

II. Operation of the international drug control system

A. Narcotic drugs

1. Cooperation with Governments

Submission of annual and quarterly statistical reports on narcotic drugs

42. Parties to the Single Convention on Narcotic Drugs of 1961²⁰ and that Convention as amended by the 1972 Protocol have an obligation to furnish to the Board statistical information on narcotic drugs pursuant to article 20 of the Convention. The Board uses the statistical data and other information received from Governments to monitor licit activities involving narcotic drugs throughout the world. The analysis of statistical data allows the Board to determine whether Governments have enforced 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 the availability of narcotic drugs for legitimate purposes. Details of the statistical data received, including the status of compliance of parties with their reporting obligations, are contained in the 2009 technical report of the Board on narcotic drugs.²¹

43. Parties to the 1961 Convention are required to submit to the Board annual statistical reports on production, manufacture, consumption, stocks and seizures of narcotic drugs. They have also an obligation to furnish to the Board quarterly statistics on imports and exports of narcotic drugs. As at 1 November 2009, a total of 169 States and territories had submitted annual statistics on narcotic drugs for 2008; that figure represents 80 per cent of the 211 States and territories required to furnish those statistics. A total of 192 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2008; that figure represents 91 per cent of the 211 States and territories requested to furnish such statistics.

44. Some States, including India, Japan, Singapore, the United Kingdom of Great Britain and Northern

Ireland and the United States of America, did not provide in 2009 the requested annual statistical reports in a timely manner. The late submission of reports makes it difficult for 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 legitimate purposes, as well as its analysis of the global balance between the supply of opiate raw materials and the demand for those materials. The Board requests all States to comply in a timely manner with their reporting obligations pursuant to the 1961 Convention.

45. The Board provides assistance to Governments in complying with their reporting obligations under the 1961 Convention. In 2009, the Board provided to several Governments, at their request, explanations regarding reporting requirements for narcotic drugs. Training material on the control of narcotic drugs and guidelines on reporting on those drugs for use by national competent authorities are available on the website of the Board (www.incb.org). Reporting requirements were discussed during an informal consultation on reporting, organized for selected Governments by the Board during the fifty-second session of the Commission on Narcotic Drugs, in March 2009. All Governments are encouraged to seek from the Board any information that they may consider useful regarding the control of narcotic drugs pursuant to the 1961 Convention, including reporting requirements.

Submission of estimates of requirements for narcotic drugs

46. The universal application of the system of estimates for narcotic drugs is a prerequisite for the functioning of the international control system for narcotic drugs. Governments should establish estimates at the levels that are adequate to ensure access to narcotic drugs for medical treatment and to prevent diversion into illicit channels.

47. As at 1 November 2009, a total of 164 States and territories had submitted their estimates of requirements for narcotic drugs for 2010; that figure represents 78 per cent of the 211 States and territories required to furnish the annual estimates for confirmation to the Board. For those States and

²⁰ United Nations, *Treaty Series*, vol. 520, No. 7515.

²¹ *Narcotics Drugs: Estimated World Requirements for 2010; Statistics for 2008* (United Nations publication, Sales No. T.10.XI.2).

territories that did not submit 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 established by the Board are based on estimates and statistics reported in the past by the Governments concerned. If Governments have not furnished estimates and statistics for several years, the estimates established by the Board may be set lower than the estimates submitted in the past by the respective Governments, as a precaution against diversion. Therefore, the Governments for which estimates were established by the Board are urged to examine closely their requirements for narcotic drugs for 2010 and provide their own estimates to the Board for confirmation as soon as possible, in order to prevent any possible difficulties in importing the quantities of narcotic drugs required for legitimate purposes.

48. The estimates for all States 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 (www.incb.org).

49. The Board examines annual estimates received from Governments in order to limit the use of narcotic drugs to the amount required for medical and scientific purposes and to ensure adequate availability of those drugs for such purposes. Governments are requested to adjust their estimates or to provide explanations whenever the Board considers the estimates to be inadequate. In 2009 the Board was, for the most part, satisfied with the promptness of the responses from Governments that had been requested to adjust their estimates or provide clarifications. However, the competent authorities in some countries, such as India and South Africa, appear to have difficulties in estimating their requirements for narcotic drugs. The Board has offered assistance to the Governments of those countries by providing clarifications on the provisions of the 1961 Convention relating to the system of estimates.

50. Supplementary estimates are an important tool used to meet shortfalls in the availability of narcotic drugs. 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. However, when developments in medical treatment, including the use of new medicaments and scientific research, result in additional needs for narcotic drugs, Governments should not hesitate to submit supplementary estimates.

2. Prevention of diversion of narcotic drugs into the illicit traffic

Diversion from international trade

51. 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 2009, no cases were detected of diversion of narcotic drugs from licit international trade into the illicit traffic.

52. The effective control of international trade in narcotic drugs is, to a large extent, a result of the vigilance of exporting countries when authorizing the export of narcotic drugs. The Board welcomes the vigilance of the Government of the Islamic Republic of Iran, which, in cooperation with the Board, prevented in August 2009 an attempt by traffickers to use a falsified import authorization from a country in East Africa to divert 100 kg of oxycodone hydrochloride from licit international trade.

53. The vast majority of exporting countries strictly observe the limits set in the system of estimates for narcotic drugs for the importing countries. However, in 2008 and 2009, as in previous years, a few cases were identified where a specific export of narcotic drugs was authorized in excess of the estimates of the respective importing countries, thereby contravening the provisions of article 31 of the 1961 Convention. Such exports of quantities above the estimates set by the importing country may result in the diversion of narcotic drugs into illicit channels. The Board has therefore reminded the Governments concerned of their obligation to comply with the provisions of article 31 and has requested 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

54. The diversion of pharmaceutical preparations containing narcotic drugs from domestic distribution

channels and the abuse of those preparations are taking place in an increasing number of 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 the most often diverted and abused pharmaceutical preparations are usually those which are also the most available on the licit market.

55. Pharmaceutical preparations containing narcotic drugs are diverted in some countries for subsequent smuggling to other countries where illicit markets for those preparations exist. Illegal Internet pharmacies are increasingly involved in trafficking in pharmaceutical preparations diverted from domestic distribution channels (see paragraphs 228-231 below). Mail and courier services are misused by traffickers for smuggling diverted pharmaceutical preparations containing narcotic drugs.

56. The Board has examined in detail the issue of the diversion and abuse of pharmaceutical preparations containing narcotic drugs for which prescriptions are required under the international drug control treaties. (For the findings and recommendations of the Board regarding that issue, see paragraphs 229-241 below.)

57. Governments need to 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. In 2008, the United States accounted for over 99 per cent of global consumption of hydrocodone and 77 per cent of global consumption of oxycodone. The medical use of hydrocodone reached 18 defined daily doses for statistical purposes (S-DDD) per 1,000 inhabitants per day, and the medical use of oxycodone reached 5 S-DDD per 1,000 inhabitants per day. The Board wishes to remind all Governments of the need to closely monitor trends in the consumption of pharmaceutical products containing narcotic drugs and to adopt measures to counter their diversion and abuse, as necessary.

58. In several countries, the diversion and abuse of narcotic drugs involve preparations for which certain control measures, such as the requirement for prescription, are not mandatory under the

1961 Convention. Such preparations include, for example, cough syrups containing codeine, dihydrocodeine, ethylmorphine and pholcodine. The Board again calls on all Governments to be on the alert for problems involving the abuse of pharmaceutical preparations not requiring prescriptions, and to adopt, if necessary, measures to effectively prevent the diversion into the illicit traffic and abuse of such preparations.

59. For some narcotic drugs, such as oxycodone, the risk of diversion increased when they became available in larger single dosages in slow-release preparations, which were more liable to abuse. Abusers have attempted to circumvent the time-release properties of such preparations by chewing or crushing the tablets. The Board has also informed Governments of reports from several countries about the abuse of fentanyl patches. The Board has recommended to Governments that specific measures be taken for the safe disposal of used fentanyl patches.²² The Board calls upon all Governments to be on the alert with respect to the abuse of pharmaceutical preparations containing large single dosages of narcotic drugs.

60. Cases involving the diversion of opioids, prescribed for substitution treatment, in particular methadone and buprenorphine, have been reported in many countries. The Board again requests the Governments of countries where opioids are used for substitution treatment to take all measures necessary to prevent their diversion into the illicit traffic and, at the same time, to ensure that those substances are available for use in such treatment. The Board notes that measures that have been found to be effective in several countries to prevent diversion include treatment according to clinical standards, supervised consumption, application of appropriate conditions for drugs to be taken at home, prescription monitoring systems and mandatory training of health-care professionals.

3. Cannabis used for medical or scientific purposes

61. Cannabis is included in Schedules I and IV of the 1961 Convention. Substances in Schedule IV are those

²² *Report of the International Narcotics Control Board for 2007* (United Nations publication, Sales No. E.08.XI.1), paras. 242-249.

considered particularly liable to abuse and to produce ill effects.

62. For several years there has been scientific research in the therapeutic usefulness of cannabis or cannabis extracts in several countries. The Board welcomes sound scientific research on the therapeutic usefulness of cannabis and cannabis extracts, as stated in previous reports,²³ and invites all Governments concerned to share the results of such research, when available, with the Board, WHO and the international community. The Board is concerned that, without having appropriate scientific confirmation of its efficacy, a few Governments authorized the use of cannabis for medical purposes.

63. Pursuant to article 28 of the 1961 Convention, a State that permits the cultivation of the cannabis plant for the production of cannabis is required to establish a national cannabis agency to carry out the functions stipulated under article 23 of that Convention. The agency designates the areas in which cultivation is permitted, licenses cultivators, purchases and takes physical possession of crops and has the exclusive right of wholesale trading and maintaining stocks. As for all narcotic drugs, parties to the Convention have the obligation to submit to the Board each year their estimates and statistical reports with respect to cannabis.

64. Failure of a party to comply with mandatory control measures for the cultivation of the cannabis plant or the production or use of cannabis may facilitate the diversion of cannabis into illicit channels. The Board requests all Governments concerned to ensure full compliance with the control measures for cannabis as stipulated in the 1961 Convention.

4. Control over trade in opium poppy seeds

65. According to reports received by the Board, drug traffickers continue to smuggle opium poppy seeds from countries where the cultivation of opium poppy is not permitted and to attempt to sell those seeds on the world market. In 2009, the customs authorities of Pakistan seized more than 50 tons of opium poppy seeds that were being smuggled. Large shipments of opium poppy seeds were detained in two other

countries in Asia, pending clarification of the country of origin of the seeds.

66. The Economic and Social Council, in its resolution 1999/32, called upon Member States to take the following measures to fight the international trade in opium poppy seeds from countries not permitting the cultivation of opium poppy:

(a) Poppy seeds should only be imported if they originated in countries where opium poppy was grown licitly in accordance with the provisions of the 1961 Convention;

(b) Governments should be encouraged, to the extent possible and where national circumstances so required, to obtain an appropriate certificate from the exporting countries on the country of origin of opium poppy seeds as the basis for importation and should give notification of export of opium poppy seeds, as far as possible, to the competent authorities of the importing countries;

(c) Information on any suspicious transactions involving poppy seeds should be shared with other Governments concerned and with the Board.

67. The Board has repeatedly encouraged Governments to implement Economic and Social Council resolution 1999/32 and has reported on the control over trade in opium poppy seeds in various countries.²⁴ In its resolution 51/15, the Commission on Narcotic Drugs requested the Board to continue gathering information regarding the implementation of Council resolution 1999/32 by Member States and to share that information with Member States. To that end, the Board sent a questionnaire to the Governments of the countries most involved in the international trade in poppy seeds and the Governments of countries neighbouring those countries where opium poppy is illicitly cultivated.

68. The responses received by the Board from Governments revealed that, with the exception of India, no major importers of opium poppy seeds have implemented the key control provisions recommended in Economic and Social Council resolution 1999/32. Among the major importers of poppy seeds, India is the only country that requires a certificate of origin of the seeds as a condition for approval of imports.

²³ *Report of the International Narcotics Control Board for 2005* (United Nations publication, Sales No. E.06.XI.2), para. 80.

²⁴ *Ibid.*, paras. 76-78.

69. The Governments of the Czech Republic and Turkey, the world's two largest exporters of opium poppy seeds, have identified authorities responsible for issuing certificates of origin of seeds to exporters who request such certificates. Such authorities have also been identified by the Governments of Austria and Spain. The Board invites the Governments of the other countries where opium poppy is licitly cultivated and from where poppy seeds are exported to identify such authorities so that certificates of origin can be issued to exporters if such certificates are required in the importing country.

70. The Board calls upon the Governments of countries that are permitting the import of opium poppy seeds to implement the provisions of Economic and Social Council resolution 1999/32 and, in particular, to require a certificate on the country of origin of the seeds as the basis for importation. The Board has requested the Governments of the main countries importing poppy seeds, including Germany, the Netherlands, Poland, the Russian Federation and the United States, to consider the establishment of such controls for opium poppy seeds.

71. The import, export and transit of opium poppy seeds are prohibited in many countries adjacent to countries where opium poppy is illicitly cultivated. The Board requests the Governments of countries where opium poppy is illicitly cultivated to cooperate closely with the Governments of their neighbouring countries in order to prevent the smuggling of poppy seeds. The Board invites all Governments to inform it of any suspicious transactions involving poppy seeds. The Board would also appreciate being informed by Governments of any measures for the control of poppy seeds that are to be adopted with a view to implementing Economic and Social Council resolution 1999/32.

5. Use of cannabis seeds for illicit purposes

72. The Commission on Narcotic Drugs, in its resolution 52/5, requested the Board, in cooperation with other competent international bodies, to gather from Member States regulatory information on cannabis seeds, including on the sale of cannabis seeds through the Internet, and to share that information with Member States.

73. In order to collect the requested information, the Board has sent to all Governments a questionnaire on

regulations pertaining to cannabis seeds. The questionnaire is to be used to identify whether any provisions in national laws or administrative regulations are aimed at preventing the use of cannabis seeds for the illicit cultivation of cannabis plants and to obtain a detailed description of the various regulations on cannabis seeds that are applied in countries worldwide. Such provisions may include, for instance, regulation of the production of, trade in or use of cannabis seeds in general or of cannabis seeds of certain varieties of the cannabis plant (for example, varieties with a tetrahydrocannabinol (THC) content above a certain level). Information gathered on other control provisions, including authorizations and licences, may also be useful. The Board trusts that Governments will furnish the requested information in due time. The Board will examine the information received and report on the results of the analysis.

74. A number of Governments have reported an increase in the illicit cultivation of cannabis plants, particularly cannabis plants cultivated indoors, and an increase in the THC content of some varieties of the cannabis plant. The wide availability of cannabis seeds, which are not controlled under the international drug control treaties, is a factor contributing to that development. The Board is deeply concerned about the wide availability of cannabis seeds sold over the Internet. Internet sites selling cannabis seeds and related advertisements obviously incite the illicit cultivation of cannabis plants. The Board notes that article 3, paragraph 1 (c) (iii), of the 1988 Convention requires States parties to establish as a criminal offence, inter alia, public incitement or inducement of others to engage in the illicit cultivation of the cannabis plant or to use cannabis illicitly. The Board calls upon Governments to implement that provision of the 1988 Convention and to take appropriate measures against the sale of cannabis seeds for illicit purposes.

6. Ensuring the availability of narcotic drugs for medical purposes

Supply of and demand for opiate raw materials

75. Pursuant to the 1961 Convention and relevant resolutions of the Commission on Narcotic Drugs and the Economic and Social Council, the Board examines on a regular basis developments affecting the supply of and demand for opiate raw materials. The Board endeavours, in cooperation with Governments, to

maintain a lasting balance between supply and demand. When analysing the situation regarding the supply of and demand for opiate raw materials, the Board uses information from Governments of countries producing opiate raw materials, as well as from countries where those materials are utilized for the manufacture of opiates or substances not controlled under the 1961 Convention. A detailed analysis of the present situation with regard to the supply of opiate raw materials and demand for those materials worldwide is contained in the 2009 technical report of the Board on narcotic drugs.²⁵

76. Global stocks of opiate raw materials should cover global demand for about one year to ensure the availability of opiates for medical and scientific purposes in case of an unexpected decline in production resulting from, for example, adverse weather conditions in producing countries.²⁶ At the end of 2008, global stocks of opiate raw materials rich in morphine were sufficient to cover global demand for almost 12 months. Global stocks of opiate raw materials rich in thebaine were sufficient to cover global demand for less than 12 months; however that was compensated by the high level of stocks of thebaine and opiates derived from thebaine, which were sufficient at the end of 2008 to cover global demand for those opiates for almost 14 months.

77. In 2009, according to the information available to the Board, production of opiate raw materials rich in morphine was higher than the utilization of those materials. The global supply of opiate raw materials rich in morphine (production and stocks) was fully sufficient to cover global demand. For 2010, Governments of producing countries are planning to further extend the area cultivated with opium poppy rich in morphine to ensure that the production will be sufficient to cover the demand during that year and to increase the stocks.

78. For opiate raw materials rich in thebaine, information available to the Board indicates that global production exceeded global demand in 2009. Total stocks of opiate raw materials rich in thebaine were sufficient to cover global demand for more than

16 months at the end of 2009. According to the plans of the producing countries, global production will exceed global demand in 2010 as well. The stocks of opiate raw materials rich in thebaine are therefore expected to increase further. The global supply of opiate raw materials rich in thebaine (production and stocks) will continue to be fully sufficient to cover global demand.

79. Global demand for opiate raw materials rich in morphine and rich in thebaine is expected to rise in the future as well. It is anticipated that, as a result of the activities of the Board and WHO to ensure the adequate availability of opioid analgesics, global demand for opiates and opiate raw materials will continue to rise (see paragraphs 83-84 below).

7. Consumption of narcotic drugs

80. 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. Of the opioids under international control, fentanyl, morphine and oxycodone are those most frequently used as analgesics for the treatment of moderate to severe pain. The global figures hide large and enduring disparities in the consumption of opioid analgesics among countries. In 2008, Australia, Canada, New Zealand, the United States and the member States of the European Union together accounted for more than 96 per cent of global consumption of fentanyl, 90 per cent of global consumption of morphine and 98 per cent of global consumption of oxycodone. Although there is sufficient supply of opiate raw materials worldwide, access to opioid analgesics is non-existent or almost non-existent in many countries and in entire regions.

81. The disparities in the consumption levels of opioid analgesics cannot be attributed exclusively to differences in economic and social development. There continue to be large differences in the consumption of opioid analgesics among countries at similar levels of economic and social development. The factors affecting the availability of opioids include knowledge limitations resulting from lack of training for health professionals and administrative barriers associated with restrictions in national regulations or administrative policies on the distribution, stocking

²⁵ *Narcotic Drugs: Estimated Requirements for 2010 — Statistics for 2008 ...*

²⁶ *Report of the International Narcotics Control Board for 2005 ...*, para. 85.

and use of opioids that are more strict than those required by the 1961 Convention.

82. Governments need to take specific measures to ensure that their populations have adequate access to opioid analgesics. The Board again requests all Governments concerned to identify any 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 notes with appreciation that, in the past few years, in several countries with historically low levels of consumption of opioids, including Colombia, Panama, Romania and Serbia, policies have been adopted to improve access to those narcotic drugs for medical purposes while measures to prevent the abuse of those drugs are taken.

83. The Board calls upon Governments to support WHO in its ongoing effort to implement the Access to Controlled Medications Programme, the framework of which was prepared by WHO in cooperation with the Board. Activities of the programme are expected to address various impediments to adequate availability of opioids, focusing on regulatory, attitude and knowledge impediments. The Board will continue to cooperate with WHO in those areas of the Programme related to its mandate.

84. The Board, together with WHO, convened an expert group on estimating requirements for substances under international control. The expert group held a meeting in Vienna in May 2009 to initiate the process of developing guidelines on estimating requirements for substances under international control. The purpose of the guidelines will be to assist Governments of countries with low levels of consumption of controlled substances in making better assessments of their medical needs for such substances and in calculating estimates that accurately reflect their legitimate requirements.

85. A sudden increase in the need for narcotic drugs for the treatment of pain and other conditions can arise as a result of emergency situations such as epidemics and natural disasters. Access to narcotic drugs in such situations may be difficult because of the regulatory procedures for importing narcotic drugs. The Board reminds Governments and humanitarian organizations that simplified procedures have been developed to facilitate the supply of narcotic drugs to sites of

emergencies. Those procedures are described in the Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care, prepared by WHO in consultation with the Board. The Model Guidelines are available on the website of the Board (www.incb.org).

B. Psychotropic substances

1. Cooperation with Governments

Submission of annual and quarterly statistical reports on psychotropic substances

86. Parties to the 1971 Convention have the treaty obligation to furnish to the Board annual statistical reports on psychotropic substances. Under the 1971 Convention, reporting requirements for substances in Schedules I and II are stricter than those for substances in Schedules III and IV. For substances in Schedules I and II, Governments must submit data on quantities of those substances manufactured, exported to and imported from each country or region and on stocks of those substances held by manufacturers. For substances in Schedules III and IV, Governments are required to submit data only on the quantities manufactured and on the total quantities exported and imported. Pursuant to Economic and Social Council resolutions 1981/7, 1985/15 and 1987/30, Governments furnish to the Board information enabling the Board to monitor closely the manufacture, export and import of substances listed in Schedule II and information on the countries of origin of imports and the countries of destination of exports of substances listed in Schedules III and IV. Governments also submit to the Board quarterly statistical reports on imports and exports of substances listed in Schedule II of the 1971 Convention. In this connection, the Board notes with appreciation that many Governments are already providing the Board, on a voluntary basis, with information on the stocks held by manufacturers of substances listed in Schedules III and IV, as such information is necessary for monitoring the consumption levels of those substances. The statistical data received, including the status of reporting by Governments, and the analysis of

such data are reflected in the technical report of the Board on psychotropic substances.²⁷

87. The majority of States regularly submit the mandatory and voluntary statistical reports, and most of those reports are provided in a timely manner. As at 1 November 2009, a total of 156 States and territories, or 74 per cent of the States and territories required to furnish such statistics, had submitted to the Board annual statistical reports on psychotropic substances for 2008 in conformity with the provisions of article 16 of the 1971 Convention. A total of 124 Governments submitted details on the countries of origin of imports and countries of destination of exports of substances listed in Schedules III and IV of the 1971 Convention. In addition, for the year 2008, 120 Governments submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II.

88. The Board is concerned that some countries, including major manufacturing and exporting countries such as India, Ireland and Japan, continue to experience difficulties in submitting the annual statistical report on psychotropic substances by the deadline (30 June). In addition, some Governments have not provided information on the countries of origin of imports or countries of destination of exports (as well as the quantities involved) of substances in Schedules III and IV of the 1971 Convention, pursuant to Economic and Social Council resolutions 1985/15 and 1987/30. As has already been pointed out by the Board, examination of the statistical reports received from Governments is one of the main ways in which the Board monitors the compliance of Governments with the treaty provisions. Incomplete, late or no reporting may indicate deficiencies in the national control system. Moreover, incomplete or inaccurate information on exports by countries of destination or on imports by countries of origin hinders the identification of discrepancies in trade statistics, thereby jeopardizing international drug control efforts. The Board urges the Governments concerned to examine their national control mechanisms, to identify the reasons that prevented them from submitting accurate statistical reports to the Board in a timely

manner and to take all measures necessary to ensure their compliance with the provisions of the 1971 Convention and related Council resolutions.

Submission of assessments of requirements for psychotropic substances

89. Pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of annual domestic medical and scientific requirements for psychotropic substances in Schedules II, III and IV of the 1971 Convention. The assessments received are communicated to all States and territories to assist the competent authorities of exporting countries when approving exports of psychotropic substances. As at 1 November 2009, the Governments of all countries and territories had submitted at least once their assessments of annual medical requirements for psychotropic substances.

90. The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. As at 1 November 2009, 93 Governments had provided to the Board, pursuant to a request sent in January 2009, a full revision of the assessments of their requirements for psychotropic substances and an additional 89 had submitted modifications to assessments for one or more substances.

91. However, 23 Governments have not submitted a revision of their legitimate requirements for psychotropic substances for at least three years. The assessments valid for those countries and territories may therefore no longer reflect their actual medical and scientific requirements for psychotropic substances. When assessments are lower than the actual legitimate requirements, the importation of psychotropic substances needed for medical or scientific purposes may be delayed. When assessments are significantly higher than legitimate needs, they may increase the risk of psychotropic substances being diverted into illicit channels. The Board calls upon all Governments to review and update their assessments on a regular basis and to keep it informed of all modifications, with a view to preventing any unnecessary importation and, at the same time, facilitating the timely importation of psychotropic substances needed for medical purposes.

²⁷ *Psychotropic Substances: Statistics for 2008 — 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. T.10.XI.3).

2. Prevention of diversion of psychotropic substances into the illicit traffic

Diversion from international trade

92. Through better implementation by Governments of the provisions of the 1971 Convention and the application of voluntary control measures set forth in the relevant Economic and Social Council resolutions, diversions of psychotropic substances from international trade have decreased considerably. For instance, no diversion of a substance in Schedule I from licit international trade has ever been reported, and there have been hardly any attempts to divert such substances from international trade. The last attempt to divert a substance in Schedule I took place in December 2000, and it was unsuccessful. Because of the limited medical use of the substances in Schedule I and the strict control requirements of the 1971 Convention over their manufacture, import and export, which restrict the use of those substances to scientific and very limited medical purposes, licit international trade in those substances is extremely limited, involving only sporadic transactions of no more than a few grams each year.

93. The diversion of substances in Schedule II of the 1971 Convention has also declined significantly. While, in the past, the diversion of those substances from licit international trade was one of the main means used to supply illicit markets, nowadays the diversion or attempted diversion of such substances from international trade has become rare. Of the substances in Schedule II of the 1971 Convention, only amphetamines and methylphenidate are manufactured and traded for licit purposes in large quantities. While amphetamines are mostly used for industrial purposes, methylphenidate is used in large quantities for medical purposes, mostly for the treatment of ADD. Since 1990, no diversion of amphetamines from licit international trade has been identified. That positive development is attributable to the comprehensive control measures set forth in the 1971 Convention for substances in Schedule II, notably the import and export authorization system, as well as the application of additional voluntary control measures recommended by the Board and endorsed by the Economic and Social Council, such as the assessment by Governments of their licit requirements for psychotropic substances and the quarterly reporting of trade statistics.

94. With regard to the substances in Schedules III and IV of the 1971 Convention, there has been a similar decline in cases involving their diversion or attempted diversion from international trade. Although licit international trade in substances in Schedules III and IV is widespread, involving thousands of individual exports each year and most of the countries in the world, only isolated cases involving the attempted diversion of such substances were reported to the Board and their diversion was prevented with the assistance of the Board. That positive development is directly attributable to the introduction, by many Governments, of the requirement of import authorizations at the national level for all substances in Schedules III and IV of the 1971 Convention and to the use of the assessed requirements for substances in Schedules III and IV. The Board urges those Governments which have not yet done so to extend those voluntary control measures to include all substances in Schedules III and IV because the universal application of those measures has proved to be the most effective tool in preventing the diversion of substances in Schedules III and IV of the 1971 Convention.

Diversion from domestic distribution channels

95. While the diversion of psychotropic substances from licit international trade has almost stopped in the past two decades, the diversion of such substances from licit domestic distribution channels has become the main source used to supply illicit markets.

96. Psychotropic substances are no longer diverted from domestic distribution channels in bulk form; nowadays, they are diverted mainly in the form of pharmaceutical preparations containing those substances. Reports received from many countries on seizures and the abuse of psychotropic substances often indicate that the substances diverted from domestic distribution channels may not be destined for the illicit market of the country in which they were diverted; in many cases, the diverted pharmaceutical preparations are smuggled into other countries, particularly countries in which there is considerable illicit demand for a specific substance with a relatively high street price. Such pharmaceutical preparations are increasingly being marketed via illegal Internet sites.

97. The diversion of psychotropic substances from domestic distribution channels often involves either

relatively small quantities, to be abused by individuals or sold on a small scale, or large quantities, several thousands of tablets in a single consignment. The usual modus operandi include falsified prescriptions, the supplying of substances by pharmacies without the required prescriptions, or theft from pharmacies, wholesalers or factories. In addition, modern telecommunication and information technologies, such as the Internet or call centres, are used for such diversions. The substances most often diverted are stimulants (methylphenidate), benzodiazepines (especially diazepam, alprazolam, lorazepam, clonazepam and flunitrazepam) and buprenorphine, an opioid analgesic listed in Schedule III of the 1971 Convention and used since the early 1990s, predominantly in the detoxification and substitution treatment of heroin addicts. In many cases, preparations containing stimulants are obtained from persons to whom they were prescribed by physicians.

98. Since 2008, two significant cases involving the diversion or attempted diversion of psychotropic substances from domestic distribution channels have been brought to the attention of the Board. The first case involved the falsification of orders for a preparation containing methylphenidate, in Israel; according to information made available to the Board, a criminal network in Israel that was involved in falsifying orders for that preparation was dismantled in that year. The second case involved the theft of 80,000 tablets containing flunitrazepam in Dublin in 2009. Both cases are currently under investigation by the national police authorities.

99. Flunitrazepam continues to be one of the most frequently abused benzodiazepines in Schedule III of the 1971 Convention, despite the fact that many countries, including the main countries manufacturing and importing the substance, have adopted strict policies to control flunitrazepam in close cooperation with the pharmaceutical industry. Flunitrazepam and other benzodiazepines are diverted not only to be abused by individuals but also to be used in drug-facilitated crimes such as “date rape”, a form of sexual assault (see paragraphs 260-268 below).

100. Buprenorphine (Subutex) tablets continue to be diverted from licit domestic channels, mainly in countries where buprenorphine is used in substitution treatment programmes for opioid addicts. The abuse of buprenorphine tablets smuggled in large quantities out

of France continues to be a matter of concern in countries in Europe and in other regions (see paragraphs 110-116 below).

101. The Board urges Governments to continue monitoring all stages of the movement of psychotropic substances, in the form of bulk material and particularly in the form of pharmaceutical preparations, with a view to preventing their diversion. To be effective, such action needs to be complemented by improved cooperation among the regulatory police, customs and postal authorities, at the national and international levels, with a view to identifying diverted pharmaceutical preparations containing psychotropic substances on illicit markets and taking appropriate countermeasures.

3. Control measures

Assistance to Governments in verifying the legitimacy of international trade in psychotropic substances

102. The Governments of many exporting countries continue to request the assistance of the Board in verifying the legitimacy of import authorizations for psychotropic substances. The Board maintains a collection of samples of official certificates and authorizations used for importing narcotic drugs, psychotropic substances and precursor chemicals, which can be compared with questionable import documents, thus assisting Governments in the verification of the authenticity of such documents. As at 1 November 2009, 124 Governments (about 60 per cent of those requested to do so) had provided the Board with a copy of the import authorization currently used by their authorities when authorizing imports of controlled substances into their countries. Since 1 November 2008, the Board has received updated samples of the document used for import authorization in 24 countries and territories. The Board wishes to point out that any Government that has not yet provided a sample of its import authorization document or for which the sample made available to the Board is no longer valid may risk considerable delays of legitimate imports. The Board therefore calls on those Governments which have not yet done so to provide samples of their import authorization document without further delay and to provide updated samples if necessary.

103. The Board notes that in some cases responses to its requests for confirmation of the legitimacy of import orders are considerably delayed. The Board would like to draw the attention of the Governments concerned to the importance of responding in a timely manner. Failure to quickly confirm the legitimacy of import orders may hinder the investigation of diversion attempts and/or cause delays in legitimate trade in psychotropic substances, thus adversely affecting the availability of psychotropic substances for legitimate purposes.

National control measures regarding international trade

104. Experience has shown that the import and export authorization system is the most effective tool for preventing the diversion of controlled substances from international trade. The Board notes with appreciation that since November 2008 the Governments of Bosnia and Herzegovina and Seychelles have made the issuing of import authorizations a requirement for all substances in Schedules III and IV of the 1971 Convention. In addition, in Austria, Azerbaijan, India, Ireland, Kenya, Lebanon, Malta, South Africa and the United Kingdom, the system of import and export authorizations has been extended to include some substances that had previously not been covered.

105. At present, 180 countries and territories require by law import and export authorizations to be issued for at least some substances in Schedule III of the 1971 Convention; however, in only 127 countries and territories that requirement applies to all substances in Schedule III that they trade in. For substances in Schedule IV, more than 170 countries and territories require import authorizations, but only 112 countries require such authorizations for all substances in Schedule IV that they trade in. The Board notes that, in many countries, changes in national legislation to extend the requirement for import authorizations to include newly scheduled substances appear to have been unduly delayed. For example, the Governments of 110 countries (more than half of all countries) have not yet informed the Board of having extended the requirement for import authorizations to include *gamma*-hydroxybutyric acid (GHB) and zolpidem, although both substances were added to Schedule IV of the 1971 Convention in 2001, more than eight years ago.

106. As cases involving diversion have shown, drug traffickers often divert substances into illicit channels in countries that have not yet begun to apply the necessary controls. The Board therefore urges all States in which national legislation does not yet require import and export authorizations to be issued for all psychotropic substances, regardless of whether or not those States are parties to the 1971 Convention, to extend such controls to all substances in Schedules III and IV of the 1971 Convention as soon as possible.

107. Twice a year, the Board circulates to all Governments a 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. Governments should carefully examine the table and inform the Board of any revisions that may have become necessary.

108. Another important control measure applied to international trade is the system for the assessment of medical and scientific requirements for psychotropic substances, established by the authorities of each country and territory. 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 established by the importing countries. The Board appreciates the cooperation of authorities of exporting countries who contact the Board when they receive import authorizations for imports of psychotropic substances in excess of the assessed legitimate requirements or who remind importing countries of any failure to comply with the system of assessments.

109. During 2008, the authorities of seven countries issued import authorizations for substances in Schedule IV of the 1971 Convention without having established any assessments for those substances. With one exception, the quantities involved were very small. In addition, the authorities of 14 countries and territories issued import authorizations for substances in Schedule II, III or IV in quantities that significantly exceeded their assessments. The Board notes that, in each case, the number of countries are fairly low and that the system of assessments is respected by most countries. The Board calls again on Governments that have not yet done so to establish a mechanism for ensuring that their assessments are in line with their

actual legitimate requirements and that no imports exceeding the assessments are authorized.

Buprenorphine

110. Buprenorphine is an opiate analgesic listed in Schedule III of the 1971 Convention. Since the late 1990s, buprenorphine has increasingly been used in detoxification and substitution treatment for opioid addicts. New preparations containing high doses of buprenorphine (Subutex) or buprenorphine combined with naloxone (Subuxone) have been introduced in several countries. Buprenorphine is currently being used mostly for the treatment of opioid addiction. The number of patients under buprenorphine substitution therapy continues to increase in many countries. That has fuelled the licit demand for buprenorphine. As a result, global manufacture and use of buprenorphine have been increasing substantially. In the period 1998-2009, global manufacture of buprenorphine rose from 460 kg to almost 4 tons. Global calculated consumption of buprenorphine, which in 1998 amounted to 333 million defined daily doses for statistical purposes (S-DDD), reached 3.7 billion S-DDD in 2008. During the same period, the number of countries reporting imports of buprenorphine rose from 10 to 62.

111. The increased use of buprenorphine for medical purposes has been accompanied by increased diversion and abuse. In some countries, buprenorphine has become the most important illicitly used substance among opiate addicts. The illicit market for buprenorphine has always been entirely supplied by diversion, mainly the diversion of preparations containing that substance. The abuse of such preparations occurs, above all, in countries where buprenorphine is used for the treatment of opioid addicts. Frequently diverted preparations are smuggled out of the countries in which they have been diverted and into other countries, including countries in other regions.

112. To determine whether the control measures applied to buprenorphine by some Governments were sufficiently effective to prevent its diversion, the Board analysed the control status of buprenorphine in countries where the substance was used for medical purposes. The Board's analysis focused on the controls applied to domestic distribution channels of

buprenorphine, from where the substance was mainly diverted.

113. In one third of the countries in the Board's analysis, buprenorphine was controlled in accordance with its international scheduling status under the 1971 Convention. The Board notes that, in the remaining two thirds of the countries, additional control measures were applied to the manufacture, storage or distribution of buprenorphine. Furthermore, in almost half of those countries, buprenorphine was controlled, in every aspect, as a narcotic drug under the 1961 Convention; in the remainder of those countries, buprenorphine was controlled basically as a psychotropic substance, but the control measures applied to the domestic distribution of buprenorphine were stricter than those required for substances in Schedule III of the 1971 Convention. Some of those countries indicated that the stricter controls were considered necessary in view of the presence of buprenorphine on the illicit market.

114. In the countries most affected by the diversion of buprenorphine, the substance continued to be controlled primarily in accordance with its international scheduling status under the 1971 Convention. In some countries, where stricter control measures had been introduced in response to the abuse of buprenorphine, its diversion from domestic distribution channels virtually stopped even though the substance continued to be smuggled into those countries.

115. In view of the continued diversion and abuse of buprenorphine, the Board wishes to remind all Governments of their obligation to cooperate with each other under the international drug control treaties to prevent trafficking in and abuse of psychotropic substances. The Board urges the Governments of all countries in which the substance is used for licit purposes to review the adequacy of the current control measures applied to buprenorphine on their territory with a view to identifying any gaps that might need to be closed and, in particular, enhancing the existing control measures applied to the distribution of buprenorphine.

116. The Board calls upon all Governments to inform the Board of new developments regarding trafficking in and abuse of preparations containing buprenorphine. Governments of countries into which buprenorphine is

smuggled are encouraged to intensify their cooperation with the Governments of the countries of origin.

4. Consumption of psychotropic substances

117. Governments are not required to furnish to the Board statistical data on consumption of psychotropic substances. The Board therefore calculates the approximate consumption levels of psychotropic substances, based on statistical data on manufacture and trade received from Governments, with a view to identifying unusual patterns that might warrant closer examination. Those calculated consumption levels of psychotropic substances continue to differ widely between countries and regions, reflecting differences in health services and related variations in prescription patterns. However, as the Board has repeatedly pointed out, high or low levels of drug consumption in a country should be a matter of concern to the Government. High levels of consumption of psychotropic substances that are not medically justified may lead to the diversion and abuse of the substances in question, as shown in the examples below. Very low levels of consumption of psychotropic substances in some countries may reflect the fact that those substances are almost inaccessible to certain parts of the population. Where substances are not accessible on the licit market for genuine medical purposes, those substances, or counterfeit medicaments allegedly containing those substances, may appear on unregulated markets. The Board reiterates its recommendation to all Governments to compare the consumption levels in their countries with those in other countries and regions, with a view to identifying unusual trends requiring attention, taking remedial action where necessary. At the same time, the Board encourages all Governments to promote the rational use of internationally controlled substances, in accordance with the pertinent recommendations of WHO.

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

118. Methylphenidate, amphetamine and dexamphetamine, substances in Schedule II of the 1971 Convention, are used mainly for the treatment of ADD (primarily in children) and narcolepsy. Those substances have traditionally been used for medical

purposes much more extensively in the Americas than elsewhere.

119. Methylphenidate is the most widely used stimulant in Schedule II of the 1971 Convention. Its manufacture and use have continued to increase. During the five-year period 2004-2008, global calculated consumption of methylphenidate rose by almost 80 per cent, from 28.6 to 52 tons. Most of the methylphenidate continues to be consumed in the United States, where the use of the substance for the treatment of ADD is frequently promoted in various communication channels, including in advertisements directed at potential consumers (see recommendation 9 in chapter IV below). However, the use of methylphenidate for the treatment of ADD has also increased (albeit from a much lower level) in many other countries. Ten years ago, the United States accounted for over 80 per cent of the calculated global consumption of methylphenidate; its share has gradually declined since then, amounting to less than 75 per cent in 2008, although the consumption of methylphenidate in the United States in absolute terms continues to increase. In the past three years, the highest average per capita rates of consumption were observed in the following countries (listed in decreasing order): Iceland, United States, Canada, Norway, Israel, Netherlands and Switzerland.

120. The Board notes that the diversion and abuse of stimulants in Schedule II of the 1971 Convention, such as, amphetamine, dexamphetamine and methylphenidate, have taken place in some countries, in particular in countries with high levels of consumption of those substances. The Board requests all Governments to ensure that the control measures foreseen in the 1971 Convention are applied to stimulants in Schedule II. The Board calls on the Governments concerned to inform it of any new development with regard to the diversion of, trafficking in and abuse of those substances.

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

121. The stimulants in Schedule IV of the 1971 Convention are mainly used as anorectics. Of those substances the one most frequently used is phentermine, followed by fenproporex, amfepramone and mazindol. The diversion and abuse of those substances pose problems in some countries, in

particular in countries with high prescription levels. The Board follows closely developments in the consumption of those substances to identify consumption levels that may be inappropriate for medical purposes and might be indicative of activities not in line with the provisions of the Convention.

122. Calculated consumption levels of stimulants in Schedule IV of the 1971 Convention have traditionally been highest in the Americas. The Board notes that, after 2006, a slight decline in the average consumption rate in the Americas was reported. In the period 2006-2008, average calculated consumption amounted to 10 S-DDD per 1,000 inhabitants per day in the Americas, compared with 3 S-DDD in Oceania, 2 S-DDD in Europe, 1 S-DDD in Asia and 0.25 S-DDD in Africa. In 2008, the United States, followed by Argentina, was the country with the highest calculated per capita consumption of stimulants in Schedule IV, the United States alone accounting for 58 per cent of global calculated consumption of such stimulants, expressed in defined daily doses for statistical purposes per 1,000 inhabitants.

123. The Board appreciates the measures taken by Argentina and Brazil, which succeeded in curbing the consumption of stimulants in Schedule IV in recent years by amending national legislation to allow better monitoring of the domestic distribution of such substances, strictly enforcing the prescription requirement and taking action against members of the medical professions who were found to have acted in an unlawful manner. The Board appreciates also the fact that consumption decreased in the Republic of Korea, where the levels of consumption of those stimulants had been high.

124. In 2008, calculated consumption of stimulants in Schedule IV of the 1971 Convention decreased in some other countries in Asia, where the level of consumption of those stimulants had been high; as a result, the average consumption level in Asia also declined. The Board notes with concern that in other regions, the calculated average consumption of anorectics increased in 2008 because of a marked increase in consumption in some countries, in particular Australia, Chile, South Africa, Switzerland, the United Kingdom and the United States.

125. The Board encourages all Governments that are reporting high or rising levels of consumption of stimulants in Schedule IV of the 1971 Convention to

monitor the situation closely, determine whether those substances might have been illegally used, take measures to identify cases involving the use of falsified prescriptions or the overprescribing of anorectics and ensure that domestic distribution channels are adequately controlled (for additional measures to be taken, see recommendations 9, 19 and 36-38 in chapter IV below). Governments should also coordinate their efforts to reduce excessive consumption levels with Governments of other countries in the region or subregion, so that measures taken in one country do not result in problematic consumption patterns shifting to its neighbouring countries.

C. Precursors

1. Cooperation with Governments

Submission of statistical data on seizures

126. Pursuant to article 12 of the 1988 Convention, parties are obliged to report information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. As at 1 November 2009, such information had been submitted for 2008 by a total of 132 States and the European Community (on behalf of its member States). The rate of submission is comparable to that of previous years. The Board urges Burundi, Gabon and the Gambia, all of which are States parties to the 1988 Convention that have never submitted form D, to do so without further delay.

127. According to data provided on form D for 2008, 47 Governments effected seizures of substances in Tables I and II of the 1988 Convention. While such seizure data are useful, they could be more meaningful if they included important details related to the seizures, such as identified methods of diversion or illicit manufacture. Moreover, parties to the Convention are required to provide data on stopped shipments and seizures of substances not under international control. The Board calls upon Governments to furnish information on the results of investigations concerning seizures and intercepted shipments of precursors, in order to prevent similar diversions in the future.

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

128. In accordance with Economic and Social Council resolution 1995/20, the Board has been requesting Governments to voluntarily furnish data on licit trade in, uses of and requirements for scheduled substances. As at 1 November 2009, 108 Governments, including Governments of countries that are major exporters and manufacturers of precursors, had reported data for 2008 on the licit movement of precursor chemicals, and 101 States and territories had provided information on licit uses of and requirements for such substances.

129. The Board continues to encourage Governments to provide comprehensive information on licit trade in and uses of substances in Tables I and II of the 1988 Convention, as that information has proved to be an essential tool in identifying irregular transactions and preventing diversion.

2. Control measures

130. Experience has shown that a proper system for monitoring the domestic movement of precursors is a prerequisite for preventing the diversion of precursors into illicit channels. The Board has noted that additional control measures were recently adopted in a number of countries, including Afghanistan, Argentina, Chile, China, Colombia, the Czech Republic, Guatemala, Jordan, Nicaragua, Panama, Peru, the United Kingdom and the United States.

131. As monitoring and controls over ephedrine and pseudoephedrine in the form of raw material are strengthened, traffickers are increasingly attempting to divert pharmaceutical preparations containing those substances, particularly through countries or regions where controls over such preparations are less stringent or non-existent. In 2008, Mexico prohibited the importation of pharmaceutical preparations containing ephedrine or pseudoephedrine. Since then, the Governments of several countries in the region have adopted similar control measures. For example, in 2009, Guatemala prohibited the import of pseudoephedrine in all forms; in addition, the movement within its national territory of all pharmaceutical products containing the substance was also prohibited. Also in 2009, Colombia prohibited the manufacture and import of and trade in pharmaceutical products containing pseudoephedrine. Argentina,

Chile, China, the Czech Republic, Iceland, Nicaragua, Peru, the United Kingdom and the United States have also recently introduced or strengthened control measures over pharmaceutical preparations containing ephedrine or pseudoephedrine.

Estimates of legitimate requirements for precursors

132. In response to Commission on Narcotic Drugs resolution 49/3, entitled "Strengthening systems for the control of precursor chemicals used in the manufacture of synthetic drugs", a total of 120 Governments have furnished estimates of their annual requirements for selected amphetamine-type stimulant precursors.²⁸ Those estimates are published each year in the report of the Board on the implementation of article 12 and are posted on the website of the Board (www.incb.org). Governments are encouraged to review the estimates they have furnished and to inform the Board of any necessary changes or updates so that the figures will be as accurate as possible. In response to requests from Governments to provide guidance in calculating such estimates, the Board has circulated a document on issues that Governments may consider when determining annual legitimate requirements for ephedrine and pseudoephedrine. The document is also available on the website of the Board (www.incb.org).

3. Online system of pre-export notifications

133. The rapid exchange of information between exporting and importing countries through the pre-export notification system has proved to be one of the most effective and efficient ways of identifying the legitimacy of shipments of precursor chemicals. Since 2006, Pre-Export Notification Online (PEN Online), the system for the exchange of pre-export notifications has been used as the main mode for the exchange of such information. By 1 November 2009, 111 States and territories had registered as users of the system. Since March 2006, when the system was introduced, 29,500 notifications have been sent to 181 countries through PEN Online. The PEN Online system has demonstrated its usefulness in Project Prism and Project Cohesion. The Board again encourages all Governments that have not yet done so to register with

²⁸ 3,4-Methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), 1-phenyl-2-propanone (P-2-P), ephedrine and pseudoephedrine.

and utilize the PEN Online system, pursuant to Security Council resolution 1817 (2008).

134. Although PEN Online has been available only since 2006, in many ways it has already increased the speed and efficiency of the exchange of information between countries; however, there is always room for improvement. Importing countries should provide feedback to the exporting country in the event that a transaction appears suspicious or additional time is required for checking. Delays in responses from importing countries may unduly hamper licit trade or unwittingly allow suspicious shipments to proceed. Therefore, the Board encourages Governments to facilitate the exchange of accurate information through PEN Online.

4. Prevention of diversion of precursors into the illicit traffic

135. The Board has continued to support Governments' activities under Project Cohesion and Project Prism, as those initiatives have proved to be indispensable in monitoring the international movement of precursor chemicals and have yielded tangible results, including the identification of: weaknesses in control measures; diversion methods and routes used by traffickers; and cases involving trafficking in substances not under international control.

136. In 2009, activities under Project Prism were extended, focusing on trade in ephedrine and pseudoephedrine, including pharmaceutical preparations, 1-phenyl-2-propanone (P-2-P) and phenylacetic acid. As a result of Project Prism activities, an estimated 10 tons of ephedrine and pseudoephedrine in the form of raw material, as well as 31 million tablets containing one of the two substances, were prevented from reaching illicit drug manufacturing laboratories. While, in the majority of cases the intended destination continued to be North America, the precursor chemicals were frequently diverted in Central America and trans-shipped through Europe.

137. From January to September 2008, the majority of the transactions identified in the framework of Project Prism involved ephedrine and pseudoephedrine in raw material form; of the 49 suspicious transactions detected, only 11 involved preparations. The situation has changed since then: the data currently available to the Board show a significant decline in identified

attempts to divert ephedrine and pseudoephedrine in the form of raw material from international trade channels. In 70 per cent of all suspicious shipments, the substances were pharmaceutical preparations in tablet form.

138. Coinciding with the shift towards the diversion of precursors in the form of pharmaceutical preparations, the diversion routes identified also changed significantly during 2009. Activities carried out under Project Prism resulted in Africa being identified as the region in which the greatest number of diversions or attempted diversions of precursors took place, and over half of the quantity of precursor chemicals in shipments identified as suspicious were prevented from being diverted. However, in terms of suspicious or seized shipments in 2009, only two attempted diversions to countries in Africa (Central African Republic and Kenya) were reported to the Board. There were numerous instances of suspicious shipments and seized shipments in Central American countries that had been intended for Mexico. The supply routes through which the diverted preparations were being transported were more complex than those previously identified for raw material shipments. What is perhaps even more significant is that the countries of origin for raw material shipments included not only those with domestic ephedrine and pseudoephedrine manufacturing industries, but also intermediate countries where raw ephedrines were imported and then formulated into pharmaceutical preparations. In many instances, the route by which tableted preparations had been shipped to destinations in Central America led through European Union member States.

139. Shipments of pharmaceutical preparations containing ephedrine or pseudoephedrine that have been diverted or seized in Central America have originated in Bangladesh, India and, to a lesser extent, the Syrian Arab Republic.

140. In response to the recent increase in the diversion of ephedrine and pseudoephedrine in the form of pharmaceutical preparations, several countries in the Americas have changed their national legislation, either banning trade in pharmaceutical preparations containing those substances or enabling the control over those preparations to be much stricter.

141. Reports on seizures by Mexican authorities of phenylacetic acid made also indicated that traffickers

were reducing their need for ephedrines by substituting phenylacetic acid as the starting point for illicit methamphetamine manufacture. An increasing number of laboratories illicitly manufacturing methamphetamine have been dismantled and, as a result, seizures of that substance have increased. Therefore, the rescheduling of phenylacetic acid from Table II to Table I of the 1988 Convention is necessary to ensure that adequate control measures are in place to prevent the diversion of that substance for use in illicit drug manufacture. Moreover, the introduction of pre-export notifications as a treaty obligation for phenylacetic acid will facilitate licit international trade by expediting the clearance of shipments, without adverse effects on the availability of the substance for licit purposes at the national level. In the meantime, the Board requests Governments to remain vigilant with regard to the diversion of phenylacetic acid into illicit channels.

142. The seizure of chemicals and equipment made in Guinea in July 2009 indicates that illicit manufacturers of amphetamine-type stimulants are active in West Africa. The Board encourages Governments and relevant international organizations to assist countries in Africa in the provision of appropriate training and the development of capacity-building programmes to counter trafficking in precursors and illicit drug manufacture in the region.

143. In 2008, global seizures of acetic anhydride, the key precursor chemical used in the illicit manufacture of heroin, amounted to 199,300 litres, 3.5 times as high as the figure for 2007 and the second largest figure ever reported to the Board. That result can, to a large extent, be attributed to law enforcement activities and cooperation among States. One activity of Project Cohesion focused on the exchange of information related to seizures and diversions of acetic anhydride, as well as other chemicals used in the illicit manufacture of heroin. Similar law enforcement activities were implemented in the framework of Project Cohesion in 2009.

144. Backtracking investigations into seizures of acetic anhydride once again confirmed the Board's previous concerns about traffickers diverting precursors from domestic distribution channels rather than from international trade. Most of the acetic anhydride seized in 2008 was diverted at the national level. Investigations in 2008 and 2009, in addition to

producing valuable intelligence, facilitated the identification of legislative gaps and weaknesses in control systems in some countries, including countries in Europe and in East and South-East Asia. In 2009, the number of unauthorized shipments destined for countries in West Asia, in particular Iraq, significantly increased. Africa emerged as a new target area for traffickers in search of acetic anhydride. The threat of diversion from domestic distribution channels continued to be a problem. The Board reiterates its call to Governments to put in place effective measures for controlling the movement of precursor chemicals at the national level.

145. In 2008, the Government of Afghanistan informed the Board that there was no legitimate use for acetic anhydride in Afghanistan and requested all producing and trading countries not to authorize any exports of acetic anhydride to that country. In 2008, most of the seizures of acetic anhydride occurred in source countries outside of Central Asia. Seizures of acetic anhydride and other chemicals used in the illicit manufacture of heroin remained relatively low in Afghanistan and countries around it, in particular when compared with the amounts of chemicals smuggled into the illicit heroin manufacturing laboratories in the region. Nevertheless, the increased black market prices for acetic anhydride may indicate some shortages of the substance in Afghanistan. The Board hopes that anti-smuggling activities in West Asia and Central Asia will complement the intelligence-based activities carried out under Project Cohesion and will contribute to preventing the diversion of chemicals to the illicit heroin manufacturing laboratories in Afghanistan.

146. The paucity of the information available on trends in trafficking in precursors of cocaine remains a concern of the Board. Although seizures of large amounts of chemicals, under international control as well as other chemicals under national control, continue to be reported in South America, information on trafficking routes, diversion methods and, in particular, sources of seized chemicals is scarce. The large amount of potassium permanganate seized in countries in South America, in particular Colombia, in the past few years indicates that current control measures may not be sufficient to deal with the smuggling and the illicit manufacture of potassium permanganate in the region. The Board again calls on Governments of countries in South America to design strategies similar to those developed in the framework

of Project Cohesion, which led to an increased interception rate and the identification of sources of precursors used in the illicit manufacture of heroin.

D. Promoting universal application of the international drug control treaties

147. In discharging its mandate under the international drug control treaties, the Board maintains an ongoing dialogue with Governments through various forms, such as regular consultations and country missions. That dialogue has been instrumental to the Board's efforts to assist Governments in complying with the provisions of the treaties.

1. Status of adherence to the international drug control treaties

148. Since the 2008 report of the Board was published, the Lao People's Democratic Republic has acceded to the 1972 Protocol amending the 1961 Convention²⁹ and Namibia has acceded to the 1988 Convention; thus, both States have become parties to all three of the international drug control treaties.

149. As at 1 November 2009, the number of States parties to the 1961 Convention or that Convention as amended by the 1972 Protocol reached 186, accounting for 96 per cent of all States. Of those States, 184 were parties to the 1961 Convention as amended by the 1972 Protocol. Afghanistan and Chad continue to be parties to the 1961 Convention in its unamended form only. A total of eight States have yet to accede 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).

150. The number of States parties to the 1971 Convention stood at 183, accounting for 95 per cent of all States. A total of 11 States have yet to become parties to that convention: two States 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).

151. With the accession by Namibia to the 1988 Convention, the number of States parties to that

convention increased to 183, accounting for 95 per cent of all States. A total of 11 States have yet to become parties to that convention: two States in Africa (Equatorial Guinea and Somalia), one in Asia (Timor-Leste), one in Europe (the Holy See) and seven in Oceania (Kiribati, the Marshall Islands, Nauru, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

152. The Board welcomes the accession by the Lao People's Democratic Republic to the 1972 Protocol amending the 1961 Convention and the accession by Namibia to the 1988 Convention. The Board once again urges those States which have not done so to take steps necessary to accede to all the international drug control treaties without further delay. The Board notes that 10 of the 18 States that are not yet parties to all of those treaties (63 per cent) are in Oceania.

2. Evaluation of overall treaty compliance in selected countries

153. 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 treaties.

154. 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.

155. In 2009, the Board reviewed the drug control situation in Bolivia (Plurinational State of), Colombia, Mauritania and Morocco, as well as measures taken by the Governments of those countries to implement the international drug control treaties. In doing so, the Board paid particular attention to new developments in drug control in those countries.

Bolivia (Plurinational State of)

156. The Board, as part of its ongoing review of compliance by States parties with their treaty-based obligations, has closely followed recent developments

²⁹ United Nations, *Treaty Series*, vol. 976, No. 14151.

in the Plurinational State of Bolivia with regard to its policies on coca bush cultivation and coca leaf production. The Board notes with concern that, despite the social control measures currently being pursued by the Government with the aim of reducing coca bush cultivation and coca leaf production in the country, both the reported total area under coca bush cultivation and the expected coca leaf production have increased over the past few years.

157. In 2008, the total area under coca bush cultivation in the Plurinational State of Bolivia increased for the third consecutive year, to 30,500 hectares (ha), 6 per cent more than in 2007. Compared with 2000, the total area under illicit coca bush cultivation doubled. The potential manufacture of cocaine in the country also increased in 2008, by 9 per cent to 113 tons, and accounted for 13 per cent of the potential global production of cocaine.³⁰ Furthermore, the total area of coca bush eradicated in the country in 2008 amounted to 5,483 ha, the second smallest figure recorded since 1995. The Board is concerned that those developments have had a negative impact on the Government's strategy to reduce the availability of coca leaves and have increased the risk of coca leaves being diverted for use in the illicit manufacture of cocaine.

158. The Board recalls the expressed commitment of the Bolivian Government when introducing its present policies towards coca bush cultivation and coca leaf production, namely, zero tolerance to illicit manufacture and trafficking in cocaine. That view has been reiterated by the Government on numerous occasions, particularly by representatives of the Government attending the ninety-third session of the Board, in November 2008, at the Board's request.

159. The Board urges the Bolivian Government to adopt more effective policies and to take a more proactive role in the elimination of illicit coca bush cultivation and coca leaf production in the country, as well as to address in a decisive manner the illicit manufacture of and trafficking in cocaine. The Board underlines that measures to promote alternative development in areas affected by coca bush cultivation, accompanied by sustained law enforcement efforts to prevent the re-emergence of such cultivation, are essential to the achievement of a lasting reduction in

and the eventual elimination of the illicit production of coca leaf and manufacture of cocaine in the country. This illustrates the fact that it is difficult for a Government to control licit drug production when faced with thriving local drug trafficking.

160. Having reviewed the drug control situation in the Plurinational State of Bolivia, the Board takes note of the country's new declarations concerning coca leaf, the statement by the country's President during the high-level segment of the fifty-second session of the Commission on Narcotic Drugs and the Government's proposed amendment to article 49 of the 1961 Convention as amended by the 1972 Protocol, notified to the Secretary-General on 12 March 2009. The Board, bearing in mind its mandate under the international drug control treaties, wishes to restate its position on those issues.

161. Coca leaf is defined as a narcotic drug in the 1961 Convention and listed in Schedule I of the Convention, among those narcotic drugs to which the strictest control measures are applicable. Those controls include the provisions of article 4, paragraph (c), on the general obligation for States parties to "limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs"; articles 23 and 26, on the control regimes applicable to cultivation and production for parties permitting cultivation and production for the extraction of alkaloids; and article 27, on the possibility for parties to permit cultivation and production "for the preparation of a flavouring agent, which shall not contain any alkaloids".

162. The Board is aware of the right of States parties to the 1961 Convention to propose amendments to the Convention in accordance with article 47. In fact, the Board has provided the Bolivian Government with relevant information on the proper mechanism for changing the scope of the Convention. The Board wishes to remind the Government that until such amendments are effected, all the uses of coca leaf considered by the Government as traditional, including coca-leaf chewing and the manufacture and consumption of coca tea, as well as all other products derived from the coca leaf of which alkaloids have not been removed, continue to be illicit activities under the terms of the Convention.

³⁰ *World Drug Report 2009* ..., pp. 63-65.

163. In so far as coca leaf remains under international control, the Plurinational State of Bolivia, as a party to the 1961 Convention as amended by the 1972 Protocol, must ensure full compliance with its obligations under the Convention, including the obligation to eliminate all uses of coca leaf for purposes other than those provided for in the Convention.

164. The Board, in response to the above-mentioned developments in drug control in the country, has strengthened its dialogue with the Bolivian Government over the past few years. In particular, the Board sent a mission to the country in 2007, to discuss with competent national authorities the Government's policies on coca bush cultivation and coca leaf production, as well as progress made by the Government in that regard since the previous mission of the Board to that country, in 2001. The Board notes with regret that the Government has yet to implement almost all the recommendations made pursuant to the 2001 mission.

165. During its ninety-third session, in November 2008, the Board heard a presentation by a delegation of the Plurinational State of Bolivia on the drug control situation in that country. The Board, while noting its agreement with the Government's position on cocaine, reiterates its concerns over the Government's policies with regard to coca bush cultivation and coca leaf production.

166. The Board will continue to monitor drug control developments in the country and to maintain an ongoing dialogue with the Bolivian Government.

Colombia

167. The illicit cultivation of coca bush in Colombia is closely intertwined with the ongoing armed conflict: many of the armed factions involved in the conflict finance themselves through drug trafficking activities. Though the Government has been conducting a vigorous coca bush eradication campaign, the country remains the source of half of the world's illicitly manufactured cocaine.

168. The Board notes that the Government of Colombia continues to make efforts in its eradication programme. Surveys conducted by the Government and UNODC indicate that in 2008 illicit coca bush cultivation in Colombia declined substantially compared with the previous year and that such

cultivation returned to levels recorded at the beginning of the decade. That significant decline contributed to the global reduction of potential cocaine manufacture for that year.

169. Nevertheless, the Board is concerned that in 2008 the illicit manufacture of cocaine hydrochloride in Colombia was estimated at 430 tons — about 51 per cent of the world total. The Board urges the Government to continue taking effective measures to address that problem. The Board underlines the necessity of ensuring alternative livelihoods for farmers currently engaged in coca bush cultivation and encourages the Government to strengthen its programmes in that area.

170. The Board notes that Colombia has continued to strengthen its efforts in the area of law enforcement, in particular its efforts to fight the powerful drug trafficking organizations in that country. Since 2005, Colombia has extradited several high-ranking drug traffickers to the United States of America and other countries. Furthermore, Colombia has taken an active part in regional activities in the area of demand reduction. The Board encourages the Government to enhance its efforts to ensure that progress is made in addressing drug abuse and drug trafficking in the country and to increase its cooperation with countries in Africa in an effort to address the problem of illicit drug consignments entering that region.

Mauritania

171. The Board had long-standing concerns regarding the compliance of the Government of Mauritania with the international drug control treaties, as well as its cooperation with the Board in matters related to drug control. The Board notes with satisfaction that the Government of Mauritania has significantly improved the functioning of its national drug control system and its responses to the Board's concerns have been satisfactory, as a result of the ongoing dialogue of the Board with the Government.

172. In particular, the Government of Mauritania has made sustained progress in submitting statistical information to the Board, thus fulfilling its reporting obligations under the international drug control treaties. The Government has also amended national legislation on drug control, adopted a national drug control strategy and further strengthened the inter-ministerial body to improve cooperation and

coordination in drug control at the national level. The Board welcomes those important measures taken by the Government to increase its capacity in drug control.

173. The Board notes that, in response to the emerging drug abuse and drug trafficking in Mauritania, the Government has given priority to a number of areas, as reflected in its current national drug control strategy, including strengthening law enforcement; taking measures to reduce the illicit manufacture of synthetic drugs; strengthening control of licit activities related to controlled substances with a view to preventing diversion, particularly with regard to prescription drugs; and increasing efforts in the area of drug abuse prevention.

174. The Board remains concerned, however, about the increase in cocaine trafficking through West Africa. Like many countries in West Africa, Mauritania lacks the resources and the capacity to effectively address the emerging problem of drug trafficking and drug abuse. Drug seizures have rarely been made or recorded in Mauritania.

175. The Board reiterates the importance of international cooperation in drug control in West Africa and urges the Government of Mauritania to strengthen its cooperation with the Governments of neighbouring countries and international organizations. The Board trusts that the Government of Mauritania will step up its efforts to ensure that further progress is made towards compliance with the international drug control treaties.

Morocco

176. In recent years, the Government of Morocco has continued its efforts in the area of drug control, making considerable progress in the elimination of illicit cultivation of cannabis in the country. The total area under cannabis cultivation was reduced by 55 per cent, from 134,000 ha in 2003 to 60,000 ha in 2008. The Government aims to reduce the total area under cannabis cultivation even further, to 50,000 ha in 2009.

177. The Board notes the improvement in the cooperation of the Government of Morocco with the Board. The Government has complied with its reporting obligations under the international drug control treaties by submitting regularly to the Board statistical information on the licit movement of narcotic drugs, psychotropic substances and precursors.

The Government has also provided additional information, including statistical data on drug seizures, arrests and prosecutions for drug-related offences. Such information facilitates the Board's assessment of the drug control situation in Morocco.

178. While recognizing the above-mentioned positive developments, the Board wishes to point out that significant challenges remain. Morocco continues to be one of the countries in the world with extensive illicit cultivation of cannabis and is an important source of illicitly produced cannabis and cannabis resin, in particular for North Africa and Western Europe. The Board encourages the Government of Morocco to continue its efforts to carry out eradication measures, alternative livelihood programmes and awareness-raising campaigns in areas where illicit cannabis cultivation takes place, with a view to ensuring that further progress is made in addressing that problem.

179. The Board notes that the Government of Morocco has been implementing a national drug control strategy that rests on four pillars: interdiction, eradication, international cooperation and demand reduction. The Board also notes that the Government has been reviewing the strategy and that a survey has been planned for 2010 to assess the illicit cultivation of cannabis in Morocco. The Board welcomes those developments and encourages the Government, taking into account the outcome of the review, to step up efforts in areas where progress is lacking and to ensure that the progress already achieved is sustained.

3. Country missions

180. In pursuing its mandate under the international drug control treaties and as part of its dialogue with Governments, the Board undertakes a number of country missions every year to discuss with competent national authorities measures taken and progress made in various areas of drug control. The missions provide the Board with an opportunity to obtain not only first-hand information, but also a better understanding of the drug control situation in each country it visits, thereby enabling the Board to provide the Government with relevant recommendations and to promote treaty compliance.

181. In 2009, the Board sent missions to the following countries: Angola, Australia, Finland, Holy See,

Hungary, Ireland, Jordan, Malta, Spain, Sudan and Syrian Arab Republic.³¹

Angola

182. A mission of the Board visited Angola in February 2009. The Board notes that, since its last mission to Angola, in 1999, the Government has taken a series of measures to implement the international drug control treaties and has made some progress in certain areas of drug control. In particular, national drug control legislation was adopted in 1999, a national committee for drug control coordination was established in 2001, a national drug control strategy was developed in 2003 and Angola acceded to the international drug control treaties in 2005. The Government has also taken steps to address the emerging problems of drug abuse and drug trafficking in the country, for example by strengthening border control, building law enforcement capacity and carrying out drug abuse prevention programmes targeting young persons.

183. Significant challenges remain, however. Like many other countries in the region, Angola is faced with growing drug problems. It has increasingly been used as a trans-shipment area for cocaine destined for countries in Western Europe and other countries in Africa. The illicit cultivation of cannabis is taking place in almost all provinces in Angola, and the high profits being made in drug trafficking have led an increasing number of people to become involved in that illicit activity. While cannabis remains the most commonly abused drug in the country, there appears to be a growing problem involving the abuse of cocaine and prescription drugs in urban areas. The Board encourages the Government to continue its efforts in drug control and strengthen its cooperation with other countries in the region aimed at addressing the drug problems.

Australia

184. A mission of the Board visited Australia in February 2009. The Board commends the Government for its balanced drug control policy, based on both demand reduction and supply reduction measures.

Several initiatives targeting the illicit manufacture of amphetamine-type stimulants have been implemented in Australia. The Board invites the Government to continue to share its experiences in the implementation of those initiatives with the Board, other Governments and international organizations. The Board notes with appreciation that the cultivation of opium poppy, the production of poppy straw and the extraction of alkaloids from poppy straw are under strict and effective control in Australia.

185. In spite of a significant decrease in the abuse of some narcotic drugs and psychotropic substances, the levels of abuse of certain narcotic drugs and psychotropic substances continue to be high in Australia. The Board encourages the Government to implement comprehensive measures to counter the abuse of narcotic drugs and psychotropic substances and pay due attention to new developments, such as the increase in the abuse of cocaine. The Board recommends the Government to further strengthen primary prevention of drug abuse and the comprehensive treatment and rehabilitation of abusers of narcotic drugs and psychotropic substances. The Board requests the Government to terminate the operation of the “drug injection room” in Sydney and provide drug abusers who will be affected by the closure with access to appropriate social and health services, including for the treatment and rehabilitation of drug abusers.

Finland

186. A mission of the Board visited Finland in January 2009. Finland is a party to all the international drug control treaties and has adopted comprehensive drug control legislation. Finland’s drug control strategy is based on a sound general welfare approach and on ensuring a balance between reducing supply and reducing demand, with emphasis on the promotion of a healthy lifestyle and early prevention of drug abuse. Adequate resources are provided for the implementation of the national drug control policy. The legislative and administrative structures for drug control are efficient, and the coordination of the various Government authorities is excellent.

187. The Board notes that the quality of the drug prevention efforts in Finland continues to be high. The system for community-based drug abuse prevention has been further improved in the past few years, and

³¹ The findings and recommendations of the missions of the Board to Hungary, Ireland, Jordan, Malta and Spain will be reported on in the report of the Board for 2010.

the involvement of the relevant parties, such as the police, in prevention efforts at the community level has been intensified. However, the Board continues to be concerned about the problem of the abuse of buprenorphine, which is smuggled in large quantities, mainly out of France, into Finland via Estonia. The Board wishes to encourage the authorities of Finland to continue to look for a solution to that problem together with the Governments concerned.

Holy See

188. A mission of the Board visited the Holy See in November 2008, in an effort to promote universal ratification and implementation of the international drug control conventions. The Board commends the authorities of the Holy See for having ratified the 1961 Convention and the 1971 Convention. While there are apparently no cases of drug abuse or drug trafficking in the Vatican City, drug problems have been prevented through work in demand reduction, pastoral care, capacity-building and making controlled drugs available for pain treatment. The Board encourages the Holy See to pursue efforts to remove obstacles to its accession to the 1988 Convention and, at the same time, to continue taking practical measures to deal with potential problems and difficulties that might arise from the implementation of the provisions of the 1988 Convention.

Hungary

189. A mission of the Board visited Hungary in October 2009. It was the first time since 1999 that a mission of the Board had visited that country. The mission met with officials from the Ministry of Social Affairs and Labour, the Ministry of Health and the Ministry of Agriculture and Rural Development to discuss the implementation of the international drug control conventions, to which Hungary is a party. The issues discussed included the licit cultivation of opium poppy in Hungary, the availability of opioids for the treatment of pain and progress in implementing the first Hungarian National Strategy to Combat the Drug Problem. Representatives of the police and customs authorities discussed recent developments in trafficking in drugs and precursor chemicals in Hungary. The mission included a visit to a treatment, rehabilitation and reintegration centre for drug addicts, in Budapest.

Ireland

190. A mission of the Board visited Ireland in October 2009. It was the first time since 2000 that a mission of the Board had visited that country. The objective of the mission was to review the implementation of the three international drug control conventions, to which Ireland is a party. Deliberations focused on the Government's experience in implementing those conventions through national legislation and national drug control policy. Recent developments in drug trafficking and abuse in Ireland were discussed, as well as measures taken by the Government to counteract those developments. Meetings were held with the Minister for Drugs, the Minister of Education, the Minister for Health and the Minister for Justice, as well as with senior police and customs officials. The mission included visits to a youth centre active in the area of drug abuse prevention and two centres providing treatment, counselling and aftercare for drug-dependent persons.

Jordan

191. A mission of the Board visited Jordan in August 2009. It was the first time since 2001 that a mission of the Board had visited that country. The objective of the mission was to review the implementation of the three international drug control conventions, to which Jordan is a party. Deliberations focused on recent developments in drug trafficking and abuse in Jordan, as well as on measures taken or planned to address those problems. The issues discussed included the continued smuggling of amphetamine-type stimulants through Jordan and the legislative and administrative measures adopted to control narcotic drugs, psychotropic substances and the chemicals needed for their illicit manufacture. Meetings were held with senior officials of the Ministry of Health, the Ministry of Justice, the Ministry of Foreign Affairs, the Jordan Food and Drug Administration, the national drug control authorities, the national anti-corruption commission and the customs authorities. The mission included visits to two centres that provide treatment, counselling and aftercare for drug-dependent persons.

Malta

192. A mission of the Board visited Malta in October 2009. Meetings were held with senior

representatives of the Ministry for Justice and Home Affairs, the Ministry for Social Policy, the Ministry of Finance, the Economy and Investment and the Malta National Laboratory. The mission included visits to the Freeport Zone at Kalafrana and facilities for the treatment and rehabilitation of drug abusers. The objective of the mission was to discuss the implementation of the international drug control conventions and cooperation with the Board. The discussions focused on reporting obligations under the conventions, as well as legislative and administrative measures to address the situation with regard to trafficking in drugs and their precursors. The availability of opiates for medical needs was also discussed.

Spain

193. A mission of the Board visited Spain in July 2009. It was the first time since 2000 that a mission of the Board had visited that country. Spain is party to the three main drug control conventions. The purpose of the mission was to review the Government's experience in implementing those conventions through national legislation and national drug control policy, as well as to discuss with the authorities legislative and administrative measures and policies aimed at strengthening the control of narcotic drugs, psychotropic substances and chemicals used in their illicit manufacture. The issues discussed included the following: the latest developments in the smuggling of drugs, particularly cocaine, through Spain; the abuse of amphetamine-type stimulants and other illicit drugs; cannabis cultivation; action against money-laundering; recent changes in precursor control legislation; the licit production of opiate raw materials; and demand reduction policies. In addition, meetings were held on the National Plan on Drugs with a representative of the Government of Spain, as well as other senior officials from ministries or other Government entities involved in the fight against drug abuse and trafficking.

Sudan

194. A mission of the Board visited the Sudan in June 2009. The Sudan has been a party to the international drug control treaties since 1993. The Board notes that the Government's ability to adequately meet its obligations under the treaties has been affected by the ongoing conflict in that country. The Government has established a number of bodies

and institutions to deal with drug control, and it has recently indicated its commitment to fighting the drug problem. However, the Government requires comprehensive drug control legislation, well-functioning drug control bodies and adequately trained personnel to fulfil that commitment.

195. The Board urges the Government of the Sudan to take appropriate measures to make its drug control efforts more effective. The Board also urges the Government to take measures that would ensure the availability of internationally controlled substances for medical purposes for the peoples of Southern Sudan while complying with the provisions of the international drug control treaties relating to international trade. Any measures adopted in that regard should also take due account of the work being done by humanitarian organizations involved in the field of health.

Syrian Arab Republic

196. In February 2009, the Board sent a mission to the Syrian Arab Republic to review the drug control situation in that country. The mission discussed with the Government such issues as drug trafficking and the emerging problem of the diversion of precursor chemicals, as well as measures taken by the Government to resolve those issues. The Board notes that counterfeit Captagon tablets continue to be seized in the country. Recent evidence indicates that traffickers have targeted the Syrian Arab Republic as part of their efforts to find new sources of chemicals used in the illicit manufacture of amphetamine-type stimulants and heroin. The Board has identified shortcomings in the established national control system and has noted the limited awareness among the competent national authorities of emerging trends in precursor trafficking. The Board urges the Government to further strengthen precursor control mechanisms and to take measures to enhance the exchange of information among regulatory and law enforcement authorities responsible for precursor control.

197. The Board notes the commitment of the Government of the Syrian Arab Republic to the aims of the international drug control treaties and the Government's efforts to prevent drug abuse. The Board notes that, although drug abuse does not appear to be significant in the country, no recent epidemiological studies of the drug abuse situation in the country have

been carried out and that information on the extent of drug abuse in the country is limited. The Board notes that, in the Syrian Arab Republic, the treatment for drug addiction provided in specialized facilities does not include a system of rehabilitation and social reintegration. The Board encourages the Government to establish a system for the collection, analysis and reporting of information on drug abuse and to develop a comprehensive system for the treatment of drug addicts.

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

198. As part of its ongoing dialogue with Governments, the Board also conducts, on a yearly basis, an evaluation of Governments' implementation of the Board's recommendations pursuant to its country missions.

199. In 2009, the Board invited the Governments of the following seven countries, to which it had sent missions in 2006, to provide information on progress made in the implementation of its recommendations: Argentina, Brazil, Democratic People's Republic of Korea, Gambia, Latvia, Luxembourg and Myanmar.

200. The Board wishes to express appreciation to the Governments of the Democratic People's Republic of Korea, Latvia and Luxembourg for their timely submission of the information, which 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 Argentina, Brazil and Myanmar was received too late to be included in the present report and will therefore be reported on in the report of the Board for 2010.

201. The Board regrets that no information was received from the Government of the Gambia. The Board requests that Government to provide the requested information without further delay.

Democratic People's Republic of Korea

202. The Government of the Democratic People's Republic of Korea has acted upon the recommendations of the Board made following the mission to that country in June 2006 and some progress has been made in a number of areas of drug control in

recent years. Most notably, the Democratic People's Republic of Korea has acceded to the international drug control treaties and has strengthened its cooperation with the Board.

203. The Board notes that, in March 2008, in an effort to comply with its reporting obligations under the international drug control treaties, the Government of the Democratic People's Republic of Korea set up a monitoring system for the collection of statistical data on the production, consumption, import and export of internationally controlled substances. Model forms were developed and distributed for use by relevant authorities at the national, provincial and municipal levels. Such a system has enabled the Government to monitor the licit movement of controlled substances and prevent their diversion.

204. The Government of the Democratic People's Republic of Korea has continued developing its legislative and administrative framework for drug control by adopting rules and regulations for the implementation of national drug control legislation. Plans have been made to revise some articles of the current drug law with a view to bringing them more in line with the provisions of the international drug control treaties. In April 2007, the Government conducted the first national survey of drug abuse, and the results suggested that drug abuse was not a problem in the country.

205. While acknowledging the significant progress the Government of the Democratic People's Republic of Korea has made in complying with its obligations under the international drug control treaties, the Board wishes to underline the significant challenges in drug control in East and South-East Asia and the need for the Government to develop a national drug control strategy focusing on prevention and capacity-building.

Latvia

206. Efforts have been made by the Government of Latvia to implement the Board's recommendations following the 2006 mission of the Board to that country. In particular, the Board notes that the Latvian authorities have made considerable effort to address drug-related corruption. The Board welcomes the political will and commitment of the Government to fight drug abuse and trafficking and its readiness to cooperate with the Board.

207. The Board notes that, pursuant to its recommendations, the Government of Latvia allocated additional resources to the implementation of national drug control measures. Within the framework of the national programme for combating drug abuse for the period 2005-2008, new drug detection equipment was purchased for use by the state police in operational activities. Similar measures were taken to address the problem of drug trafficking and drug abuse in prisons.

208. Since 2006, the Government of Latvia has increased its capacity-building efforts among law enforcement authorities and has provided training for police officers, border guards and customs officers to improve their professional skills. Training has also been provided to law enforcement authorities and forensic laboratory staff organized in cooperation with the Drug Enforcement Administration (DEA) of the United States, the European Police College (CEPOL) and others.

209. The Government of Latvia has acted on the Board's recommendations regarding systematic collection and regular analysis of data on drug abuse. Data on drug abusers are analysed by the authorities responsible for the registration and treatment of drug addiction, and the results are made available to the general public through annual reports. The Board notes that the national commission for coordinating drug control and fighting drug addiction has indicated its plan to conduct an evaluation of the implementation of drug demand reduction policies and strategies; the results will be used to formulate a national drug abuse prevention programme. The Board welcomes such initiatives and encourages the Government to continue expanding its activities in that area.

Luxembourg

210. Following its 2006 mission to Luxembourg, when members of the Board visited a so-called "drug consumption room", the Board, in a letter to the Government, reiterated its view that such facilities violated the international drug control treaties, particularly the 1961 Convention, and recommended that the Government take immediate measures to terminate the operation of that facility.

211. The Board notes with concern, however, that the policy of the Government of Luxembourg in that area has not changed and that a room for the "consumption", including by injection, of drugs

acquired on the illicit market, continues to be in operation in the country. The Board urges the Government to provide adequate services to those in need of treatment, rehabilitation and social integration, in conformity with the provisions of the international drug control treaties.

212. The Board notes that there appears to be a lack of progress in the implementation of its recommendations on the prevention of diversion of methadone prescribed as part of substitution treatment for heroin addiction in Luxembourg. The Board calls upon the Government to take effective measures to ensure that progress is made in addressing that situation, bearing in mind the aims of the international drug control treaties and Luxembourg's obligations under those treaties.

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

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

213. Article 14 of the 1961 Convention (and that 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. Such measures, which consist of increasingly severe steps, are taken into consideration when the Board has reason to believe that the aims of the conventions are being seriously endangered by the failure of a State to carry out the provisions of those conventions.

214. The Board has invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention with respect to a limited number of States. The Board's objective has been to encourage compliance with those conventions when other means failed. The States concerned are not named until the Board decides to bring the situation to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs (as in the case of Afghanistan). Following continuous dialogue with the Board pursuant to articles 14 and 19, most of the States concerned have taken remedial measures, resulting in the Board's decision to terminate action taken under those articles vis-à-vis those States.

215. During the reporting period, the Board, while reviewing the status of overall treaty compliance, decided to terminate action taken pursuant to article 14 of the 1961 Convention as amended by the 1972 Protocol and article 19 of the 1971 Convention vis-à-vis one State, in view of substantial progress made by that State pursuant to those articles. The Board expects that continued efforts will be made by that State to ensure further progress in its compliance with the international drug control treaties.

216. Afghanistan is currently the only State for which action is being taken pursuant to article 14 of the 1961 Convention as amended by the 1972 Protocol.

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

217. The year 2009 witnessed continued strong political support for Afghanistan, as demonstrated by the International Conference on Afghanistan: a Comprehensive Strategy in a Regional Context, held in The Hague on 31 March. The Conference called for greater efforts and clearer direction in addressing the challenges of Afghanistan, reaffirming the priorities agreed at the International Conference in Support of Afghanistan, held in Paris on 12 June 2008.

218. The Board notes that encouraging progress has been made following the Paris Conference in some of the priority areas, the Joint Coordination and Monitoring Board having made important decisions on a new national agricultural strategy, police reform and private-sector development. In particular, the new comprehensive agricultural and rural development facility, aimed at reducing opium poppy production by increasing incentives for licit crop cultivation, has been given priority in the new national agricultural strategy.

219. The Board welcomes the above-mentioned positive developments in areas essential for Afghanistan's long-term economic growth and sustainable progress in the elimination of illicit opium poppy cultivation in the country. The world drug problem undermines sustainable development, political stability, democratic institutions and poverty eradication efforts and threatens national security and rule of law. The problem can only be addressed effectively if the drug control situation in Afghanistan is resolved.

220. Since 2000, the Board, in discharging its mandate under the international drug control treaties, has regularly evaluated the drug control situation in Afghanistan and progress made by the Government in complying with the provisions of the treaties, in the light of the action taken by the Board vis-à-vis Afghanistan under article 14 of the 1961 Convention as amended by the 1972 Protocol. In addressing the drug control situation in the country, significant challenges remain; a lot needs to be done by the Government.

221. The Board notes that in 2009 some progress was made by the Government of Afghanistan in the elimination of illicit opium poppy cultivation. According to the *2009 Opium Poppy Survey* conducted in Afghanistan by UNODC, between 2008 and 2009, the total area under illicit opium poppy cultivation in the country decreased by 22 per cent, to 123,000 ha; potential opium production decreased by 10 per cent, to 6,900 tons; and the number of provinces free of opium poppy increased to 20. In Helmand province, illicit opium poppy cultivation declined by a third in 2009, contributing significantly to the decrease in such cultivation in the country as a whole.

222. Efforts were also noted in the provision of alternative livelihood and agricultural development assistance at the national and international levels. The Government of Afghanistan adopted the alternative livelihood implementation plan in 2005 and put in place the Good Performance Initiatives system in 2006, providing development assistance awards to governors exhibiting the political will to substantially reduce or eliminate opium poppy cultivation in their provinces. Renewed alternative livelihood programmes are being developed to deliver targeted, agricultural and development assistance in the southern provinces, focusing on controlling the problem where most of the opium poppy is grown.

223. The Board notes the encouraging results achieved in recent years in strengthening the Government's capacity in the area of law enforcement. Ongoing training, mentoring and funding provided by the international community have led to increases in the quantity of drugs seized. In 2008, the Afghan law enforcement authorities seized 324 tons of drugs and 95 tons of precursors, compared with 35 tons of drugs and 43 tons of precursors in 2006. In addition, in the first half of 2009, 27 clandestine drug manufacturing laboratories were destroyed in operations involving the

Afghan National Army and forces of the North Atlantic Treaty Organization.

224. The Board remains concerned, however, that the drug control situation in Afghanistan has not improved significantly, despite the efforts of the international community and the Government in the past few years. The level of illicit opium poppy cultivation continues to be high, with 99 per cent of the cultivation concentrated in seven provinces in the southern and western parts of Afghanistan. Although in some parts of the country, the area under illicit opium poppy cultivation has been reduced, little progress has been made in preventing the re-emergence of such cultivation. In addition, Afghanistan has become a significant manufacturer of heroin and other opiates, as well as a major source of cannabis. Afghanistan has also one of the highest rates for the abuse of opiates in the world: an estimated 1.4 per cent of its population abuse opiates.

225. Among other long-term challenges in Afghanistan is the continued high level of corruption, involving high-ranking Government officials, police commanders and governors, an immense obstacle to efforts to address the drug problem. In many areas, markets for opium are under the control of local warlords who also engage in other criminal activity. The Board reiterates that, unless the Government of Afghanistan takes serious and firm measures to address the problem of corruption, the Government's efforts in drug control will be undermined, further hindering political progress, economic growth and social development in the country.

226. The Board notes that Afghanistan remains one of the two States worldwide that have yet to accede to the 1972 Protocol amending the 1961 Convention, an issue that the Board has discussed with the Government on many occasions over the past few years. Although the Council of Ministers of Afghanistan endorsed the 1972 Protocol and the process of accession commenced some years ago, no further progress appears to have been made. The Board urges the Government to take the necessary steps to enable Afghanistan to accede to the 1972 Protocol as soon as possible.

227. Despite the fact that training has been provided to competent national authorities, Afghanistan has continued to fail to comply with its reporting obligations under the international drug control treaties. Submission by the Government of statistical

data on narcotic drugs, psychotropic substances and precursors remains sporadic, an indication of the lack of adequate control mechanisms at the national level to prevent the diversion of internationally controlled substances from licit channels to the illicit market. In particular, the Government has, for eight consecutive years, failed to submit information on seizures of precursors as required under article 12, paragraph 12, of the 1988 Convention. The Board recommends that UNODC continue providing needed assistance with a view to increasing the Government's overall capacity to implement the international drug control treaties.

228. The Board, while noting positive developments in drug control in Afghanistan, urges the Government to pursue its National Drug Control Strategy in order to ensure that further progress is made in various areas of drug control. In particular, the Government, bearing in mind its obligations under the international drug control treaties, should endeavour to achieve a substantial and permanent reduction in opium poppy and cannabis cultivation and in opium and cannabis production, trafficking and abuse in the country. The Board calls upon the international community to continue providing assistance to the Government in fighting drug abuse and trafficking.

F. Special topics

1. Abuse of prescription drugs containing controlled substances

229. Under the international drug control treaties, States have the obligation to prevent trafficking in and abuse of narcotic drugs and psychotropic substances. That obligation also refers to pharmaceutical preparations containing controlled substances. For most of those products, prescriptions are mandatory according to the relevant treaties and national legislation in effect in individual countries.

230. In many countries, the illicit supply of prescription drugs containing narcotic drugs or psychotropic substances, through what used to be the main channels, such as diversion from international trade, has been significantly reduced. Attempts at diversion from international trade have been impeded by Governments in cooperation with the Board. However, the Board has noted that, in some countries, the diversion of such prescription drugs from domestic

distribution channels has increased. In addition, new channels of trafficking have been opened, such as illegally operating Internet pharmacies and the use of the mail for smuggling.

231. As the Board mentioned in its report for 2006,³² the diversion of pharmaceutical preparations from domestic distribution channels continues to be underreported. Despite the fact that the abuse of prescription drugs is a fast-growing global problem, it continues to be difficult to obtain comprehensive data on the actual level of abuse of such drugs, as systematic data collection is lacking in most countries. The information available on the abuse of prescription drugs is mostly limited to anecdotal evidence or to data collected for one or two specific substances (such as morphine or methadone).

232. In 2009, the abuse of prescription drugs came to the attention of the general public as a result of reporting on cases involving the deaths of prominent entertainers. However, there is still significant lack of awareness among the general public and the media about the nature of the problem. Very often the abuse of prescription drugs is characterized as the misuse of pharmaceutical preparations, which have been inappropriately used to treat pain, depression, insomnia and anxiety. The abuse potential of prescription drugs containing narcotic drugs or psychotropic substances, which leads to their use as recreational drugs or to addiction, is often overlooked. That problem, in addition to their wide availability, contributes to the increase in the abuse of those controlled substances.

233. Information reported by countries to the Secretary-General in the annual reports questionnaire shows that almost all countries are confronted with trafficking in and abuse of prescription drugs. Most countries do not systematically collect data on the abuse of and/or trafficking in pharmaceutical preparations containing controlled substances. For countries where the abuse of prescription drugs is systematically monitored in surveys of the general population or specific population groups, the data indicate that such abuse is widespread and in many cases a major problem.

234. In many countries, prescription drugs are the second or third most abused category of drugs. The most often mentioned prescription opioids are buprenorphine and methadone. Other opioids specifically mentioned are morphine, codeine and pethidine, while several Governments have reported abuse of drugs in the category "Other opioids". The category reported in practically every country as being abused are sedatives and tranquilizers, the substances most often mentioned being the benzodiazepines such as alprazolam, clonazepam, diazepam, flunitrazepam and lorazepam.

235. The abuse of benzodiazepines, alone or in combination with alcohol and/or illicitly manufactured drugs such as cocaine, heroin or MDMA ("ecstasy"), is a problem the extent of which remains largely unrecognized in most countries. In the annual reports questionnaire, many Governments have indicated that, in their country, persons received treatment for the abuse of benzodiazepines or undefined sedative-type substances and that the abuse of benzodiazepines was rising, although reliable data were not available.

236. In some countries, the collection of data on the abuse of prescription drugs is more systematic and, therefore, more precise information is available. For example, according to the 2008 National Survey on Drug Use and Health, 6.2 million persons in the United States abuse prescription drugs, more than the total number of persons who abuse cocaine, heroin, hallucinogens, MDMA and inhalants. A similar situation has been reported in Canada. Data for 2005 indicate that most of the users of street drugs in almost all of the main cities in Canada (the exceptions being Vancouver and Montreal) are non-medical users of prescription opioids. It has been estimated that 1-3 per cent of the national population of Canada abuse prescription opioids. In Germany, an estimated 1.4 million-1.9 million persons are addicted to pharmaceutical preparations. German authorities have started a programme for monitoring the abuse of pharmaceutical preparations among clients in centres for the treatment of drug addiction. In France, where a system for the countrywide evaluation of dependence on pharmaceutical preparations has been operating for many years, the abuse of pharmaceutical preparations, particularly those containing benzodiazepines, buprenorphine and methadone, have been reported. Similar reports have been received from the Governments of several Scandinavian countries.

³² *Report of the International Narcotics Control Board for 2006* (United Nations publication, Sales No. E.07.XI.11), paras. 54-58.

237. One particular concern is the rise in the misuse of prescription drugs among youth in recent years. In the United States, for example, opioid pain relievers are abused primarily by young adults (persons 18-25 years old) and adolescents (persons 12-17 years old). Data collected for the 2007 report of the European School Survey Project on Alcohol and Other Drugs (ESPAD) indicate that, in several countries in Europe, about 15 per cent of the total student population uses sedatives or tranquillizers without a prescription.

238. In countries in which prescription drug abuse is systematically monitored, prescription drugs have been identified as one of the main drugs involved in overdose deaths. In the United States, for example, the Florida Medical Examiners' Commission has reported that the abuse of prescription drugs containing an internationally controlled substance (hydrocodone, oxycodone or methadone) was the cause of death of 2,184 individuals in 2008. In the United Kingdom, methadone was the principal drug implicated in 27 per cent of drug-related deaths among persons 16-24 years old in 2008.

239. The most frequently mentioned methods used for the diversion of pharmaceutical preparations containing controlled substances are forged prescriptions, sold prescriptions, theft (from pharmacies, hospitals and doctors' offices) and "doctor-shopping". In recent years, however, organized criminal groups have recognized the potential demand for trafficked prescription drugs and have added diverted prescription drugs to their drug supplies. Illegally operating Internet pharmacies play a major role in the increasing illicit market for prescription drugs.

240. The Board is of the opinion that competent national authorities need to give increased attention to the problem of prescription drug abuse when formulating public health policies. The Board calls upon Governments to consider introducing the following measures to counteract the growing problem of abuse of prescription drugs containing internationally controlled substances. Governments should include, as far as possible, prescription drug abuse in their national surveys on drug abuse in order to obtain information on the extent of drug abuse and the types of drugs abused, which would allow them to introduce the most appropriate drug control strategies. It is equally important for law enforcement authorities

to regularly report seizures of pharmaceutical preparations to drug control authorities, in addition to reporting to the relevant international organizations seizures of pharmaceutical products containing internationally controlled substances.

241. The Board encourages Governments to introduce or expand programmes for monitoring prescription drugs. Furthermore, in order to reduce improper prescribing practices, Governments should consider enhancing programmes to promote rational use of prescription drugs. The Board suggests programmes should be launched to make national and international law enforcement authorities aware that prescription drug abuse is a drug control problem comparable to the abuse of illicit drugs. When unlawful action by individual medical or pharmaceutical professionals has been identified, appropriate sanctions need to be applied. The Board wishes to remind Governments that the sale of internationally controlled substances by Internet pharmacies should be either prohibited or closely controlled (see paragraph 269-272 below). Governments should be aware that changes in drug abuse patterns may require adjustments in programmes for the treatment of drug addiction. If the controlled substance that is abused is contained in a prescription drug, adequate treatment options will need to be identified and implemented.

2. Herbal mixtures containing synthetic cannabinoids

242. Herbal mixtures under the name "Spice" have recently been the focus of attention of health authorities and drug regulators in many countries. Although advertised as plant mixtures that are not for human consumption, Spice products are smoked and have been reported to induce in users psychoactive effects similar to those produced by cannabis. The identification of small amounts of synthetic cannabinoids in those herbal mixtures has raised concern about their abuse liability and their potential health effects.

243. To receive more information on abuse of Spice products, the Board sent a letter to Governments of selected countries in all regions to request information regarding the prevalence of the use of Spice products, the profile of Spice product users, health problems arising from the use of Spice products and the abuse liability of their constituents. The Board has reviewed

the information provided by Governments, as well as reports on Spice products by bodies monitoring substance abuse, such as the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

244. Spice products are purchased primarily via the Internet and are also available from shops in a few large cities. Spice products are advertised as mixtures of several plant species, but there are reports that the plant materials listed as ingredients may not be present in some Spice products. Forensic investigations carried out in several European countries and the United States to determine the psychoactive components of Spice products have revealed the presence of several synthetic cannabinoids, namely JWH-018, CP 47,497 and its homologues and HU-210 — all substances not under international control. Those synthetic cannabinoids were not present in all Spice products or batches of the same product. Although Spice products can be purchased in many countries, it is not currently known where they are manufactured.

245. Information about the psychoactive effects of using Spice products has been obtained primarily from anecdotal reports on Internet forums, where users of Spice products mentioned experiencing a “high” similar to that induced by cannabis. The synthetic cannabinoids detected in Spice products were originally produced for research on the endogenous cannabinoid receptors and have not been developed as pharmaceutical products; consequently, little is known about their toxicological effects in humans. However, although information from studies on the effects of those synthetic cannabinoids on humans is lacking, studies of their effects on animals *in vitro* studies suggest that the substances may be even more potent than cannabis. That raises concerns about the potential health risks associated with the use of those synthetic cannabinoids and with the consumption of unknown quantities of such substances surreptitiously introduced in herbal mixtures such as the Spice products.

246. The Board notes that health concerns have prompted the authorities of several countries to adopt measures to regulate the use of and trade in some synthetic cannabinoids and products that contain them. In several countries, including Austria, France, Germany, Luxembourg and Poland, some or all of the synthetic cannabinoids most commonly detected in Spice products (JWH-018, CP 47,497 and its three homologues and HU-210) were added to the national

list of controlled substances. In the United States, HU-210 was already under control as a structural analogue of THC.

247. In addition to the synthetic cannabinoids identified in Spice products, numerous other synthetic substances are known to act as agonists of the endocannabinoid receptors and potentially have effects similar to cannabis. The chemical structure of many of those synthetic cannabinoids is different from that of THC; thus, the substances cannot be detected using conventional drug-screening methods. Non-controlled synthetic cannabinoids could appear on the market to circumvent existing drug control regulations. To address that problem, the Advisory Council on the Misuse of Drugs has recommended the Government of the United Kingdom to adopt legislation that targets groups of structurally related cannabinoids rather than specific cannabinoids. Similarly, in Luxembourg, all synthetic agonists of cannabinoid receptors have been added to the list of psychotropic substances under control.

248. The Board urges Governments to closely monitor new developments with regard to the abuse of synthetic cannabinoids, which are often marketed as innocuous products such as herbal incense in order to escape detection by drug control authorities. By monitoring user forums on the Internet and online shops, Governments could be alerted to the abuse of products that may contain synthetic cannabinoids as soon as they appear on the market. In addition, investigations should be made to determine the location of the manufacturers of Spice products and, in particular, the source of the synthetic cannabinoids used in such products. The Board invites all Governments to provide to the Board and to WHO all information available regarding the abuse in their countries of herbal mixtures such as Spice products and the synthetic cannabinoids contained therein.

3. Control of ketamine

249. During the past several years, the Board has taken note with concern of reports on the abuse of and trafficking in ketamine, a substance currently not under international control. Through its annual reports, the Board has repeatedly drawn the attention of Governments to the problems of the widespread abuse of ketamine, particularly among youth, in East and

South-East Asia and of trafficking in ketamine in that region and in other regions, including in the Americas.

250. According to the International Criminal Police Organization (INTERPOL), trafficking in and abuse of ketamine constitute an emerging area of concern. The abuse of ketamine is increasing in countries in Europe, particularly Spain and the United Kingdom. Trafficking in ketamine is attractive to organized criminal groups because of its high profitability: hundreds of kilograms of the substance are seized every year in Europe and other regions.

251. In March 2006, ketamine was the subject of critical review by the WHO Expert Committee on Drug Dependence. At that time, however, the Committee concluded that the information presented to it on ketamine was not sufficient to warrant the international scheduling of that substance.

252. In the light of those developments, the Commission on Narcotic Drugs adopted resolution 49/6, entitled "Listing of ketamine as a controlled substance", in order to enable Governments to take appropriate measures against the diversion and abuse of ketamine. In that resolution, 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.

253. In its report for 2006,³³ the Board welcomed the adoption of resolution 49/6 by the Commission on Narcotic Drugs and called upon all Governments to implement that resolution without delay. In particular, the Board encouraged all Governments concerned to take steps to determine the size of the population abusing ketamine and, wherever warranted, to place ketamine under their national legislation. Furthermore, the Board urged all Governments to provide to WHO, and to the Board, all available information on the abuse of ketamine in their countries, in order to assist the WHO Expert Committee on Drug Dependence in its efforts to assess ketamine for possible scheduling under the 1971 Convention.

254. In March 2007, the Commission on Narcotic Drugs adopted resolution 50/3, in which it encouraged Member States to consider adopting a system of

precautionary measures for use by their Government agencies to facilitate the timely detection of the diversion of ketamine.

255. In August 2008, the Board sent out a questionnaire to all Governments requesting them to provide it with information on the specific legal or administrative measures adopted pursuant to Commission on Narcotic Drugs resolution 49/6, including information on measures to control ketamine and on ketamine imports, exports, seizures, abuse and trafficking.

256. As at 1 November 2009, the Board had received the requested information from 87 countries and 7 territories. A total of 48 Governments reported that ketamine had already been placed on the list of substances controlled under national legislation, pursuant to Commission on Narcotic Drugs resolution 49/6, and 43 Governments reported that legal provisions or administrative measures had been adopted to implement that resolution. Of the countries and territories that had not yet placed ketamine under control, 12 reported that their domestic situation would require doing so, mainly because of the extent of abuse of the substance.

257. With regard to the control of licit international trade in ketamine, 50 of the countries responding to the questionnaire had introduced the requirement of import and export authorization for imports and exports of ketamine, and one country was in the process of doing so; two other countries had introduced the requirement of import authorizations only. The vast majority (67) of the responding countries and territories were in a position to provide precise information on total manufacture, imports and exports of ketamine per year. A total of 31 countries and territories provided details on the abuse of and illicit trafficking in ketamine, including information on seizures of ketamine. While most countries reported many seizures involving small quantities of ketamine, some, including China, Germany, Malaysia, Philippines and Thailand, reported having seized large quantities of the substance.

258. The Board has continued to communicate to WHO, on a regular basis, the information received from Governments, for use in the critical review of ketamine by WHO, in its efforts to assess ketamine for possible inclusion in one of the schedules of the international drug control conventions. The Board calls upon all Governments to continue to furnish it and

³³ *Report of the International Narcotics Control Board for 2006 ...*, para. 202.

WHO with all relevant information on trafficking in and abuse of ketamine in their countries.

259. The Board has started to publish, on a secure page of its website, information on the national requirements already in place in individual countries for authorizing the import and export of ketamine.

4. Use of pharmaceutical products to facilitate sexual assault and other crimes

260. The Board welcomes the adoption by the Commission on Narcotic Drugs of resolution 52/8, in which the Commission urged Member States to adopt measures to address the emerging problem of the use of substances to facilitate sexual assault (“date rape”). The substances covered by that resolution include cannabis, a narcotic drug controlled under the 1961 Convention; substances such as alprazolam, clonazepam, diazepam, flunitrazepam, GHB, lorazepam, meprobamate, midazolam, phencyclidine, secobarbital, temazepam, triazolam and zolpidem, which are controlled under the 1971 Convention; and alcohol, 1,4-butanediol, *gamma*-butyrolactone (GBL), chloral hydrate, ketamine and scopolamine, substances not under international control. In addition, in its resolution 52/8, the Commission urged member States to enhance public awareness of that problem, to consider imposing stricter controls or taking other measures aimed at discouraging the use of such substances for the commission of drug-facilitated sexual assault, including with regard to those substances not under international control and to share, through bilateral, regional and international channels, information on emerging trends in the use of drugs to commit such offences. Moreover, the Commission invited the concerned industries to develop formulations with safety features, such as dyes and flavourings, to alert possible victims to the contamination of their drinks without affecting the bioavailability of the active ingredients in legitimate drugs.

261. The misuse of substances, regardless of whether they were illicitly manufactured or diverted from legitimate channels, for the commission of sexual assault or other crimes is not new. In particular, the benzodiazepines, many of which are controlled under the 1971 Convention, have a history of such misuse that is well documented in scientific and legal literature. They have been used with criminal intent to

weaken the resistance of individuals, for example to exploit their property or body with their apparent consent, without them having the slightest recollection afterwards of what happened. Unwanted behaviour induced by the unknowing consumption of benzodiazepines includes revealing credit card information, making purchases in a number of shops and signing cheques or charging credit cards, giving away a motor vehicle (together with the key and vehicle registration papers) and perceiving being raped as a pleasurable experience. The drug doses involved in such criminal activities are higher than those used for therapeutic purposes, and food or drinks are used to disguise the drugs, which are often consumed in combination with alcohol. Such crimes may be committed not only in places such as bars, restaurants, nightclubs and airports, but also in private surroundings, for example, at a friend’s house.

262. Of the benzodiazepines, flunitrazepam was once so commonly misused for the commitment of sexual assault that it was called the “date-rape drug”. Flunitrazepam was first included in Schedule IV of the 1971 Convention in 1984 but was transferred to Schedule III of the Convention in 1995; after that, its diversion from international trade³⁴ was successfully stopped. However, the diversion of flunitrazepam from domestic distribution channels continued in the 1990s. Concerted action by Governments of all major manufacturers and importers of the substance, in close cooperation with the pharmaceutical industry, has proved effective: reports of seizures of diverted flunitrazepam have decreased significantly since 2004.³⁵ The measures taken by industry to stop the misuse of flunitrazepam to commit sexual assault include: termination of the worldwide manufacture and distribution of high-dosage tablets; development and marketing of a new small dosage tablet; and inclusion of a dye in the core and surface of the new tablet to make it easily detectable in liquid and to prolong its dissolution time.

263. Despite the above-mentioned successes, the misuse of a number of substances for the commitment of sexual assault and other crimes continues in many

³⁴ Flunitrazepam was diverted mainly for abuse by heroin addicts. Only a small portion of the flunitrazepam diverted was misused to commit sexual assault.

³⁵ *Report of the International Narcotics Control Board for 2005 ...*, paras. 37-39.

countries. Criminals tend to use other substances to facilitate the commission of their offences, among them, GHB, a substance that is not yet fully under national control in all countries in spite of the fact that it was put under international control in 2001. Criminals also tend to use substances currently not under international control, such as ketamine, 1,4-butanediol and GBL, since they are easily available in legitimate channels. Drug traffickers obtain the substances in question through Internet pharmacies and the mail system, or from illicit manufacture.

264. The Board urges all Governments to implement Commission on Narcotic Drugs resolution 52/8 as soon as possible to address the emerging trend of using a variety of substances to facilitate the commission of criminal offences. Most importantly, the Board encourages Governments to make the general public (and, where appropriate, vulnerable segments of the population in their territories) aware of the fact that food or drink left unattended might be contaminated with certain substances to facilitate the commission of other crimes, such as sexual assault.

265. Governments should alert law enforcement agencies and the judiciary to such practices, to enable them to take appropriate countermeasures, wherever possible under the national legislation. In many countries, the use of substances to facilitate the commission of crime does not constitute a criminal offence and therefore cannot be properly sanctioned. The Board encourages all Governments that are already affected by the misuse of substances for such purposes to take all steps necessary to adopt or amend national legislation as soon as possible to deal with that problem.

266. The Board wishes to remind all Governments of the need to ensure that all control measures required under the international drug control treaties, such as the requirement of prescriptions and the system of inspection of operators, are strictly applied to the substances under international control in order to prevent those substances from being used with criminal intent. The Board encourages Governments to consider, pursuant to Commission on Narcotic Drugs resolution 52/8, imposing stricter controls than those currently foreseen under the international drug control treaties, where necessary, to prevent the diversion of substances from domestic distribution channels for the purpose of committing a crime. As an example, since

ketamine is one of the substances most often used for the commission of crime, Governments should consider controlling ketamine by placing it on the list of substances controlled under their national legislation if the situation in their territories so requires.

267. The cooperation of industry has been extremely important in limiting the misuse of licitly manufactured flunitrazepam as a “date-rape drug”. The Board calls on the pharmaceutical industry and the chemical industry to assist in addressing the emerging misuse of other substances with the intent of committing a crime and to consider appropriate countermeasures. The Board encourages Governments to ensure that all manufacturing and trading companies in their territories that trade in the above-mentioned substances are made aware that those substances might be used to facilitate the commission of crimes. The Board also encourages Governments to solicit the support of the companies in question in dealing with that problem.

268. There is no systematic way of collecting information on such offences at the national and international levels, as those offences are often not dealt with in national legislation and such activities are often not covered in drug abuse surveys. The extent of the problem is therefore not known. The Board calls on all Governments to share with other Governments and international bodies, including the Board, any information they might have on new trends in the misuse of substances to commit sexual assault or other offences, as the international community needs to have a more thorough understanding of the extent of the problem so that it may decide whether any additional measures should be taken to prevent such misuse.

5. Illegal Internet pharmacies

269. The Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet,³⁶ developed by the Board, were launched in March 2009, during the fifty-second session of the Commission on Narcotic Drugs. The Guidelines were then sent to the competent authorities of all countries. The Board hopes that the Guidelines will help each Government to identify the control measures most appropriate for its country. Some of the recommendations will need to be

³⁶ United Nations publication, Sales No. E.09.XI.6.

implemented by all Governments, particularly those recommendations relating to the provisions of the three international drug control treaties. Furthermore, in order to ensure concerted action at the international level, basic requirements on information exchange and cooperation should be met by all States. The Board calls upon all Governments to implement the recommendations contained in the Guidelines without delay and to the fullest extent possible. Using a questionnaire to be distributed to all Governments in 2010, the Board will assess the progress achieved in implementing the Guidelines.

270. Pursuant to Commission on Narcotic Drugs resolution 50/11, the Board distributed in February 2009 to all Governments a standard format to be used by countries for reporting on seizures of internationally controlled substances ordered via the Internet and delivered through the mail. The Board has received the first set of replies, containing data for 2008, which indicate the wide geographical distribution of shipments of a variety of illegally sold pharmaceutical preparations containing controlled substances. The Board will continue to collect information on seizures and will provide in its annual reports a detailed analysis of the information received. The Board invites all Governments that have not yet done so to establish national mechanisms for collecting and reporting data to the Board as requested by the Commission in its resolution 50/11.

271. The Board notes with appreciation that in some countries legislation has been introduced to counteract the illegal sale of controlled substances through Internet pharmacies. In the United States, the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 (see paragraph 411 below), which was enacted in October 2008, amended the Controlled Substances Act and Controlled Substances Import and Export Act by adding several new provisions to prevent the illegal distribution and dispensing of controlled substances by means of the Internet. In January 2009, Belgium adopted new legislation containing legal requirements specifically for Internet pharmacies and prohibiting the sale of prescription drugs through the Internet.

272. An increasing number of illegal transborder trade transactions of internationally controlled substances is carried out by the use of modern information and communication technology, such as the Internet and international call centres. The Board calls upon

Governments to take appropriate action to prevent such misuse of modern communication technology. The Board also requests all Governments to consider measures to influence those responsible for the management of Internet websites and other modern communication technologies to ensure that illegal activities are prevented or terminated.

6. Follow-up to Commission on Narcotic Drugs resolution 51/13: responding to the threat posed by the distribution of internationally controlled substances on the unregulated market

273. The distribution of internationally controlled drugs through the unregulated market, often characterized by the involvement of organized criminal networks and increasingly facilitated by the Internet, has become a global problem, mostly affecting developing countries. The use of medicaments containing internationally controlled substances obtained on the unregulated market, regardless of whether they have been diverted from licit channels or are counterfeit drugs, may result in serious health problems, including dependence, or even death.

274. The Board drew in the past the attention of the international community to the widespread practice of distributing medicaments through the unregulated market and recommended that concerted measures be taken by all Governments, the pharmaceutical industry, professional associations and international organizations, to deal with that problem.³⁷ In 2007, the Commission on Narcotic Drugs adopted resolution 51/13 to address the problem of distributing internationally controlled substances through the unregulated market and invited relevant international bodies, such as WHO, INTERPOL and UNODC, to assist member States in their efforts to deal with that problem, as necessary.

275. The cooperation of the pharmaceutical industry and professional associations is needed to obtain lasting results in reducing the distribution of medicaments on unregulated markets worldwide and, in particular, in reducing sales of counterfeit medicaments. The Board appreciates the efforts of the International Medical Products Anti-Counterfeiting Taskforce of WHO, together with INTERPOL, the

³⁷ *Report of the International Narcotics Control Board for 2006 ...*, paras. 1-39.

World Customs Organization, UNODC and other relevant partners, including pharmaceutical associations, to combat problems related to the unregulated markets and to prevent trade in and distribution of counterfeit products or medicaments of poor quality. The Board notes with appreciation that UNODC conducted a threat assessment of transnational trafficking and the rule of law in West Africa, which addressed, among other issues, the problem of counterfeiting medicines in that subregion, one of the areas most affected by that problem, and that UNODC is continuing its efforts to formulate an effective response to the problem.

276. The Board reiterates the need for all parties concerned to strictly apply the control measures foreseen under the international drug control treaties and enforce existing legislation to ensure that controlled substances are not illegally manufactured, imported or exported and are not diverted to the unregulated market. All Governments should further implement the recommendations on that subject contained in the report of the Board for 2006.³⁸ The Board notes that the range of products that can be found on the unregulated market, including those containing narcotic drugs or psychotropic substances, has been expanding. Competent national authorities, in particular customs authorities, are therefore frequently unaware of the varieties of medicaments entering their countries to be distributed on the unregulated market. In addition, such authorities often lack the expertise necessary to identify consignments of counterfeit medicaments that may be destined for the unregulated market. The Board therefore encourages all Governments to consider providing training and introducing technology for use by customs authorities to identify counterfeit medicaments.

7. Treaty obligations applicable in the entire territory of a State party

277. During the last few decades, the majority of States parties to the international drug control treaties have applied adequate control measures, as required under the treaties, to ensure that narcotic drugs and psychotropic substances are used only for medical and scientific purposes.

³⁸ Ibid., paras. 37-39.

278. Despite the almost universal application of the international drug control treaties, the Board has noted with concern that a number of States parties to the treaties have been turning to and persisting in the implementation of national policies that are not in line with the treaties. In particular, the Board has noted that a number of States parties have permitted the use of “safer crack kits”, the “medical” use of cannabis, “coffee shops” and the establishment and operation of so-called “drug injection rooms”, which contravene the international drug control treaties.

279. In response to the Board’s repeated warnings that those measures promote social and legal tolerance of drug abuse and drug trafficking and run counter to the provisions of the international drug control treaties, those States parties continue to argue that their domestic legal systems prevent them from fully complying with the treaties, as their state and/or provincial legislative and judicial structures and competencies are independent and prevail over their national or federal legislation and jurisdiction.

280. The Board is aware that current international law recognizes the various national legal traditions and systems. The Board also acknowledges that all States parties to the international drug control treaties follow differing legal systems and apply legal traditions in which, in some instances, the relationship between state or provincial and national or federal legislative, judiciary and jurisdictional issues is highly complex, sensitive and even controversial.

281. In this connection, the Board wishes to stress the basic principles of international law enshrined in the provisions of articles 26 (on the obligation of parties to fulfil their treaty-based obligations in good faith) and 27 (on the primacy of international law over national legislation) of the Vienna Convention on the Law of Treaties,³⁹ as well as the international drug control treaties.

282. Moreover, the 1961 Convention and that Convention as amended by the 1972 Protocol sets very strict and unavoidable control measures for cannabis, limiting its use to medical and scientific purposes by defining it as a drug under the terms of article 1 (Definitions) and including it in Schedule I. Besides those general provisions, specific obligations are set for parties on the control of cannabis (in article 28) and

³⁹ United Nations, *Treaty Series*, vol. 1155, No. 18232.

penal provisions (in article 36). The 1988 Convention goes much further into the detailed penal provisions related to the illicit traffic in narcotic drugs and psychotropic substances (in article 3) and with a non-derogation clause (in article 25), solves all possible arguments on any perceived contradiction vis-à-vis the other international drug control treaties.

283. The Board recognizes the fact that certain state, regional and/or provincial powers, jurisdictions and delegated competencies are expressly granted and guaranteed in the constitutional frameworks of some States parties. Legislation and policies adopted by provinces or federated states are enacted in concordance with the constitution of the State party. Acceding to the international drug control treaties should result in States parties adopting national strategies and measures that ensure their full compliance with the treaties. Those treaty obligations are applicable in the entire territory of each State party, including its federated states and/or provinces.

284. According to internationally accepted law and practice, as well as the international obligations of all parties to the international drug control treaties, state and/or provincial legislative and/or judicial measures and actions should be in compliance with each State's policies and obligations at the international level. If a State, irrespective of its constitutional framework and legal system, enters into an international agreement by acceding to the international drug control treaties, that State must ensure that all state and/or provincial policies and measures do not undermine its efforts to combat drug abuse and trafficking in narcotic drugs, psychotropic substances and precursor chemicals.

285. The Board wishes to emphasize that the structure of all States parties (whether federal, state, regional or provincial) should contain, develop and continually evaluate a comprehensive system of intergovernmental coordination procedures in order to ensure that drug control laws and policies are nationally consistent.

286. The Board reiterates that article 4 of the 1961 Convention and that Convention as amended by the 1972 Protocol obligates States parties to "limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs", while article 35 of that Convention obliges States parties to "make arrangements at the national level for

coordination of preventive and repressive action against the illicit traffic" in drugs.

8. Event commemorating the centennial of the convening of the International Opium Commission in Shanghai

287. The International Opium Commission, the first multinational initiative in drug control, was convened in Shanghai, China, in February 1909, in response to the need to address the problem of opium production and trade. The Commission, which laid the groundwork for the elaboration of the first international drug control treaty, the International Opium Convention signed at The Hague on 23 January 1912, a landmark event in the history of international drug control.

288. For several years, the Board worked closely with the Government of China and UNODC to prepare for the centennial of the convening of the International Opium Commission. The result of the cooperation was the commemoration of the centennial of the International Opium Commission in Shanghai, China, in February 2009.

289. More than 100 delegates from around the world participated in the commemorative event, including delegates from the 13 countries⁴⁰ that had originally been represented in the International Opium Commission in 1909. The State Councillor and Minister of Public Security of China, the Mayor of Shanghai, the President of the Board (see annex III) and the Executive Director of UNODC took part in the opening ceremony and made statements. Also participating in the event were two other members of the Board, the Secretary of the Board and the Chief of the Convention Evaluation Section of the Board's secretariat.

290. In the Shanghai Declaration adopted by consensus at the event on 26 February 2009 commemorating (see annex IV) the centennial of the convening of the International Opium Commission, the representatives reaffirmed their political commitment to a comprehensive, balanced and mutually reinforcing approach to supply and demand reduction, reaffirmed

⁴⁰ Austria, China, France, Germany, Iran (Islamic Republic of), Italy, Japan, Netherlands, Portugal, Russian Federation, Thailand, United Kingdom and United States.

also that international drug control cooperation must be in full conformity with the purposes and principles of the Charter of the United Nations, and urged States to fully implement the international drug control treaties and fulfil other relevant international drug control obligations.

291. The Board expresses its great appreciation to the Government of China for organizing and hosting this important event to mark the beginning of a century of multilateral drug control.