

the national legislation of that State. For the replenishment of first-aid kits, the crew of the ship would have to comply with regulations related to the purchase or acquisition of narcotic drugs and psychotropic substances valid in the territory in which such a purchase or acquisition takes place. Once these substances have been obtained and placed in the ship's medical kit, article 32, paragraph 1, of the 1961 Convention and article 14 of the 1971 Convention, which allow for the carriage of controlled substances in medical kits across territorial waters, would apply, allowing the ship to continue its onward journey, while it would be the responsibility of the country of registry to prevent the improper use of those substances.

255. The Board trusts that all countries will facilitate the replenishment with narcotic drugs and psychotropic substances of medical kits of ships docked in their territorial waters to ensure the availability of those drugs and substances on those ships in case of their need for medical use. Adequate control measures should be applied to prevent any misuse of that procedure for the diversion of controlled substances.

E. Special topics

1. Global drug policy debate

256. The Board takes note of recent calls by some Governments for a review, by States Members of the United Nations, of the approach to the global drug problem hitherto adopted by the international community, with the aim of adopting a balanced approach in enhancing the effectiveness of the strategies and instruments used by the world community in confronting the challenge of the drug problem and its effects. The Board welcomes and supports initiatives by Governments aimed at further enhancing international drug control, undertaken in conformity with the international drug control conventions.

257. At the same time, the Board notes with concern recent declarations and initiatives reported from some countries in the Western hemisphere proposing the legalization of the possession of narcotic drugs and psychotropic substances for purposes other than medical or scientific use, and the decriminalization of the cultivation of cannabis plant for non-medical use. In this regard, the Board notes with deep concern a proposal by the Government of Uruguay before the Parliament of Uruguay that would allow the State to assume control over and regulation of activities related to the importation, production, acquisition of any title, storage, sale and distribution of cannabis or its derivatives, under terms and

conditions to be determined by a regulation, for the purpose of non-medical use.

258. The Board wishes to point out that such an initiative, if it were to be implemented, would be contrary to the provisions of the international drug control conventions. The 1961 Convention and the 1988 Convention require all States parties to limit the use of narcotic drugs, including cannabis, exclusively to medical and scientific purposes. Non-compliance by any party with the provisions of the international drug control treaties could have far-reaching negative consequences for the functioning of the entire international drug control system.

259. The Governments of those States, which are parties to the international drug control treaties, have demonstrated over many years their commitment to the aims and object of the international drug control conventions, extending their valuable cooperation to the Board in the implementation of the treaties. The Board stands ready, in line with its mandate, to continue a dialogue with all Governments in order to promote universal compliance with the provisions of the international drug control treaties.

2. New psychoactive substances

260. The term "new psychoactive substances" denotes substances of abuse that are not subject to international control measures but that have effects similar to those of controlled drugs. It is a generic term that includes emerging drugs of abuse sometimes referred to as "designer drugs", "herbal highs", "research chemicals" and "legal highs". It also includes substances that are not necessarily new but which have recently been increasingly abused.

261. In the past several years, the warnings about the dangers posed by new psychoactive substances have multiplied. Public health officials and drug control stakeholders have been raising awareness of the emergence of new psychoactive substances which are outside the scope of international control for some time. In its annual report for 2010, the Board warned Governments of this growing threat and recommended that they take concrete steps to monitor the emergence of new psychoactive substances with a view to adopting national control measures intended to stem the manufacturing, export, import, distribution and sale of these substances.

262. The Board notes that the international community has taken notice of the problem and has turned its attention to identifying ways to address it effectively. The Board also reminds Governments that pursuant to the international drug control conventions, States parties are explicitly authorized to adopt whatever national control measures

they deem necessary in addition to those existing at the international level. In this regard, the Board acknowledges the adoption in many States of legislative and regulatory measures aimed at establishing mechanisms to address the public health dangers caused by the emergence of new psychoactive substances.

263. In March 2012, the Commission on Narcotic Drugs adopted resolution 55/1, entitled “Promoting international cooperation in responding to the challenges posed by new psychoactive substances”, in which the Commission encouraged States to take various decisive individual and collective actions to deal with the threat posed by new psychoactive substances. Through that resolution, the Commission recognized that the capacity of States to effectively deal with new psychoactive substances is a function of their ability to identify those substances in a timely manner, allowing for preventive measures to be taken, and, given the global nature of the problem, to share that information with other States and relevant stakeholders in order to make concerted action possible.

264. In recent years, there has been an unprecedented increase in the emergence of new psychoactive substances not within the purview of the international drug control conventions. The most common categories of these drugs have been synthetic cannabinoids, synthetic cathinones, piperazines and phenethylamines. According to EMCDDA, the number of notifications of new psychoactive substances received by the Centre averaged five per year from 2000 to 2005. In 2011, the figure had increased to 49, meaning that a new psychoactive substance was put on the market almost every week on average. Although it is impossible to know the exact number of new psychoactive substances on the market, experts have advanced estimates running well into the thousands. As abuse of these substances has increased, so too has the number of users who have experienced grave health consequences or even suffered death due to exposure to them. In many countries, use of such substances has manifested itself in marked increases in emergency room visits for adverse health reactions caused by the ingestion of new psychoactive substances, as well as in significant increases in calls to poison treatment centres.

265. The Board encourages all Governments to establish formal mechanisms aimed at collecting information regarding new psychoactive substances, including information regarding their chemical make-up, patterns of abuse, marketing techniques, trade names, distribution and diversion methods and countries of origin. There is mounting evidence suggesting that many new psychoactive substances are being manufactured in China and India. The Board urges the Governments of China and India to investigate this matter and to take decisive action to

prevent the manufacturing of new psychoactive substances on their territory.

266. The Board notes that several States have established early warning systems for new psychoactive substances, which have been pivotal in national efforts to identify and move to control new psychoactive substances. With respect to the regional level, the Board acknowledges the leading role taken by EMCDDA on the question of new psychoactive substances, particularly through its establishment of a European early warning system. The Board encourages those States that have not yet done so to consider establishing early warning systems and to establish mechanisms for the sharing of obtained information with other States and with multilateral stakeholders, including WHO, INTERPOL, UNODC and INCB. The Board urges those multilateral stakeholders to continue to examine specific aspects of the problem of new psychoactive substances and to disclose their findings to the international community. The Board also acknowledges the particularly important role of WHO in monitoring the emerging abuse of uncontrolled substances and recommending scheduling when it deems appropriate.

267. The Board particularly welcomes efforts made by UNODC in response to Commission on Narcotic Drugs resolution 55/1 aimed at collecting information about new psychoactive substances, including through the elaboration and distribution to national laboratories of a questionnaire on the topic. The Board encourages UNODC to act as a focal point on the question of new psychoactive substances and to gather information from States regarding new substances of abuse and measures adopted to address the problem. The Board also encourages States to continue to support ongoing UNODC activities regarding new psychoactive substances such as the global Synthetics Monitoring: Analysis, Reporting and Trends (SMART) programme.²¹

268. A particular challenge to Government efforts to place new psychoactive substances under national control is the difficulty of identifying those substances in a timely manner, given the rapid succession of new substances entering the market, their inconsistent chemical composition and the lack of technical and pharmacological data and reference material, as well as insufficient forensic and toxicological capacity on the part of some States. The Board acknowledges the recommendation contained in Commission on Narcotic Drugs resolution 55/1 that UNODC should continue to provide technical assistance to States, upon request, in order to assist them in bolstering the capacity of their institutions to deal with the problem of

²¹ Available from www.unodc.org/unodc/en/scientists/smart.html.

new psychoactive substances. The Board also encourages closer cooperation between States on a bilateral and multilateral level, as well the provision of technical assistance where required.

269. In order to raise awareness of the public health dangers associated with many new psychoactive substances and, in particular, to dispel the misconception that those substances are safe since they are not controlled, the Board invites all Governments to include new psychoactive substances in the scope of all existing prevention programmes, and, if deemed necessary, to design specific prevention initiatives targeting this phenomenon. The Board reminds States that it is impossible to gauge the extent of the abuse of new psychoactive substances without comprehensive data on prevalence of abuse, populations specifically at risk and patterns of abuse, and encourages Governments to include new psychoactive substances in their national drug abuse surveys and to effectively disseminate the findings of those studies to all stakeholders, as well as to the public, as an additional means of awareness-raising.

270. The Board also encourages States to cooperate in the development of chemical reference standards aimed at identifying new psychoactive substances and to make those standards available to drug-testing laboratories as necessary. Where such reference samples are not available, the Board encourages States to share analytical data. The Board is aware that in many cases, the work of forensic laboratories in identifying new substances is hampered by obstacles to the availability of test and reference samples of internationally controlled substances. INCB encourages States to consider the recommendations made by the Board in its *Guidelines for the Import and Export of Drug and Precursor Reference Standards for Use by National Drug Testing Laboratories and Competent National Authorities*²² and the “Additional courses of action in support of the implementation of the 2007 INCB Guidelines for the import and export of drug and precursor reference standards for use by national drug testing laboratories and competent national authorities”,²³ which are available on the Board’s website.

271. A further obstacle has been the distribution of new psychoactive substances through the Internet. The Board encourages Governments to monitor the activities of websites selling new psychoactive substances and products

containing those substances that are based in their territory, as well as such websites based in other countries, and to share information in that regard with the competent authorities of countries used as a base for such websites. The Board invites Governments to apply the recommendations contained in its *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*²⁴ to the extent to which they are relevant to addressing the sale of new psychoactive substances on the Internet.

272. In addition to the measures listed above, States have taken various legislative and regulatory action to reduce the supply of new psychoactive substances on their territory.

273. Traditionally, national attempts to address new psychoactive substances have been primarily concentrated within the ambit of drug control legislation. Given the speed with which new substances are designed, manufactured and put on the market, drug syndicates are often able to outpace existing controls by staying one step ahead of national legislative and regulatory norms. Further exacerbating this problem is the fact that the onus of identifying and evaluating the potential for harm of new psychoactive substances generally falls upon States, and in many cases no action can be taken to control the substance until that process has been concluded.

274. The adoption of traditional national control measures is often a lengthy and onerous process which, in many cases, has shown itself to be ill-suited for use in addressing such a dynamic phenomenon. In recognition of this fact, States have increasingly developed novel approaches to combating the problem of new psychoactive substances by supplementing traditional drug control measures through an innovative combination of emergency control powers, consumer protection measures and food and drug safety mechanisms in order to expedite the application of control measures to new substances.

275. Among the methods used by States to address the emergence of new psychoactive substances have been the use of “generic” and “analogue” scheduling. In the case of analogue scheduling, a substance that is both structurally similar and has a similar or greater psychoactive effect as a substance already controlled is deemed to be a controlled substance analogue and as such is also considered to be controlled. Under generic scheduling measures, particular variations of a core molecular structure are to be controlled. Thus, each substance does not have to be dealt with individually, and new types of substances can be controlled through these approaches. However, the

²² United Nations publication, Sales No. M.08.XI.6 (available from www.incb.org/documents/Narcotic-Drugs/Guidelines/reference_standards/NAR_Guidelines_reference-standards_en.pdf).

²³ Available from www.incb.org/documents/Narcotic-Drugs/Guidelines/reference_standards/Additional_courses_of_action_ref_standards_EN.pdf.

²⁴ United Nations publication, Sales No. E.09.XI.6.

analogue approach requires the availability of pharmacological data to be able to demonstrate the similarity of psychoactive effects.

276. In seeking to protect the public from potentially harmful substances, States have also made increasing use of “emergency scheduling” procedures that allow them to take swift action to remove a substance from the market while a decision is pending on whether permanent control measures are to be applied to that substance. The adoption of such emergency measures has been highly effective in ensuring that the public is not unnecessarily put at risk before a comprehensive evaluation of the substance can be undertaken by national authorities.

277. Another approach taken by States to limit the public health dangers posed by some new psychoactive substances has been to subject such substances to requirements similar to those imposed upon manufacturers of medications. This has meant that in order for a new psychoactive substance to be deemed to be legal and obtain market authorization, it must have gone through a rigorous approval process backed up by toxicological data, medical trials etc. States having resorted to this type of control measure have reported that the costs associated with the approval process have acted as an effective deterrent for manufacturers of new psychoactive substances.

278. In many countries, recourse has been made to provisions under consumer and health protection laws with respect to requirements for clear disclosure of ingredients, labelling and instructions for use, leading to the confiscation of contravening products, as well as the closure of retail outlets selling them.

279. As noted above, the legal framework established by the international drug control conventions provides the possibility for States to adopt national control measures beyond those mandated at the international level. The choice by each State of what type of measures to apply is informed by the real situation on the ground that such measures are meant to address, and is also governed by the legal and regulatory norms and structures in place. While the Board acknowledges that each State must pursue the adoption of measures tailored to its specific situation, it remains convinced that in identifying appropriate responses to the emergence of new psychoactive substances, States may benefit from an exchange of best practices on the matter.

280. A global problem such as the proliferation of new psychoactive substances requires global solutions. The Board notes the efforts that have been undertaken at the national, regional and international levels to find effective ways to deal with this imposing problem, and encourages

States and international organizations to continue to work together in sharing information, developing common strategies and exchanging best practices. In the pursuit of its mandate, the Board stands ready to assist Governments.

3. Abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances

281. Over the years, the Board has repeatedly drawn the attention of Governments to the increasing abuse of prescription drugs containing controlled substances. In its annual report for 2009, in particular, the Board devoted a special topic to this problem to highlight the need for Governments to give it increased attention and to introduce countermeasures. Since 2009, the abuse of prescription drugs has continued to spread in all regions of the world, and is posing serious health and social challenges in some countries. In North America and South and South-East Asia, as well as some countries in Europe and South America, prescription drug abuse has increased substantially in recent years. In the United States, for example, prescription drug abuse is more prevalent than the abuse of any other internationally controlled substance except cannabis. In Germany and the Russian Federation, sedatives and tranquillizers containing benzodiazepines ranked the second most commonly abused substance group. The most abused substances that have been reported include opioids containing buprenorphine, codeine, hydrocodone, methadone and oxycodone, sedatives and tranquillizers containing benzodiazepines, barbiturates or GHB, and stimulants.

282. The abuse of prescription drugs by injection, which increases the risk of HIV, hepatitis B and hepatitis C infection, has also been reported by many Governments. This problem is noted particularly in South Asia, where the most commonly injected prescription drugs include a variety of benzodiazepines and buprenorphine. Health-care coverage among injection drug users in the region is low; this increases the likelihood of drug abusers sharing their injection equipment.

283. One particular concern of the Board is the increase in recent years in the reported abuse of prescription drugs containing psychotropic substances. According to a recent CICAD report on drug abuse in the Americas, the past year prevalence of the abuse of tranquillizers obtained without a prescription among secondary school students was higher than 6 per cent in Bolivia (Plurinational State of), Paraguay and Colombia. In Singapore, the Government has reported a large increase in the abuse of sedatives and tranquillizers containing benzodiazepines. Increased deaths related to the