Chapter II.

Functioning of the international drug control system

A. Promoting the consistent application of the international drug control treaties

41. In pursuance of the mandate conferred upon it by the international community, the Board engages with Governments in an ongoing dialogue with the aim of assisting them in the implementation of their treaty obligations as set forth in the international drug control conventions.

42. Cooperation between the Board and Governments takes many forms, including regular consultations, extensive correspondence, responses to enquiries received from national competent authorities on technical matters, training activities and country missions.

43. This sustained dialogue has been instrumental in the work of the Board to assist Governments in strengthening the concerted efforts of the international community in areas such as monitoring licit trade in narcotic drugs, psychotropic substances and precursor chemicals, ensuring adequate availability and rational use of narcotic drugs and psychotropic substances for medical purposes, preventing diversion and trafficking, and fostering prevention and treatment, rehabilitation and social reintegration of individuals affected by addiction.

Status of adherence to the international drug control treaties

44. As at 1 November 2014, the number of States parties to the 1961 Convention or that Convention as amended by the 1972 Protocol stood at 186. Of those States, 184 were parties to the 1961 Convention as amended by the 1972 Protocol and 2 States (Afghanistan and Chad) remained to accede to the 1972 Protocol, being parties to the Convention in its unamended form. A total of 11 States have yet to accede to the 1961 Convention as amended by the 1972 Protocol: 2 States in Africa (Equatorial Guinea and South Sudan), 2 in Asia (State of Palestine[31] and Timor-Leste) and 7 in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu).

45. The number of States parties to the 1971 Convention remained 183, with a total of 14 States having yet to become parties to that Convention: 3 States in Africa (Equatorial Guinea, Liberia and South Sudan), 1 in the Americas (Haiti), 2 in Asia (State of Palestine and Timor-Leste) and 8 in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tuvalu and Vanuatu).

46. With the accession by Timor-Leste to the 1988 Convention, the number of States parties to that Convention stood at 188. A total of 9 States have yet to become parties to that Convention: 3 States in Africa (Equatorial Guinea, Somalia and South Sudan), 1 in Asia (State of Palestine) and 5 in Oceania (Kiribati, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

47. The Board welcomes the near universal ratification of the drug control conventions by States, which demonstrates broad-based support for the drug control framework established by the international community through

[31] Pursuant to General Assembly resolution 67/19 of 29 November 2012, Palestine has been accorded the status of a non-member observer State. The name "State of Palestine" is now used in all United Nations documents.

these instruments. The Board reminds those States that have not yet become party to one or more of these conventions of the importance of doing so and invites them to take all necessary steps to accede to the conventions without further delay.

B. Ensuring the implementation of the provisions of the international drug control treaties

48. To monitor compliance with the international drug control treaties, the Board examines action taken by Governments to implement the treaty provisions aimed at preventing the diversion of controlled substances into illicit channels or, in the case of precursor chemicals, used in the illicit manufacture of narcotic drugs and psychotropic substances, while ensuring the availability of internationally controlled substances for legitimate use. Over the years, the treaty provisions have been supplemented with additional control measures adopted by the Economic and Social Council and the Commission on Narcotic Drugs to enhance their effectiveness. In the present section, the Board highlights action that needs to be taken to implement the international drug control system, describes problems encountered in that regard and provides specific recommendations on how to deal with those problems.

1. Preventing the diversion of controlled substances

(a) Legislative and administrative basis

49. Governments have to ensure that national legislation is in line with the provisions of the international drug control treaties. They also have the obligation to amend lists of substances controlled at the national level when a substance is included in a schedule of an international drug control treaty or transferred from one schedule to another. Inadequate legislation or implementation mechanisms at the national level or delays in bringing lists of substances controlled at the national level into line with the schedules of the international drug control treaties will result in inadequate national controls being applied to substances under international control and may lead to the diversion of substances into illicit channels. The Board is therefore pleased to note that, as in previous years, Governments have continued to furnish information to the Board on legislative or administrative measures taken to ensure compliance with the provisions of the international drug control treaties.

50. With regard to zolpidem, a substance which was included in 2001 in Schedule IV of the 1971 Convention, Governments are required to introduce an import requirement for that substance in accordance with Economic and Social Council resolutions 1985/15, 1987/30 and 1993/38. In response to the Board's request made in its annual report for 2012, a number of additional Governments have provided the requisite information. Thus, as at 1 November 2014, relevant information is now available for 123 countries and territories. Of those, 113 countries and territories have introduced an import authorization requirement, and 2 countries (Indonesia and the United States of America) require a pre-import declaration. Six countries and territories do not require an import authorization for zolpidem (Cabo Verde, Ireland, New Zealand, Singapore, Vanuatu and Gibraltar). Furthermore, imports of zolpidem into Azerbaijan are prohibited, and Ethiopia does not import the substance. At the same time, information on the control of zolpidem remains unknown for 91 countries and territories. The Board therefore invites the Governments of those countries and territories to supply it with information on the control status of zolpidem as soon as possible.

51. The Board wishes to remind Governments that *gamma*-hydroxybutyric acid (GHB) has been transferred from Schedule IV to Schedule II of the 1971 Convention in accordance with Commission on Narcotic Drugs decision 56/1 of 13 March 2013. The decision of the Commission became fully effective with respect to each party on 4 December 2013. The Board therefore requests all Governments that have not yet done so to amend the list of substances controlled at the national level accordingly, and to apply to GHB all control measures foreseen for the substances in Schedule II of the 1971 Convention, including the introduction of an import and export authorization requirement.

52. With regard to precursor chemicals, on 19 March 2014, the Commission on Narcotic Drugs adopted decision 57/1, in which it decided to include *alpha*-phenylacetoacetonitrile (APAAN) and its optical isomers in Table I of the 1988 Convention. The Board notes that, in a number of countries, the necessary legislation with respect to such precursor chemicals may still not be in place. More often, however, weaknesses are the result of a lack of effective implementation of existing legislation. As a Government's domestic regulatory system is also a prerequisite for being able to notify importing countries of exports of chemicals prior to their departure, Governments are requested to adopt and implement

national control measures to effectively monitor the movement of precursor chemicals. In addition, Governments are also requested to further strengthen existing precursor control measures, should any weaknesses be identified. By implementing those measures, countries will limit their exposure to the risk of being targeted by illicit drug traffickers.

(b) Prevention of diversion from international trade

Estimates and assessments of annual requirements for controlled substances

53. The system of estimates and assessments of annual licit requirements for narcotic drugs and psychotropic substances is the cornerstone of the international drug control system. It enables exporting and importing countries alike to ensure that trade in these substances stays within the limits determined by Governments of importing countries, and that diversions of controlled substances from international trade are effectively prevented. For narcotic drugs, such a system is mandatory under the 1961 Convention, and the estimates furnished by Governments need to be confirmed by the Board before becoming the basis for calculating the limits on manufacture or import. The system of assessments of annual requirements for psychotropic substances was adopted by the Economic and Social Council, and the system of estimates of annual requirements for selected precursors was adopted by the Commission on Narcotic Drugs, in its resolution 49/3, to help Governments to prevent attempts by traffickers to divert controlled substances into illicit channels. The assessments of annual requirements for psychotropic substances and estimates of annual requirements for selected precursors help Governments to identify unusual transactions. In many cases, the diversion of a controlled substance has been prevented when the exporting country refused to authorize the export of the substance because the quantities of the substance to be exported would have exceeded the quantities required in the importing country.

54. The Board regularly investigates cases involving possible non-compliance by Governments with the system of estimates or assessments, as such non-compliance could facilitate the diversion of controlled substances from licit international trade into illicit channels. In that connection, the Board provides advice to Governments on the details of the system for estimates or assessments, as necessary.

55. Governments have the obligation to comply with the limits on imports and exports of narcotic drugs provided for under articles 21 and 31 of the 1961 Convention. Article 21 stipulates, inter alia, that the total of the quantities of each drug manufactured and imported by any country or territory in a given year shall not exceed the sum of the quantity consumed for medical and scientific purposes; the quantity used, within the limits of the relevant estimates, for the manufacture of other drugs, preparations or substances; the quantity exported; the quantity added to the stock for the purpose of bringing that stock up to the level specified in the relevant estimate; and the quantity acquired within the limit of the relevant estimate for special purposes. Article 31 requires all exporting countries to limit the export of narcotic drugs to any country or territory so that the quantities imported fall within the limits of the total of the estimates of the importing country or territory, with the addition of the amounts intended for re-export.

56. As in previous years, the Board found that the system of imports and exports generally continues to be respected and works well. In 2014, a total of 15 countries were contacted regarding possible excess imports or excess exports identified with regard to international trade in narcotic drugs that had been effected during 2013. Four cases were clarified as being the result of errors in reporting on imports or exports, and two cases were the result of the reporting of a wrong substance or trading partner. However, three countries confirmed that excess exports or excess imports had actually occurred. The Board contacted the Governments concerned and requested them to ensure full compliance with the relevant treaty provisions.

57. With respect to psychotropic substances, 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 2014, the Governments of all countries and territories, except for the Government of South Sudan, had submitted at least one assessment of their annual medical requirements for psychotropic substances.

58. The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least once every three years. However, 25 Governments have submitted neither a full revision of their assessment

of legitimate requirements for psychotropic substances nor a modification of their assessments regarding one or more psychotropic substances for more than three years. The assessments valid for those countries and territories may therefore be obsolete and no longer reflect their actual medical and scientific requirements for psychotropic substances.

59. When assessments are lower than actual legitimate requirements, the imports of psychotropic substances needed for medical or scientific purposes may be delayed. When assessments are significantly higher than legitimate needs, the risk of psychotropic substances being diverted into illicit channels may be increased. 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 non-legitimate imports and/or accumulation of excessive stocks while at the same time preventing undue delays in licit trade in psychotropic substances needed for medical purposes.

60. As in previous years, the system of assessments of annual requirements for psychotropic substances continues to function well and is respected by most countries. In 2013, the authorities of only 13 countries and one territory issued import authorizations for substances for which they had not established any such assessments or in quantities that significantly exceeded their assessed requirements. In most of those cases, the transactions concerned imports destined for re-export. Also, most exporting countries paid attention to the assessed requirements established in importing countries and did not knowingly export psychotropic substances in quantities exceeding those requirements. The Board wishes to remind Governments that, since 2013, Governments have no longer been required to include in their annual assessments for psychotropic substances quantities destined for export or re-export.

61. In its resolution 49/3, the Commission on Narcotic Drugs requested Governments to provide the Board with estimates of annual legitimate requirements for imports of four substances commonly used in the illicit manufacture of amphetamine-type stimulants. Governments of 155 countries currently provide estimates for at least one of the substances, thus providing the competent authorities of exporting countries with at least an indication of the legitimate requirements of importing countries and thereby preventing diversion attempts.

Import and export authorization requirement

62. One of the main pillars of the international drug control system is the universal application of the requirement for import and export authorizations. Such authorizations are required for transactions involving any of the substances controlled under the 1961 Convention or listed in Schedules I and II of the 1971 Convention. Competent national authorities are required by those conventions to issue import authorizations for transactions involving the importation of such substances into their country. The competent national authorities of exporting countries must verify the authenticity of such import authorizations before issuing the export authorizations required to allow shipments containing the substances to leave their country.

63. The 1971 Convention does not require import and export authorizations for trade in psychotropic substances listed in Schedules III and IV of the Convention. However, in view of widespread diversion of those substances from licit international trade in the 1970s and 1980s, the Economic and Social Council, in its resolutions 1985/15, 1987/30 and 1993/38, requested Governments to extend the system of import and export authorizations to cover those psychotropic substances as well.

64. Most countries and territories have already introduced an import and export authorization requirement for psychotropic substances in Schedules III and IV of the 1971 Convention, in accordance with the above-mentioned Economic and Social Council resolutions. By 1 November 2014, specific information had been made available to the Board by 204 countries and territories, showing that all major importing and exporting countries now require import and export authorizations for all psychotropic substances in Schedules III and IV of the 1971 Convention.

65. To assist Governments, and to prevent traffickers from targeting countries in which controls are less strict, the Board has been disseminating to all competent national authorities a table showing the import authorization requirements for substances in Schedules III and IV applied pursuant to the relevant Economic and Social Council resolutions. That table is published in the secure area of the Board's website, which is accessible only to specifically authorized Government officials so that competent national authorities of exporting countries may be informed as soon as possible of changes in import authorization requirements in importing countries.

66. Data on cases involving diversion indicate that traffickers are quick to target countries in which controls are less strict than in others. The Board therefore urges the Governments of the few States in which national legislation does not yet require import and export authorizations

for all psychotropic substances, regardless of whether they are States 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 and to inform the Board accordingly.

67. The 1988 Convention does not require import and export authorizations for trade in precursor chemicals. However, Governments that do not apply some system of control over exports and imports of precursors are not in a position to comply with their treaty obligation to contribute to the prevention of diversion. This applies particularly to Governments that issue only general permits or do not require any permits at all, leaving themselves open to the exploitation by traffickers of such weak controls.

Verifying the legitimacy of individual transactions, particularly those involving import authorizations

68. For the international control system for licit international trade in narcotic drugs and psychotropic substances to function well, it is indispensable that Government authorities verify the authenticity of all import authorizations that they consider to be suspicious. Such action is particularly necessary in cases in which authorizations show new or unknown formats, bear unknown stamps or signatures or are not issued by the recognized competent national authority, or are for substances known to be frequently abused in the region of the importing country. The Board notes with appreciation that the Governments of the major exporting countries have established the practice of verifying with the competent national authorities of importing countries the legitimacy of import authorizations or bringing to their attention documents that do not fully comply with the requirements for import authorizations set out in the international drug control treaties.

69. Most importing countries continue to actively implement the import authorization system. Many Governments of importing countries regularly inform the Board of changes in the format of their import authorizations and provide the Board with samples of revised certificates and authorizations for narcotic drugs, psychotropic substances and precursor chemicals. The Board maintains a collection of samples of official certificates and authorizations, which can be compared with questionable import documents, thus allowing the Board to better assist the Governments of exporting countries in verifying the legitimacy of import authorizations.

70. In cases when the sample in the Board's collection of official authorizations differs from a newly submitted import authorization, or when there is no corresponding sample in the collection, the Board, on behalf of the competent authorities of the exporting country, contacts the importing country to ascertain the legitimacy of the transaction. The Board wishes to remind the Governments of importing countries that failure to respond in a timely manner to all queries that they receive from competent authorities or from the Board regarding the legitimacy of transactions may hinder the timely identification of possible diversion attempts and/or cause undue delays in legitimate trade in controlled substances.

Pre-export notifications for precursor chemicals

71. The 1988 Convention, specifically in its article 12, aids in the prevention of diversion of precursors from international trade. By invoking article 12, paragraph 10 *(a)*, of the Convention, Governments of importing countries make it mandatory for exporting countries to inform them of any planned export of precursors to their territory. The importing country can use the pre-export notification to verify the shipment's legitimacy. Currently, 107 States and territories have formally requested pre-export notifications. Although this represents an increase compared with the previous year, there is still a significant number of Governments and regions that remain unaware of, and vulnerable to, precursors entering their territory. The Board encourages the remaining Governments to invoke article 12, paragraph 10 *(a)*, of the 1988 Convention without further delay.

72. The Board's Pre-Export Notification Online (PEN Online) system enables Member States to easily provide each other with information on planned exports of precursor chemicals and to raise alerts when the legitimacy of a given shipment is suspect. Since the launch of the PEN Online system in 2006, a total of 150 countries and territories have registered to use it. An increase in the use of the system has led to an average of more than 2,100 pre-export notifications communicated each month. The Board is aware that some countries continue to export scheduled chemicals without sending pre-export notifications via the PEN Online system, in some cases despite the fact that the importing country requires such pre-export notifications. The Board calls on Governments to actively and systematically use the system and urges the remaining States that have not registered to do so as soon as possible.

(c) Effectiveness of the control measures aimed at preventing the diversion of controlled substances from international trade

73. The system of control measures laid down in the 1961 Convention provides effective protection of international trade in narcotic drugs against attempts to divert such drugs into illicit channels. Similarly, as a result of the almost universal implementation of the control measures stipulated in the 1971 Convention and the related Economic and Social Council resolutions, in recent years there have been no identified cases involving the diversion of psychotropic substances from international trade into illicit channels.

74. Discrepancies in Government reports on international trade in narcotic drugs and psychotropic substances are regularly investigated with the competent authorities of the relevant countries to ensure that no diversion of narcotic drugs and psychotropic substances from licit international trade takes place. These investigations may reveal shortcomings in the implementation of control measures for narcotic drugs and psychotropic substances, including the failure of companies to comply with national drug control provisions.

75. Since May 2014, investigations regarding trade discrepancies for 2013 related to trade in narcotic drugs have been initiated with 30 countries. The responses indicated that the discrepancies were caused by clerical and technical errors in preparing the reports, reporting on exports or imports of preparations in Schedule III of the 1961 Convention without indicating that fact on the form, and inadvertent reporting of transit countries as trading partners. In some cases, countries confirmed the quantities they had reported, resulting in follow-up investigations with their respective trading partners. No cases that would indicate a possible diversion of narcotic drugs into illicit channels were identified.

76. Similarly, with regard to international trade in psychotropic substances, investigations into 234 discrepancies related to 2012 data were initiated with 57 countries. As of 1 November 2014, 40 countries had provided replies relating to 178 cases involving discrepancies, leading to the resolution of 104 of those cases. In all cases in which the data provided were confirmed by the responding countries, follow-up actions with the counterpart countries were initiated. All responses received so far indicate that the discrepancies were caused by clerical or technical errors, in most cases either the failure to convert amounts into anhydrous base or "overlapping", i.e. an export in a given year was received by the importing country only at the beginning of the following year. None of the cases investigated showed a possible diversion of psychotropic substances from international trade.

77. The Board calls upon Governments to continue to monitor international trade in narcotic drugs and psychotropic substances by using the tools mentioned above. Competent national authorities are encouraged to request the Board to assist in verifying the legitimacy of suspicious individual transactions.

78. In accordance with Commission on Narcotic Drugs resolution 50/11, Governments are encouraged to notify the Board of seizures of internationally controlled substances ordered via the Internet and delivered through the mail, in order to assess the extent of and trends pertaining to that issue. In 2014, only the Governments of Estonia and Finland reported such seizures, namely, buprenorphine, chlordiazepoxide, methylphenidate, pentobarbital, phenobarbital and zolpidem. In addition, the Government of India reported seizures of psychotropic substances delivered through the mail: 1.9 kg of methaqualone destined for Australia, 1.78 kg of methaqualone destined for Malaysia, and 38 g of amphetamine-type stimulants, also destined for Malaysia. In addition, India reported a seizure of 240 g of ketamine, a substance not under international control.

79. In addition, in 2014 three countries reported to the Board other seizures of psychotropic substances. The Government of Chad reported a seizure of 282 capsules of diazepam, which had been smuggled into that country from Cameroon. Morocco reported 450,357 units of seized psychotropic substances, without specifying the type of substances, reporting that the substances had been seized from motor vehicles. In the most recent case, the Government of Malaysia informed the Board of two major seizures effected in May and June 2014, totalling 536,050 tablets and 391,900 tablets, respectively, containing alprazolam, clobazam, diazepam, lorazepam, methylphenidate, midazolam, pentazocine or zolpidem. The consignments, which were intercepted in the free trade zone of Kuala Lumpur International Airport, had originated in Pakistan and were declared as non-restricted items.

80. The Board wishes to commend the Governments mentioned above for their vigilance, and trusts that the competent authorities will investigate all such attempts to divert controlled substances so that the persons responsible may be identified and prosecuted.

81. The implementation of control measures has helped with the effective monitoring of the movement of

precursor chemicals in international trade and has led, at least partly, to traffickers seeking to exploit weaknesses at the domestic level and using non-scheduled chemicals in the illicit manufacture of drugs. This evolving trend will pose challenges to existing control measures, and new approaches may be required. Regardless, some substances used in the illicit manufacture of amphetamine-type stimulants, in particular preparations containing the precursors ephedrine and pseudoephedrine, continue to be diverted from international trade.

(d) Prevention of diversion from domestic distribution channels

82. Since it has become more difficult for traffickers to obtain narcotic drugs, psychotropic substances and precursors from international trade, the diversion of such substances from licit domestic distribution channels has become a main source for supplying illicit markets. The narcotic drugs and psychotropic substances most frequently diverted tend to be those which are most widely used for legitimate purposes. They are diverted mainly in the form of pharmaceutical preparations, predominantly for subsequent abuse.

83. For many substances found to have been diverted from domestic distribution channels, there is little knowledge of the methods used to obtain them. As Governments have no obligation to bring to the attention of the Board individual cases of diversion from domestic distribution channels, there is little record of the point of diversion or of the actual methods used by traffickers or abusers to obtain those substances. While seizure data often provide an indication of problems experienced with regard to such diversion, other sources, such as data on substance abuse obtained through drug abuse surveys or from drug treatment and counselling centres, may indicate the availability of narcotic drugs and psychotropic substances on illicit markets. Lack of national legislation in line with the conventions, inadequate implementation of national legislation or insufficient monitoring of the implementation of that legislation are often the underlying causes for such diversion.

84. The Board recommends that Governments inform it regularly of major cases of diversion of controlled substances from domestic distribution channels in their countries so that the lessons learned from such diversion cases can be shared with other Governments.

85. Diversion from domestic distribution channels has become a major source of precursors used for illicit drug manufacture. To address the prevailing modi operandi used by traffickers of acetic anhydride in recent years, the Precursors Task Force of Project Cohesion in 2013 initiated an international operation focusing on the verification of legitimacy of domestic trade in, and end use of, acetic anhydride. The operation confirmed that the control measures applied to domestic trade in and distribution of acetic anhydride lag behind those used in international trade, and that the extent of control over domestic trade and distribution varies significantly from one country to another. More information on that topic has been reported in the report of the Board for 2014 on precursors. The Board encourages Governments to actively participate in the activities under Project Prism and Project Cohesion, the two international initiatives focusing on precursors used in the illicit manufacture of, respectively, amphetamine-type stimulants, and cocaine and heroin.

86. Diversion from domestic distribution channels also continues to fuel illicit manufacture of methamphetamine, often in the form of pharmaceutical preparations containing ephedrine and pseudoephedrine. This involves diversion both within the country of illicit manufacture and from domestic channels elsewhere, with subsequent smuggling across borders. The continued concerns raised by the Board about relatively high estimates of annual legitimate requirements for imports of ephedrine and pseudoephedrine in countries in West Asia have resulted in reduced estimates for some of the Governments concerned. The Board commends those Governments and further encourages all Governments to regularly review their import requirements, as published,[32] amend them as necessary utilizing the most recent market data and inform the Board accordingly.

2. Ensuring the availability of internationally controlled substances for medical and scientific purposes

87. In line with its mandate to ensure the availability of internationally controlled substances for medical and scientific purposes, the Board carries out various activities related to narcotic drugs and psychotropic substances. The Board monitors action taken by Governments, international organizations and other bodies to support the availability and rational use of controlled substances for medical and scientific purposes.

[32] www.incb.org/documents/PRECURSORS/ANNUAL-LICIT-REQUIREMENTS/INCB_ALR_WEB.xlsx.

(a) Supply of and demand for opiate raw materials

88. The Board has been given an important role in monitoring the cultivation, production, trade and consumption of opiates. Pursuant to the 1961 Convention and the relevant resolutions of the Economic and Social Council and the Commission on Narcotic Drugs, the Board regularly examines issues affecting the supply of and the demand for opiates to meet licit requirements, and endeavours to ensure, in cooperation with Governments, a standing balance between that supply and demand.

89. To establish the status of the supply of and demand for opiate raw materials, the Board analyses the data provided by Governments on opiate raw materials and opiates manufactured from those raw materials. In addition, the Board also analyses information on the utilization of those raw materials, estimated consumption for licit use and stocks at the global level. A detailed analysis of the current situation regarding supply of and demand for opiate raw materials is contained in the 2014 technical report of the Board on narcotic drugs. The following paragraphs provide a summary of that analysis.

90. The Board recommends that global stocks of opiate raw materials be maintained at a level sufficient to cover global demand for approximately one year, in order to ensure the availability of opiates for medical needs in case of an unexpected shortfall of production, for example, one caused by adverse weather conditions in producing countries, and at the same time limit the risk of diversion associated with excessive stocks.

91. In 2013, the area sown with opium poppy rich in morphine in major producing countries increased compared with the previous year, despite the high level of stocks. India, the only country that produces opium for export, reduced its production by 75 per cent. Australia continued to be the largest producer in 2013, with an amount of 190 tons, followed by France, Spain and Turkey. Australia accounted for 37 per cent of global production in morphine equivalent. Poppy straw is the main system used for the extraction of the alkaloid (95 per cent); opium accounts for the remaining 5 per cent. According to the information submitted by the Governments of the main producing countries, it is estimated that global production of opiate raw materials rich in morphine will increase to 715 tons in morphine equivalent in 2015. Stocks of opiate raw materials rich in morphine (poppy straw, concentrate of poppy straw and opium) amounted to about 546 tons in morphine equivalent at the end of 2013. Those stocks were considered to be sufficient to cover 14 months of expected global demand at 2014 levels. Global demand by manufacturers for opiate raw materials rich in morphine has increased, with fluctuations, since 2000, reaching 456 tons in morphine equivalent in 2012. In 2013, global demand for opiate raw materials rich in morphine decreased to 432 tons in morphine equivalent. It is expected to increase again in 2014 and 2015: to about 460 tons in 2014 and about 480 tons in 2015.

92. In 2013, the cultivation of opium poppy rich in thebaine increased in Australia and Hungary (by 33 per cent and 43 per cent, respectively, in the area actually harvested) and decreased in France (by 11 per cent). With 3,574 ha of cultivation, Spain remained at the same level as during the previous year. Global production of opiate raw materials rich in thebaine increased each year between 2010 and 2013, to 364 tons[33] in thebaine equivalent. It is expected to increase only slightly in 2014 to 368 tons, however, and to decrease considerably in 2015, to 325 tons. In 2013, Australia accounted for 86 per cent of the global total, Spain for 9 per cent, and France, India and Hungary for the rest. Global demand by manufacturers for opiate raw materials rich in thebaine has also been increasing in recent years, albeit also with fluctuations. In 2013, total demand decreased to 232 tons of thebaine equivalent from 261 tons in 2012. Global demand for raw materials rich in thebaine is expected to rise to about 260 tons of thebaine equivalent in 2014 and reach 270 tons in 2015. Demand for thebaine-based opiates is concentrated mainly in the United States and has increased sharply since the late 1990s, although it decreased to 108 tons in 2013. It is likely to rise in future years, partly because the consumption of such opiates is expected to increase in countries other than the United States. Global demand is anticipated to reach approximately 130 tons of thebaine equivalent in 2014 and 140 tons in 2015. Stocks of opiate raw materials rich in thebaine (poppy straw, concentrate of poppy straw and opium) are sufficient to cover expected global demand at 2014 levels for about 12 months. Global stocks of opiates based on thebaine-rich raw material (oxycodone, thebaine and a small quantity of oxymorphone) are sufficient to cover global demand for such opiates for about 22 months.

93. The cultivation of opium poppy rich in codeine has increased. France has joined Australia (the only producer until 2013) and started cultivating this variety. The estimated areas of cultivation of opium rich in codeine in

[33] The analysis is based predominantly on raw materials obtained from opium poppy rich in thebaine but includes the thebaine alkaloid contained in opium poppy rich in morphine whenever appropriate.

2014 for Australia and France were 2,142 ha and 2,050 ha, respectively. Both countries are expected to increase their cultivation further in 2015.

94. Over the past 20 years, the global consumption of opioids has more than tripled. The share of that consumption comprised by consumption of opiates also fluctuated during that period. Between 2010 and 2013, however, the ratio between the consumption of opiates and the consumption of synthetic opioids stabilized at about 60 per cent and 40 per cent, respectively. Throughout the period, the supply of opiate raw materials from which opiates were obtained was sufficient to cover the increasing demand. It is expected that the demand for opiates will increase again in the future, while their share of the total consumption of opioids may decline, owing to the expected growth in the consumption of synthetic opioids.

95. The data available indicate that the amount of opiate raw materials available for the manufacture of narcotic drugs for pain relief is more than sufficient to satisfy current demand levels as estimated by Governments. In addition, both production and stocks continue to increase. However, the data collected and analysed by the Board show that the consumption of drugs for pain relief and other medical purposes is still low in most countries. Access to these drugs is very uneven, with consumption concentrated primarily in countries in North America, Western Europe and Oceania. This imbalance is particularly problematic, since the latest data show that many of the conditions requiring pain management are increasing in low- and middle-income countries. At the same time, it is important to recognize that, in countries with a high per capita consumption of opioid analgesics, there has been an increase in recent years in the abuse of prescription drugs and in related overdose deaths.

96. The Board would like to remind Governments that the overall goal of the international drug control conventions is a well-functioning national and international system for managing the availability of narcotic drugs that should provide relief from pain and suffering by ensuring the safe delivery of the best affordable drugs to those patients who need them and, at the same time, prevent the diversion of drugs for the purpose of abuse.

(b) Consumption of psychotropic substances

97. The 1971 Convention does not foresee the reporting of statistical data on the consumption of psychotropic substances to the Board. As a consequence, consumption levels for psychotropic substances continue to be calculated by the Board on the basis of data furnished by Governments on manufacture, international trade, quantities used for industrial purposes and manufacturers' stocks. That situation makes it more difficult to reach reliable conclusions than is the case for narcotic drugs, for which reporting of consumption data is a treaty obligation under the 1961 Convention.

98. To address that situation, the Commission on Narcotic Drugs, in its resolution 54/6, encouraged all Member States to furnish to the Board data on the consumption of psychotropic substances. The number of Governments that are furnishing such data has steadily increased since 2010.

99. The Board is pleased to note that for 2013 a total of 55 Governments (of 52 States and three territories) have submitted information on consumption of some or all psychotropic substances in accordance with Commission resolution 54/6. This represents an increase of 6 per cent compared with 2012. Moreover, among those Governments are countries that are major manufacturers and consumers of psychotropic substances, such as Belgium, Canada, Denmark, France, Germany, the Netherlands, South Africa, the United Kingdom of Great Britain and Northern Ireland and the United States of America. That development will enable the Board to more accurately analyse the consumption levels for psychotropic substances in the countries and territories concerned and to better monitor consumption trends in countries and regions, with a view to identifying unusual or undesirable developments.

100. At the same time, an analysis of the consumption data received shows that, for most manufacturing countries, the reported consumption data differ in many cases from the consumption data calculated by the Board. This might be attributable to incomplete reporting by Governments of other data, for instance, data on manufacturers' stocks or quantities used for industrial purposes, which are key elements of the Board's calculation of consumption data.

101. The Board trusts that all Governments that are not yet in a position to collect reliable data on consumption levels of psychotropic substances on their territory and to report those data to the Board will take measures that would allow them to do so. That would greatly assist the Board in identifying unusual trends in the consumption of psychotropic substances in individual countries, with a view to recommending remedial action to ensure the adequate availability of psychotropic substances, if necessary.

(c) High-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases

102. At the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, held in New York on 10 and 11 July 2014, the President of the Board referred to the importance of the appropriate use of internationally controlled drugs, as both overconsumption and underconsumption of those drugs created problems for public health. The President called upon Governments to take concrete action to ensure access to services for the prevention and treatment of non-communicable diseases, including drug abuse, and underlined the Board's commitment to continue working with Governments to improve access to the essential medicines required for the treatment of pain and mental and neurological disorders.

(d) Information on specific requirements for travellers who carry medical preparations containing controlled substances for personal use

103. The Commission on Narcotic Drugs, in its resolutions 45/5, 46/6 and 50/2, encouraged States parties to the 1961 Convention and the 1971 Convention to notify the Board of restrictions currently applicable in their territory to travellers under medical treatment with preparations containing substances under international control, and requested the Board to publish that information in a unified form in order to ensure its wide dissemination and facilitate the task of government agencies.

104. Since the publication of the report of the Board for 2013, more than 20 additional Governments have provided the requested information. Thus, as of 1 November 2014, the Board had received from over 100 Governments information on the legal provisions and/or administrative measures currently applicable in their countries to travellers carrying medical preparations containing narcotic drugs or psychotropic substances for personal use. At the same time, in many cases, such information has been provided in different formats, rendering it difficult for travellers to easily understand the specific requirements in place in their countries of destination. The Board has, therefore, put the information received into a standardized format, and requested the Governments concerned to examine the standardized information on their national requirements and to inform the Board of their approval of that information. Once approved, the standardized information will be posted on the website of the Board, alongside the full text of the relevant national legislation.

105. In that connection, the Board wishes to draw the attention of Governments to the international guidelines for national regulations concerning travellers under treatment with internationally controlled drugs, which were prepared by the Board pursuant to Commission resolution 46/6. The main objective of those guidelines, which are available on the Board's website, is to assist national authorities in introducing a regulatory framework to deal with situations in which patients under treatment with preparations containing internationally controlled drugs are travelling abroad and carrying with them small quantities of such preparations for personal use. The guidelines present elements of unified procedures that can be implemented by national authorities responsible for the control of narcotic drugs and psychotropic substances who deal with issues pertaining to medical preparations containing controlled substances that are licensed in the country of departure of the traveller.

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

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

107. Each year, the Board is mandated to publish two reports: the annual report and the report of the Board on the implementation of article 12 of the 1988 Convention. The Board also publishes technical reports based on information that parties to the international drug control treaties are obligated to submit. Those publications contain detailed analyses on estimates and

assessments of requirements, manufacture, trade, consumption, utilization and stocks of internationally controlled substances.

108. The provision of data by Governments and the analysis of that data by the Board is a crucial element of the Board's ability to monitor and evaluate treaty compliance and the overall functioning of the international drug control system. The provision of data helps account for the legitimate use of narcotic drugs and psychotropic substances for medical and scientific purposes and helps with the identification of modi operandi used to divert drugs or precursors from licit into illicit channels and of non-scheduled chemicals used in illicit drug manufacture. Measures may be recommended by the Board to help address issues relating to legitimate use of narcotic drugs, psychotropic substances and precursor chemicals and prevent their diversion into illicit markets.

2. Submission of statistical information

109. Governments are obliged to provide the Board, on an annual basis and in a timely manner, statistical reports containing information required under the international drug control conventions.

110. As at 1 November 2014, annual statistical reports for 2013 on narcotic drugs (form C) had been furnished by 149 States and territories (representing 70 per cent of the States and territories requested to submit such reports), although more Governments are expected to submit their reports for 2013 in due course. That trend is consistent with last year's number of submissions. In total, 180 States and territories provided quarterly statistics on their imports and exports of narcotic drugs for 2013, amounting to 84 per cent of the States and territories required to provide such statistics. Those numbers are also in line with last year's rate of submission. The lowest levels of compliance with the obligation to regularly submit statistical information continue to be in Africa, Oceania and the Caribbean. Countries in those regions and subregion were reminded several times by the Board about the importance of providing information in connection with the functioning of the international drug control system.

111. As at 1 November 2014, annual statistical reports for 2013 on psychotropic substances (form P), in conformity with the provisions of article 16 of the 1971 Convention, had been submitted to the Board by 150 States and territories, amounting to 69 per cent of the States and territories required to provide such statistics. The Board is pleased to note that the rate of submission for 2013 is noticeably higher than that for 2012. Furthermore, as is the case every year, it can be expected that some Governments will furnish form P for 2013 at a later date. In addition, 116 Governments voluntarily submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II of the Convention, in conformity with Economic and Social Council resolution 1981/7, and a further 48 Governments submitted some quarterly reports.

112. It has been noted that the number of countries and territories that have not furnished form P to the Board is again highest in Africa, Oceania and the Caribbean. A total of 30 countries and territories in Africa (52 per cent) failed to furnish form P for 2013 to the Board. Likewise, 50 per cent of the countries and territories in Oceania and 38 per cent in the Caribbean did not furnish form P for 2013. In contrast, form P for 2013 was furnished by all but two countries in Europe (Greece and Luxembourg) and by most countries in the Americas.

113. The Board notes with concern that among the countries that failed to submit form P before the deadline of 30 June 2014 were major manufacturing, importing and exporting countries such as Australia, Brazil, China, France, Germany, India, Ireland, Japan, the Netherlands, Pakistan and the United Kingdom. The Republic of Korea and Singapore, which are significant importers or exporters of psychotropic substances, did not submit form P for 2013. Late submission and failure to submit statistical reports make it difficult for the Board to monitor licit activities involving controlled substances and delays the analysis by the Board of the worldwide availability of such substances for legitimate purposes. The Board therefore wishes to invite Governments to take steps to improve, as necessary, Government structures responsible for reporting to the Board, with a view to ensuring the timely collection and reporting of statistical data. This applies to the statistical reporting under all three conventions, namely that related to narcotic drugs, psychotropic substances and precursors.

114. The Economic and Social Council, in its resolutions 1985/15 and 1987/30, requested Governments to provide the Board with details on trade (data broken down by countries of origin and destination) in substances listed in Schedules III and IV of the 1971 Convention in their annual statistical reports on psychotropic substances. For 2013, complete details on such trade were submitted by 134 Governments (89 per cent of all submissions of form P), which is about the same as for 2012. Only eight countries (Angola, Bahamas, Botswana, El Salvador, Equatorial Guinea, Haiti, Namibia

and Tonga) failed to submit any details on such trade for 2013.

115. The Board notes with appreciation that the number of countries submitting consumption data for psychotropic substances on a voluntary basis in accordance with Commission on Narcotic Drugs resolution 54/6 has continued to increase. Thus, in 2013, a total of 55 countries and territories submitted data on consumption of some or all psychotropic substances, compared with 52 countries and territories in 2012. The Board appreciates the cooperation of the Governments concerned and calls upon all other Governments to furnish information on the consumption of psychotropic substances, as such data are key to an improved evaluation of the availability of psychotropic substances for medical and scientific purposes.

116. With regard to precursor chemicals, 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. By providing this information annually on form D, Governments enable the Board to more effectively identify and analyse emerging trends in trafficking in precursors and in the illicit manufacture of drugs. As at 1 November 2014, a total of 136 States and territories had submitted form D for 2013. However, 85 countries did not submit the form before the deadline of 30 June 2014, therefore failing to meet their obligations.

117. Of the States and territories that provided data for 2013, 65 Governments reported seizures of scheduled substances and 36 reported seizures of non-scheduled substances, slightly fewer than in 2012. Similarly to previous years, most of those Governments did not provide details on the methods of diversion and illicit manufacture or on stopped shipments. In some cases, the Board is aware of other official sources, such as annual national drug situation reports and presentations by government officials at various drug control forums that sometimes include additional details and/or data for years for which no seizure information was submitted by the Government on form D. The Board urges Governments to put the relevant mechanisms in place to ensure the comprehensiveness of the data submitted.

118. The Economic and Social Council, in its resolution 1995/20, urged Governments to provide the Board, subject to the provisions of national legislation on confidentiality and data protection, with information on licit trade in precursor chemicals. By accessing data related to trade in precursors, the Board is able to monitor legitimate international trade flows in order to identify patterns of suspected illicit activity, which can help to prevent the diversion of precursor chemicals. As at 1 November 2014, 125 States and territories had provided relevant information on licit trade for the 2013 reporting period and 123 States and territories had informed the Board about the licit uses of and requirements for some or all of those substances.

119. Over the past year, the international community has used a variety of innovative tools to reinforce and bolster the precursors control regime. Domestic legislation was used by Afghanistan, Belize, China, the Czech Republic, Liberia and the Philippines to strengthen controls over the manufacture, import and sale of precursor chemicals. In December 2013, the European Union also strengthened its precursor legislation.

120. The Precursors Incident Communication System (PICS), a secure online tool for enhanced worldwide and real-time communication and information-sharing between national authorities on precursor incidents (seizures, shipments stopped in transit, diversions and diversion attempts, illicit laboratories and associated equipment) has seen further growth, both in the number of users and the incidents communicated through it. PICS is now established as a key tool of the international precursor control regime that is also increasingly helping Governments to quickly communicate new trends such as the emergence of non-scheduled chemicals. As at 1 November 2014, there were nearly 400 registered users of PICS from 90 countries, representing almost 200 national agencies and 8 international and regional agencies, which had used the system to communicate more than 250 incidents since 1 November 2013.

3. Submission of estimates and assessments

121. Pursuant to the 1961 Convention, each year States parties are obliged to provide the Board with estimates of their requirements for narcotic drugs for the following year. As at 1 November 2014, a total of 154 States and territories had submitted estimates of their requirements for narcotic drugs for 2015, representing 72 per cent of the States and territories required to furnish annual estimates for confirmation by the Board. Those numbers were in line with last year's rate of submission. For the States and territories that had not submitted their estimates on time, the Board had to establish estimates, in accordance with article 12 of the 1961 Convention.

122. As at 1 November 2014, the Governments of all countries except South Sudan and all territories had

submitted to the Board at least one assessment of their annual medical and scientific requirements for psychotropic substances. The assessments of requirements for psychotropic substances for South Sudan were established by the Board in 2011, in accordance with Economic and Social Council resolution 1996/30, in order to allow that country to import such substances for medical purposes without undue delay.

123. Pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of their annual medical and scientific requirements for psychotropic substances listed in Schedules II, III and IV of the 1971 Convention. Assessments for psychotropic substances remain in force until Governments modify them to reflect changes in national requirements. The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least once every three years.

124. In the 12 months following 1 November 2013, a total of 78 countries and 8 territories submitted fully revised assessments of their requirements for psychotropic substances, and a further 94 Governments submitted modifications to assessments for one or more substances. Governments of 24 countries and 1 territory have not submitted any revision of their legitimate requirements for psychotropic substances for over three years.

125. Failure to submit adequate estimates or assessments for narcotic drugs and psychotropic substances may undermine drug control efforts. If estimates and assessments are lower than the legitimate requirements, the importation or use of narcotic drugs or psychotropic substances needed for medical or scientific purposes may be impeded or delayed. Submission of estimates or assessments significantly higher than legitimate requirements increases the risk that imported narcotic drugs and psychotropic substances will be diverted into illicit channels. The Board calls upon all Governments to ensure that their estimates and assessments are adequate but not excessive. When necessary, Governments should submit to the Board supplementary estimates for narcotic drugs or inform the Board of modifications to their assessments for psychotropic substances. The Board invites all Governments, in particular those of countries and territories with low levels of consumption of controlled substances, to use the *Guide on Estimating Requirements for Substances under International Control*, developed by the Board and WHO for use by competent national authorities and published in February 2012.

126. The Commission on Narcotic Drugs, in its resolution 49/3, requested Member States to provide to the Board annual estimates of their legitimate requirements for four substances frequently used in the illicit manufacture of amphetamine-type stimulants, namely 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), pseudoephedrine, ephedrine and 1-phenyl-2-propanone (P-2-P), and preparations containing those substances. The expectation was that those data would provide the competent authorities of exporting countries with at least an indication of the legitimate requirements of importing countries, thus preventing diversion attempts. As at 1 November 2014, 157 Governments had provided estimates for at least one of the above-mentioned substances; Nepal, Saudi Arabia and Turkmenistan provided estimates for the first time. In 2014, the Board reviewed the annual legitimate requirements for countries in West Asia with relatively high estimates for imports of ephedrine and pseudoephedrine and requested concerned Governments to update their estimates as a matter of urgency.

127. The Board wishes to remind all Governments that the totals of estimates of annual medical and scientific requirements for narcotic drugs, as well as assessments of requirements for psychotropic substances, are published in yearly and quarterly publications and that monthly updates are available on the Board's website (www.incb.org). Updated information on annual estimates of legitimate requirements for precursors of amphetamine-type stimulants is also available on the website.

4. Data examination and identified reporting deficiencies

128. As noted in previous reports of the Board, the provision of statistical data by Governments allows INCB to monitor the functioning of the international drug control system, which, in turn, assists Governments in their response to possible diversions and illicit uses of internationally controlled substances. The Board notes again with concern that some Governments, among them major manufacturing countries, have failed to provide to the Board data regarding the production, manufacture, utilization, export, import, consumption and stocks of controlled substances and regarding seizures related to precursor chemicals.

129. The international drug control system relies on the active participation of all Governments, and the Board remains concerned by the extent of late submissions and the submission of incomplete or inaccurate data. The

timely analysis and review of data by the Board becomes exceedingly difficult when Governments fail to submit accurate statistical data on time. To assist Governments, the Board has developed tools and kits for use by competent national authorities that are available on its website free of charge. Governments are requested to take all necessary measures to remedy the current reporting deficiencies so that the international drug conventions are adequately implemented.

D. Evaluation of overall treaty compliance

1. Evaluation of overall treaty compliance in selected countries

130. The Board regularly reviews the drug control situation in different countries and overall compliance by Governments with the provisions of the international drug control treaties. The Board's analysis 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 to ensure the adequate availability of narcotic drugs and psychotropic substances for medical purposes and the fulfilment by Governments of their reporting obligations under the treaties.

131. The findings of the review and 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 enhance the implementation of the international drug control treaties.

132. In 2014, the Board reviewed the drug control situation in Papua New Guinea, the United States, Uruguay and Uzbekistan, as well as measures taken by the Governments of those countries to implement the international drug control treaties. In doing so, the Board took into account all available information, paying particular attention to new developments in drug control in those countries.

(a) Papua New Guinea

133. The Board continues to be concerned about the situation in Papua New Guinea with respect to drug control, including the lack of adequate legislation to address drug-related challenges in the country and inadequate mechanisms for coordination in the field of drug control among Government agencies. While noting the recent improvement in submission of information by the Government to the Board with regard to psychotropic substances, as required under the international drug control treaties, the Board remains concerned about the limited information available to the Board on the overall drug control situation in the country and the country's compliance with its reporting obligations under the international drug control treaties with regard to narcotic drugs and precursors.

134. Papua New Guinea has established certain institutional mechanisms to address the problems associated with illicit drug use. The Government created the National Narcotics Bureau to conduct education and awareness-raising campaigns among the population, provide drug abuse treatment, rehabilitation and counselling, collect information pertaining to drugs and advise the Government on drug policy matters. The police and customs authorities are mandated, under the Dangerous Drugs Act, to enforce drug-related legislation in the country. The National Department of Health controls all pharmaceutical drugs under the Pharmaceutical Board Act and the Medicines and Cosmetics Act.

135. In the absence of official information from the Government, the Board must rely on secondary sources to ascertain the drug-related challenges in the country and to gauge the Government's efforts to address them. Various reports indicate serious deficiencies in the distribution of medications, with an ongoing shortage of drugs in medical facilities. Press reports indicate that the illicit cultivation of and trafficking in cannabis remain widespread in the country, in particular in the highlands. There are also press reports that drug syndicates involving both national and foreign members are operating within the country. In addition, the manufacture of methamphetamine in Papua New Guinea has been reported in the international media.

136. According to a statement made in March 2014 by representatives of the National Narcotics Bureau, the abuse of drugs and home-brewed alcohol is a major problem in the country, and community leaders should work together with young people to eliminate it. According to that statement, a team comprising officers from the Bureau and members of the national police drug squad had conducted an extensive drug awareness campaign and education programme in the country.

137. Papua New Guinea is a party to the 1961 and 1971 Conventions. However, it has yet to accede to the 1988

Convention. In that context, the Board reminds those Governments that have not acceded to any of the three international drug control treaties that the General Assembly, in its resolution 53/115, which was adopted subsequent to its special session devoted to countering the world drug problem together, urged all States to ratify or accede to and implement all the provisions of the international drug control conventions. At that special session, particular reference was also made to the importance of the adequate control of precursor chemicals, which fell under the purview of the 1988 Convention. The Board reiterates its readiness to assist the Government of Papua New Guinea in acceding to the 1988 Convention and improving its compliance with the international drug control treaties.

(b) United States of America

138. The Board continues to engage in a constructive dialogue with the Government of the United States on drug-related developments in that country, including with regard to cannabis, with a view to promoting compliance by the Government with the requirements of the international drug control treaties.

139. The Board notes that, as discussed in more detail in chapter III of the present report, programmes for the use of cannabis for medical purposes continue to be introduced in several states of the United States. The Board notes that, under United States federal law, cannabis remains a controlled substance at the federal level, and has no current medical use in treatment.

140. During the reporting period, the states of Colorado and Washington continued to develop and enforce regulatory measures to establish recreational cannabis markets within their boundaries. On 1 January 2014, state-licensed cannabis retailers in the state of Colorado began selling cannabis for non-medical purposes. In July 2014, the sale of cannabis for non-medical use also began in the state of Washington. In November 2014, voters in the states of Alaska and Oregon and in the District of Columbia approved ballot initiatives on the non-medical use of cannabis in their respective jurisdictions. The Board notes however, that, under United States federal legislation, cannabis remains a controlled substance.

141. The Government of the United States has taken certain measures to respond in part to the developments related to cannabis in many states in the country. On 29 August 2013 and 14 February 2014, memorandums for all state attorneys were issued by the Department of Justice to provide guidance on all federal enforcement activity, including civil enforcement and criminal investigations and prosecutions, concerning cannabis in all states. Also on 14 February 2014, the Department of the Treasury issued its Guidance on Bank Secrecy Act Expectations Regarding Marijuana-related Businesses to provide guidance to financial institutions on the provision of services to cannabis-related businesses.

142. The Board notes the various measures undertaken and planned by the Government to monitor the implementation of cannabis-related regulations in certain states of the United States as they pertain to federal enforcement priorities, as well as to examine the public health impact of those developments. The Board reiterates its concern that action by the Government to date with regard to the legalization of the production, sale and distribution of cannabis for non-medical and non-scientific purposes in the states of Alaska, Colorado, Oregon and Washington does not meet the requirements of the international drug control treaties. In particular, the 1961 Convention as amended, establishes that the parties to the Convention should take such legislative and administrative measures as may be necessary "to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs". This provision is strictly binding and not subject to flexible interpretation. In addition, the Convention establishes that States parties have "to give effect to and carry out the provisions of this Convention within their own territories". This provision also applies to States with federal structures.

143. In April 2014, the United States Sentencing Commission voted unanimously to amend the federal sentencing guidelines, with a view to reserving the harshest penalties for the most serious drug offenders. The amendment, first unveiled in January 2014, lowers by two levels the base offence associated with various drug quantities involved in federal drug trafficking crimes. According to the Commission, the change would have an impact on nearly 70 per cent of all drug trafficking offenders, reduce the average sentence by 11 months, or nearly 18 per cent, and lower the prison population by 6,550 within five years.

(c) Uruguay

144. On 20 December 2013, the Legislative Power of Uruguay passed Act No. 19.172, establishing a legal framework applicable to the control and regulation by the State of the importation, exportation, planting, growing, gathering, production, purchase, stocking, sale, distribution and use of cannabis and its derivatives.

145. In May 2014, the regulatory provisions for the application of the law were adopted. Uruguay has become the first State party to the 1961 Convention to legalize the production, distribution, sale and consumption of cannabis and its derivatives for purposes other than medical and scientific uses. That will not only have ramifications for drug control within Uruguay, but will also negatively affect the control of drugs, in particular cannabis, in other countries, both neighbouring and beyond.

146. The law adopted is inconsistent with the provisions of the 1961 Convention as amended, in particular article 4, paragraph *(c)*, and of the 1988 Convention, in particular article 3, paragraph (1) *(a)*. Pursuant to article 4, paragraph *(c)*, of the 1961 Convention, States parties are obliged to "limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs". Pursuant to article 3, paragraph (1) *(a)*, of the 1988 Convention, each State party is obliged to "adopt such measures as may be necessary to establish as criminal offences under its domestic law […] the production, manufacture, extraction, preparation, offering, offering for sale, distribution, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation or exportation of any narcotic drug contrary to the provisions of the 1961 Convention".

147. The Board takes note of public announcements made by the authorities of Uruguay to the effect that the implementation of the legislation, originally planned for April 2014, has been postponed until early 2015.

148. Cannabis is recognized internationally as a particularly dangerous drug that has serious consequences for the health of people and is under strict control in Schedules I and IV of the 1961 Convention. The international drug control conventions recognize the health dimensions of drug use. Under article 38 of the 1961 Convention, parties are required to "give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved". Accordingly, the Board urges the Government of Uruguay to develop effective and comprehensive drug control measures that provide for a balanced approach aimed at reducing illicit demand for drugs through prevention, treatment and rehabilitation programmes, while implementing effective law enforcement drug interdiction measures.

149. The Board would like to reiterate its serious concern about the possible negative impact that the cannabis control legislation in Uruguay would have on the international drug control system. The Board stresses the importance of universal implementation of the international drug control treaties by all States parties and urges the Government of Uruguay to take the necessary measures to ensure full compliance with those treaties.

150. As part of its ongoing dialogue with the Government of Uruguay, the Board, at its 109th session, held in February 2014, received a delegation from the Government. The representatives of the Government of Uruguay reported on recent measures taken in the field of drug control in that country and assured the Board of the Government's commitment to drug control and full and unconditional cooperation with the Board. The Board will continue its dialogue with the Government of Uruguay, with a view to promoting the country's compliance with the international drug control treaties, including through the sending of a high-level mission of the Board to Uruguay.

(d) Uzbekistan

151. The main factor adversely affecting the drug control situation in Uzbekistan continues to be illicit drug production in Afghanistan and the flow of Afghan heroin and opium along the "northern route" through the territory of Uzbekistan. Opiates of Afghan origin enter Uzbekistan via the long, rugged and porous border with Tajikistan and directly from Afghanistan across the Amu Darya river. There are reports of seizures of drugs from trains, motorized vehicles and travellers coming from Tajikistan. In order to address the threat of drug trafficking, Uzbekistan, a party to all three drug control treaties, has established drug-related units in almost all law enforcement agencies, which continue to carry out a number of targeted actions to detect drug trafficking channels, prevent and interdict drug trafficking and eradicate drug crops in the country.

152. Although Uzbekistan is not a significant illicit producer of narcotic drugs, Uzbek law enforcement authorities carry out annual "black poppy" operations, which are countrywide campaigns to eradicate illicitly cultivated drug crops.

153. The drug abuse situation in Uzbekistan is fuelled mainly by the trafficking in opiates from Afghanistan. Individuals abusing opiates, especially heroin, account for the vast majority of the overall number of those undergoing treatment in the country. Even though extensive research into the prevalence of drug abuse in the country was called for under the National Programme of Comprehensive Measures against Drug Abuse and

Trafficking for 2011-2015, Uzbekistan has yet to carry out such research. A network of drug treatment facilities has been created in Uzbekistan to provide specialized medical assistance for people suffering from drug addiction. Those persons who use psychoactive substances for non-medical purposes can apply voluntarily or be directed by law enforcement authorities and/or medical facilities, to the drug treatment facilities for medical examination and, if necessary, further treatment.

154. Uzbekistan carries out several measures and initiatives aimed at preventing drug abuse. Health education initiatives, including drug abuse prevention, are organized under the "Healthy lifestyle" programme run by the Ministry of Education and are tailored to a range of different age groups. Round-the-clock advisory services are available to the public in all regions of the country through telephone hotlines. At the same time, national drug education, treatment and rehabilitation programmes are in need of further strengthening, in particular through the provision of the necessary equipment and additional training.

155. The Board notes with appreciation the continued cooperation it has received from the Government of Uzbekistan, including its effective compliance with its reporting obligations under the international drug control treaties and the submission of reports on the drug control situation in the country.

2. Country missions

156. In the context of its responsibility to promote the compliance of Governments with the international drug control conventions and to monitor the functioning of the international drug control system, the Board undertakes missions to selected countries every year in order to maintain direct dialogue with Governments on matters relating to the implementation of the provisions of those conventions.

157. The purpose of the missions is to obtain detailed, first-hand information on the drug control policies in place in the countries visited and to discuss with competent national authorities their practical experience in implementing the conventions, including problems encountered, good practices identified and additional measures to be considered in order to optimize treaty compliance.

158. The Board's missions are aimed at appraising the prevailing situation in the countries visited on a wide variety of drug control matters within the ambit of the drug control conventions, including: national drug control legislation; supply reduction measures in place; regulatory aspects related to the provision of estimates, assessments, statistics and trade data to the Board; the availability of narcotic drugs and psychotropic substances for medical needs; precursor chemical control; and structures in place for the prevention of drug abuse and the treatment, rehabilitation and social integration of persons suffering from drug dependency and related health conditions.

159. In order to gain as comprehensive an overview as possible, the Board meets with senior officials from various institutional stakeholders at the political and regulatory levels within the country. In addition, the Board requests that the mission programme include visits to drug treatment facilities and social reintegration initiatives. Recognizing the important role played by non-governmental organizations and other civil society groups, the Board carries out meetings with such entities, identified in consultation with the Vienna NGO Committee on Drugs, within the context of its country missions.

160. Based on the outcome of meetings held and information collected, the Board issues a series of confidential recommendations on possible measures to bolster the implementation by the Government concerned of its treaty obligations under the drug control conventions. The Board encourages all Governments to respond promptly and effectively to requests to conduct country missions, which constitute a pillar of treaty implementation monitoring.

161. During the period under review, the Board undertook missions to Iceland, Nicaragua, Panama and the United Republic of Tanzania.

(a) Iceland

162. A mission of the Board visited Iceland in March 2014. Iceland is a party to the three international drug control treaties. Discussions during the mission focused on the measures taken by the Government to exercise effective control over narcotic drugs, psychotropic substances and the chemicals needed for their illicit manufacture. It was the first mission of the Board to Iceland.

163. It is noted that, in 2012, Iceland had the highest calculated consumption of methylphenidate, in defined daily doses for statistical purposes (S-DDD) per 1,000 inhabitants per day, in the world. The Government has taken several measures to respond to that problem; however, those measures have not resulted in a decline in

consumption. Therefore, the Board recommends that the Government of Iceland, in order to be able to effectively address this complex issue, should re-examine the matter and should endeavour to identify the reasons behind the extraordinarily high consumption of methylphenidate by, inter alia, monitoring and analysing prescription patterns.

164. The Board was informed that drug use in Iceland had been declining among secondary school students and students in higher education for several consecutive years. Drug use was higher for young people outside the school system; the Board invites the Government of Iceland to continue its efforts to address the needs of that group, which is particularly vulnerable to drug use, by implementing programmes that will assist young adults to lead healthy lifestyles and develop the resilience needed to resist drug use.

(b) Nicaragua

165. A mission of the Board visited Nicaragua in December 2013. Nicaragua is a party to all three international drug control treaties. The Board notes that, since its previous mission to Nicaragua, in 1993, the Government has taken important steps to strengthen its efforts relating to drug control, including by adopting comprehensive national drug control legislation, establishing a national coordination committee on drug control and crime prevention and developing a national drug strategy against drugs and crime. The national drug control policy is primarily focused on the prevention of drug abuse, and health services are provided free of charge to the entire population. The Government has also put in place a well-functioning administrative mechanism for licit drug control, in accordance with the international drug control treaties. At the same time, as demonstrated by recent large seizures of precursor chemicals smuggled into Nicaragua and seizures of amphetamine-type stimulants from illicit laboratories, there is a need to further improve international cooperation to prevent the diversion of precursor chemicals into illicit channels.

166. Nicaragua continues to be used as a transit country for illicit drug shipments, notably cocaine from South America that is destined for North America. The Government is aware of the challenge posed by drug trafficking and has taken steps to address it. However, effective drug interdiction is seriously hampered by a limited State presence in the autonomous areas of the country's Atlantic coast and by a lack of necessary equipment and personnel to effectively patrol the territorial waters.

167. The mission discussed with the Government, among other things, the availability of narcotic drugs for the treatment of pain, which is lower in Nicaragua than in some other countries in Central America. The mission noted that the current extent of drug abuse in the country was largely unknown to the authorities and that reliable data on drug abuse were scarce. The mission therefore discussed with the Government the need for an epidemiological study on the prevalence of drug abuse to enable a reliable assessment of the impact of existing prevention initiatives.

(c) Panama

168. A mission of the Board to Panama in December 2013 reviewed changes in the drug control situation in the country since the Board's previous mission, in 2003. An additional aim of the mission was to review compliance with the three international drug control conventions to which Panama is a party. The Board notes that Panama has taken legislative and policy measures to meet its commitments under the conventions. The mission of the Board noted significant progress in terms of institutional development and the adoption of the national drug strategy for the period 2012-2017.

169. There are indications that Panama may need to improve the availability of opioid analgesics and palliative care programmes, owing to a general reluctance of health-care professionals in the country to prescribe internationally controlled substances. The Government was encouraged to ensure the rational use of narcotic drugs and psychotropic substances for medical use.

170. The current magnitude of drug abuse in Panama may not be fully reflected by the most recent national surveys, which were conducted in 2003 and 2008. The Board encouraged Panama to conduct new national surveys on drug abuse among the general and youth populations. Better analysis of trends will aid the country in providing adequate human and financial resources. The Board has also encouraged Panama to increase its support to drug demand and supply reduction policies and programmes.

(d) United Republic of Tanzania

171. A mission of the Board visited the United Republic of Tanzania from 14 to 18 October 2014. The country is a party to all three international drug control conventions. The aim of the mission was to examine the availability of opioid medication for palliative care, to reengage

in dialogue with the Government of the United Republic of Tanzania and to follow-up on the progress made by the country since the previous mission of the Board in 2000.

172. The Board notes that the Government of the United Republic of Tanzania has followed up on a number of the Board's recommendations since its previous mission. The country became a party to the 1971 Convention in December 2000, designated the Drug Control Commission as the authority responsible for the coordination of most aspects of the Government's policy on drugs, adopted a drug control master plan for the 2002-2006 period and a programme of action on the implementation of the national drug control plan for the 2005-2010 period.

173. The mission observed that access to opioid medication for pain and palliative care remained extremely low. Therefore, the Board encourages the Government to develop and enact a comprehensive and balanced drug strategy, which should also address the issue of availability of narcotic drugs and psychotropic substances for medical purposes. In particular, the Government is invited to identify obstacles and take the necessary steps to ensure an adequate level of availability of opioids. The Board also recommends to the Government specific action to enhance the coordination of national drug control efforts.

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

174. As part of its ongoing dialogue with Governments, the Board also conducts an annual evaluation of implementation by Governments of the Board's recommendations pursuant to its country missions. In 2014, the Board invited the Governments of the following five countries, to which it had sent missions in 2011, to provide information on progress made in the implementation of its recommendations: Costa Rica, El Salvador, Mexico, Serbia and Zimbabwe.

175. The Board wishes to express its appreciation to the Governments of Costa Rica, El Salvador, Mexico and Zimbabwe for submitting the information requested. Their cooperation facilitated the Board's assessment of the drug control situation in those countries and of the compliance by those Governments with the international drug control treaties.

176. In addition, the Board reviewed the implementation of the recommendations it had made following its 2010 mission to Myanmar, as the Government of that country had not provided the requested information in time for review and inclusion in the annual report of the Board for 2013.

(a) Costa Rica

177. The Government of Costa Rica has acted on the recommendations made by the Board following its mission to the country in June 2011, and progress has been made in a number of areas of drug control. The Board welcomes the measures taken to increase coordination among ministries and institutions dealing with drug control, as reflected in the National Plan on Drugs, Money-laundering and the Financing of Terrorism for the period 2013-2017. Additional resources have been allocated to strengthen the monitoring of retail pharmacies and the storage of controlled substances.

178. In 2012, Costa Rica made important changes to its legal framework for the control of narcotic drugs and psychotropic substances. Regulations were adopted on improving the monitoring of the reporting requirements for pharmacies, drugstores and pharmaceutical laboratories with regard to narcotic drugs and psychotropic substances. In addition, measures were adopted to increase the safety of narcotic and psychotropic raw materials stored by pharmaceutical retailers, and specific measures were adopted to improve security in relation to the transportation of controlled substances, including by shortening the period allowed for the transport of controlled products between warehouses and retail facilities.

179. The Board welcomes those measures and notes that continued efforts need to be made in the area of drug abuse prevention and treatment. The Board encourages the Government to increase its efforts relating to the primary prevention of drug abuse among young people and to ensure that activities in that area address all commonly abused controlled substances, including pharmaceutical preparations containing such substances.

180. Furthermore, the Board notes that limited progress has been made in ensuring the availability of narcotic drugs and psychotropic substances for medical purposes in Costa Rica. The level of availability of opioids for the treatment of pain in medical institutions continues to be below that considered adequate by the Board. The Board requests the Government to examine the current situation and to take the necessary steps to ensure that narcotic drugs, particularly opioids, and psychotropic

substances are used rationally and that adequate amounts are made available for medical purposes. The Board encourages the authorities to identify and address bottlenecks in that area, particularly those relating to capacity-building and enhancing the know-how of health-care professionals, as required.

181. Costa Rica participated in Operation Icebreaker in October 2012, a regional operation to monitor the diversion of chemical precursors used for the illicit manufacture of methamphetamines. The Board invites the Government to further strengthen cooperation with it with regard to the control of precursors and to provide prompt responses to the Board's enquiries regarding the legitimacy of orders for the export of precursors to Costa Rica, in particular by using the PEN Online system.

(b) El Salvador

182. The Board notes that efforts have been made by the Government of El Salvador with regard to the implementation of the Board's recommendations following its mission to that country in June 2011. The Government has adopted legislation to strengthen the national drug control framework, including legislation to counter money-laundering, and action against international drug trafficking networks remains a priority of the country's national anti-drug strategy for the period 2011-2015. In the area of demand reduction, in 2012, as part of the national anti-drug strategy, the first national study on drug use was carried out among university students.

183. Progress has also been made in the rational use of narcotic drugs and psychotropic substances for medical purposes. Legislative amendments adopted in February 2011 established the National Directorate for Medicines, which is responsible for streamlining controls on medicinal products containing narcotic drugs and psychotropic substances. Regulations concerning the control of retail pharmacies and storage of controlled substances by health-care providers have also been strengthened, and new regulations in respect of the prescription of narcotic drugs and psychotropic substances for medical purposes have entered into force. The Board trusts that the Government of El Salvador will continue to strengthen its efforts to ensure adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes through enhancing the capacity and know-how of health-care professionals, particularly with regard to the rational use of controlled substances, while preventing the diversion of narcotic drugs and psychotropic substances into illicit channels.

184. Welcoming those measures, the Board notes that continued efforts need to be made with regard to drug abuse prevention and treatment. The Board encourages the Government of El Salvador to continue its efforts to ensure that further progress is made in those areas, particularly with regard to the availability of facilities for the treatment of drug abuse and the establishment of reliable data on the drug abuse situation in the country.

(c) Mexico

185. The Board notes that, following its mission to Mexico in 2011, the Government of that country has taken substantial measures to implement the Board's recommendations in a number of areas. In order to address the diversion of precursor chemicals and their use in the manufacture of synthetic drugs, the Government has placed nitroethane and monomethylamine under national control. Additionally, the Government has adopted legislative measures to combat the abuse of new psychoactive substances through a decree to amend its Health Act to include mephedrone, 1-(3-trifluoromethylphenyl)piperazine (TFMPP) and synthetic cannabinoids as psychotropic substances subject to regulation. In accordance with that amendment, the authorities in Mexico have been monitoring those substances, and investigating and prosecuting unlawful conduct where necessary. The Board commends the Government of Mexico for maintaining a leading role in Latin America in the area of precursor control and in the investigation of crimes involving the manufacture and sale of synthetic drugs, the confiscation and disposal of chemicals used in the manufacture of such drugs and the dismantling of clandestine laboratories.

186. The Board notes steps taken by the Government of Mexico in the area of demand reduction, in particular the activities of the Youth Integration Centres ("Centros de Integración Juvenil"), which have been complementing the activities of the addiction treatment centres known as "Centros Nueva Vida" by offering youth-oriented treatment, workshops, counselling and intervention services. The Board also acknowledges steps taken by the Government of Mexico to standardize forms (such as initial assessments and medical history, admission, discharge and consent forms) in its drug treatment centres in order to facilitate compliance with reporting procedures at all stages of patient registration. As a result, data have been compiled into the national system of health quality indicators and used to evaluate the productivity of drug treatment centres and identify areas for improvement. Currently, 236 out of 335 addiction treatment centres nationwide have implemented the standardized reporting criteria.

187. The Board notes that the Government of Mexico has reported making progress in several areas of drug control. The Government has been working with UNODC on the Integrated System for Illicit Crop Monitoring to develop and implement a scientific methodology for the detection and location of illicit cannabis and opium crops using satellite images and aerial photography, in coordination with complementary activities on the ground. The process has facilitated the carrying out of analysis, research and data activities to estimate the scale of drug production by measuring the area used for illicit crop cultivation in the country. The Board also notes actions taken by the Government to thwart the illicit manufacture of and trafficking in drugs in the country, including the eradication of large quantities of illicit cannabis and opium poppy crops, the dismantling of laboratories used to manufacture heroin and the conducting of investigative activities aimed at identifying criminal groups and individuals involved in the diversion of chemical substances and the illicit manufacture of heroin. The aim of those activities has been to prevent the commission of offences, assist in criminal investigations and contribute to the disbanding of organized criminal groups and reduction of related violence.

188. The Board commends the Government of Mexico for using its Technical Group for Synthetic Drug Control as a coordinating body to facilitate information-sharing and concerted action by law enforcement agencies and other government agencies involved in demand reduction and licit drug control. The Board notes the progress that the Technical Group has made at the regulatory level, particularly in updating its list of chemical precursors subject to national control to include phenylacetic acid, its salts and derivatives, and methylamine, in addition to its classification of hydriodic acid and red phosphorus as essential chemical products. The Board also commends the Government for its continued participation in INCB activities such as Project Cohesion, which is aimed at the monitoring and controlling of precursor chemicals used in the illicit manufacture of heroin and cocaine.

189. While welcoming those positive developments, the Board notes with concern that progress is still limited in other areas with regard to which it has made recommendations, particularly the availability of narcotic drugs and psychoactive substances for medical purposes. The consumption of opioids and analgesics in Mexico remains very low. As administrative procedures for obtaining access to such medications continue to be onerous, the availability of such medications remains limited, many medical practitioners may still not have access to training on responsible prescription practices and pharmacists are often reluctant to stock and dispense narcotic drugs and psychotropic substances. While the Board is aware that some measures have recently been initiated by the Government of Mexico to address this problem, the Board encourages the Government to take further steps to ensure that progress is made in this area.

(d) Myanmar

190. The Board notes that, since its mission to Myanmar in 2010, the Government has taken steps to implement some of the Board's recommendations in a number of areas. In 2013, Myanmar announced plans to extend its 15-year drug elimination plan (for the period 1999-2014)—a national drug strategy intended to eliminate narcotic drugs and upgrade the living standards of former poppy-growing farmers through a combination of supply reduction, demand reduction and law enforcement measures—by five years. The Government of Myanmar has hosted several delegations from donor countries to increase awareness of its technical assistance needs and of potential opportunities for the further expansion of alternative development projects in the region. In 2013, the Government signed an agreement with the Government of the United States to run a new joint opium yield survey in the region. The Board notes that opium poppy cultivation remains a major issue of concern and calls upon the international community to provide adequate support to Myanmar's efforts to address this problem.

191. Pursuant to the Board's recommendation, the Government has begun using the PEN Online system to monitor import and export transactions involving precursor chemicals, as well as to verify that imports and exports of such substances are for licit purposes and are destined for legitimate companies with verified addresses. Additionally, law enforcement agencies have been seizing large amounts of amphetamine-type stimulants and their precursors, as well as other substances such as opium and heroin. They have also been making progress in identifying the sources and routes of drugs and precursors illicitly entering and exiting the country.

192. The Board wishes to commend Myanmar for steps taken with regard to prevention and demand reduction, in particular its widespread implementation of preventive education programmes in schools and colleges, and for the establishment of several new drug treatment and rehabilitation centres throughout the country.

193. While noting these positive developments, the Board notes with concern that progress is still lacking in many of the areas regarding which it has made

recommendations, particularly steps taken to promote the adequate availability of narcotic drugs and psychotropic substances for medical purposes and to promote the education and training of medical students and professionals on substance abuse and the rational use of psychoactive drugs. The Board would like to reiterate the need for the Government of Myanmar to adopt measures to address existing laws and regulations that may unnecessarily restrict licit manufacture, import, distribution, prescription or dispensing of opioids and cause reluctance to prescribe or stock medicinal products containing them because of concerns about legal sanctions, and to promote education on the rational use of narcotics and psychotropic substances for medical purposes.

194. In addition, the Board wishes to remind the Government of Myanmar of the importance of carrying out a comprehensive national assessment in order to determine the extent and nature of drug abuse in the country and to tailor its drug control policies to address those realities.

(e) Zimbabwe

195. The Board notes that, since its mission to Zimbabwe in 2011, the Government has taken certain measures to implement the recommendations of the Board. Zimbabwe has developed a drug master plan, which is aimed at combating trafficking in drugs, reducing supply, preventing drug abuse and rehabilitating drug users. However, the drug master plan has not yet been launched at the national level owing to a lack of funding; the Government plans to launch it by the end of 2014. The Drug Control Committee, an interministerial coordination committee, has been established, with a mandate to coordinate the activities of the national agencies in addressing drug abuse and trafficking. The Drug Control Committee was functioning at the expert level, and the Government expected to establish it at the policymaking level by the end of 2014. The Board welcomes the steps taken by the Government and encourages the Government to launch the drug master plan and establish a national interministerial coordination committee at the policymaking level.

196. There has been a significant increase in the provision of resources for law enforcement authorities. As a result, the Criminal Investigation Department of the Zimbabwe Republic Police, a special police section dealing with the most serious offences, including drug-related crimes, has deployed officers at all airports and border posts. The officers provide 24-hour surveillance at those ports of entry, which has resulted in a number of drug seizures at several border locations. Over the past year, the Zimbabwe Revenue Authority, in coordination with the Drugs Division of the Criminal Investigation Department, has deployed sniffer dogs at four border posts. The goal is for the Zimbabwe Revenue Authority to deploy sniffer dogs at all ports of entry by 2015. The Authority has also engaged in an extensive programme, in collaboration with foreign partner agencies, to train its officers on drug detection. Public awareness campaigns have been held at most ports of entry to inform the public about the consequences of drug trafficking and drug use in general.

197. Drug abuse treatment and rehabilitation services are provided in psychiatric hospitals. No dedicated rehabilitation centres exist in the country, mainly because of a lack of funding. Several agencies and departments were working together to establish at least one such centre by the end of 2014. The Ministry of Health and Child Care has carried out several small-scale surveys on the extent of drug use, but the Government has yet to conduct a full-scale national study, mainly owing to a lack of financial support. The Ministry of Health and Child Care, together with the police, has been conducting several programmes to educate the public on the dangers of drug abuse. Awareness-raising campaigns have been carried out on national radio and television stations and through printed media. Several national programmes have been implemented to offer a platform to discuss issues relating to drug abuse and its effects on the community, offering the public opportunities to interact with the police and Ministry of Health and Child Care staff who deal with drug-related issues.

198. Zimbabwe remains a country with a very low consumption of controlled substances, such as opioid analgesics, for medical purposes, despite an increase in the consumption of pethidine, which resulted in an increase in the country's assessment of requirements for that substance in 2013. The Government has carried out several consultative meetings with medical practitioners to raise awareness of the rational use of opioid analgesics for medical purposes. The Board reiterates its request to the Government to make an appropriate assessment of requirements for controlled substances, to improve the availability of such substances for medical purposes and to promote rational prescribing practices, in line with the relevant recommendations by WHO and the Board, including those contained in the *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*.[34]

[34] E/INCB/2010/1/Supp.1.

199. Zimbabwe continues to rely on international support to promote prevention and treatment of drug abuse. The country continues to actively participate in international and regional organizations that are aimed at addressing drug trafficking and abuse. In particular, the Drug Control Committee of Zimbabwe facilitated the organization of the African Union Continental Experts Consultation on developing and improving responses to counter drug trafficking and related challenges to human security, which was held in Harare from 15 to 17 October 2013.

200. The Board notes that, despite some achievements, progress is lacking in some of the areas where it has made recommendations, including with regard to the availability of narcotic drugs and psychotropic substances for medical purposes and the treatment and rehabilitation of drug-dependent persons. The Board encourages the Government of Zimbabwe to take the necessary steps to achieve progress in those areas and calls upon the international community to step up its support to the Government of Zimbabwe in addressing those challenges.

E. Action taken by the Board to ensure the implementation of the international drug control treaties

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

201. Article 14 of the 1961 Convention (and of 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 considered by the Board when it has reason to believe that the aims of the conventions are being seriously endangered by the failure of a State to comply with the treaty obligations contained therein.

202. 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 in doing so has been to encourage compliance with those conventions when other means have failed. The names of the States concerned are not publicly disclosed until the Board has decided to bring the situation to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs (as was done in the case of Afghanistan). Following sustained dialogue with the Board according to the process set out in the above-mentioned articles, most of the States concerned have taken remedial measures, resulting in a decision by the Board to discontinue action taken under those articles vis-à-vis those States.

203. 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

204. Consultations between the Board and the Government of Afghanistan pursuant to article 14 of the 1961 Convention continued in 2014. On 16 January 2014, the Secretary of the Board met with Mobarez Rashidi, the newly appointed Minister of Counter Narcotics of Afghanistan, who outlined his immediate priorities in addressing drug-related threats in the country. Those priorities included: *(a)* expanding partnerships in dealing with drug-related challenges; *(b)* closer engagement with neighbouring countries, especially in the area of control of precursor chemicals; and *(c)* strengthening efforts by Afghanistan in addressing drug abuse and addiction problems in the country through effective provision of the necessary shelters and referral to treatment centres in Afghanistan.

205. The Minister also committed himself to continuing close cooperation with the Board and to inform the Board, at the earliest opportunity, about progress made with respect to matters falling under article 14 of the 1961 Convention. The Secretary of the Board noted the open and constructive dialogue between the Government of Afghanistan and the Board over the past several years and reiterated the need for tangible progress under article 14 of the 1961 Convention and, in particular, in addressing issues of concern, such as the alarming levels of illicit opium poppy cultivation, drug trafficking and drug abuse in Afghanistan.

206. In March 2014, on the margins of the fifty-seventh session of the Commission on Narcotic Drugs, held in Vienna, the President of the Board met with the delegation of Afghanistan, which was headed by the Minister of Counter Narcotics. The Minister provided information

on measures taken by the Government of Afghanistan to address the drug control situation in the country, including with respect to the development of alternative livelihood programmes, the countering of opium poppy and cannabis plant cultivation, the strengthening of enforcement measures to address the trafficking of precursors and the establishment of mechanisms to address drug abuse in the country.

207. Consultations between the Secretariat of the Board and the Permanent Mission of Afghanistan to the United Nations (Vienna) were held on a number of occasions during the year to follow up on the Government's implementation of the international drug control treaties. The consultations also focused on the planning and organization of a high-level mission of the Board to Afghanistan, scheduled to take place following the conclusion of the electoral process in Afghanistan.

Cooperation with the Board

208. The Government has continued its effective cooperation with the Board in recent years. In February 2014, the Government submitted its 2013 report to the Board reflecting the Government's efforts with regard to the implementation of the international drug control treaties.

209. The Government of Afghanistan informed the Board that the law on accession to the 1972 Protocol amending the Single Convention on Narcotic Drugs of 1961 had been adopted by both houses of parliament, approved by the judicial power of Afghanistan and signed by the President of Afghanistan. Afghanistan has not made any declarations or reservations with regard to this instrument. At the time of writing, the Ministry for Foreign Affairs was in the process of finalizing the submission of the instrument of accession.

210. The Government's treaty-based reporting has substantially improved since 2009, with statistical data on narcotic drugs, psychotropic substances and precursors submitted to the Board regularly, as required under the international drug control treaties.

211. There is a lack of prioritization within the government policy to address cultivation of cannabis plant in the country, evidenced by a lack of budgetary allocation to counter such cultivation. The Board urges the Government of Afghanistan to step up its efforts to prevent and interdict cannabis plant cultivation and cannabis production in the country, including through seeking the support of the international community in this area.

Cooperation by the international community

212. Afghanistan continued to actively engage in regional and international cooperation to address drug-related threats affecting the country.

213. On 27 March 2014, the Presidents of Afghanistan, Iran (Islamic Republic of), Pakistan and Tajikistan held a summit. In a joint statement, they reiterated the importance of constructive regional cooperation, including through their support for ongoing Afghan-led regional efforts within the framework of the Istanbul Process on Regional Security and Cooperation for a Secure and Stable Afghanistan, which among other things is dedicated to the prevention and elimination of illicit drug cultivation, production, trade and trafficking.

214. The third meeting of the steering committee of the regional programme for Afghanistan and countries in the region was held in Vienna on the margins of the fifty-seventh session of the Commission on Narcotic Drugs, in March 2014. The meeting was attended by the eight countries concerned (Afghanistan, Iran (Islamic Republic of), Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Turkmenistan and Uzbekistan) and by donors. The progress made during 2013 in the four subprogrammes (regional cooperation in law enforcement, criminal justice, demand reduction and research advocacy) was noted. At the same time, ministerial review meetings for the Tripartite Initiative, involving Afghanistan, Kyrgyzstan and Tajikistan, and the Triangular Initiative, involving Afghanistan, Iran (Islamic Republic of) and Pakistan, were also held to further strengthen on-the-ground collaboration throughout the region. The meeting on the Triangular Initiative concluded with the signing of a joint ministerial statement focused on enhancing cooperation in the areas of drug control and border management. On 29 May 2014, the fourth Tripartite Initiative meeting of senior officials was held in Dushanbe, and a ministerial meeting was held on the following day. A declaration on counter-narcotics cooperation, emphasizing the need for better cooperation between law enforcement and judicial bodies, was adopted following discussions.

215. The Kandahar Food Zone programme, funded by the United States Agency for International Development, was launched and will be implemented for the next two years in seven districts of Kandahar Province. The Government, however, faces difficulties in the implementation of alternative livelihood programmes in those provinces where opium poppy is currently grown, due to lack of sufficient funding, poverty and low agricultural production. The Government informed the Board that illicit poppy cultivation "migrates" from areas that have

received governmental support to those where the Government has no or little control. According to the Government, in the past alternative livelihood projects have not been very effective, because many of them were implemented in more accessible areas while the major cultivation took place in the remote districts. Therefore, a memorandum of understanding was signed between the Government and the donor community to revise the projects so as to address those shortcomings. Nevertheless, according to the Government, the current level of funding and the number of projects were not sufficient to sustain alternative livelihood initiatives.

Conclusions

216. Afghanistan continues to face several major challenges, which in the period under review have included presidential elections and their aftermath, the transition of security functions from international military assistance to the national army and police, the ongoing national reconciliation process and increasing drug trafficking and abuse in the country. Despite these challenges, the Government expressed its commitment to address the illicit cultivation of opium poppy and cannabis plant in the country, drug trafficking and drug abuse through eradication campaigns, law enforcement measures, alternative livelihood initiatives and drug demand reduction efforts. The Government has taken steps to ratify the 1972 Protocol amending the Single Convention. The Government has been fully cooperative with the Board, including through its readiness to facilitate a high-level mission of the Board to Afghanistan and its submission of a progress report on the drug-related situation in the country.

217. The Board, while noting the commitment expressed by the Government, remains concerned about the deteriorating drug control situation in Afghanistan, which constitutes a significant challenge in the country and for drug control in the region as a whole. The Board recommends that the Government of Afghanistan continue strengthening its counter-narcotics capacity in line with the international drug control treaties. The Board also encourages the Government to continue seeking international assistance in addressing the drug problem and to strengthen its cooperation at the regional and international levels in addressing drug trafficking and abuse. The Board will continue to closely monitor the drug control situation in Afghanistan in cooperation with the authorities, as well as measures taken and progress made by the Government of Afghanistan in all areas of drug control.

F. Special topics

1. Control measures applicable to programmes for the use of cannabis for medical purposes pursuant to the 1961 Single Convention on Narcotic Drugs

218. The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol limits the use of narcotic drugs, including cannabis, to medical and scientific purposes. Like other narcotic drugs under international control, cannabis is subject to a variety of control measures aimed at preventing its diversion into illicit channels and its abuse. In recognition of the risks of cannabis abuse, the substance has been subjected to the highest levels of control under the Single Convention through its inclusion in its Schedules I and IV, the latter of which contains substances particularly liable to abuse and to produce ill effects.

219. The Single Convention allows States parties to use cannabis for medical purposes. Reflecting concerns about abuse and diversion, the Single Convention establishes an additional set of control measures, which should be implemented in order for programmes for the use of cannabis for medical purposes to be compliant with the Single Convention.

220. The Board reminds all governments in jurisdictions having established programmes for the use of cannabis for medical purposes, or considering doing so, that, in addition to reporting and licensing obligations applicable to all narcotic drugs, the Single Convention requires that States having such programmes comply with several specific obligations.

221. Pursuant to articles 23 and 28 of the Single Convention, States wishing to establish programmes for the use of cannabis for medical purposes that are consistent with the requirements of the Single Convention must establish a national cannabis agency to control, supervise and license the cultivation of cannabis crops. The obligations incumbent upon national cannabis agencies include the designation of the areas in which cultivation is permitted, the licensing of cultivators, and the purchase and taking of physical possession of crops; they also have the exclusive right of wholesale trading and maintaining stocks.

222. In addition, governments must work to prohibit the unauthorized cultivation of cannabis plants, and seize and destroy illicit crops, whenever the prevailing

conditions in their territories render such measures the most suitable course of action, in order to protect public health and prevent illicit traffic, in accordance with articles 2 and 22 of the Single Convention.

223. Finally, governments must adopt such measures as may be necessary to prevent the misuse of, and illicit traffic in, cannabis leaves, in accordance with article 28 of the Single Convention.

224. The Board has reviewed the issue of cultivation of cannabis for personal medical use and has determined that, in the light of the heightened risk of diversion it represents, such cultivation does not meet the minimum control requirements set out in the Single Convention. Accordingly, the Board has consistently maintained the position that a State which allows individuals to cultivate cannabis for personal use would not be in compliance with its legal obligations under the Single Convention.

225. In addition to the risks of diversion cited above, allowing private individuals to produce cannabis for personal medical consumption may present health risks, in that dosages and levels of tetrahydrocannabinol (THC) consumed may be different from those medically prescribed.

226. The Board reminds all governments in jurisdictions that have established programmes for the use of cannabis for medical purposes, or that are considering doing so, about the aforementioned requirements of the Single Convention. The Board notes that the control measures in place under many existing programmes in different countries fall short of the requirements set out above, and encourages all governments in jurisdictions that have approved or plan to implement such programmes to take measures to ensure that these programmes fully implement the measures provided for in the Single Convention, which are aimed at ensuring that stocks of cannabis produced for medical use are reserved for the patients for whom they are prescribed and are not diverted into illicit channels.

227. The Board urges all governments in jurisdictions that have established programmes for the use of cannabis for medical purposes to ensure that the prescription of cannabis for medical use is performed with competent medical knowledge and supervision and that prescription practice is based on available scientific evidence and consideration of potential side effects. The Board reiterates its invitation to WHO to evaluate the potential medical utility of cannabis and the extent to which cannabis poses a danger to human health, in line with its mandate under the Single Convention.

2. Availability of narcotic drugs and psychotropic substances in emergency situations

228. The objective of the international drug control conventions is to ensure adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes while ensuring that they are not diverted for illicit purposes. The International Narcotics Control Board (INCB) is mandated to monitor the implementation of this treaty objective, and has repeatedly voiced its concern about the unequal and inadequate access to controlled substances for medical and scientific purposes worldwide.

229. The conventions established a control regime to serve a dual purpose: to ensure the availability of controlled substances for medical and scientific ends while preventing the illicit production of, trafficking in and abuse of such substances. The Single Convention on Narcotic Drugs of 1961, while recognizing that addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to humankind, affirms that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes. Likewise, in the Convention on Psychotropic Substances of 1971, parties expressed their determination to prevent and combat the abuse of certain psychotropic substances and the illicit traffic to which it gives rise, while recognizing that the use of such substances for medical and scientific purposes is indispensable, and that their availability for such purposes should not be unduly restricted.

230. Most narcotic drugs and a large number of psychotropic substances controlled under the international treaties are indispensable in medical practice. Opioid analgesics, such as codeine and morphine, and semi-synthetic and synthetic opioids are essential for the treatment of pain. Similarly, psychotropic substances such as benzodiazepine-type anxiolytics, sedative-hypnotics and barbiturates are indispensable for the treatment of neurological and mental disorders. Pharmaceutical preparations containing internationally controlled substances play an essential role in relieving pain and suffering.

231. During its missions, the Board discusses the availability of opioids for the treatment of pain with individual Governments and provides competent national authorities with informational material that always includes the WHO publication entitled *Ensuring Balance in National Policies on Controlled Substances: Guidance*

for Availability and Accessibility of Controlled Medicines. After each mission, it sends the Governments a letter with recommendations that may, if appropriate, include specific passages on ensuring the availability of opioids for the treatment of pain. The Board regularly addresses the availability of narcotic drugs in speeches at meetings of intergovernmental bodies, such as the twentieth special session of the General Assembly, sessions of the Commission on Narcotic Drugs, the Economic and Social Council and the World Health Assembly, and regional meetings of various international organizations.

232. Simplified control measures are in place for the provision of internationally controlled medicines for emergency medical care. Emergencies are defined as "any acute situation (e.g. earthquakes, floods, hurricanes, epidemics, conflicts, displacement of populations) in which the health conditions of a group of individuals are seriously threatened unless immediate and appropriate action is taken, and which demands an extraordinary response and exceptional measures".[35] They occur in the wake of natural or man-made disasters that may lead to a sudden and acute need for medicines containing controlled substances. In 1996, the Board, together with WHO, devised simplified control procedures for the export, transport and import of controlled medicines for emergency medical care. The simplified regulations would remove the need for import authorizations, provided that the import and delivery were handled by established international, governmental and/or non-governmental organizations engaged in the provision of humanitarian assistance in health matters recognized by the control authorities of the exporting countries. Those simplified procedures are available to all States in the Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care.

233. Such an emergency situation arose following the devastating typhoon in the Philippines in November 2013. The need to provide treatment to the many victims led to an acute shortage of medicines. Many of those needed medicines contained narcotic drugs, such as morphine, and psychotropic substances, such as pentazocine, both of which are under international control. Under normal circumstances, the import and transport of those medications are subject to strict regulatory requirements. However, in catastrophic situations compliance may delay the urgent delivery of medications for emergency humanitarian relief, as national authorities may be unable to take the administrative steps required.

234. Responding to the humanitarian crisis caused by the typhoon, the Board took steps to hasten the supply of controlled medicines. As in earlier emergencies, it reminded all exporting countries that clear guidelines were in place for the international provision of controlled medicines for emergency medical care. Soon after the typhoon struck the Philippines, the Board sent a letter to all countries to remind them that they could apply those simplified control procedures to hasten the supply of urgently needed medicines. The Board also informed providers of humanitarian assistance about the simplified regulations, including the International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières, Merlin/Save the Children and Oxfam International.

235. This solution has been available for a number of years. The Board invites Governments and humanitarian relief agencies to bring to its attention any problems encountered in making deliveries of controlled medicines in emergency situations.

236. The Board would like to remind all Governments that, in acute emergencies, such as the situation following the devastating typhoon in the Philippines, they can apply simplified control procedures for the export, transportation and delivery of medicines containing controlled narcotic drugs or psychotropic substances, and competent authorities may allow their export to the affected country even in the absence of import authorizations or estimated requirements for substances under international control. Emergency deliveries need not be included in the estimates of the receiving country, and exporting Governments may wish to use parts of their special stocks of narcotic drugs and psychotropic substances for this purpose.

237. The Board also reminds all States that, under international humanitarian law, parties to armed conflicts have an obligation not to impede the provision of medical care to civilian populations located in territories under their effective control. This includes access to necessary narcotic drugs and psychotropic substances.

238. The Guidelines are available on the websites of INCB (www.incb.org) and WHO (www.who.int).

3. Use of methylphenidate

239. Methylphenidate, a central nervous stimulant listed in Schedule II of the 1971 Convention, is used for the treatment of various mental and behavioural

[35] World Health Organization, *Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care* (document WHO/PSA/96.17).

disorders, in particular attention deficit and hyperactivity disorder (ADHD) and narcolepsy.[36]

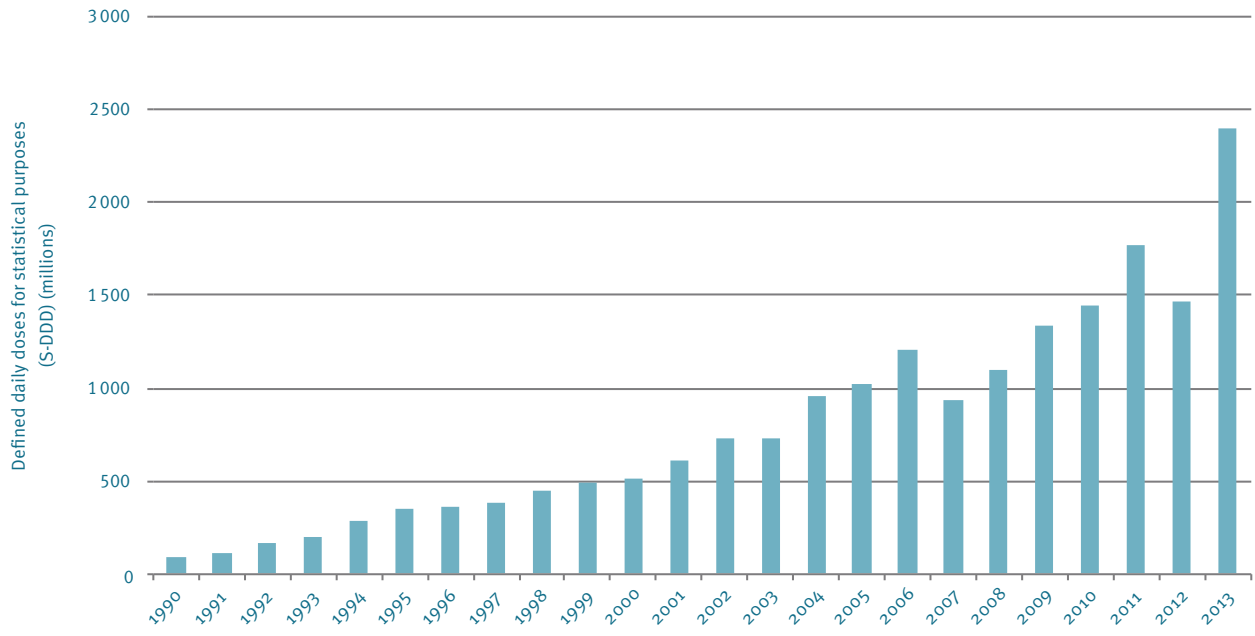
240. During the 1980s, use of methylphenidate was limited and at stable levels, but it started to increase noticeably at the beginning of the 1990s. In 1994, for example, global use amounted to more than five times the consumption level of the early 1980s. That development was mainly a result of increasing consumption in the United States, although increasing consumption levels were also observed in several other countries and parts of the world. Since then, growth of global consumption of methylphenidate has continued unabated. In 2013, a new record of 71.8 tons (2.4 billion S-DDD) was attained, as can be seen in figure I below. The growing medical consumption of methylphenidate can be attributed mainly to the increasing numbers of diagnoses of ADHD.

241. Since the mid-1990s, the Board, in its annual reports, has frequently brought to the attention of Governments the growing levels of consumption of methylphenidate and has expressed concern about diversion and abuse of the substance. In its report for 2009, the Board advised against promotional campaigns through various communication channels, including in advertisements directed at potential consumers, such as those prevalent in the United States, the main consumer of methylphenidate. In that same year, the Board called upon the Governments concerned to ensure that the control measures foreseen by the 1971 Convention were fully applied to methylphenidate and to take additional measures to prevent both the diversion from licit distribution channels and the abuse of preparations containing that substance. The Board also encouraged all Governments to promote the rational use of internationally controlled substances, in accordance with the pertinent recommendations of WHO.

242. Traditionally, methylphenidate has been prescribed to people between the ages of 6 and 14 years, and predominantly for boys. As of 2011 in the United States, about 11 per cent of individuals aged between 4 and 17 years had been diagnosed with ADHD, according to the Centers for Disease Control. Furthermore, a growing number of younger children (as young as 2 and 3 years of age) were also being prescribed methylphenidate. In Australia, 2-year-old children are increasingly being prescribed medication containing methylphenidate, with more than 2,000 children under 6 receiving the treatment. In addition to the increasing number of children treated, the treatment period has been extended, in many cases to several years. Furthermore, there has been an increase not only in the number of young patients but also in the number of adult patients. In Iceland, most ADHD patients taking methylphenidate are over 20 years of age. In Germany, the number of

[36] See World Health Organization, *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines* (Geneva, 1992, version 2010); and American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Arlington, Virginia, 2013).

Figure I. Global consumption of methylphenidate, 1990-2013



Source: Statistical data submitted by Governments in form P.

diagnosed ADHD cases increased by 42 per cent in children and adolescents under the age of 19 between 2006 and 2011.

243. Although the United States continues to account for more than 80 per cent of the calculated global consumption of methylphenidate, the use of that substance in other countries has also significantly increased during the past decade. The countries reporting such an increase include Iceland, which has had the highest per capita consumption of methylphenidate in the world for the past several years, as well as (in descending order by per capita consumption) Norway, Sweden, Australia, Belgium, Germany and Canada.

244. Increased consumption may be attributable to various causes such as: *(a)* an increase in the number of patients who are diagnosed with ADHD; *(b)* a widening of the age group of patients likely to be prescribed methylphenidate; *(c)* increased use among adults; *(d)* misdiagnosis of ADHD and random prescription of methylphenidate; *(e)* a lack of appropriate medical guidelines for the prescription of methylphenidate; *(f)* growing market supply in many countries; *(g)* influential commercial and/or aggressive marketing practices of the manufacturers of pharmaceutical preparations containing methylphenidate; and *(h)* public pressure, such as parents' associations lobbying for their children's right to access to ADHD medication.

245. Overmedication and overprescribing of medicines containing methylphenidate may fuel illegal activities such as "doctor shopping", trafficking and abuse, particularly in school settings. Students are misleadingly tempted, particularly during exam periods, to use the substance in order to improve their ability to concentrate and study longer, and thus improve their performance. Hence, this substance is abused by a growing number of teenagers and young adults. Prescription drugs containing methylphenidate are also often obtained from students who are under treatment for ADHD.

246. The Board notes that some Governments have already taken measures to limit the use of methylphenidate to actual medical needs, in conformity with sound medical practice. The authorities of Iceland, concerned about the high level of use of methylphenidate in their country, have taken specific measures aimed at curbing its increasing use, in particular, among adults. These measures include an update of existing clinical guidelines for ADHD treatment and the limitation to specialists in psychiatry of authorization to prescribe it. Prescribers are urged to prescribe, as a first choice, "safer" pharmaceutical preparations containing methylphenidate (i.e., preparations that are less prone to misuse). Furthermore, new and more restrictive rules for the reimbursement of the costs of methylphenidate have been introduced, under which only specialists in psychiatry are allowed to initiate treatment with methylphenidate and apply to the health insurance scheme for reimbursement, by submitting observations based on a detailed medical history of the patient, research and diagnosis, as well as a follow-up programme. In Thailand, where overprescribing of methylphenidate had also been of concern, the following preventive measures were taken: *(a)* prohibition of the sale of methylphenidate in drugstores; *(b)* limitation of authorization to prescribe methylphenidate, so that only psychiatrists, including child psychiatrists, are allowed to prescribe it; *(c)* limitations on the formulation of pharmaceutical preparations containing methylphenidate to prohibit them from containing more than two dosages; *(d)* restriction on the procurement of methylphenidate by hospitals and clinics so that it can only be obtained from a central governmental office; and *(e)* inclusion of a standard drug information leaflet in all packages.

247. The Board wishes to encourage the Governments of all countries with high consumption rates of methylphenidate to identify the reasons for such elevated consumption and to take action to limit consumption to actual medical needs. Such actions could include adequate education of doctors and other health-care professionals on the rational use of psychoactive drugs. In particular, Governments must exercise vigilance to prevent possible misdiagnosis of ADHD and inappropriate prescribing of methylphenidate. Governments are encouraged to monitor developments in the diagnosis of ADHD, as well as other behavioural disorders, and the extent to which methylphenidate is prescribed for their treatment. The Board requests Governments to ensure that methylphenidate is prescribed in accordance with sound medical practice, as set forth in the 1971 Convention (article 9, paragraph 2). The Board will continue to carefully monitor future developments in countries with high consumption levels of methylphenidate and encourages Governments concerned to share with it and WHO information concerning the use of methylphenidate, prescription practices and misuse, as well as trafficking and abuse in their countries.

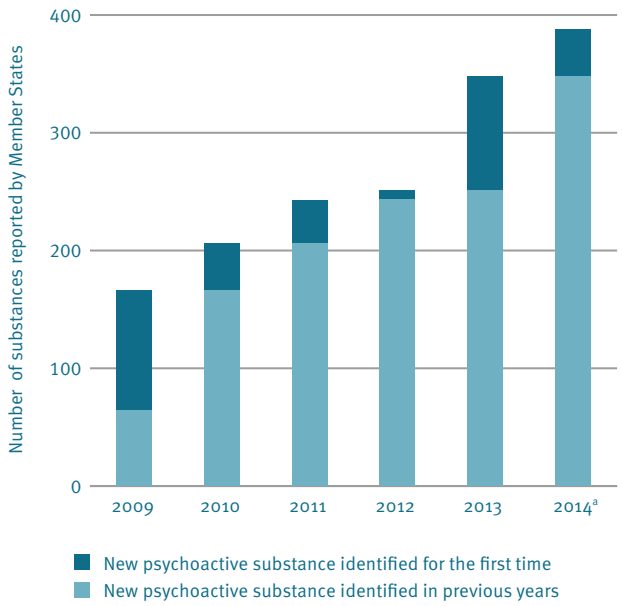
4. New psychoactive substances

248. Since the publication of its annual report for 2010, the Board has been warning the international community about the growing problem of trafficking in and abuse of new psychoactive substances. New psychoactive substances are substances of abuse, either in a pure form

or a preparation, that are not controlled under the 1961 Convention as amended by the 1972 Protocol or under the 1971 Convention, but that may pose a threat to public health.[37] They can be natural materials or synthetic substances, often deliberately chemically engineered to circumvent existing international and domestic drug control measures. New psychoactive substances generally encompass several groups of substances, such as synthetic cannabinoids, synthetic cathinones, phenethylamines, piperazines, tryptamines and plant-based substances.

249. The reporting of new psychoactive substances by Member States continues to grow, and they are now reported in every region of the world. The UNODC early warning advisory on new psychoactive substances, a system that monitors the emergence of new psychoactive substances as reported by Member States, identified 388 unique substances as at 1 October 2014, an 11 per cent increase from the 348 substances reported in 2013 (see figure II below). The majority of reported substances are synthetic cannabinoids, cathinones and phenethylamines, which together account for over two thirds of all the substances reported. Reports may refer to substances that have been encountered only once or to substances that are encountered more frequently.

Figure II. New psychoactive substances reported by Member States, 2009-2014



Source: UNODC early warning advisory on new psychoactive substances.
[a] Substances reported as at 1 October 2014.

[37] Other definitions of new psychoactive substances may also be used occasionally.

250. There have been several important developments in response to the growing problem of new psychoactive substances since the Board's previous report. In December 2013, the Board launched its operational project on new psychoactive substances, known as Project Ion (international operations on new psychoactive substances). That international initiative supports the efforts of national authorities to prevent non-scheduled new psychoactive substances from reaching consumer markets. Project Ion activities are modelled on the experience gained in precursor control and are directed by the New Psychoactive Substances Task Force.

251. Reports often cite China as one of the main sources of new psychoactive substances. The Government of China has taken steps to control these substances, including the placing of 12 new psychoactive substances[38] under domestic control as of 1 January 2014. Additionally, the Board convened an operational meeting under the auspices of Project Ion in Vienna in February 2014. Participants from 18 law enforcement and international agencies discussed detailed information provided by Chinese authorities involving a company under investigation for allegedly shipping thousands of orders of new psychoactive substances and non-scheduled precursor chemicals to countries around the world.

252. The topic of new psychoactive substances was again discussed at length at the fifty-seventh session of the Commission on Narcotic Drugs, in March 2014. The United Kingdom, which on 23 January 2014 submitted its notification to the Secretary-General on the review of the scope of control of 4-methylmethcathinone (mephedrone), presented a background paper that raised the possibility of provisional control of that substance, in accordance with article 2, paragraph 3, of the 1971 Convention. The deliberations at that session of the Commission resulted in Member States adopting resolution 57/9, entitled "Enhancing international cooperation in the identification and reporting of new psychoactive substances and incidents involving such substances", in which Member States were invited to support and participate in activities under the New Psychoactive Substances Task Force, which are referred to as Project Ion.

253. The first meeting of the New Psychoactive Substances Task Force was held in Vienna in March 2014 to exchange information related to suspicious shipments of, or trafficking in, new psychoactive substances. The

[38] AM-694, AM-2201, JWH-018, JWH-073, JWH-250, methylenedioxypyrovalerone (MDPV), 4-methylethcathinone (4-MEC), methylone, 2C-H, 2C-I, *N*-benzylpiperazine (BZP) and khat (*Catha edulis*) plant material.

Task Force reconvened in October to discuss developments over the previous six months. Numerous special alerts were communicated by the Board in 2014, providing Project Ion focal points with relevant information for possible operational follow-up. As at 1 November 2014, more than 100 Governments and international agencies had established focal points to receive, disseminate and, where appropriate, act on such communications.

254. The United States, a significant market for new psychoactive substances, has been active in both emergency scheduling and supporting international efforts to stop trafficking in such substances. In May 2014, the Drug Enforcement Administration, along with numerous federal and international agencies, announced the results of phase II of Project Synergy, an ongoing special operation targeting the global market for new psychoactive substances. Phase II, which lasted five months, resulted in the arrest of 150 persons and the seizure of hundreds of thousands of retail packages containing new psychoactive substances, hundreds of kilograms of raw synthetic substances and more than $20 million in cash and assets. Although many substances seized were not specifically prohibited under domestic legislation, the Controlled Substance Analogue Enforcement Act allowed many of them to be treated as controlled substances if they were proven to be chemically and pharmacologically similar to controlled substances.

255. In June 2014, WHO convened the thirty-sixth meeting of its Expert Committee on Drug Dependence to advise it on the scientific assessment of substances for possible international control. The Committee reviewed 26 non-scheduled substances, which included 4-methylmethcathinone (mephedrone) and other new psychoactive substances. To improve efficiencies in the review process, strategies for assessing chemically similar substances with similar properties were also discussed at the meeting.

256. According to the relevant provisions of the international drug control conventions, the recommendations of WHO on the scheduling of substances reviewed by its Expert Committee in 2014 will be transmitted for the consideration by the Commission on Narcotic Drugs at its fifty-eighth session, to be held in March 2015.[39]

5. International electronic import and export authorization system for narcotic drugs and psychotropic substances

257. Pursuant to the 1961 and 1971 Conventions, import and export authorizations are required for most narcotic drugs and psychotropic substances. A well-functioning import and export authorization system is essential to enable drug control authorities to monitor international trade in those substances and to prevent their diversion.

258. As part of its endeavours to harness technological progress for the effective and efficient implementation of the import and export authorization regime for licit international trade in narcotic drugs and psychotropic substances, the Board has spearheaded efforts to develop an electronic tool to facilitate and expedite the work of competent national authorities and to reduce the risks of diversion of those substances. The new tool, called the International Import and Export Authorization System (I2ES), is a web-based electronic system developed by the Board in cooperation with UNODC and with the support of Member States. The system will assist national drug control authorities in their daily work by functioning in a way that ensures full compliance with the requirements set out in the international drug control conventions and safeguards the data therein.

259. The Commission on Narcotic Drugs, in its resolution 55/6 of 16 March 2012, encouraged Member States to provide the fullest possible financial and political support for developing, maintaining and administering an international electronic import and export authorization system, and invited Member States and other donors to provide extrabudgetary contributions for those purposes. Subsequently, in its resolution 56/7 of 15 March 2013, the Commission welcomed the voluntary financial contributions of a number of Member States to support the initial phase of development of the system, invited the secretariat of INCB to administer the system, in line with its mandate, and encouraged Member States to provide the fullest possible financial support for its administration, further development and maintenance.

260. In the report of INCB for 2013, the Board informed Governments of the progress made in the development of I2ES[40] and noted with appreciation the invaluable political and financial support provided by the international community to that effect.

[39] See www.unodc.org/unodc/commissions/CND/Mandate_Functions/Mandate-and-Functions_Scheduling.html.

[40] See E/INCB/2013/1, paras. 198-203.

261. A first prototype of I2ES was presented to Member States on the margins of the fifty-sixth session of the Commission, held in March 2013. In March 2014, the first operational version of the system was demonstrated to Member States during the fifty-seventh session of the Commission.

262. A second pilot phase, involving selected competent national authorities from all regions of the world, was to be conducted between November 2014 and January 2015. An assessment of the second pilot phase will be presented to Member States at the fifty-eighth session of the Commission. In March 2015, I2ES will be launched for use by competent national authorities.

263. I2ES is designed to complement, but not replace, existing national electronic systems. Specifically, it will serve as a platform for uploading and exchanging import and export authorizations between importing and exporting countries, and will be able to link with other national electronic systems so that Governments will not need to modify their own systems. For countries without national electronic systems, the new tool also allows them to generate and transmit import and export authorizations electronically and to download and print them as necessary.

264. A key feature of I2ES is the automatic checking of the quantity of a substance to be imported and/or exported against the latest estimate or assessment of requirements of the importing country for the narcotic drug or psychotropic substance in question, and to automatically display warning messages in cases involving excess imports or exports. Furthermore, the system provides an online endorsement function, which will allow the authorities of importing countries to verify the quantity of a shipment arriving in their territory, provide an endorsement confirming receipt of the shipment to the authorities of the exporting country as required by the 1961 Convention and the 1971 Convention, and alert in real time the competent authorities of the exporting country in all cases in which the quantity of a substance actually received in the importing country is smaller than the quantity authorized to be exported. All of those important features are designed to help Governments meet their obligations under the international drug control treaties and will enhance the monitoring of international trade in substances under international control and prevent their diversion.

265. In developing I2ES, the Board has ensured that the business rules underlying the system fully comply with the relevant provisions of the 1961 and 1971 Conventions regarding import and export authorizations and, in particular, that the format and content of those authorizations meet the requirements provided for in the conventions. At the same time, the system takes into account the needs of countries that do not yet have national electronic import and export authorization systems. It has been designed to be user-friendly and compatible with national systems to ensure the smooth exchange of data.

266. During the initial implementation phase, I2ES will enable Governments to meet their needs in respect of the running of the import and export authorization systems for narcotic drugs and psychotropic substances. The modular structure of I2ES should permit the future development of additional modules, provided that sufficient funding becomes available. Of priority would be a module to enable automatic, secure communication between national electronic systems and I2ES so as to allow automated uploading to and downloading from I2ES for high-volume trade transactions. The I2ES software will be provided to Governments upon request and free of charge.

267. While it has been possible to successfully conclude the development phase of I2ES entirely out of extrabudgetary resources, further funding is required in order to enable the secretariat of INCB to administer the system in line with its mandate and in accordance with Commission resolutions 55/6 and 56/7, as well as for its maintenance and the possible future development of further modules.

268. The Board wishes to express its appreciation to all Governments that have provided suggestions and recommendations concerning the system. The Board is convinced that I2ES will succeed and be effective only through joint international efforts. Once in operation, it should bring long-term benefits to all Governments and to the international drug control system as a whole. The Board therefore invites all Governments to provide both political and financial support to this important initiative. Most importantly, the Board wishes to encourage all competent national authorities to consider utilizing I2ES as soon as possible. Only through its early and widespread utilization will Governments be able to fully benefit from the advantages that the system provides.