in 2007 the requested information in a timely manner. The late submission of reports affects the ability of the Board to monitor licit activities related to narcotic drugs and delays the analysis by the Board of the worldwide availability of narcotic drugs for medical purposes, as well as its analysis of the global balance between the supply of opiate raw materials and the demand for opiates.

66. In some countries, the delay in the submission of statistical data to the Board is the result of Governments providing insufficient resources to the authorities responsible for the control of licit activities related to narcotic drugs. The Board calls upon the Governments concerned to provide adequate resources to ensure the compliance of those authorities with all the reporting obligations under the 1961 Convention (see also paragraphs 236-241 below).

⁴² United Nations, *Treaty Series*, vol. 520, No. 7515.

⁴³ *Ibid.*, vol. 976, No. 14151.

⁴⁴ *Narcotic Drugs: Estimated World Requirements for 2008; Statistics for 2006* (United Nations publication, Sales No. E/F/S.08.XI.2).

67. When examining the statistics received from Governments, the Board brings to the attention of the Governments concerned inconsistencies observed in their reports and requests them to rectify such inconsistencies and resolve the problems that have led to those inconsistencies.

68. The Board is always ready to assist Governments in complying with their reporting obligations under the 1961 Convention. In 2007, as in previous years, the Board provided to several Governments, at their request, explanations on issues regarding reporting requirements.

69. The Board prepared detailed training material on the control of narcotic drugs and guidelines on reporting on those drugs for use by national competent authorities. Those training materials are available on the website of the Board (www.incb.org). The methods of reporting were included in the training of national drug control administrators (see paragraph 185 below) and were dealt with during an informal consultation on reporting, organized for selected Governments by the Board during the fiftieth session of the Commission on Narcotic Drugs, in March 2007.

70. All Governments are encouraged to seek from the Board any information that they may require regarding the control of narcotic drugs under the 1961 Convention, including reporting requirements.

Estimates of requirements for narcotic drugs

71. The universal application of the system of estimates is essential to the functioning of the international control system for narcotic drugs. When Governments establish estimates that are too low, they run the risk of not having sufficient drugs available for medical treatment. Conversely, estimates that are inappropriately high may result in quantities of drugs being available in a country in excess of current requirements for medical use, which could facilitate the inappropriate use of drugs or even their diversion into illicit channels.

72. The majority of Governments furnished to the Board by 1 November 2007 their estimated requirements for narcotic drugs for 2008. However, for a number of States and territories that did not provide their estimates in time for examination and confirmation, the Board had to establish estimates in accordance with article 12, paragraph 3, of the

1961 Convention. The estimates for all countries and territories are published by the Board in its technical report on narcotic drugs. The updates of those estimates, which reflect, inter alia, supplementary estimates furnished by Governments, are made available on the website of the Board.

73. The estimates established by the Board are based on the estimates and statistics reported in the past by the respective Governments. For Governments that have not provided estimates and statistics for several years, the estimates established by the Board are in some cases considerably lower than the estimates furnished by those Governments in the past, as a precaution in view of the risk of diversion. Therefore, the Governments concerned are urged to examine their requirements for narcotic drugs for 2008 and furnish their own estimates to the Board for confirmation, in order to prevent any possible difficulties in importing the quantities of narcotic drugs required for medical use in their countries.

74. The Board examines the estimates received from Governments, including supplementary estimates, with a view to limiting the use of narcotic drugs to the amount required for medical and scientific purposes and ensuring adequate availability of those drugs for such purposes. When the estimates appear to be inadequate, the Governments concerned are requested to adjust their estimates. In 2007, most Governments promptly adjusted their estimates when the Board requested them to do so.

75. The Board requests all Governments to determine their annual estimates of requirements for narcotic drugs as accurately as possible, so that resorting to supplementary estimates is reserved for unforeseen circumstances or when developments in medical treatment, including the use of new medications and scientific research, result in additional requirements for narcotic drugs.

Deficiencies in reporting statistics and estimates

76. Problems encountered by Governments in furnishing adequate statistics and/or estimates to the Board are often an indication of deficiencies in their national control mechanisms for narcotic drugs and/or the health-care systems in the countries concerned. Such deficiencies often reflect problems in the implementation of the treaty provisions in those countries, for example lacunae in national laws or

administrative regulations or the failure of some licensees to comply with their obligations under national legislation, including their obligation to provide to the national authorities timely and accurate reports on their transactions involving narcotic drugs. The Board invites all Governments concerned to find the causes for deficiencies in reporting statistics and/or estimates to the Board, with a view to resolving those problems and ensuring adequate reporting.

Prevention of diversion into the illicit traffic

Diversion from international trade

77. 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. In 2007, as in recent years, no cases of diversion of narcotic drugs from licit international trade into the illicit traffic were detected.

78. The effective control of international trade in narcotic drugs depends to a large extent on the vigilance of exporting countries and their observance of the limits set in the system of estimates for narcotic drugs for the importing countries. While most Governments are fully implementing the system of estimates and the import and export authorization system, the Board identified in 2007 a few cases in which exports of narcotic drugs were authorized in excess of the estimates of the respective importing countries. Such exports did not comply with the provisions of article 31 of the 1961 Convention and could have resulted in the diversion of narcotic drugs into illicit channels. The Board has reminded the Governments concerned of their obligation to comply with the provisions of article 31 and has advised them, when authorizing exports of narcotic drugs in the future, to always consult the annual estimates of requirements for narcotic drugs for each importing country and territory, which are published by the Board.

Diversion from domestic distribution channels

79. The diversion of pharmaceutical preparations containing narcotic drugs from domestic distribution channels and the subsequent abuse of those diverted preparations have become serious problems in many countries. The narcotic drugs most often diverted and abused include codeine, dextropropoxyphene,

dihydrocodeine, fentanyl, hydrocodone, methadone, morphine, oxycodone, pethidine and trimeperidine. Data received from Governments suggest that in some countries there is a strong correlation between the most abused pharmaceutical preparations containing narcotic drugs and the availability of those preparations on the licit market. The Board calls on all Governments concerned to take effective measures to counter the diversion and abuse of pharmaceutical preparations containing narcotic drugs.

80. Diverted pharmaceutical preparations containing narcotic drugs are also smuggled, for example, out of countries in Asia into the United States and into countries in Europe, where there is illicit demand for such preparations. Governments of countries in which those preparations are diverted from the domestic distribution channels should critically examine their estimates so that there is no excess of narcotic drugs, which could be diverted.

81. In some countries, the abuse of pharmaceutical preparations containing narcotic drugs surpasses the abuse of illicitly manufactured drugs. For example, in the United States, the level of misuse of OxyContin[®] (containing oxycodone) reported in the 2006 National Survey on Drug Use and Health is more than twice as high as the reported level of abuse of heroin. The Board is particularly concerned about the high number of adolescents abusing those narcotic drugs. In the United States, about 10 per cent of students in their final year of secondary school (aged 17-18) reported having abused pharmaceutical preparations such as Vicodin[®] (containing hydrocodone) and OxyContin[®] in 2006 (see also paragraph 98 below). The widespread prescription of those pharmaceutical preparations has contributed to the belief that those drugs might be safer than the illicitly manufactured drugs. The Board calls on the Government of the United States to give high priority in its drug abuse prevention programmes to preventing the abuse of pharmaceutical preparations containing narcotic drugs and to bring to the attention of adolescents the high risks associated with such abuse.

Scope of control

Control of oripavine

82. On the recommendation by the World Health Organization (WHO), the Commission on Narcotic Drugs adopted decision 50/1, in which it decided to

include oripavine in Schedule I of the 1961 Convention and that Convention as amended by the 1972 Protocol. The Secretary-General, in his note verbale dated 27 June 2007, informed all States that, pursuant to the provisions of article 3, paragraph 7, of the 1961 Convention, Commission decision 50/1 had become effective with respect to each party on the date of its receipt of that note. The Board requests all States to implement without delay the provisions of the 1961 Convention with respect to oripavine, including by complying with the system of estimates and providing statistical reports to the Board.

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. In cooperation with Governments, the Board strives to maintain a balance between supply of and demand for opiates for legitimate uses. A detailed analysis of the current situation with regard to supply of and demand for opiates for medical and scientific purposes worldwide is contained in the 2007 technical report of the Board on narcotic drugs.⁴⁵

84. 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. Since the entry into force of the 1961 Convention, Governments of producing countries have cooperated with the Board in seeking to maintain global stocks of the opiate raw materials at the level recommended by the Board. In the period 1999-2003, total production of opiate raw materials considerably exceeded global demand, resulting in stock levels that were higher than necessary. The Board, therefore, invited producing countries to reduce the production of opiate raw materials to prevent a further increase in global stocks. The Board appreciates that producing countries have adhered to its advice and contributed to the reduction of stocks.

⁴⁵ Ibid.

85. Stocks of opiate raw materials rich in morphine, which, at the end of 2005, had been higher than global demand for two years, were reduced to a level sufficient to cover global demand for about 21 months at the end of 2006.

86. In 2006, there was an increase in stocks of thebaine and opiates derived from thebaine. At the end of 2006, global stocks of opiate raw materials rich in thebaine were sufficient to cover global demand for about eight months; in addition, stocks of thebaine and opiates derived from thebaine were sufficient to cover global demand for about 30 months.

87. According to information available to the Board, in 2007, some of the excessive stocks of opiate raw materials will be used to cover global demand, which will be more than total production. For 2008, Governments of some producing countries are planning to increase the area cultivated with opium poppy, in order to cover increasing demand and to replenish stocks of opiate raw materials, where necessary. The total supply of opiate raw materials will continue to be sufficient to cover the demand. The Board urges Governments of producing countries to maintain the future production at the levels currently planned.

88. Global demand continues to increase for both opiate raw materials rich in morphine and those rich in thebaine. It is anticipated that, as a result of the activities of the Board and WHO to ensure the adequate use of opioid analgesics, global demand for opiates and for opiate raw materials will rise further (see paragraphs 208-213 below).

Prevention of the proliferation of production of opiate raw materials

89. 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 2007/9 of 25 July 2007, the Economic and Social Council urged the Governments of all countries where opium poppy had not been cultivated for the licit production of opiate raw materials to refrain from engaging in the commercial cultivation of opium poppy, in order to avoid the proliferation of supply sites. The Board

would welcome the cooperation of all Governments in complying with Council resolution 2007/9.

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

90. Pursuant to Economic and Social Council resolution 2006/34 of 27 July 2006, the Board convened an informal consultation on the supply of and demand for opiates for medical and scientific purposes during the fiftieth session of the Commission on Narcotic Drugs, in March 2007. During that meeting, the Governments of major producers and importers of opiate raw materials examined recent developments affecting global production of and demand for opiate raw materials and discussed the various policies applied in their countries with respect to those raw materials.

*Cultivation and utilization of *Papaver bracteatum* as a raw material for the manufacture of opiates*

91. *Papaver bracteatum* is a variety of poppy for which no control provisions are contained in the 1961 Convention as amended by the 1972 Protocol. The Board notes that in some countries there has been an interest in conducting scientific research on the cultivation of *Papaver bracteatum* for the extraction of alkaloids, in particular thebaine. In one country, there is a proposal to begin commercial cultivation of *Papaver bracteatum* for the extraction of alkaloids.

92. The cultivation and utilization of *Papaver bracteatum* for the commercial extraction of alkaloids were contemplated by some Governments in the 1970s, when there was a temporary shortage in the supply of opiate raw materials. *Papaver bracteatum* was considered as a possible source of thebaine for conversion into codeine. At that time, the Board concluded that the cultivation of *Papaver bracteatum* for commercial purposes and the resulting production of poppy straw must be taken into consideration when balancing the supply of and demand for opiate raw materials. The Board also concluded that *Papaver bracteatum* should be placed under international control once its commercial cultivation had started.⁴⁶

⁴⁶ *Demand and Supply of Opiates for Medical and Scientific Needs* (United Nations publication, Sales No. E.82.XI.4), paras. 357-358.

93. In its resolution 1982/12 of 30 April 1982, at a time when large stocks of opiate raw materials were held by the traditional supplier countries, the Economic and Social Council appealed to Governments that had not cultivated *Papaver bracteatum* to consider refraining from embarking on its commercial cultivation. Pursuant to that resolution, no Government started the commercial cultivation of *Papaver bracteatum*.

94. Since then, the international market for opiate raw materials has changed, and new varieties of opium poppy (*Papaver somniferum*) rich in thebaine have been developed for commercial use to satisfy the growing demand for opiate raw materials rich in thebaine. The Board invites all the Governments concerned, in particular major producers and users of opiate raw materials and countries in which research on *Papaver bracteatum* is being conducted, to examine, in cooperation with the Board, the possible impact of the commercial cultivation of *Papaver bracteatum* on the global supply of opiate raw materials and the steps to be taken in that connection to ensure that there is a balance between the supply of and demand for opiate raw materials. The Board will contact the Governments concerned on that matter.

95. The Board wishes to remind all Governments that the Commission on Narcotic Drugs, in its resolution 2 (XXIX), urged parties engaged in the cultivation of *Papaver bracteatum* for the production of thebaine or thebaine derivatives to voluntarily report to the Board statistics on the area cultivated and production.

Consumption of narcotic drugs

96. Global consumption of opioid analgesics for the treatment of moderate to severe pain (expressed in defined daily doses for statistical purposes) increased by more than two and one half times during the past decade. However, the increase in consumption occurred mainly in countries in Europe and North America. In 2006, for example, countries in those two regions together accounted for almost 96 per cent of global consumption of fentanyl, 89 per cent of global consumption of morphine and 97 per cent of global consumption of oxycodone.

97. The low levels of consumption of opioid analgesics for the treatment of pain in many countries, in particular in developing countries, continue to be a matter of serious concern to the Board. The Board

again urges all Governments concerned to identify the impediments in their countries to adequate use of opioid analgesics for the treatment of pain and to take steps to improve the availability of those narcotic drugs for medical purposes, in accordance with the pertinent recommendations of WHO. The Board trusts that the Access to Controlled Medications Programme, the framework of which was prepared by WHO in cooperation with the Board, will provide effective assistance to Governments in that regard (see paragraphs 208-213 below).

98. 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 are those containing hydrocodone and oxycodone (see paragraph 81 above). In 2006, the United States accounted for 99 per cent of global consumption of hydrocodone and 80 per cent of global consumption of oxycodone. The medical use of hydrocodone reached 19 defined daily doses for statistical purposes (S-DDD) per 1,000 inhabitants per day, and the medical use of oxycodone reached 4 S-DDD per 1,000 inhabitants per day. In the United States, the consumption of hydrocodone increased by 70 per cent and the consumption of oxycodone by 55 per cent during the past five years. The Board wishes to remind all Governments of the need to closely monitor trends in the consumption of pharmaceutical preparations containing narcotic drugs and to adopt measures to counter their diversion and abuse, as necessary.

99. Global consumption of methadone has increased more than three times over the past decade. Methadone is used in several countries for the treatment of pain, but the sharp upward trend in its consumption is mainly attributable to its growing use in maintenance treatment related to opioid dependency. In 2006, the countries using the largest quantities of methadone were (in descending order) the United States, Spain, Germany, the United Kingdom of Great Britain and Northern Ireland, Italy, the Islamic Republic of Iran and Canada; those countries together accounted for 83 per cent of global consumption. The Board requests the authorities of those and other countries where methadone is used for medical purposes to be vigilant with regard to possible methadone diversion, trafficking or abuse and to take effective countermeasures, if necessary.

B. Psychotropic substances

Status of adherence to the Convention on Psychotropic Substances of 1971

100. Since the publication of the report of the Board for 2006, Andorra, the Democratic People's Republic of Korea and Nepal have become parties to the Convention on Psychotropic Substances of 1971. Thus, as at 1 November 2007, the number of States parties to the 1971 Convention stood at 183. Of the 11 States that have yet to become parties to the 1971 Convention, there are two in Africa (Equatorial Guinea and Liberia), one in the Americas (Haiti), one in Asia (Timor-Leste) and seven in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Solomon Islands, Tuvalu and Vanuatu). The Board calls on those States which have not yet become parties to the 1971 Convention to accede to that Convention without further delay.

Cooperation with Governments

Submission of annual and quarterly statistical data

101. Parties to the 1971 Convention have an obligation to furnish annual statistical reports on psychotropic substances to the Board. In its resolutions 1985/15 of 28 May 1985 and 1987/30 of 26 May 1987, the Economic and Social Council requested Governments to voluntarily provide to the Board information on the countries of origin of imports and the countries of destination of exports of substances listed in Schedules III and IV of the 1971 Convention. Details of the statistical data received, including the status of reporting by Governments, and the analysis of such data are included in the technical publication of the Board on psychotropic substances.⁴⁷

102. The majority of States regularly submit the mandatory and voluntary statistical reports, and most of the statistical reports are submitted in a timely manner. By 1 November 2007, a total of 155 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 2006 in conformity with the provisions of article 16 of the

⁴⁷ *Psychotropic Substances: Statistics for 2006; Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971* (United Nations publication, Sales No. E/F/S.08.XI.3).

1971 Convention. That accounts for 73 per cent of the States and territories required to furnish such statistics. A total of 133 Governments voluntarily provided details on the countries of origin of imports and the countries of destination of exports of substances listed in Schedules III and IV of the 1971 Convention. In addition, for the year 2006, 110 Governments submitted voluntarily all four quarterly statistical reports on imports and exports of substances in Schedule II of the 1971 Convention.

103. The late submission of mandatory annual statistical reports creates difficulties for the international control of psychotropic substances. The Board regrets that some countries, including the main manufacturing and exporting countries, such as Ireland, Japan, the Netherlands and Switzerland, did not submit their annual statistical reports on psychotropic substances for 2006 in a timely manner. In addition, some Governments did not provide details on the countries of origin of imports or countries of destination of exports of substances in Schedules III and IV of the 1971 Convention, pursuant to Economic and Social Council resolutions 1985/15 and 1987/30. Incomplete, late or no reporting may indicate deficiencies in the national control system. The Board reiterates its request to all States that experience difficulties in complying in a timely manner with their reporting obligations to take the appropriate measures to ensure that national controls are applied as necessary and that the statistical reports on psychotropic substances are submitted within the deadline (before 30 June), pursuant to the 1971 Convention and relevant Economic and Social Council resolutions. The Board stands ready to assist the competent authorities in complying with their reporting obligations under the 1971 Convention.

Assessments of requirements for psychotropic substances

104. Governments are requested to provide to the Board assessments, also called simplified estimates, of annual domestic medical and scientific requirements for psychotropic substances, pursuant to Economic and Social Council resolution 1981/7 of 6 May 1981 with respect to substances in Schedule II of the 1971 Convention and pursuant to Council resolution 1991/44 of 21 June 1991 with respect to substances in Schedules III and IV of that Convention. The assessments are collated and communicated to the

competent authorities of all States and territories, to be used as a guide in approving exports of psychotropic substances. By 1 November 2007, the Governments of almost all countries had submitted to the Board at least once their assessments of annual medical and scientific requirements for psychotropic substances. The Board established annual assessments for Montenegro.⁴⁸ The Board urges the Government of Montenegro to review those assessments as soon as possible with a view to amending them as necessary, so as to be able to import psychotropic substances to meet medical needs.

105. The Board has recommended that Governments review and, if necessary, update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. In January 2007, all Governments were asked to review and, if necessary, update the assessments of their annual medical and scientific requirements for psychotropic substances. By 1 November 2007, 97 Governments had submitted to the Board a full revision of the assessments of their requirements for psychotropic substances.

106. However, the Board is concerned that 19 Governments have not revised their requirements for psychotropic substances in the past three years. Those assessments may no longer reflect the actual medical and scientific requirements for psychotropic substances in the countries concerned. Assessments that are lower than the actual legitimate requirements may delay the importation of psychotropic substances 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 increase the risk of psychotropic substances being diverted into illicit channels. The Board encourages all Governments to ensure that their assessments are regularly updated and that the Board is informed of any modifications.

⁴⁸ Prior to 2006, assessments for Montenegro were included in the assessments of Serbia and Montenegro (see the *Report of the International Narcotics Control Board for 2006* (United Nations publication, Sales No. E.07.XI.11), para. 73).

Prevention of diversion of psychotropic substances into the illicit traffic*Diversion from international trade*

107. While, in the past, diversion of substances in Schedules III and IV of the 1971 Convention from licit international trade was one of the main sources used to supply illicit markets, no diversion of substances in Schedule I has ever been reported to the Board and no diversion from licit international trade of substances in Schedule II has been reported since 1990. Those successes are the result of a well-functioning international control regime for psychotropic substances in Schedules I and II.

108. 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, because of the very limited use of such substances. While there have been isolated attempts over the years to divert substances in Schedule I, no actual diversion into illicit channels has ever taken place, because of the strict international control mechanism for those substances, in particular the requirement in article 7, paragraph (a), of the 1971 Convention to prohibit all use of those substances except for scientific and very limited medical purposes. The Board calls upon all Governments to remain vigilant and ensure that their industries, as well as authorized traders, are fully aware of all restrictions in place concerning trade in and use of substances in Schedule I of the 1971 Convention.

109. Of the substances in Schedule II of the 1971 Convention, only amphetamines and methylphenidate are manufactured and traded in large quantities. Methylphenidate is used mostly in the treatment of attention deficit disorder (ADD). Amphetamines, which are mostly used in industrial processes, are also used in the treatment of ADD. The implementation of treaty-based control measures (the import and export authorization system) and other 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. Preparations containing hallucinogens, fenetylline and methaqualone, which are found on illicit markets in some regions, are almost exclusively illicitly manufactured, while methylphenidate found on illicit

markets is believed to have been diverted from domestic distribution channels.

110. Licit international trade in 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 psychotropic substances and, when in doubt, requests the Governments concerned to initiate investigations of suspicious transactions. While, until a decade ago, the diversion of substances in Schedules III and IV from licit international trade had occurred frequently, involving quantities of up to hundreds of kilograms, nowadays almost all attempts at diverting such substances are discovered and the very rare successful diversions involve only small quantities of substances. That positive development is attributable to the fact that the majority of Governments, as recommended by the Board and requested by the Economic and Social Council, have extended the additional controls over international trade (using, for example, the import and export authorization system, the assessment system and the detailed reporting system) to include most of the substances in Schedules III and IV as well.

111. However, there continue to be attempts to divert substances in Schedules III and IV of the 1971 Convention. The method used most in attempted diversions, the falsification of import authorizations, was used in two major diversion attempts reported to the Board in 2007. The first case involved the attempted diversion of 3 tons of phenobarbital, a substance in Schedule IV of the 1971 Convention, from China to Afghanistan. The second case involved the attempted diversion of 250,000 pentazocine injections from India to Nigeria. Pentazocine is an opioid analgesic in Schedule III of the 1971 Convention, with actions similar to those of morphine; it is widely abused in Nigeria. In both cases, the exportation did not take place.

112. 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 the importing countries the legitimacy of such orders prior to approving the export of such substances. The Board is prepared to facilitate such confirmations. Furthermore, the Board encourages the national competent authorities of exporting countries to regularly check import orders against the assessments of the actual requirements for psychotropic substances

of the relevant importing countries when verifying the legitimacy of trade transactions. Such checks are 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.

Diversion from domestic distribution channels

113. The diversion of psychotropic substances from domestic distribution channels continues and, in some cases, relatively large quantities of psychotropic substances are involved. Information available on the abuse and seizure of psychotropic substances indicates that the diversion of pharmaceutical preparations containing such substances from licit distribution channels is the most important source used by illicit drug suppliers. The two most abused groups of psychotropic substances are benzodiazepines and amphetamine-type stimulants (ATS). In a number of developing countries, certain benzodiazepines such as diazepam (often sold under the brand name Valium®) and chlordiazepoxide (often sold under the brand name Librium®) can be easily obtained on the street, whereas in developed countries, notably Canada, the United States and certain European countries, there have been reports of the misuse or abuse of stimulants, barbiturates and benzodiazepines obtained without prescription through illegally operating Internet pharmacies. The Board calls on Governments to monitor the consumption levels of prescription drugs containing psychotropic substances, to identify possible diversions and to raise awareness about the consequences of the abuse of such drugs.

114. Recently, the diversion from licit distribution channels of preparations containing the analgesic buprenorphine has become a matter of growing concern. The diversion and abuse of such preparations have been reported in a number of countries, mainly in Europe, where buprenorphine is used also for the treatment of opioid addicts, but also in other regions, such as East Africa and West Asia. Because of those diversions, the Board has requested the governments of all the countries and territories that have been reporting licit consumption of buprenorphine (a total of 47 countries and territories) to provide it with information on the control status of buprenorphine in their respective territory. So far, the Governments of

25 countries⁴⁹ have furnished the requested information. According to that preliminary information, Governments of many developed countries have subjected buprenorphine to the same control measures that are applied to narcotic drugs in their countries. In addition, the importation of buprenorphine preparations in Mauritius, has been prohibited since 1999 as it is being used illicitly as the main substitute for heroin in that country. The Board calls on the competent authorities of all countries concerned to increase their vigilance with regard to the diversion and abuse of and trafficking in buprenorphine and to inform the Board of new developments. The Board encourages all Governments concerned to consider enhancing existing mechanisms for control over that substance, as necessary.

115. Details on the diversion and abuse of pharmaceutical preparations, including the methods used to divert pharmaceutical preparations from licit distribution channels, and the measures to be taken by Governments to counter such illicit activities can be found in paragraphs 282-290 below.

Smuggling and abuse of counterfeit preparations

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

117. While there were numerous cases involving the diversion of licitly manufactured Captagon® and/or the base substance fenetylline in the late 1980s, the adoption of enhanced control measures in the 1990s has put an end to such diversion. As fenetylline can no longer be obtained from licit sources, traffickers have resorted to producing counterfeit Captagon containing mainly amphetamines. Large seizures of such counterfeit Captagon tablets continue to be made in countries in West Asia. In 2006, over 2 million counterfeit Captagon tablets were seized in Saudi

⁴⁹ Australia, Austria, Belgium, Canada, China, Czech Republic, Denmark, El Salvador, Estonia, France, Greece, Iceland, Indonesia, Ireland, Israel, Latvia, Malaysia, the Netherlands, Poland, Portugal, the Republic of Korea, the Russian Federation, Spain, Sweden and the United Kingdom.

Arabia and about 8 million were seized in the Syrian Arab Republic, as well as 193,000 tablets containing other psychoactive substances. Furthermore, in the same year, a single consignment containing 45,000 counterfeit Captagon tablets from the Syrian Arab Republic was seized in the United Arab Emirates. The Board notes the steps taken by the Government of the Syrian Arab Republic to combat trafficking in those tablets and encourages the Governments of all the countries concerned in the region to follow suit, as appropriate.

118. Pharmaceutical preparations containing psychotropic substances have become major drugs of abuse. For example, Rohypnol,[®] a pharmaceutical preparation containing flunitrazepam, is being counterfeited to be sold on the illicit market. Flunitrazepam, a benzodiazepine-type sedative-hypnotic in Schedule III, is one of the most frequently misused or abused benzodiazepines. Diversion of flunitrazepam from both international trade and domestic distribution channels was significantly reduced during the past decade by the adoption and implementation of strict control policies for that substance. It would appear that the majority of the Rohypnol[®] tablets seized since then have been counterfeit products, although reliable information on the share of counterfeit tablets among all seized Rohypnol[®] tablets is not available. In order to be able to accurately determine illicit drug manufacture and trafficking trends involving Rohypnol,[®] the Board wishes to encourage all Governments concerned to test seized Rohypnol[®] tablets, whenever possible, to determine if they are counterfeit. The Board also encourages Governments to share information on the physical appearance of seized Rohypnol[®] tablets with other interested Governments through a profiling network and to report their findings to the Board.

Control measures

Assistance to Governments in verifying the legitimacy of import transactions

119. The Governments of many exporting countries continue to request the assistance of the Board in verifying the legitimacy of import authorizations for psychotropic substances. In order to be able to better assist Governments in verifying the authenticity of import documents for narcotic drugs, psychotropic substances and precursor chemicals, the Board

maintains a collection of samples of official import certificates and authorizations in use by national authorities. The Board calls on all Governments that have not yet provided it with such samples to do so without further delay.

120. The Board notes with concern that, in certain cases, responses to its requests for confirmation of the legitimacy of import orders are unduly delayed. The Board wishes to draw the attention of the Governments concerned to the importance of responding in a timely manner to enquiries made by the Board. Failure to cooperate with the Board may hinder the investigation of diversion attempts and/or may cause delays in legitimate trade in psychotropic substances and impede the availability of psychotropic substances for legitimate purposes.

National control measures regarding international trade

121. The Board notes with appreciation that, in 2007, Georgia extended the system of import and export authorizations to include all substances in Schedules III and IV of the 1971 Convention. In addition, El Salvador, Myanmar, Pakistan, the Philippines and Saudi Arabia extended that system to include some substances that had previously not been covered. At present, export and import authorizations for substances in Schedules III and IV are required by national law in more than 160 countries and territories.

122. 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, regardless of whether they are parties to the 1971 Convention or not, to introduce such controls. Experience has shown that countries that are involved in international commerce but do not have such controls are at particular risk of being targeted by traffickers. The Board therefore urges the Governments of Ireland and Singapore, which are major importers and exporters of psychotropic substances, to extend such controls to include all substances listed in Schedules III and IV of the 1971 Convention.

123. Governments should also carefully examine the “table showing the countries in which national legislation requires the issuing of import authorizations for substances in Schedules III and IV of the 1971 Convention”, which is circulated twice a year to

all Governments, and inform the Board of any revisions of the requested information.

124. The system for the assessment of medical and scientific needs of psychotropic substances, established by the authorities of each country and territory, is another important control measure applied to international trade in psychotropic substances. Experience has shown that the diversion of psychotropic substances can be prevented if exporting countries verify whether the quantities ordered by importing countries are within the assessments of their medical and scientific needs. The Board appreciates the cooperation of exporting countries that contact it when they receive authorizations for imports of psychotropic substances in excess of the assessed legitimate requirements. The Board notes, however, that seven countries issued import authorizations during 2006 for sizeable quantities of benzodiazepines in Schedule IV, without having established assessments for the substances concerned. Moreover, some countries, including countries that are major manufacturers, importers and exporters of psychotropic substances, such as Belgium, Germany, the Netherlands, Spain, Switzerland and the United Kingdom, issued import authorizations for substances in Schedules II, III or IV in quantities exceeding their assessments. The Board reiterates its request to all Governments to establish a mechanism for ensuring that their assessments correspond to their actual legitimate needs and that no imports exceeding the assessments are authorized.

Consumption of psychotropic substances

125. The consumption levels of psychotropic substances continue to differ widely depending on the country and region, as shown in previous reports of the Board. While such differences can often be explained by cultural diversity in medical practice and variations in prescription patterns, the issue of excessively high or low levels of drug consumption merits special attention. High levels of consumption of psychotropic substances that are not medically justified are a matter of concern to the Board, as they may lead to abuse and diversion of the substances in question, as shown in the examples below. Low levels of consumption of psychotropic substances in some countries may reflect the fact that the substances are almost inaccessible by some segments of the population in those countries, which may lead to parallel markets offering those

substances or counterfeit medicaments allegedly containing those substances. The Board invites the Governments of all countries to compare their consumption patterns with those in other countries and regions, to identify unusual trends requiring attention in their territory, as recommended in the report of the Board for 2000,⁵⁰ and to promote rational use of those substances.

Buprenorphine

126. Buprenorphine, listed in Schedule III since 1989, is used mainly as an opioid analgesic. In several countries, buprenorphine is also used in the detoxification and substitution treatment of opioid dependence. Since new preparations containing high doses of buprenorphine (Subutex®) or buprenorphine with naloxone (Suboxone®) have been introduced in several countries for the treatment of drug dependence, global manufacture and consumption of buprenorphine have increased substantially and the use of buprenorphine has been reported in an increasing number of countries. For instance, since 2000, the number of countries reporting imports of buprenorphine has more than doubled. Total manufacture of the substance increased steadily from 1993 onwards, reaching an average of nearly 2 tons in the period 2003-2006, which is double the amount manufactured in the late 1990s, when the substance started to be used in higher doses for the treatment of opioid addiction.

127. The increased use of buprenorphine for medical purposes has been accompanied by increased diversion of buprenorphine preparations. The Board reiterates its request to all Governments that experience such problems to strengthen the control measures applied to buprenorphine, in order to stop the diversion of that substance from licit distribution channels.

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

128. Methylphenidate, amphetamine and dexamphetamine, substances in Schedule II of the 1971 Convention, are used mainly for the treatment of ADD, primarily in children, and for the treatment of

⁵⁰ *Report of the International Narcotics Control Board for 2000* (United Nations publication, Sales No. E.01.XI.1), chap. I.

narcolepsy. The use of those substances is considerably higher in the Americas than elsewhere. The use of methylphenidate increased significantly in the 1990s, mainly as a result of developments in the United States, where the substance is frequently publicized, including in advertisements directed at potential consumers. The United States accounted for over 80 per cent of the calculated worldwide use of methylphenidate in 2006. However, since the late 1990s, the use of methylphenidate for the treatment of ADD has risen sharply in many other countries as well, such as Canada, Germany, Iceland, Spain and Switzerland. Global calculated consumption of the substance increased significantly, from 22 to 36 tons, in the period 2002-2006.

129. The Board reiterates its concern that, in some countries with high prescription levels for stimulants in Schedule II of the 1971 Convention, the diversion and abuse of those substances have been noted (see paragraphs 282-290 below). The Board requests all Governments to ensure that the control measures foreseen in the 1971 Convention are applied to stimulants in Schedule II that are used for the treatment of ADD and appeals to the Governments concerned to increase their vigilance with regard to the diversion of, trafficking in and abuse of stimulants in Schedule II. The Board requests Governments to inform it of any new development in that area.

Stimulants in Schedule IV of the 1971 Convention that are used as anorectics

130. The stimulants in Schedule IV of the 1971 Convention are mostly used as anorectics. The Board has closely followed developments in the consumption of those substances, with a view to identifying consumption levels that may be inappropriate for medical purposes and might therefore lead to the diversion and abuse of the substances in question. Of those substances, phentermine is the one used the most, followed by fenproporex, amfepramone and phendimetrazine.

131. Consumption of stimulants in Schedule IV continued to increase significantly in some countries in the Americas, such as Argentina, Brazil and the United States, which are also the countries with the highest calculated rate of use of the central nervous system stimulants listed in Schedule IV worldwide. Overall, per capita consumption of those stimulants in the

Americas was three times more than in other regions. Whereas consumption levels for those substances fell in Europe and Oceania, the level of consumption increased in countries in Asia, in particular in the Republic of Korea.

132. The Board reiterates its appeal to Governments reporting high levels of consumption of stimulants in Schedule IV of the 1971 Convention to monitor their trend of use, to identify possible overprescribing of anorectics and to ensure that domestic distribution channels are adequately controlled.

C. Precursors

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

133. All States that are major manufacturers, exporters and importers of scheduled chemicals are now parties to the 1988 Convention. The Board welcomes the accession of the Democratic People's Republic of Korea and Liechtenstein to the 1988 Convention during the period under review. As at 1 November 2007, a total of 182 States, plus the European Community (extent of competence: article 12), were parties to the 1988 Convention. A total of 12 States have not yet become parties to the 1988 Convention: 3 States in Africa (Equatorial Guinea, Namibia and Somalia), 1 in Asia (Timor-Leste), 1 in Europe (the Holy See) and 7 in Oceania (Kiribati, the Marshall Islands, Nauru, Palau, Papua New Guinea, Solomon Islands and Tuvalu). The Board urges all those States to implement the provisions of article 12 and to become parties to the 1988 Convention as soon as possible.

Cooperation with Governments

Submission of statistical data on seizures

134. Reporting on information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances is an obligation under article 12 of the 1988 Convention. By 1 November 2007, such information had been submitted for 2006 by a total of 141 States and territories, as well as the European Community (on behalf of its member States). The rate of submission is similar to that of previous years. Of the States parties

to the 1988 Convention that failed to submit such information for a number of years, Pakistan and the Sudan have resumed providing that information to the Board. In addition, Namibia, which is not yet a party to the 1988 Convention and had never submitted such information, provided the information for 2006. The Board urges those parties to the 1988 Convention which have not submitted such information to provide the required information as soon as possible.

135. Thirty-two Governments have reported their seizures of precursors for 2006. The Board appreciates the fact that 17 of those Governments provided additional information on non-scheduled chemicals, methods of diversion and stopped shipments. The Board calls upon all competent authorities effecting seizures or intercepting shipments of precursors to thoroughly investigate those cases and to report the results of those investigations to the Board, as that information is essential to the identification of new trends in illicit drug manufacture and trafficking in precursors.

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

136. 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 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.

137. As at 1 November 2007, a total of 109 States and territories had submitted data for 2006 on the licit movement of precursors and 97 Governments had furnished information for 2006 on licit uses of and requirements for such substances. All of the major manufacturing and exporting countries have continued to furnish comprehensive information on licit trade in scheduled substances. As Pakistan, a country importing large quantities of substances in Table I, has resumed providing data on its licit trade in scheduled substances, all major importing countries now provide data on licit trade. 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 voluntary measures promoted by two international initiatives to address the diversion of chemicals used in the illicit manufacture of drugs: Project Cohesion, targeting heroin and cocaine; and Project Prism, targeting ATS.

Control measures

138. Having in place an adequate legislative basis or system for precursor control is essential to preventing the diversion of precursors into illicit channels. The Board notes that, during the reporting period, the Governments of a number of countries, including Australia, Chile, Peru and the Russian Federation, in addition to member States of the European Union, introduced new or strengthened existing controls over precursors.

139. Despite the recent introduction of new laws and regulations in Mexico to restrict the import of ephedrine and pseudoephedrine and regulate their sale and despite the ban on ephedra, the Board remains concerned that those substances continue to be smuggled into Mexico. The Board is also concerned by the lack of adequate legislation in place in the Syrian Arab Republic and the United Arab Emirates to prevent the diversion of precursors, particularly in the form of pharmaceutical preparations.

Estimates of legitimate requirements for precursors

140. In its resolution 49/3, entitled "Strengthening systems for the control of precursor chemicals used in the manufacture of synthetic drugs", the Commission on Narcotic Drugs requested Member States to provide to the Board annual estimates of their legitimate requirements for four precursor chemicals: ephedrine, pseudoephedrine, 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P) and phenyl-2-propanone (P-2-P). As at 1 November 2007, a total of 101 States had provided those estimates to the Board, which is an improvement compared with the total of 80 States in 2006. Those estimates have been published in the 2006⁵¹ and 2007⁵² reports of the Board on the

⁵¹ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics*

implementation of article 12 of the 1988 Convention. In addition, a table showing the reported annual legitimate requirements for substances frequently used in the manufacture of ATS is available on the website of the Board (www.incb.org); the table is updated regularly. The Board again requests all competent authorities to provide information on annual legitimate requirements of the four precursor chemicals mentioned above, to review the reported information and to amend it as necessary. The Board also invites competent authorities to inform the Board of any methodologies that they have found useful for estimating their national requirements for those precursor chemicals.

Online system of pre-export notifications

141. The Board notes that, as at 1 November 2007, 92 countries and territories had registered to use Pre-Export Notification Online (PEN Online), the automated online system for the exchange of pre-export notifications, and that over 11,000 pre-export notifications had been sent to 164 countries and territories over the PEN Online portal since the introduction of the system in 2006. As the system has facilitated communication among Governments and has been instrumental in identifying suspicious transactions and preventing diversion, the Board encourages all Governments that have not yet done so to register to use PEN Online.

142. The Board has found that the time taken to reply to pre-export notifications is often too long. Importing countries should adhere to the deadlines set by exporting countries for providing feedback on pre-export notifications, in order to prevent unwanted shipments. If an importing country needs more time to verify the legitimacy of a consignment, that should be

indicated immediately to the Board and the exporting country in question. Doing so might significantly reduce unnecessary delays in legitimate trade.

Prevention of diversion of precursors into the illicit traffic

143. The Board has continued to serve as the international focal point for the rapid exchange of information and the verification of transactions in precursor chemicals, particularly within the framework of Project Prism and Project Cohesion. During the reporting period, the Board has made a number of observations and has recommended to Governments action to address existing problems in international and national precursor control.

144. As highlighted in the 2007 report of the Board on the implementation of article 12 of the 1988 Convention,⁵³ diversion from domestic distribution channels and smuggling across borders are the most common methods used by traffickers to obtain chemicals for illicit drug manufacture. That has been for quite some time a trend in trafficking in precursors of heroin and cocaine. However, the Board has also observed that, with respect to the diversion of precursors of ATS, with the exception of ephedrine and pseudoephedrine, there have been few if any cases involving such diversions in international trade. For example, no cases have been reported involving the diversion from licit trade of 3,4-MDP-2-P, a key chemical used in the manufacture of methylenedioxyamphetamine (MDMA, commonly known as “ecstasy”). It is believed that, as the monitoring of shipments of the relevant chemicals in international trade has been strengthened worldwide, traffickers obtain chemicals from domestic distribution channels and then smuggle those substances, often across international borders, to the illicit drug manufacturing areas. In order to address that development, the Board recommends that Governments should take additional measures to monitor more closely the manufacture and domestic distribution of precursor chemicals. Those additional measures could include verifying the legitimacy of the end-use of the chemical concerned, ensuring the proper registration

Control Board for 2006 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (United Nations publication, Sales No. E.07.XI.12), annex V.

⁵² *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2007 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.08.XI.4), annex V.

⁵³ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2007 ...*

and auditing of operators, inspecting records that are maintained and preventing accumulation of the chemicals in quantities that exceed licit market requirements.

145. Seizures of acetic anhydride in and around Afghanistan are very limited. The Board recommends to the Project Cohesion Task Force to take urgent measures to intercept consignments of acetic anhydride that are being smuggled into Afghanistan and to identify the sources of the chemical. The Board urges the Governments of Afghanistan and its neighbouring countries to cooperate fully with the Task Force in such endeavours.

146. Governments of Latin American countries are having serious difficulties preventing chemicals, including potassium permanganate, from reaching cocaine manufacturing areas. The Project Cohesion Task Force needs to devise strategies to address the problem by identifying the origins of the chemicals, in particular, of the potassium permanganate seized in areas where cocaine is illicitly manufactured.

147. The Board appreciates the results achieved under Project Prism, in particular in connection with Operation Crystal Flow, which was conducted from 1 January to 30 June 2007. The monitoring of 1,400 individual shipments of ephedrine and pseudoephedrine has led to the identification of 35 suspicious transactions and prevented the diversion of a total of 52 tons of the substances, which would have been sufficient to manufacture 48 tons of methamphetamine; Mexico was the declared or intended country of destination of about half of the suspicious shipments identified.

148. The Board is concerned by some of the trends identified or confirmed during Operation Crystal Flow. Africa and West Asia in particular are being targeted by traffickers in their efforts to divert ephedrine. As highlighted in the 2007 report of the Board on the implementation of article 12 of the 1988 Convention,⁵⁴ traffickers have particularly targeted Burundi, the Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Iran (Islamic Republic of), Kenya, Nigeria, Somalia, South Africa, the Sudan, the Syrian Arab Republic, the United Arab Emirates and the United Republic of Tanzania. The Board calls on the Governments of all countries in Africa and West Asia

to strengthen their control over the importation and movement within their territory of the precursors, including by allocating additional resources to the competent national authorities and to training. Countries and territories exporting ephedrine, pseudoephedrine or preparations containing those substances to any country until the legitimacy of such shipments is duly confirmed by the Governments of the countries to which those chemicals are being exported.

149. Activities undertaken within the framework of Project Prism have also confirmed that, in most parts of the world, traffickers are increasingly trying to obtain large amounts of pharmaceutical preparations containing ephedrine or pseudoephedrine through licit trade at the national and international levels. The Board again recommends that all Governments control such preparations the same way as they control the raw chemicals ephedrine and pseudoephedrine. Governments are encouraged to use pre-export notifications for shipments of such preparations.

150. The strengthened monitoring of precursors has resulted in trafficking organizations looking for non-scheduled substances as alternative substances for use in the illicit manufacture of ATS. In that connection, the Board has updated its limited international special surveillance list of non-scheduled substances. The Board encourages Governments to put in place effective mechanisms, which would allow them to identify and investigate suspicious transactions involving such substances. It is important that the Board is provided with detailed information on such cases so that it may alert all relevant competent authorities of the latest trends in diversion and trafficking.

151. Full details on the activities undertaken by Governments and the Board in precursor control are contained in the 2007 report of the Board on the implementation of article 12 of the 1988 Convention.

D. Promoting universal application of the international drug control treaties

152. In discharging its mandate under the international drug control treaties, the Board maintains a dialogue with Governments through, for example, regular consultations and country missions. That dialogue is

⁵⁴ Ibid.

aimed at assisting Governments in their efforts to comply with the provisions of the treaties.

153. By analysing the information it receives, the Board is able to determine whether the international drug control treaties are being implemented by Governments as effectively as possible. On the basis of its continuous evaluation of national efforts, the Board is able to recommend action to Governments and relevant international organizations and suggest adjustments to the international and national control regimes.

Evaluation of overall treaty compliance by selected Governments

154. The Board reviews, on a regular basis, the drug control situation in various countries and Governments' overall compliance with the provisions of the international drug control treaties. 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 to combat drug trafficking and abuse, and Governments' fulfilment of their reporting obligations under the international drug control treaties.

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

156. The Board, while reviewing the drug control situation in various countries, adopts, when necessary, positions on particular drug control issues. Those positions are based on the Board's interpretation of the provisions of the international drug control treaties and are conveyed to the Governments concerned and, when appropriate, made public by the Board through its annual report. The Board notes that the vast majority of Governments comply with the Board's recommendations and with their obligations under the international drug control treaties.

157. In 2007, the Board reviewed the drug control situation in Canada, the Democratic People's Republic of Korea and Turkmenistan, as well as measures taken by those Governments to implement the international drug control treaties. In doing so, the Board paid

particular attention to new developments in drug control in those countries.

Canada

158. The Board notes that, following its mission to Canada in October 2003 and its continuous dialogue with the Government over the past few years, the Government has significantly improved its level of cooperation with the Board and intensified its efforts to curb illicit drug manufacture, trafficking and abuse. The Government has refrained from pursuing cannabis decriminalization and, in October 2007, launched the new National Anti-Drug Strategy, allocating 63.8 million Canadian dollars over two years on three priority areas: combating illicit drug production, preventing illicit drug use and treating drug-dependent persons.

159. The Board notes that, as part of the National Anti-Drug Strategy, the Government of Canada will enhance its law enforcement efforts to combat illicit use of drugs and increase the capacity of the criminal justice system to investigate, interdict and prosecute offenders. The Government is also planning to implement a national campaign for the prevention of drug abuse aimed at young people and their parents, to provide treatment services for drug abusers and to support referral and treatment programmes for young people with drug-related problems at the various stages of the criminal justice system.

160. Efforts have also been made by the Government of Canada to address prescription drug abuse: initial steps have been taken to identify problematic use of pharmaceuticals and to develop strategies to detect, prevent and treat the abuse of prescription drugs and over-the-counter drugs. Furthermore, an ongoing general population survey, the Canadian Alcohol and Drug Use Monitoring Survey, has been developed with a view to tracking trends in the abuse of drugs, including prescription drugs. The Board encourages the Government to continue its efforts in this area, particularly with regard to the setting up of a national standardized monitoring system that would systematically report on the prevalence and nature of drug abuse nationwide.

161. The Board, while taking note of the Government's views on the drug injection room in Vancouver, wishes to reiterate its position on that issue as expressed directly to the Government and in its

annual reports,⁵⁵ namely that the provision of rooms for the abuse of drugs is contrary to the international drug control treaties, particularly article 4 of the 1961 Convention, which obligates State parties to ensure that the production, manufacture, import, export and distribution of, trade in and use and possession of drugs are limited exclusively to medical and scientific purposes. The Board trusts that the Government will reach a decision that will be in compliance with the provisions of the international drug control treaties.

Democratic People's Republic of Korea

162. In recent years, there has been increased cooperation between the Board and the Government of the Democratic People's Republic of Korea, as well as progress made by the Government in the implementation of the Board's recommendations following its two missions to the country in 2002 and 2006.

163. In particular, the Board notes that in August 2003, the Supreme People's Assembly of the Democratic People's Republic of Korea adopted a new law on the administration of narcotic drugs, which brings its national legislation fully in line with the international drug control treaties. In February 2005, the Government of the Democratic People's Republic of Korea established an inter-ministerial committee with a view to ensuring effective coordination of drug control activities and adequate implementation of drug control legislation at the national level. In March 2007, the Government of the Democratic People's Republic of Korea acceded to the three international drug control conventions.

164. The Board notes, however, that the Government's capacity for the implementation of the international drug control treaties remains limited. The Board encourages the Government of the Democratic People's Republic of Korea to continue seeking international assistance in various areas of drug control and, at the same time, to take an active part in addressing drug trafficking and abuse at the regional and international levels. The Government should develop a long-term national drug control strategy, in view of the increasing illicit manufacture of ATS in East and South-East Asia, and should take preventive

measures against drug trafficking and abuse on its territory.

Turkmenistan

165. Since 1997, the Board has maintained a close dialogue with the Government of Turkmenistan, with a view to improving the Government's implementation of the international drug control treaties and its cooperation with the Board. In particular, the Board, following its most recent mission to the country in 2003, invited a Government delegation from Turkmenistan to its session in February 2005, in order to continue the dialogue on issues of concern to the Board.

166. The Board notes that the Government of Turkmenistan has established the State Coordinating Committee to Combat Drug Addiction under the Cabinet of Ministers of Turkmenistan to coordinate drug control activities among Government agencies involved in drug control. Furthermore, the national programme to combat illicit drug trafficking and to provide assistance to persons dependent on narcotic drugs and psychotropic substances for the period 2006-2010 was adopted by presidential decree in April 2006.

167. The Board remains concerned about the continued limited information on drug trafficking and seizures in Turkmenistan, particularly in view of the country's geographical proximity to Afghanistan. The Government is invited to respond regularly to the Board's queries about the drug control situation in the country and the Government's measures against drug trafficking and abuse.

168. The Board wishes to emphasize that Turkmenistan, together with other countries sharing borders with Afghanistan, has an important role to play in preventing the trafficking in opium and heroin from Afghanistan. As the vast majority of the world's illicit opium production takes place in Afghanistan, stronger efforts on the part of Turkmenistan towards fulfilling its obligations and in cooperating with the Board would have a positive impact on the global efforts against trafficking in illicit drugs, in particular heroin. The Board urges the Government of Turkmenistan to take effective measures to intensify its drug law enforcement efforts and make further progress in complying with the international drug control treaties.

⁵⁵ See, for example, *Report of the International Narcotics Control Board for 2006* ..., paras. 175-179, 328 and 648.

Evaluation of the implementation by Governments of recommendations made by the Board following its country missions

169. The Board undertakes an average of 20 country missions a year and sends to the Governments of the countries visited recommendations on improving the drug control situation in those countries. As part of its ongoing dialogue with Governments, the Board also conducts an evaluation of the implementation of those recommendations, two years after each mission.

170. In 2007, the Board invited the Governments of the following eight countries to provide information on the implementation of the Board's recommendations following its missions to those countries in 2004: Belgium, Indonesia, Madagascar, Pakistan, Portugal, South Africa, Thailand and Timor-Leste. The Governments of the selected countries were requested to provide information on progress made in the implementation of the Board's recommendations, including any achievements made and difficulties encountered.

171. The Board expresses its appreciation to the Governments of Belgium, Madagascar and Portugal for their timely submission of the information, which greatly facilitated the Board's assessment of the drug control situation in those countries and the Governments' compliance with the international drug control treaties. Information provided by the Governments of Indonesia, Pakistan and Thailand was received too late to be included in the present report and will therefore be reported on in the report of the Board for 2008.

172. The Board regrets that no information was received from the Governments of South Africa and Timor-Leste. The Board requests those Governments to provide the requested information without further delay.

Belgium

173. In 2003, the Government of Belgium adopted a revision to its national legislation on drug-related offences, in particular offences involving cannabis. The Board notes that Belgian authorities plan to collect information on drug abuse in a nationwide health survey in 2008. The Board expects that the Government will conduct an evaluation of the impact of the implementation of the revision on demand

reduction and any consequences it may have had for the abuse of drugs, in particular cannabis, in the country.

174. The Government of Belgium has acted on the Board's recommendation regarding the use of seized cocaine. The Board noted that the Government had allowed a private firm to use seized cocaine to manufacture pharmaceutical preparations for export. Pursuant to the Board's recommendation to explore other solutions, Belgium stopped using confiscated cocaine in 2005 and since then has been using raw cocaine imported from Peru.

175. The Government of Belgium, in cooperation with other Governments, has strengthened law enforcement efforts against the illicit manufacture of MDMA. As noted in the report of the Board for 2006,⁵⁶ in 2005, the law enforcement authorities in the Netherlands were able to dismantle the largest illicit MDMA laboratory ever found in that country, as a result of an investigation involving the cooperation of their counterparts in Belgium and Germany. The Board urges the Government of Belgium to continue its efforts in that area and to take measures to address the illicit manufacture of synthetic drugs, particularly MDMA.

Madagascar

176. The Board notes that some progress has been made by the Government of Madagascar in some areas of drug control. Following the decentralization reforms undertaken in the past few years, the inter-ministerial commission for coordinating the fight against drugs has been restructured, which has resulted in improvement in its efficiency. In addition, Madagascar has put in place appropriate legislation in drug control, thus bringing its national legislation in line with the international drug control treaties and ensuring its compliance with treaty obligations.

177. The Government of Madagascar has acted on the Board's recommendations on demand reduction, in particular with regard to training and drug awareness campaigns in the local media. The Government has also included in the national budget, under the heading "Programmes of public interest", a dedicated budget line to conduct drug-related activities. The Board

⁵⁶ *Report of the International Narcotics Control Board for 2006 ...*, para. 602.

encourages the Government to continue its efforts in those areas.

178. The Board notes, however, that there appears to be lack of progress in the implementation of its recommendations on the control measures related to psychotropic substances. The Board urges the Government of Madagascar to take the necessary steps to ensure adequate implementation of the provisions of the 1971 Convention, particularly with regard to the application of import authorization requirements to psychotropic substances, in accordance with the provisions of that Convention and relevant Economic and Social Council resolutions.

Portugal

179. The Board notes the efforts made by the Government of Portugal to implement its recommendations following the 2004 mission of the Board to that country. In particular, the Board notes that the Government of Portugal has conducted an evaluation of the national drug control strategy and has carried out a survey of services for the treatment of drug-dependent persons. The results of the evaluation were taken into consideration in developing a new national drug control strategy, covering the period 2005-2012, and a national plan against drugs and drug addiction, covering the period 2005-2008. Measures are also being taken to improve precursor control: new administrative structures are being created and new legislation is being drafted in accordance with European Union guidelines.

180. While recognizing the positive developments in drug control in Portugal, the Board is concerned that the national plan on drugs and drug addiction envisages the establishment, by 2008, of a room for the abuse of drugs and that the municipal government of Lisbon has submitted a proposal to set up the facility. The Board wishes to reiterate that rooms for the abuse of drugs, regardless of whether they are under the direct or indirect supervision of the Government, are contrary to the international drug control treaties, particularly article 4 of the 1961 Convention, which obligates State parties to ensure that the production, manufacture, import, export, distribution of, trade in, use and possession of drugs are limited exclusively to medical and scientific purposes. The Board urges the Government to ensure that any measures to address drug abuse and the spread of HIV/AIDS are in

compliance with the provisions of the international drug control treaties.

181. Pursuant to the Board's recommendation on the high level of consumption of psychotropic substances, mainly benzodiazepines, the Government of Portugal conducted a study in June 2005 that confirmed that there are chronic users of benzodiazepines, although the numbers of those users appear to be decreasing. The Board encourages the Government to introduce measures to better control the prescription of benzodiazepines and to conduct campaigns to raise the awareness of health-care professionals, so as to ensure the rational use of those substances.

Questionnaire on the evaluation of the implementation of the international drug control treaties

182. A questionnaire entitled "Evaluation of the implementation of the international drug control treaties" was sent to the governments of all countries and territories in January 2007 for completion. The purpose of the review was to highlight government efforts in the implementation of the international drug control treaties, to identify weaknesses and loopholes in drug control at the national and international levels and to provide recommendations for national and international drug control regimes.

183. The Board is pleased to note that, as at 1 November 2007, a total of 142 countries and territories had returned the completed questionnaire. The Board appreciates the cooperation of all the governments that have submitted the required information as part of efforts to promote universal application of the international drug control treaties.

184. The information submitted by governments in the questionnaire, once it has been processed and analysed, will be reviewed by the Board. A report on the findings of the evaluation will be published for consideration by governments.

Assistance in increasing national capacity to comply with treaty obligations

Ongoing training opportunities

185. At the request of Governments, the secretariat of the Board organizes in Vienna training for national drug control administrators to improve the functioning of national drug control administrations. During 2007,

the Board offered such training to national drug control administrators from a number of countries, including Canada, Cuba, Ghana, Jordan and the United States, as well as to representatives of the United Nations Interim Administration Mission in Kosovo.

186. The training provided national drug control administrators with an opportunity to obtain a better understanding of the functioning of the international drug control system and to discuss some of the problems and difficulties encountered in the implementation of the international drug control treaties. The Board trusts that the training will enhance the capacity of the national drug control administrations to comply with the provisions of the treaties in those countries.

187. The Board also used various opportunities to provide ad hoc advice to national drug control administrators on treaty requirements for reporting on narcotic drugs, psychotropic substances and precursors. Such advice was provided through communications, individual meetings, during the country missions of the Board and in an informal consultation on reporting organized by the Board during the fiftieth session of the Commission on Narcotic Drugs.

188. To facilitate full compliance with reporting obligations as required under the international drug control treaties, the Board has also made available online, detailed training material on the control of narcotic drugs, psychotropic substances and precursors, as well as guidelines for reporting on those substances.⁵⁷

Training seminar in Beijing

189. At the request of the Government of the Democratic People's Republic of Korea, the Board, in cooperation with the Government of China, organized a training seminar in Beijing from 26 to 30 June 2007. Participants in the seminar were officials from various Government ministries responsible for drug control in the Democratic People's Republic of Korea.

190. The Democratic People's Republic of Korea acceded to the three international drug control conventions in March 2007. The training seminar was aimed at improving the understanding of the

Government officials of how provisions of those conventions are implemented. The seminar covered both national and international aspects of drug control, focusing on Governments' obligations under the international drug control treaties.

191. Officials from the Office of China's National Narcotics Control Commission and other relevant ministries participated as resource persons and gave briefings on various areas of drug control in China, particularly on the Government's measures in the area of implementation of the international drug control treaties and on its cooperation with the Board. The seminar was intended to provide an opportunity for officials from the Government of the Democratic People's Republic of Korea to learn from the experiences of the Government of China in national drug control.

192. The Board underlines the importance of accession to the international drug control treaties by the Government of the Democratic People's Republic of Korea. The Board urges the Government to continue its efforts and take the steps necessary to fully comply with its obligations under the international drug control treaties.

193. The Board wishes to express its appreciation for the assistance received from the Government of China in organizing the seminar.

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

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

194. Article 14 of the 1961 Convention as amended by the 1972 Protocol and article 19 of the 1971 Convention set out measures that the Board may take to ensure the execution of the provisions of those conventions. The Board has invoked such measures vis-à-vis a limited number of States for their persistent failure to bring their control measures in line with the respective conventions, to submit information to the Board as required under those conventions and to respond to enquiries of the Board. Most of those States have taken remedial measures, which has led to the Board's decision to terminate action under article 14 of

⁵⁷ The training material can be found on the website of the Board (<http://www.incb.org/incb/index.html>).

the 1961 Convention and article 19 of the 1971 Convention vis-à-vis those States.

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

195. As part of the continuing consultations under article 14 of the 1961 Convention, a Government delegation from Afghanistan attended the session of the Board in May 2007 at the request of the Board. The delegation, headed by the Vice-Minister of Counter Narcotics, gave a presentation on the current drug control situation in Afghanistan and measures taken by the Government in the area of drug control, underlining the Government's resolve to strengthen its compliance with the international drug control treaties and its cooperation with the Board.

196. The Board notes with serious concern that, in 2007, the illicit cultivation of opium poppy in Afghanistan reached an unprecedented level for the second consecutive year, the area under opium poppy cultivation rising to 193,000 hectares, an increase of 17 per cent compared with the level in 2006. As a result of that increase, combined with a higher opium yield, total opium production is expected to be about 8,200 tons, more than one third over the level of 2006.

197. The illicit cultivation of opium poppy is particularly widespread in the southern and western parts of Afghanistan, where such cultivation has increased in virtually every province. Much of the most fertile areas in the south have been used for illicit opium poppy cultivation. In Helmand, illicit opium poppy cultivation has increased by 48 per cent, accounting for more than 50 per cent of the entire opium poppy crop in the country. More than 75 per cent of the opium poppy cultivation in that province in 2007 did not exist in 2005. Despite the fact that Helmand had more resources than any other province, the opium poppy eradication efforts in Helmand fell far short of expectations.

198. The Board, while recognizing the difficulties encountered by the Government of Afghanistan, notes that one of the continuing major obstacles to the eradication of illicit opium poppy cultivation is the widespread drug-related corruption among officials at various levels of government. Such corruption has impeded progress in the elimination of the drug problem, as evidenced by the significant increase in the

illicit opium poppy cultivation in the country over the past two years. Despite increased eradication efforts in 2007, most of the provinces have failed to significantly reduce opium poppy cultivation.

199. The Board wishes to emphasize that the Government of Afghanistan must take firm measures against corrupt officials at any level of government who are involved in illicit drug activities. The elimination of illicit drug activities, particularly the illicit cultivation of opium poppy, is the responsibility of the Government of Afghanistan, which must be held accountable at all levels.

200. The upward trend in cannabis cultivation in Afghanistan is another worrying development, one that requires urgent action. According to UNODC, the area under cannabis cultivation has increased constantly over the past two years, reaching 70,000 hectares in 2007, compared with 30,000 hectares in 2005 and 50,000 hectares in 2006. Cannabis cultivation takes place mainly in the southern provinces but also in some areas that were declared poppy-free in 2007. Cannabis cultivation is increasing among farmers who do not cultivate opium poppy, mainly due to increased cannabis prices and, compared with opium, the higher yield and lower investment required. Under article 14 of the 1961 Convention, the Government of Afghanistan is responsible for taking measures to ensure that illicit activity related to any controlled substance, including cannabis, is dealt with in accordance with the provisions of the international drug control treaties.

201. The Board notes that the control of licit activities related to narcotic drugs and psychotropic substances need to be strengthened in Afghanistan. The Government continues to have difficulty in complying with the reporting obligations required under the international drug control treaties. The Government has yet to put in place adequate systems for preventing the diversion of controlled substances from licit sources into illicit channels and for ensuring that legitimate requirements for controlled substances are met. The Board urges the Government to take steps to ensure the effective functioning of the newly established Drug Regulation Committee.

202. The Board notes that efforts have been made by the Government to address the growing problem of drug abuse in Afghanistan, following the first nationwide survey, conducted in 2005. According to

the Ministry of Counter Narcotics, the number of treatment and rehabilitation facilities for drug addicts in the country has increased. In view of the fact that the majority of drug addicts live in rural areas, the Ministry of Public Health is currently seeking assistance in funding a pioneering project, aimed at integrating the treatment of drug addicts into its primary health-care system, so that the necessary services can be provided to drug addicts at local hospitals. The Board welcomes that initiative and encourages the Government to take a comprehensive approach towards addressing drug abuse and HIV/AIDS in the country.

203. In recent years, there has been continuous advocacy and pressure by some non-governmental organizations and others of the legalization of opium poppy cultivation in Afghanistan, based on the assumption that the opium produced in Afghanistan could be exported and utilized to manufacture opiates to help meet world demand while, at the same time, helping to curb illicit drug activities by organized criminal groups. The Board reminds those involved in such advocacy that the licit cultivation of opium poppy and the production of opiate raw materials are subject to control measures imposed pursuant to the provisions of the 1961 Convention and that Convention as amended by the 1972 Protocol.

204. The Board believes that, until such time as the Government is able to put in place credible and sustainable control measures and to effectively exercise control over narcotic drugs, psychotropic substances and precursors, an enforceable ban on opium poppy cultivation in Afghanistan is the most suitable and realistic measure to address the drug problem in the country. The Board commends the decision of the Government of Afghanistan to reject the proposal to legalize illicit opium cultivation in the country. The Government has affirmed its commitment to fulfilling the obligations under the international drug control treaties, particularly the obligations under article 22 of the 1961 Convention as amended by the 1972 Protocol.

205. As the Board has emphasized over the years in its technical report on narcotic drugs, global demand for opiate raw materials for medical and scientific purposes as requested by Governments has been fully met. Currently, global stocks of opiate raw materials are sufficient to cover global demand for more than

one year. The often expressed view that there is a global shortage of opiates for medical and scientific purposes, which is often used to advocate legalization of opium poppy cultivation in Afghanistan, is not based on hard facts.

206. The Board is also concerned that precursor chemicals, in particular acetic anhydride, continue to be available for the illicit manufacture of heroin in Afghanistan. Projected opium production in that country increased in 2007, and illicit demand for acetic anhydride is expected to increase proportionally. In that connection, the Board reminds all Governments that Afghanistan has no licit requirements for acetic anhydride. Any order or request involving the shipment of acetic anhydride to that country should be reported to the Board.

207. The Board notes that in the Afghanistan Compact⁵⁸ an effective mechanism was established for coordinating Afghan and international efforts for the coming years. The Board calls upon the Government of Afghanistan, the United Nations and the rest of the international community to cooperate closely in achieving the goals set out in the Compact. Bearing in mind the overarching objective of the National Drug Control Strategy of Afghanistan,⁵⁹ the Government of Afghanistan, with assistance from the international community, should, without further delay, take measures to achieve a substantial, sustainable decrease in opium poppy cultivation and in opium production, trafficking and abuse in the country.

F. Special topics

Access to opioid analgesics

208. 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 a number of countries. The Board welcomed the adoption of

⁵⁸ "Letter dated 9 February 2006 from the Permanent Representative of Afghanistan to the United Nations addressed to the President of the Security Council" (S/2006/90), annex.

⁵⁹ "Letter dated 14 February 2006 from the Permanent Representative of Afghanistan to the United Nations addressed to the President of the Security Council" (S/2006/106), annex.

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.

209. Also in its resolution 2005/25, the Economic and Social Council invited the Board and WHO to examine the feasibility of a possible assistance mechanism that would facilitate the adequate treatment of pain using opioid analgesics. The Board and WHO submitted a joint report on the examination of that matter to the Commission on Narcotic Drugs at its fiftieth session, in March 2007, and to the World Health Assembly at its sixtieth session, in May 2007.

210. The Board and WHO reviewed documents and studies on the availability of opioid analgesics at the national level and examined the activities undertaken and planned by various bodies to assist Governments in ensuring the availability of those drugs for medical use. The Board and WHO observed that, although there was no shortage of licitly produced opioid analgesic raw materials worldwide and there had been a substantial increase in the global consumption of opioids in the past two decades, access to opioid analgesics continued to be difficult in some countries. The difficulties in having access to opioid analgesics are due to various interrelated factors, such as inadequate medical education and lack of knowledge and skills in pain management, public attitude, regulatory impediments and economic constraints.

211. The Board and WHO concluded that a mechanism for facilitating the adequate treatment of pain using opioid analgesics would be feasible. Therefore, WHO started the preparation of an assistance programme called Access to Controlled Medications Programme and elaborated a framework document for that programme, in consultation with the Board.

212. Activities of the Access to Controlled Medications Programme will address all the identified impediments, focusing on regulatory, attitude and knowledge impediments. The programme will be implemented by WHO, in cooperation with Governments, WHO partners and collaborating centres. The Board will provide expertise to WHO in those areas of the programme related to the mandate of the Board.

213. The Board encourages all Governments and the international organizations concerned, such as the United Nations Office on Drugs and Crime (UNODC), to cooperate with WHO in the implementation of the programme, with a view to promoting rational use of opioid analgesics by health-care professionals. The Board calls on Governments to provide resources to WHO for the implementation of the programme.

Cultivation of coca bush and uses of coca leaf under the international drug control treaties

214. The Board is concerned that the cultivation of coca bush for purposes that are not in line with the 1961 Convention is continuing in some countries. Uses of coca leaves contrary to the provisions of the 1961 Convention are also continuing, and some of those uses are even being expanded.

215. The Board reminds all Governments concerned that coca leaf is a narcotic drug in Schedule I of the 1961 Convention as amended by the 1972 Protocol. Governments should ensure that the production, export, import, distribution, use and possession of, as well as trade in, coca leaf are limited to medical and scientific purposes, just as they would be limited in the case of any other narcotic drug. In addition, coca leaves may also be used for the preparation of a flavouring agent that should not contain any alkaloids, and, to the extent necessary for such use, production, trade in and possession of such leaves may be permitted. Governments permitting the cultivation of coca bush should set up an agency to carry out certain functions, as required under articles 23 and 26 of the 1961 Convention.

216. The practice of chewing coca leaves continues in Bolivia and Peru and, on a limited scale, in some other countries. The Board wishes to point out that, within 25 years following the entry into force of the 1961 Convention, coca leaf chewing should have been abolished in those countries where it was taking place. As the 1961 Convention came into force in 1964, coca leaf chewing should have come to an end in 1989.

217. In addition, coca leaf is used in Bolivia and Peru for the manufacture and distribution of *mate de coca* (coca tea). Such use is also not in line with the provisions of the 1961 Convention. The Board again calls on the Governments of Bolivia and Peru to consider amending their national legislation so as to abolish or prohibit activities that are contrary to the

1961 Convention, such as coca leaf chewing and the manufacture of *mate de coca* (coca tea) and other products containing coca alkaloids for domestic use and export.⁶⁰

218. The Board reminds all Governments that importation of coca leaf for purposes other than medical and scientific purposes or the preparation of a flavouring agent is contrary to the provisions of the 1961 Convention.

219. The 1988 Convention requires Governments to establish as criminal offences under domestic law, when committed intentionally, activities involving coca leaf that are contrary to the provisions of the 1961 Convention. The activities include, among other things, the production, offering for sale, distribution, sale, delivery on any terms whatsoever, brokerage, dispatch, transport, importation or exportation of coca leaf contrary to the provisions of the 1961 Convention. Subject to its constitutional principles and the basic concepts of its legal system, each party to the Convention should establish as a criminal offence, when committed intentionally, the possession and purchase of coca leaf for personal consumption contrary to the provisions of the 1961 Convention. Governments should establish as criminal offences under its domestic law, when committed intentionally, the cultivation of coca bush for the purpose of the production of narcotic drugs contrary to the provisions of the 1961 Convention.

220. The provisions of the 1988 Convention, including reservations made under that Convention, do not absolve a party of its rights and obligations under the other international drug control treaties. It is therefore important that States fulfil their obligations under those treaties in spite of any reservations they may have made. Should a State require assistance from the international community to enable it to comply with any of its treaty obligations, it should make a formal request for such assistance.

221. The Board calls upon the Governments of Bolivia and Peru to initiate action without delay with a view to eliminating uses of coca leaf that are contrary to the 1961 Convention and to strengthen their efforts against trafficking in cocaine in the region. The Board calls on

⁶⁰ *Report of the International Narcotics Control Board for 1993* (United Nations publication, Sales No. E.94.XI.2), para. 211.

the international community to provide assistance to those countries towards achieving those objectives.

Ketamine

222. The Board welcomes the adoption of Commission on Narcotic Drugs resolution 50/3, in which the Commission encouraged Member States to pay particular attention to the emerging problem of widespread abuse and diversion of ketamine and to consider adopting a system of precautionary measures for use by their Government agencies to facilitate the timely detection of the diversion of ketamine. The Board calls on all Governments to implement that resolution without delay. The Board, together with the Commission, looks forward to the updated review of ketamine by WHO.

223. Since 2004, the Board has drawn the attention of Governments to the problem of trafficking in and abuse of ketamine, a substance currently not under international control.^{61, 62, 63} Ketamine abuse continues to be reported in a number of countries, particularly in the Americas, East and South-East Asia, South Asia and Oceania.

224. For 2006, the abuse of ketamine was reported in France, Greece, the Hong Kong Special Administrative Region (SAR) of China, Israel, Peru, South Africa and the United Kingdom. Seizures of that substance effected in 2006 were reported in Argentina, Australia, Hungary, the Macao SAR of China, Malaysia, Myanmar and the Philippines. In addition, the competent authorities of France have informed the Board of an armed robbery involving ketamine and tiletamine (an anaesthetic used in veterinary medicine) that took place in France in 2007, at the premises of a company trading in pharmaceutical raw materials.

225. The Board is pleased to note that ketamine is controlled in a number of countries where it has been found to be abused. In 2007, the Governments of Chile and France provided to the Board information on the

⁶¹ *Report of the International Narcotics Control Board for 2004* (United Nations publication, Sales No. E.05.XI.3), para. 390.

⁶² *Report of the International Narcotics Control Board for 2005* (United Nations publication, Sales No. E.06.XI.2), paras. 385, 431, 471 and 641.

⁶³ *Report of the International Narcotics Control Board for 2006 ...*, paras. 199-204 and 457-458.

national control measures put in place in their countries pursuant to Commission on Narcotic Drugs resolution 49/6, in which the Commission called upon Member States to consider controlling the use of ketamine by placing it on the list of substances controlled under their national legislation, where the domestic situation so required, and encouraged Member States to consider adopting a system of import and export authorizations for use by their government agencies. The Board again requests all Governments that have not yet done so to furnish it with information on their national regulatory control measures that have been put in place for ketamine. In addition, the Board again requests all Governments to provide to it and to WHO all available information on the abuse of ketamine in their countries in order to assist WHO in its evaluation of ketamine for possible scheduling under the 1971 Convention.⁶⁴

Piperazine-derived compounds

226. During the past several years, the Board has noted with concern reports of the abuse of and trafficking in piperazine-derived compounds, among them *N*-benzylpiperazine (BZP), 1-(3-trifluoromethylphenyl)piperazine (TFMPP), 1-(3-chlorophenyl)piperazine (*m*CPP), 1-(4-methoxyphenyl)piperazine (MeOPP) and 1-(3,4-methylenedioxybenzyl)piperazine (MDBP).

227. There are no current therapeutic uses of the above-mentioned piperazine-derived compounds in humans. Such substances are available primarily for use as intermediates in the manufacture of chemicals and pharmaceuticals and are used in neurochemical and psychiatric research as pharmacological probe drugs for drug discrimination procedures in animals. The effects of most of those piperazines have never been scientifically investigated, but they are understood to act directly on central monoamine receptors in a complex manner, with specific actions depending on the substance in question. They are also metabolites of substances with different psychoactive properties. They are widely available (they can be obtained through commercial chemical suppliers) and relatively inexpensive.

228. Piperazine-derived compounds are taken orally, but they can also be smoked or snorted. A few cases of

injecting drug abuse of *m*CPP have been reported in France, in abusers who usually inject MDMA. Piperazine-derived substances are also frequently encountered in mixtures with other substances.

229. The subjective effects of BZP are described as stimulant-like, similar to the effects of amphetamines. The substance roughly mimics the psychoactive effects of *d*-amphetamine, although at a higher dosage. TFMPP produces a hallucinogen-like effect, mimicking some of the psychoactive effects of MDMA. The subjective effects of *m*CPP are described as similar to those produced by lysergic acid diethylamide (LSD) or mescaline. *m*CPP has been shown to produce stimulant and hallucinogenic effects similar to MDMA. Panic attacks have also been reported.

230. The abuse of BZP and TFMPP was first reported in the United States (California) in 1996 and in Sweden in 1999. Since then, the abuse of those substances has spread rapidly to other countries. Since the late 1990s, the abuse of BZP and TFMPP has increasingly been reported in venues similar to those where MDMA is abused. Their growing popularity is evidenced by the fact that seizures of those substances have increased in the United States since 2000. Numerous seizures of BZP have also been effected in Europe. In early 2007, eight European Union member States reported seizures of BZP to the European Police Office (Europol), including a seizure of 64,900 tablets in the United Kingdom.⁶⁵

231. *m*CPP is available on illicit markets in many European countries, such as Austria, the Netherlands and Sweden, and its availability in Europe as a whole is increasing. The size of individual seizures of *m*CPP have ranged from a few tablets to 30,000 tablets. Significant *m*CPP seizures were reported to Europol and the European Monitoring Centre for Drugs and Drug Addiction by Belgium, Estonia, Finland, France, Germany, Greece, Hungary, Malta, the Netherlands, Slovakia, Spain and the United Kingdom. Several other European Union member States have reported minor seizures of *m*CPP tablets. More than 800,000 *m*CPP tablets were seized in the European Union in 2006. In the Netherlands, 255,000 *m*CPP tablets were seized.

⁶⁴ Ibid., paras. 202-204.

⁶⁵ European Police Office, *Amphetamine-type Stimulants in the European Union 1998-2007: Europol Contribution to the Expert Consultations for the UNGASS Assessment* (The Hague, July 2007).

Furthermore, the size of the seizures and the discovery of traces of *mCPP* in major MDMA production and tableting sites in the Netherlands strongly suggest the involvement of organized criminal groups.⁶⁶

232. The authorities in a number of countries have already placed some of those substances under national control or are considering doing so. For instance, most piperazines are already under national control in Australia, Japan and New Zealand, BZP is under national control in Belgium, Denmark, Greece, Malta, Spain, Sweden and the United States and *mCPP* has been placed under national control in Finland and Greece, whereas the introduction of controls for *mCPP* is being considered in Belgium, Germany and Latvia. Furthermore, the European Union has taken steps to ensure that BZP is placed under control in all member States.

233. In view of those developments, the Board requested WHO in March 2007 to consider reviewing piperazine-derived compounds for possible scheduling under the 1971 Convention. The Board urges all Governments to report to WHO, as well as to the Board, any information on the emerging abuse of and trafficking in those substances.

Information on the specific requirements for travellers who carry medical preparations containing controlled substances for personal use

234. The Commission on Narcotic Drugs, in its resolutions 45/5, 46/6 and 50/2, 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 preparations containing substances under international control. The Board has received from 73 Governments information on the legal provisions and/or administrative measures currently applicable in their countries to travellers carrying medical preparations containing narcotic drugs or psychotropic substances for personal use. The Board, in cooperation with those Governments, has been putting the information received into a standard format so that travellers may receive comprehensive information on the requirements in their countries of

destination.⁶⁷ The Board urges Governments that have not yet done so to examine the standardized information on their national requirements and to inform the Board immediately of their approval of that information. Once approved, the standardized information will be posted on the website of the Board and will also be disseminated on a regular basis to all Governments.

235. The Board calls on all Governments that have not yet done so to submit to it their current national regulations and restrictions applicable to international travellers carrying medical preparations containing internationally controlled substances for personal use, pursuant to Commission on Narcotic Drugs resolutions 45/5, 46/6 and 50/2. In addition, Governments should notify the Board of any changes in their national jurisdictions in the scope of control of narcotic drugs and psychotropic substances relevant to travellers under medical treatment with internationally controlled substances, in accordance with Commission resolution 50/2.

Inadequate resources for Governments' regulatory agencies for national drug control

236. In accordance with the provisions of the 1961 Convention, the 1971 Convention and the 1988 Convention, Governments are required, inter alia, to cooperate with the Board in the administration of the system of estimates and statistical returns for narcotic drugs and the submission of statistical reports on psychotropic substances.

237. The Board is aware that drug control authorities have other tasks besides reporting to the Board. The Board is also aware that the duties of drug regulatory agencies are manifold and include licensing and inspection of manufacturers and traders, issuing export and import authorizations and ensuring adequate drug supply. The Board recognizes that, without the cooperation of the different agencies, the competent national authorities would not be able to report adequately and in a timely manner to the Board. Such internal cooperation may require adequate funding.

238. The Board notes with concern that the control of licitly manufactured drugs is receiving decreasing attention by many Governments, despite the growing

⁶⁶ Ibid.

⁶⁷ See also *Report of the International Narcotics Control Board for 2005 ...*, paras. 214-215.

abuse of those drugs. Investigation by the Board has shown that lack of resources is at the root of the difficulties Governments have in complying with their treaty obligations, including difficulties in fulfilling their treaty obligations to report to the Board. A number of countries that are major manufacturers and traders in narcotic drugs and psychotropic substances are furnishing too late or not at all their mandatory statistical reports to the Board (see paragraphs 65, 66, 76, 103 and 106 above).

239. The Board carries out its obligations under the international drug control treaties in part on the basis of data provided by Governments. If the Board does not receive the data required in a timely manner or there are deficiencies in the quality of the data submitted, the Board will not be in a position to fully accomplish its obligations and the international drug control system will not be performing to its full capacity.

240. Governments are reminded that the international control system for narcotic drugs and psychotropic substances functions as good as the quality and timeliness of the information collected and supplied by Governments and the good cooperation of Governments with the Board.

241. Governments should be aware that a lack of adequate resources allocated to the competent authorities responsible for national control of narcotic drugs and psychotropic substances and for cooperation with the Board seriously affects the functioning of the international drug control system. The Board therefore urges all Governments to always allocate adequate resources to their national competent authorities to meet their treaty obligations by submitting the statistical data to the Board in a timely manner and in the quality required.

Trafficking in and abuse of fentanyl

242. In its report for 2006, the Board alerted Governments to the increasing trafficking in and abuse of fentanyl and to the dangers related to the very high potency of fentanyl and its analogues, which increases the risk of their overdose and other health problems related to the abuse of opioids. The Board is concerned that trafficking in and abuse of fentanyl continue to pose problems in some countries, in particular in the United States. Recently, the Russian Federation has reported seizures of illicitly manufactured

3-methylfentanyl, an analogue of fentanyl. In most countries, relatively little is known about trafficking in and abuse of fentanyl. That lack of information may, however, in some cases be related to the fact that clandestinely manufactured fentanyl is often sold as heroin and therefore appears on the illicit market as heroin. The Board invites the Governments of countries in all regions to remain vigilant with regard to trafficking in and abuse of fentanyl and its analogues.

243. In the United States, most of the fentanyl seized consists of clandestinely manufactured fentanyl. In addition, a smaller number of seizures of other fentanyl analogues have been reported. In the period 2005-2007, trafficking in fentanyl and its analogues occurred in the north-eastern part of the United States. The distribution of illicitly manufactured fentanyl combined with heroin or cocaine has resulted in hundreds of suspected fentanyl-related overdoses and over 1,000 confirmed fentanyl-related deaths in that part of the country.

244. A small number of clandestine laboratories manufacturing fentanyl, including one laboratory in Toluca, Mexico, dismantled by the Mexican authorities in May 2006, were involved in the outbreak of fentanyl abuse in 2005 and 2006 in the United States. As a result of measures adopted by the authorities of the United States, trafficking in fentanyl decreased in 2007.

245. Since April 2007, *N*-phenethyl-4-piperidone (NPP), a substance identified as a precursor of fentanyl, was placed under control in the United States as a "List I chemical" under the Controlled Substances Act.

246. In the Russian Federation, the vast majority of seizures involve clandestinely manufactured 3-methylfentanyl. In 2006, the total number of seizures represented more than 1.3 billion single doses of that narcotic drug. The seizures were mainly effected in the central and north-western parts of the country and in the area of Kaliningrad. The Board calls upon the authorities of the Russian Federation to continue to take vigorous measures with a view to eliminating trafficking in and abuse of 3-methylfentanyl.

247. Some other countries in Europe, including Belarus, Estonia and Lithuania, reported seizures of fentanyl or 3-methylfentanyl in 2006 and 2007. The

Board calls upon those States to systematically collect data on the extent of the problem and to adopt measures to counter trafficking in and abuse of those drugs, as necessary. The Board encourages those and the other countries concerned in the region to exchange all relevant information and to cooperate with each other, in order to prevent the smuggling and abuse of fentanyl and its analogues.

248. The Board remains concerned that trafficking in and abuse of fentanyl may not be recognized as a problem in some countries due to insufficient laboratory analysis and/or inadequate reporting. The Board reaffirms its request to the Governments of countries in which there has been a sudden increase in opioid overdoses to determine whether those overdoses were caused by the abuse of fentanyl and its analogues. The Board encourages Governments to ensure that forensic laboratories include in their programmes the analysis of fentanyl and its analogues.

249. The Board notes with concern that a growing number of Governments are reporting the abuse of diverted pharmaceutical preparations containing fentanyl. Such abuse often involves fentanyl patches diverted from licit channels, including used and discarded patches. As the used and discarded patches contain significant quantities of fentanyl, specific measures for the disposal of such patches are recommended. The Board calls upon the Governments of countries in which fentanyl patches are manufactured to examine, in cooperation with the pharmaceutical industry, possible ways to address this issue without impeding access to an otherwise useful medicine. The Board requests the Governments of all countries in which fentanyl patches are used to take care with regard to the disposal of used patches, in order to prevent them from being diverted for abuse.

Internet

250. In its resolution 50/11, the Commission on Narcotic Drugs recognized that the illegal distribution via the Internet of internationally controlled licit substances was an escalating problem. The unsupervised use by the general public, in particular underage persons, of pharmaceutical preparations containing such substances purchased through the Internet constitutes a serious risk to health worldwide. In its resolution 50/11, the Commission encouraged Member States to notify the Board, in a regular and

standardized manner, of seizures of licit substances under international control ordered via the Internet and delivered through the mail, in order to fully assess trends relevant to that issue, and encouraged the Board to continue its work with a view to raising awareness of and preventing the misuse of the Internet for the illegal supply, sale and distribution of such substances. The Board is alarmed by the continuing rise in Internet sales of internationally controlled substances without valid prescriptions.

251. According to information from countries in which activities of illegal Internet pharmacies are closely investigated, the very high volume of transactions carried out by individual Internet pharmacies is a matter of serious concern. For example, in the United States, it was found that, in 2006, 34 illegal Internet pharmacies dispensed more than 98 million dosage units of hydrocodone products. Since individuals ordering from illicit Internet pharmacies can obtain quantities of about 100-200 tablets per order, the quantities of controlled drugs dispensed illegally over the Internet have contributed significantly to the availability of the prescription drugs abused. According to studies carried out by the National Center on Addiction and Substance Abuse at Columbia University, the number of websites advertising or selling controlled prescription drugs increased by 70 per cent in 2007 compared with 2006. Of the 187 websites analysed in 2007, 84 per cent sold prescription drugs containing controlled substances without requiring the patient to provide a valid prescription. Because of the high rate of abuse of certain prescription drugs by teenagers, it is of particular concern that there are no mechanisms in place for preventing young people from purchasing controlled prescription drugs through the Internet.

252. In August 2007, a report by an enterprise brand protection company showed that the majority of websites from which prescription drugs were obtainable were operating without proper credentials. Only 4 of the 3,160 online pharmacy websites studied were accredited as Verified Internet Pharmacy Practice Sites™ (VIPPS®), the industry credential that assures consumers of the legitimacy of the online pharmacy operations. Most of those Internet pharmacy websites were based in the United States, followed by the United Kingdom. The websites had a high visitor rate: the most frequented websites were visited by an average of 32,000 visitors a day. The prices (in some

cases, one fifth of the official retail price) and the quantities traded indicated that the pharmaceutical preparations sold were questionable (that is, they were expired, stolen, diluted or counterfeit).

253. Internet pharmacies continue to operate from countries not only in North America and Europe but also in South Asia, South-East Asia and West Asia, from where large quantities of controlled prescription drugs are illegally shipped to customers in North America and Europe. In addition, the Internet continues to be used as a source for chemicals required for the illicit manufacture of drugs. For example, Canadian authorities have discovered that *gamma*-butyrolactone (GBL), the precursor of *gamma*-hydroxybutyric acid (GHB), was obtained from Canadian or other sources in “GHB manufacturing kits” ordered via the Internet.⁶⁸ An Internet company based in the United Kingdom supplied more than 360 kg of chemicals to clandestine methamphetamine laboratories in the United States in 2006 and 2007.

254. In response to that worrying development, the United States authorities have introduced new tools, such as the Automation of Reports and Consolidated Orders System (ARCOS), to identify consignments with high or excessive volumes. ARCOS supports efforts to identify retail pharmacies and practitioners who might be connected with illegal sales of controlled substances via the Internet. In addition, the United States Drug Enforcement Administration (DEA) launched in 2006 an initiative to provide educational information to DEA-registered Internet distributors of controlled substances. DEA has established cooperation with other businesses and industries whose services are misused by illegally operating Internet pharmacies, such as Internet service providers, express package delivery companies and financial service companies.

255. The Royal Pharmaceutical Society of Great Britain has developed a pilot project that will give persons placing orders through Internet pharmacies direct access to its website to enable them to verify whether an Internet pharmacy is duly registered with the Society, which is required of all pharmacies based in England, Scotland or Wales. Visitors of the website can verify the registration details of both the pharmacy

and the pharmacist, thereby ensuring that they are ordering medicines from a bona fide pharmacist.

256. The Board calls upon all Governments to accord adequate importance to the detection and investigation of illegal sales of prescription drugs containing internationally controlled substances and to undertake all measures necessary to ensure that legislative and regulatory provisions are in force in their territory to effectively counteract such illegal transactions. Governments should also ensure that customers of Internet pharmacies are made aware of the potential health risk involved in consuming prescription drugs obtained from illegal Internet pharmacies. In addition, Governments should seek the cooperation of professional and consumer interest groups in identifying and implementing measures to counteract illegal activities of Internet pharmacies.

257. The Board continues to collect information from Governments on national legislation related to Internet services and sites, national cooperation mechanisms and practical experience in the control and investigation of illegal Internet pharmacies. In addition, the Board collects contact details of national focal points for activities related to illegal Internet pharmacies in order to facilitate international cooperation. The Board encourages all Governments that have not yet done so to provide it with the required information.

258. The Board is in the process of finalizing guidelines on matters related to Internet sites illegally selling internationally controlled substances. The guidelines are intended to provide guidance to national authorities in formulating national legislation and policies for prescribers, pharmacists, law enforcement authorities, regulatory authorities and the public with regard to the use of the Internet for dispensing, purchasing or importing internationally controlled substances.

Operations of courier services and drug control

259. Alerted by reports received from some Governments, the Board has initiated a review into the compliance of courier services⁶⁹ with control

⁶⁸ Royal Canadian Mounted Police, *Drug Situation Report 2005*, p. 19.

⁶⁹ For the purpose of the present report, courier services are defined as companies offering customized pickup, sorting, transport and delivery (domestic or international) of letters, parcels (mail type) and packages

provisions on international shipments of narcotic drugs and psychotropic substances. The Board has begun analysing information on the misuse of courier services for smuggling illicit drugs and drugs licitly manufactured and subsequently diverted.

260. According to the preliminary analysis of information received by the Board from several Governments, the legal situation with regard to the use of courier services to transport consignments of internationally controlled substances differs from country to country. While in some countries such shipping is regulated under specific laws, in other countries the general provisions regarding the transporting of narcotic drugs and psychotropic substances apply also to their shipment using courier services. In most countries, postal laws apply to the sending of letters and parcels through courier services.

261. The information received so far does not indicate any major problems regarding legitimate shipments of narcotic drugs and psychotropic substances by courier services. Reports of the diversion of consignments of narcotic drugs and psychotropic substances while they are being transported are very rare. However, in a few cases, the non-compliance of courier services with control provisions on transporting consignments of narcotic drugs and psychotropic substances has been detected.

262. In Sweden, guidelines on the transportation of pharmaceuticals that are especially liable to theft were developed by the Swedish Association of the Pharmaceutical Industry, wholesalers and pharmacies, in cooperation with the Medical Products Agency of Sweden. The authorities intend to make the application of the guidelines mandatory for all shipments of narcotic drugs, including those sent by courier services.

263. The smuggling of narcotic drugs and psychotropic substances using shipments registered through various courier services was reported in several countries in different regions. The drugs are either sent in misdeclared consignments or are concealed in consignments of legitimate goods. In a few countries, the misuse of courier services was identified as a major modus operandi for drug smuggling.

in fast delivery time. The companies operate outside the scope of universal service obligation.

264. The experience of law enforcement authorities in some countries, including Poland and Venezuela (Bolivarian Republic of), indicates that drug trafficking organizations have realized that using courier services is a relatively secure method of illegal drug transportation; it allows criminals involved in drug trafficking to maintain their anonymity and it keeps the risks to a minimum and the operational costs low. According to law enforcement authorities in those and other countries, using the technique of controlled delivery is the most effective way to counteract such smuggling, since it makes possible the identification of both the senders and the recipients of illicit drug consignments.

265. The law enforcement authorities of several countries consider their cooperation with the staff of courier services to be an important tool for detecting drug smuggling. Law enforcement authorities in India, for example, have been training the staff of courier services to identify suspicious shipments. Several seizures of narcotic drugs and psychotropic substances have been made in India on the basis of information provided by the staff of courier services to the customs authorities. Cooperation between the law enforcement authorities and courier services is also taking place in Lithuania and Malaysia.

266. The Board will continue gathering information on the misuse of courier services in relation to trafficking in internationally controlled drugs, with a view to developing countermeasures in that area for adoption by Governments. The Board invites all Governments and the relevant international organizations to provide it with pertinent information and their views on that subject.

Problems in precursor control in Africa

267. Operation Crystal Flow (a six-month operation used to track orders for shipments of ephedrine and pseudoephedrine to countries in Africa, the Americas and West Asia) has helped in identifying the trends in trafficking operations using Africa and West Asia as transit areas as part of efforts to divert ephedrines. As highlighted in the 2007 report of the Board on the implementation of article 12 of the 1988 Convention,⁷⁰

⁷⁰ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics*

countries being targeted for the diversion of precursors of ATS include Burundi, the Democratic Republic of the Congo, Ethiopia, Ghana, Iran (Islamic Republic of), Kenya, Nigeria, Somalia, South Africa, the Sudan, the Syrian Arab Republic, the United Arab Emirates and the United Republic of Tanzania. The Board calls on the Governments of all countries in Africa and West Asia to strengthen their controls over the import and movement within their territory of those precursors.

268. During the period 2006-2007, participants in Project Prism (the international initiative to address the diversion of chemicals used in the illicit manufacture of ATS) and in Operation Crystal Flow identified shipments to Africa to be diverted within the region and to the Americas. In total, over 75 tons of ephedrine and pseudoephedrine were prevented from being diverted to or through the region. The Democratic Republic of the Congo alone was the destination of seven stopped shipments involving a total of 23 tons of pseudoephedrine during 2007. Traffickers are taking advantage of the often less stringent or non-existing national controls over pharmaceutical preparations containing ephedrine or pseudoephedrine, which are not currently under international control, to smuggle such consignments into African countries.

269. One of the most commonly used methods of diversion in Africa was the falsification of import permits. The Board notes with concern that several African countries are not in a position to respond in a timely manner to pre-export notifications and to inquiries about suspicious chemical shipments. The Governments of those countries should allocate adequate resources to staff development to enable the competent authorities to perform their regulatory and enforcement roles efficiently. The competent authorities of countries and territories exporting ephedrines are urged to confirm the legitimacy of shipments of ephedrine, pseudoephedrine or preparations containing those substances to any country before releasing such shipments.

270. The Board is concerned by recent developments in which Africa has become one of the main regions used for the diversion of precursors of ATS. In particular, the Board is concerned that the significant number of identified diversions and attempted diversions to and through Africa is in sharp contrast

with the limited number of seizures made by Governments of countries in the region. Between 2000 and 2006, ephedrine and pseudoephedrine seizures in the entire region amounted to only 242 kg, with South Africa accounting for most of those seizures. The Board calls on the Governments of countries in Africa to take adequate measures to ensure that their territory is not used for the trans-shipment of precursor chemicals.

Demand reduction

271. Pursuant to article 38 of the 1961 Convention as amended by the 1972 Protocol and article 20 of the 1971 Convention, parties are required to take all practicable measures for the prevention of abuse of narcotic drugs and psychotropic substances and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved. Article 14, paragraph 4, of the 1988 Convention states that parties shall adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering and eliminating financial incentives for illicit traffic.

272. The Board has addressed the issue of drug demand reduction in a number of its annual reports. In its report for 1993,⁷¹ the Board underlined the importance of demand reduction as an essential part of global and national efforts against drug abuse. The Board invited Governments to consider making demand reduction a priority in their drug control efforts, stressing the inextricable relationship between demand reduction and supply reduction. That connection was further analysed by the Board in its report for 2004,⁷² in which the Board stated that neither demand reduction programmes nor supply reduction programmes alone had been fully successful in addressing the drug abuse problem and indicated that, to reduce drug abuse effectively, Governments needed to implement supply and demand reduction policies concurrently. In its report for 1996,⁷³ the Board highlighted the added value that the criminal

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⁷¹ *Report of the International Narcotics Control Board for 1993 ...*, paras. 13-31.

⁷² *Report of the International Narcotics Control Board for 2004 ...*, para. 7.

⁷³ *Report of the International Narcotics Control Board for 1996 ...*, paras. 1-37.

justice system could offer in reducing drug demand and the Board stressed that providing alternative measures in the areas of treatment and rehabilitation, in addition to, or instead of, imposing fines or handing down prison sentences, could be a valuable instrument for reducing drug abuse. In its report for 1997, the Board observed that some segments of popular culture, in particular music, promoted lifestyles in which the use of illicit substances was trivialized or even encouraged. The Board urged Governments to counter those messages by using new forms of communication, including the Internet, to disseminate messages underlining the negative consequences of drug abuse. In addition, the Board brought to the attention of Governments their obligation under article 3, paragraph 1 (c) (iii), of the 1988 Convention in relation to the public by inciting or inducing others to illicitly use narcotic drugs or psychotropic substances.⁷⁴

273. In 1998, the General Assembly at its twentieth special session adopted the Declaration on the Guiding Principles of Drug Demand Reduction (Assembly resolution S-20/3, annex), in which States Members of the United Nations pledged their commitment to investing in demand reduction programmes. The measures recommended in the Declaration included: regularly assessing the nature and magnitude of drug abuse; ensuring that demand reduction programmes covered all areas of prevention, from discouraging initial use to reducing the negative consequences of drug abuse; forging partnerships among the stakeholders involved at the national and local levels; tailoring approaches to different target groups, in particular youth; ensuring that disseminated information was correct and reliable; and ensuring that experience acquired in demand reduction was preserved and utilized.

274. In 2007, the Executive Director of UNODC made an assessment of the progress in drug control since the adoption of the Declaration. All Governments were requested to supply information on their efforts to implement the international drug control conventions, including their demand reduction programmes. Information was collected on demand reduction through a questionnaire issued every two years after 1998, focusing on prevention, treatment and

rehabilitation, as well as reducing the negative health and social consequences of drug abuse.

275. Based on the information submitted by Governments on the questionnaire, the Executive Director of UNODC ascertained that the overall level of coverage in prevention efforts increased in six of the nine regions (Central, South and South-West Asia; Central and Western Europe; Latin America and the Caribbean; North Africa and the Middle East; North America; and Oceania) in the period 2004-2006, compared with the periods 2000-2002 and 2002-2004. North America and Oceania showed high levels of implementation of prevention interventions. In the other regions, the implementation levels were much lower, even though results per country differed significantly from the regional average. Although globally prevention interventions are being expanded and maintained at that higher level, effective demand reduction requires substantially higher coverage of interventions.⁷⁵

276. According to a report of the Executive Director,⁷⁶ detoxification remains the most prevalent treatment intervention method. The coverage of detoxification has increased in all regions except in Sub-Saharan Africa and in Eastern and South-Eastern Europe. Substitution treatment is the least employed intervention strategy and its coverage has reached high levels in North America and in Oceania. In most other regions, small increases or even declines have been reported. The coverage of non-pharmacological treatment showed a minor increase since the period 2002-2004. In Oceania, it remained the most common intervention strategy. Interventions in the area of social reintegration received largely the same coverage during the period 2004-2006 as in the period 2002-2004, registering small increases in most regions, with small decreases in Sub-Saharan Africa and in North Africa and the Middle East.

277. In his report, the Executive Director also focused on interventions to reduce the negative health and social consequences of drug abuse, mainly aimed at preventing the spread of infectious diseases such as

⁷⁴ *Report of the International Narcotics Control Board for 1997* (United Nations publication, Sales No. E.98.XI.1), paras. 1-42.

⁷⁵ "Drug demand reduction: fourth biennial report of the Executive Director" (E/CN.7/2007/2/Add.1), paras. 33 and 34.

⁷⁶ "Drug demand reduction: fourth biennial report of the Executive Director" (E/CN.7/2007/2/Add.1), paras. 43-45.

HIV/AIDS and hepatitis B and C. Interventions ranged from the dissemination of information, peer outreach, condom distribution, substitution treatment, counselling and HIV-testing to programmes for the exchange of needles and syringes. North America and Oceania had the widest coverage of the combined intervention strategies. Central and Western Europe had medium coverage of such interventions, while interventions in all other regions were limited, even though individual States within regions might have had higher coverage.⁷⁷

278. As underlined earlier, reducing illicit supply and reducing demand have a mutually reinforcing effect. However, both objectives require essentially different approaches. Supply reduction interventions must be implemented uniformly to ensure the functioning of the international drug control system. Consequently, the legal framework for measures countering illicit drug manufacture, production, trafficking and diversion must be established at the international level. However, preventing drug abuse mostly involves communicating messages that should take into account the cultural, social and economic backgrounds of target groups. In addition, the provision of treatment and rehabilitation for drug abusers can only take place in the socio-cultural context of each country. Consequently, demand reduction entails policies and interventions that should be developed at the national and local levels to achieve the desired results.

279. The Board recognizes that demand reduction is a policy objective requiring a wide variety of complex measures, in particular because effective interventions often need to be tailored to specific target groups. In addition, interventions must be sustained over a long period and the results of some might be difficult to measure. However, the Board stresses the importance of drug demand reduction as an essential component of the global response to the drug problem. Without concerted efforts towards drug demand reduction at the national and local levels, reducing the illicit use of drugs cannot be accomplished.

280. In developing and implementing demand reduction policies, proper statistical data and expert analysis are indispensable. The Board calls upon every

Government that has not yet done so to establish an information system that can assess the drug abuse situation in its country. Demand reduction programmes also require constant monitoring and a built-in evaluation process. The Board encourages Governments to make national and local experiences with demand reduction interventions accessible to drug control authorities in other regions or countries. The sharing of information and experiences can contribute to improving the demand reduction strategies in countries that do not have established monitoring and evaluation systems.

281. The Board reminds Governments of their obligations under the drug control conventions, as well as their commitments made in the Declaration on the Guiding Principles of Drug Demand Reduction. The Board calls upon Governments to implement the provisions of the conventions and to carry out the action called for in the Declaration. Governments should make it a priority to increase their demand reduction interventions in a comprehensive manner, on the basis of reliable information on drug abuse and paying due attention to the specific characteristics of target groups, such as their age and gender.

Abuse of narcotic drugs and psychotropic substances diverted from domestic distribution channels

282. Diversion of pharmaceutical preparations containing narcotic drugs and psychotropic substances from domestic distribution channels has become the main source of those substances found on illicit drug markets.

283. In some countries, the abuse of pharmaceutical preparations containing controlled substances is second only to the abuse of cannabis. The pharmaceutical preparations diverted and abused contain various opioids, benzodiazepines and ATS. Among the opioids, preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, methadone, morphine, oxycodone and tramperidine account for the largest quantities diverted (see paragraph 79 above).

284. Data collected by Governments on the patterns of abuse of pharmaceutical preparations suggest that those patterns are related to the overall availability of the preparations. For example, to a considerable extent, the increasing abuse of pharmaceutical preparations

⁷⁷ "Drug demand reduction: fourth biennial report of the Executive Director" (E/CN.7/2007/2/Add.1), paras. 48-57.

containing narcotic drugs or psychotropic substances in Canada and the United States is attributed to the extensive licit supply of controlled substances in those countries. From 2002 to 2006, the licit use of narcotic drugs increased by more than 80 per cent in Canada and by more than 60 per cent in the United States, two countries that had already in 2002 ranked among the highest consumers of narcotic drugs worldwide. In the same period, the consumption of amphetamines in Schedule II of the 1971 Convention doubled in Canada and increased by 42 per cent in the United States. That trend in consumption clearly indicates the importance of monitoring and providing education on the appropriate use of narcotic drugs and psychotropic substances. The Board requests the Governments concerned to promote the rational use of narcotic drugs and psychotropic substances and to adopt prescription procedures that promote the rational use of drugs.

285. Some countries in South Asia and South-West Asia are witnessing increasing abuse of various opioid analgesics, including codeine preparations, and benzodiazepines as preferred drugs. In a number of countries in Africa, certain benzodiazepines such as chlordiazepoxide, diazepam, lorazepam and nitrazepam can be obtained easily and without prescription and on street markets. In Nigeria, pentazocine, an opioid analgesic in Schedule III of the 1971 Convention, is the second most commonly abused drug among persons who abuse drugs by injection. Oxycodone, hydrocodone and methadone are the narcotic drugs most often mentioned as being responsible for the increasing number of fatalities in Australia, Canada and the United States, as well as in a number of European countries.

286. The abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances has become part of and has contributed to the problem of increasing polydrug abuse. The increasing prescription of opioids, such as buprenorphine and methadone, for substitution treatment also contributes to the problem of polydrug abuse, as well as the problem of diversion. Some addicts illegally sell their prescribed pharmaceutical preparations so that they can purchase their drugs of choice, such as heroin. Significant amounts of those substances are diverted to supply the growing illicit markets for those substances, not only in the country in which they are diverted but also in other countries, into which they are smuggled. In Mauritius, for example, there has been a significant

increase in the number of seizures of buprenorphine smuggled out of countries such as France.

287. However, despite increasing abuse of pharmaceutical preparations, most national drug abuse monitoring systems are not sensitive to the phenomenon of abuse of prescription drugs. Prescribed opioids, benzodiazepines and stimulants are rarely included in drug abuse surveys and in data collected by law enforcement authorities on trafficking. That is just one of the reasons why the dimensions of the problem are unknown and inadequately assessed.

288. The United States (in the National Survey on Drug Use and Health) systematically collects data on the abuse of specific prescription drugs. A number of other countries, while not systematically collecting such information, include prescription drugs in studies on the extent and patterns of drug abuse. The Board notes that the All Party Parliamentary Group on Drug Misuse in the United Kingdom launched in July 2007 an inquiry into the scale and nature of the abuse of prescription drugs and over-the-counter drugs in that country. The Board welcomes that initiative and invites the Governments of other countries where that is not already done to examine the issue of the diversion and abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances and to adopt adequate countermeasures, as appropriate.

289. The traditional methods of diversion include the use of stolen or forged prescriptions, burglary of pharmaceutical establishments and "doctor shopping". In addition, diversions occur as a result of poor prescription practices by medical doctors and disregard for prescription requirements in pharmacies. Those diversion methods are often used to supply individual drug abusers. Larger-scale theft, from factories and wholesalers and pretended exports, are diversion methods used by drug traffickers. In such cases, the diverted drugs are abused within the country of diversion or smuggled into other countries. In some countries, the diversion of pharmaceutical drugs has been identified by some criminal groups as a lucrative activity.

290. In countries experiencing a particularly negative development in the abuse of prescribed opioids, the authorities should consider increasing the regulatory control of such substances. The Board in its annual

reports^{78, 79} has encouraged the Government of the United States to review the controls applicable to preparations containing hydrocodone with a view to preventing their diversion and abuse. Considering the particularly worrying trend of the abuse of hydrocodone among youth (see paragraphs 81 and 98 above), the Board again urges the authorities of the United States to examine the appropriateness of current control measures for preventing the diversion and abuse of that narcotic drug. If necessary, the authorities should adopt stricter control measures for hydrocodone.

⁷⁸ *Report of the International Narcotics Control Board for 2005 ...*, para. 72.

⁷⁹ *Report of the International Narcotics Control Board for 2006 ...*, para. 56.