

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.

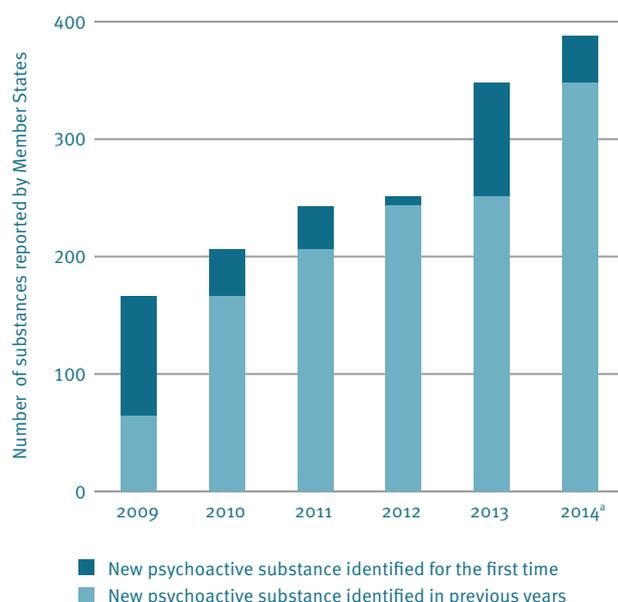
4. New psychoactive substances

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.

^aSubstances reported as at 1 October 2014.

³⁷Other 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 substances³⁸ 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

³⁸AM-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 2015.³⁹

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 I2ES⁴⁰ and noted with appreciation the invaluable political and financial support provided by the international community to that effect.

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

⁴⁰See E/INCB/2013/1, paras. 198-203.