

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”.<sup>35</sup> 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.

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

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](http://www.incb.org)) and WHO ([www.who.int](http://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

disorders, in particular attention deficit and hyperactivity disorder (ADHD) and narcolepsy.<sup>36</sup>

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.

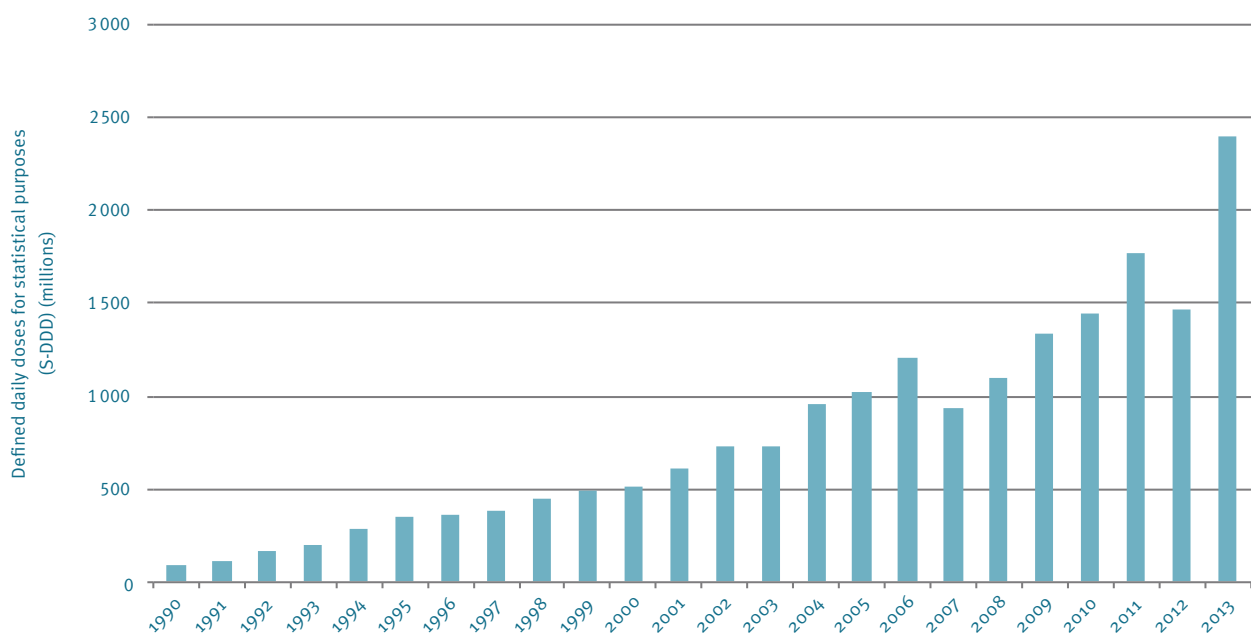
241. Since the mid-1990s, the Board, in its annual reports, has frequently brought to the attention of Governments the growing levels of consumption of methylphenidate and has expressed concern about diversion and abuse of the substance. In its report for 2009, the Board advised against promotional campaigns through various communication channels, including in advertisements directed at potential

<sup>36</sup>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).

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

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

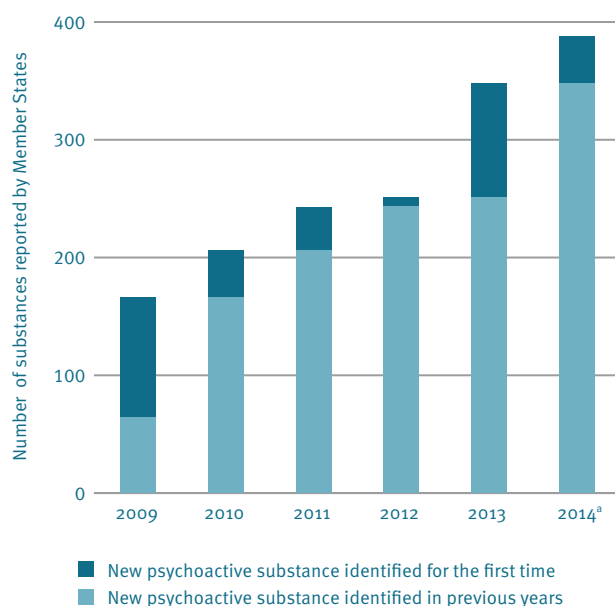
248. Since the publication of its annual report for 2010, the Board has been warning the international community about the growing problem of trafficking in and abuse of new psychoactive substances. New psychoactive substances are substances of abuse, either in a pure form



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.<sup>37</sup> 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.

<sup>a</sup>Substances reported as at 1 October 2014.

<sup>37</sup>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<sup>38</sup> 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

<sup>38</sup>AM-694, AM-2201, JWH-018, JWH-073, JWH-250, methylenedioxypropylvalerone (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.<sup>39</sup>

## 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<sup>40</sup> and noted with appreciation the invaluable political and financial support provided by the international community to that effect.

<sup>39</sup>See [www.unodc.org/unodc/commissions/CND/Mandate\\_Functions/Mandate-and-Functions\\_Scheduling.html](http://www.unodc.org/unodc/commissions/CND/Mandate_Functions/Mandate-and-Functions_Scheduling.html).

<sup>40</sup>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.