

II. Operation of the international drug control system

A. Status of adherence to the international drug control treaties

Single Convention on Narcotic Drugs of 1961

51. As at 1 November 1999, the number of States parties to the Single Convention on Narcotic Drugs of 1961 or to that Convention as amended by the 1972 Protocol stood at 168, of which 155 were parties to that Convention in its amended form. Since the Board published its report for 1998, Azerbaijan and the United Republic of Tanzania have become parties to the 1961 Convention as amended by the 1972 Protocol and Zambia has become a party to the 1972 Protocol.

52. Of the 23 States that are not yet parties to the 1961 Convention or to that Convention as amended by the 1972 Protocol, there are 7 in Africa, 3 in the Americas, 5 in Asia, 3 in Europe and 5 in Oceania. Azerbaijan has acceded to the 1961 Convention in its amended form; thus, of all the States that are members of the Commonwealth of Independent States, Georgia is now the only one that has not acceded to the 1961 Convention.

53. Belize, Bhutan, Guyana and Saint Vincent and the Grenadines have yet to become parties to the 1961 Convention, despite having become parties to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.¹¹

54. Afghanistan, Algeria, Belarus, Chad, the Islamic Republic of Iran, the Lao People's Democratic Republic, Liechtenstein, Morocco, Myanmar, Nicaragua, Pakistan, Turkey and Ukraine continue to be parties to the 1961 Convention in its unamended form only.

Convention on Psychotropic Substances of 1971

55. Since the last report of the Board was published, the number of States parties to the 1971 Convention has increased from 158 to 159, Azerbaijan having become a party to that Convention.

56. Of the 32 States that have yet to become parties to the 1971 Convention, there are 10 in Africa, 5 in the Americas, 7 in Asia, 4 in Europe and 6 in Oceania. Some of those States, namely Andorra, Belize, Bhutan, Haiti, Honduras, the Islamic Republic of Iran, Kenya, Nepal, Saint Lucia, Saint Vincent and the Grenadines and the United Republic of Tanzania, have already become parties to the 1988 Convention. However, the

implementation of the provisions of both the 1971 Convention and the 1961 Convention is a prerequisite for achieving the objectives of the 1988 Convention. The Board again requests the States concerned, if they have not already done so, to implement the provisions of the 1971 Convention. The Board trusts that all those States will soon become parties to the 1971 Convention.

United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

57. Andorra, Indonesia, New Zealand, the Republic of Korea and South Africa have acceded to the 1988 Convention, raising the number of States parties to that Convention from 148 to 153. Thus, 80 per cent of all the States in the world and the European Community¹² are now parties to the 1988 Convention. In addition, the territorial application of the 1988 Convention has been extended by the Government of the Netherlands to Aruba and the Netherlands Antilles and by the Government of Portugal to Macao.

58. The Board welcomes the fact that most of the States that are major manufacturers, exporters and importers of precursors¹³ have now acceded to the 1988 Convention. Of the 38 States that have not yet become parties to the 1988 Convention, there are 14 in Africa, 8 in Asia, 6 in Europe and 10 in Oceania. The Board reiterates its request to those States that have not already done so to take, as a matter of priority, the necessary steps to put into effect the measures required under the 1988 Convention and to accede to it as soon as possible.

B. Cooperation with Governments

Reports to the Board

Reports on narcotic drugs and psychotropic substances

59. In carrying out the responsibilities assigned to it under the 1961 and the 1971 Conventions, the Board maintains a continuous dialogue with Governments. The statistical data and other information obtained from them are used by the Board in analyses of the licit manufacture of and trade in narcotic drugs and psychotropic substances worldwide, in order to identify whether Governments have strictly enforced treaty provisions

requiring them to limit to medical and scientific purposes the licit manufacture of, trade in and distribution and use of those substances.

60. Pursuant to the provisions of article 20 of the 1961 Convention, 178 States and territories furnished quarterly trade statistics on narcotic drugs for 1998; however, 31 did not submit such data for 1998 (compared with 40 that did not submit such data for 1997).

61. As at 1 November 1999, 137 States and territories had furnished annual statistics on narcotic drugs for 1998. However, the Board notes with concern that, of all the States that are major drug producers, manufacturers and consumers, only Belgium and the Netherlands furnished annual statistics for 1998 before the deadline set by the 1961 Convention. The Board is also concerned that 72 States and territories have not furnished any annual statistics for 1998, thus limiting the monitoring capacity of the Board. Parties to the 1961 Convention that consistently fail to furnish statistical data on narcotic drugs to the Board are reminded of their obligation to provide data to the Board pursuant to the provisions of article 20 of the 1961 Convention.

62. As at 1 November 1999, 159 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 1998 pursuant to the 1971 Convention; that figure represents 76 per cent of the 209 States and territories requested to furnish such reports. The total number of reports received for 1998 was approximately the same as the number of reports for 1997 at the same time of the year. It is expected that some States and territories will submit annual statistical reports later. In recent years, the final number of States and territories that submitted annual statistical reports to the Board was approximately 170.

63. In 1999, Kazakhstan submitted for the first time annual statistical reports to the Board. Until that year, the statistical data for Kazakhstan had been included in the reports furnished to the Board by the Russian Federation. Turkmenistan is now the only State that became independent after the dissolution of the former Union of Soviet Socialist Republics that has not yet started to report individually to the Board. The authorities of that country may wish to examine the effectiveness of the present arrangement under which the statistical data for Turkmenistan are included in the reports by the Russian Federation and to decide whether they wish to continue that practice or whether the time has come to report to the Board individually, in line with the treaty requirements.

64. While the majority of States parties and non-parties to the 1961 and the 1971 Conventions have always submitted

annual reports, some have not cooperated on a regular basis. The number of States not furnishing regularly their statistics has been very high in Africa and in Oceania. In recent years, more than one third of the States in those regions have failed to submit annual statistical reports. The Board, in close cooperation with UNDCP, has endeavoured to provide assistance to those States. The Board notes with satisfaction that some States in those regions, including Kenya, Namibia, Rwanda, Sierra Leone and Tuvalu, improved their reporting to the Board in 1998 and 1999.

65. The timely submission, comprehensiveness and reliability of the statistical reports are important indicators of the extent to which individual Governments have implemented the provisions of the 1961 and 1971 Conventions. The Board reiterates its concern that many States, including those that are important manufacturers, exporters and importers of narcotic drugs and psychotropic substances, have been furnishing their statistical information after the deadlines. The Board trusts that those States will adopt all the measures necessary to ensure their timely compliance with the reporting obligations.¹⁴

Reports on precursors

66. As at 1 November 1999, a total of 106 States and territories and the European Community (on behalf of 13 of its 15 member States) had submitted information pursuant to article 12, paragraph 12, of the 1988 Convention. That figure represents about 50 per cent of the countries and territories that have been requested to provide that information.

67. Over one half of the parties to the 1988 Convention continued to comply with their treaty obligation to provide the necessary information; the Board expects that others will soon follow their example. The Board notes with regret that several States parties to the 1988 Convention, including the former Yugoslav Republic of Macedonia, Venezuela and Yugoslavia, have not provided such data for at least the last three years. At the same time the Board notes with satisfaction that the European Commission is taking further steps to ensure timely reporting on behalf of the member States of the European Union. The Board hopes that States that are not yet able to comply with that requirement will soon remedy the situation.

68. Since 1995, when the Board, in accordance with Economic and Social Council resolution 1995/20, requested the provision of data on licit trade in, uses of and requirements for substances listed in Tables I and II of the 1988 Convention, the number of States furnishing such data has been growing steadily. The Board is pleased to note that 82 States have provided such data for 1998, the highest number ever.

69. The Board appreciates the fact that more and more States that are major manufacturers and exporters are in a position to furnish to the Board comprehensive information on exports of precursors. The Board notes with particular satisfaction that the competent authorities of Belgium and, following an intervention by the Board, France made efforts to compile and furnish to the Board, for the first time, complete data on licit imports and exports of precursors for 1998 and that the authorities of Germany and the Netherlands submitted further detailed export data. As in previous years, China (Hong Kong Special Administrative Region), the Czech Republic, Denmark, Hungary, India, Japan, Singapore, Slovenia, South Africa, Spain, Switzerland, the United Kingdom and the United States provided data on exports of precursors. The Board notes with appreciation that an increasing number of States that import and trans-ship precursors are providing data on imports of and licit requirements for precursors; among the States that in 1999 supplied such data (for 1998) for the first time were Algeria, Argentina, Lebanon, the Republic of Moldova, Saudi Arabia, Senegal and Tunisia, which are parties to the 1988 Convention, and the Democratic People's Republic of Korea, which is not a party to that Convention. The Board invites all States that have not already done so to submit information on the licit movement of precursors, which is indispensable in uncovering unusual trends in international trade in such substances, thereby preventing their diversion into illicit channels.

Estimates of the medical need for narcotic drugs

70. As at 1 November 1999, a total of 161 States and territories had submitted annual estimates of requirements for narcotic drugs for the year 2000. Forty-eight States and territories did not send such estimates in time for examination and confirmation by the Board at its sixty-seventh session, held in November 1999. In accordance with article 12 of the 1961 Convention, the Board had to establish those estimates with the same legal effect as for those provided by Governments.

71. The Board is concerned that a large number of States have repeatedly failed to submit the requisite data, an indication of shortcomings in their national drug control systems. No annual estimates of narcotic drug requirements have been received for at least the last three years from 18 States. The Board notes with appreciation that Bhutan, Romania, Togo and Vanuatu have submitted form B for the year 2000 after not having submitted it for several years.

72. Late submission of estimates continues to pose a problem in administering the estimates system and has led to numerous revisions of estimates. The Board wishes to draw in

particular the attention of Brazil, Guinea-Bissau, Myanmar, Senegal, Uganda and the United Republic of Tanzania to the importance of submitting estimates on time.

73. States have continued to furnish every year a large number of supplementary estimates (about 700). Some have submitted applications for supplementary estimates almost every time that there have been orders for the importation of narcotic drugs. That is an indication that the administrative authorities do not adequately plan the medical use of such drugs or that they may not even be aware of the actual requirements. Supplementary estimates have often been received with inadequate explanations of the circumstances necessitating them. States are reminded that the 1961 Convention allows for the submission of supplementary estimates in the case of unforeseen circumstances; that, however, does not lessen the need for planning and monitoring.

74. The main problem of the estimates system continues to be the inadequate evaluation by Governments of the real medical needs of the population. For example, the Board requested the competent authorities of 40 countries to provide explanations or re-examine those estimated quantities which were considered to be too high or too low, especially compared with actual consumption. Seventeen States were requested to re-examine or explain the circumstances necessitating estimates that were very high compared with consumption in the previous years. Nine States were requested to review their low estimates for certain substances to ensure adequate availability of those substances for medical purposes.

75. The Board is concerned that the estimated requirements of some essential narcotic drugs such as morphine and pethidine in many countries, above all in developing countries, do not adequately reflect the actual needs of the population. National drug control administrations should develop mechanisms to evaluate adequately the medical need for narcotic drugs and to critically examine their methods for assessing that need. Competent authorities should not base their estimates only on the analysis of past consumption. Data obtained from pharmaceutical companies alone are not sufficient; such data must be examined from a public health perspective. Elements to be considered are, for example, data on cancer incidence and mortality, since chronic pain due to cancer is the most common condition requiring the administration of potent narcotic analgesics. The relationship between morphine consumption and cancer incidence and mortality is the basis for determining morphine requirements.

76. The Board has undertaken a review of the data available to identify inadequacies, in particular low consumption levels of opiate analgesics. It has identified a number of countries in

which the consumption and the estimated requirements of essential narcotic drugs differ significantly from patterns followed in previous years. There is a clear correlation between the degree of economic and human development in a country and the consumption of, for example, morphine and pethidine. It has been found, for example, that the 20 countries with the highest per capita gross national product together account for about 75 per cent of global morphine consumption (see paragraph 28 above).

77. The Board also examined the additional replies received in recent years to its 1995 survey on the worldwide availability of opioid analgesics for medical needs.¹⁵ Whereas by 1995 only 65 of 209 States, mainly developed countries, had submitted replies to the questionnaire, by the end of 1999, 119 States (57 per cent of the total) had provided information. It is evident that the States that replied on time in 1995 had had data readily available. Of the States that replied after 1995, which were mainly developing countries, fewer had taken measures to overcome impediments and to improve the medical use of opiates. Many of them had not been aware of the WHO three-step analgesic ladder guidelines, had been unable to obtain supplies expeditiously and had therefore been more likely to have shortages, and had been less satisfied with the methods used to estimate medical needs. On the positive side, the analysis showed that an increased number of States had issued cancer pain guidelines and had included morphine and pethidine in their lists of essential drugs or national drug formularies.

78. The Board will continue to review the situation of opioid availability, particularly when examining the annual estimates furnished by States. States with high cancer incidence and mortality and low consumption of opioids for the treatment of pain will be approached by the Board to improve the situation.

Assessments of requirements for psychotropic substances

79. Assessments of annual domestic medical and scientific requirements (simplified estimates) have been submitted to the Board by Governments pursuant to Economic and Social Council resolution 1981/7 with respect to substances in Schedule II of the 1971 Convention and Council resolution 1991/44 with respect to substances in Schedules III and IV of that Convention. Pursuant to Council resolution 1996/30, the Board establishes assessments for those Governments that have failed to furnish such information. The assessments are sent by the Board to competent authorities of all States and territories that are required to use them as guidance when approving exports of psychotropic substances. Governments

may inform the Board at any time of their decision to modify their assessments.

80. The Board requests all Governments every three years to update their assessments and sends them a form that may be used to indicate the modifications. The most recent of those requests was addressed to all Governments in January 1999. In response to it, 80 Governments submitted the form with updated assessments. An additional 27 Governments sent letters to the Board informing it of modified assessments. Unlike estimates for narcotic drugs, an assessment of requirements for psychotropic substances continues to be considered valid until the Board receives modified assessments.

81. As at 1 November 1999, assessments for substances in Schedule II of the 1971 Convention had been submitted to the Board by the Governments of all but five countries: Bahamas, Bosnia and Herzegovina, Comoros, Gabon and Liberia. Assessments for substances in Schedules III and IV had been furnished by 182 Governments. The Board notes with appreciation that in 1999 Botswana, Grenada, Papua New Guinea, Tajikistan and Togo submitted their assessments for the first time.

82. Assessments were established by the Board for 27 countries and territories that had failed to submit such information. Of those countries and territories, 15 are in Africa, 6 in the Americas, 2 in Asia, 3 in Europe and 1 in Oceania. The Board invites all the Governments concerned to review the assessments established for their countries or territories and to provide the Board with comments on the appropriateness of those assessments. The Board reiterates its request to those Governments to establish their own assessments as soon as possible.

Prevention of diversion into illicit channels

Narcotic drugs

83. Despite the large quantities of substances involved and the large number of transactions no cases involving the diversion of narcotic drugs from licit international trade into the illicit traffic were detected during 1999. The continued compliance by Governments with the stringent controls set by the 1961 Convention (the annual estimates, the statistical returns and the import and export authorization requirements) and the constant cooperation between national competent authorities and the Board, verifying the legitimacy of import orders and certificates prior to the issuance of export authorizations, make for an effective international mechanism for controlling the movement of narcotic drugs for licit purposes.

Psychotropic substances

Diversion from international trade

84. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention has been limited to occasional transactions involving very small quantities of no more than a few grams. No cases involving the diversion of those substances from licit international trade have ever been reported. Licit international trade in almost all psychotropic substances in Schedule II has involved a limited number of transactions; the exception is licit international trade in methylphenidate, which has been increasing since the beginning of the 1990s. While in the past the diversion of substances in Schedule II from licit international trade was frequent, no significant cases involving such diversion have been identified since 1990. This is attributable to the implementation by Governments of the control measures for substances in Schedule II as foreseen by the 1971 Convention and to the almost universal application of additional control measures (assessments and quarterly statistical reports) recommended by the Board and endorsed by the Economic and Social Council.

85. The success in preventing the diversion from licit international trade of substances in Schedules I and II of the 1971 Convention confirms that preparations containing hallucinogens, amphetamines, fenetylline and methaqualone on the illicit markets in various regions of the world are almost entirely from clandestine manufacture and not from the licit pharmaceutical industry.

86. Licit international trade in psychotropic substances in Schedules III and IV of the 1971 Convention has been very widespread, involving thousands of individual transactions each year. In 1998 and 1999, the analysis by the Board of data on international trade in substances included in those schedules, followed by the investigation by Governments of suspicious transactions, indicated a significant decrease in the number of cases involving the diversion of those substances from international trade into illicit channels. That appears to have been the result of the implementation by Governments of the treaty provisions for substances in those schedules, in combination with additional controls over international trade as recommended by the Board and endorsed by the Economic and Social Council (see paragraphs 111-113 below).

87. There are, however, a few important manufacturing and exporting countries that have not implemented such measures, do not yet report exports of all psychotropic substances to the Board or provide reports that are incomplete (see paragraph 113 below). Identifying the diversion of psychotropic substances from those countries is difficult. The Board

welcomes the enforcement in Belgium as from 1 April 1999 of control measures for international trade in psychotropic substances in Schedule IV of the 1971 Convention. That step led to the closing of a significant gap in the international control system for psychotropic substances, through which large quantities of benzodiazepines and stimulants had been diverted into illicit channels.

88. The Board invites all Governments to continue to be vigilant with respect to orders for psychotropic substances in Schedules III and IV of the 1971 Convention and, if necessary, to confirm with the Governments of importing countries the legitimacy of those orders prior to approving the export of those substances. The Board continues to be at the disposal of Governments to facilitate such confirmation. In recent years, the substances most frequently targeted by drug traffickers involved stimulants (amfepramone, phentermine), benzodiazepines (chlordiazepoxide, diazepam, flunitrazepam and temazepam), phenobarbital and buprenorphine. The falsification of import authorizations was the method most frequently used to divert psychotropic substances from international trade.

89. Drug traffickers have also attempted to licitly import psychotropic substances into countries that are important centres of international trade and to re-export the substances from those countries in consignments with labels that incorrectly state that the consignments contain substances not under international control. Governments should closely monitor the operations of trading companies in order to identify such cases of diversion.

Diversion from domestic distribution channels

90. Reports from various countries on the abuse and seizure of psychotropic substances indicate that the diversion of pharmaceutical products containing such substances from licit domestic distribution channels has become an increasingly important source for illicit drug suppliers. The methods used by traffickers to divert those products include theft, pretended export, falsified prescribing, and supplying by pharmacies of substances without required prescription.

91. In many countries, the illicit traffic in diverted pharmaceutical products containing psychotropic substances is being given less attention by law enforcement authorities than the illicit traffic in narcotic drugs or psychotropic substances manufactured in clandestine laboratories. The Board requests the Governments concerned to raise the awareness of police and customs with regard to these illegal activities and to include specific components on the subject in their staff training curricula. Illicitly distributed or smuggled pharmaceutical

products should be seized and such cases should be investigated to identify and prosecute all persons involved in the diversion of those products. The services of forensic laboratories should be made available for such investigations.

92. Law enforcement authorities should share with drug regulatory authorities information on seizures of pharmaceutical products containing psychotropic substances, in order to initiate, if necessary, legislative, administrative or other appropriate measures to stop diversion. If appropriate, the Governments should establish a mechanism for the regular exchange of information between law enforcement and drug regulatory authorities.

93. Governments should ensure that the diversion of and illicit trafficking in pharmaceutical products containing psychotropic substances are established as criminal offences, in accordance with the provisions of article 3, paragraph 1, of the 1988 Convention. Such offences should be punishable by sanctions commensurate with their gravity. In countries where the diversion of and illicit trafficking in such products frequently occur, Governments should consider increasing such sanctions. The recent decision by the Government of Egypt to adopt significantly stricter sanctions against illicit trafficking in flunitrazepam is a good example. The sanctions were made more severe to discourage the smuggling of preparations containing that substance into Egypt out of countries in Africa and Europe.

94. The Board is concerned that some States parties to the 1971 Convention have not been complying with their obligations under article 16, paragraph 3, of that Convention to report to the Secretary-General important cases involving illicit trafficking in psychotropic substances or the seizure of such substances from the illicit traffic. Some Governments have failed for several years to submit reports on very large seizures of psychotropic substances contained in pharmaceutical products diverted from licit distribution channels. Seizures made by their law enforcement authorities have not been reported to the Secretary-General, to the International Criminal Police Organization (Interpol) or to the Customs Co-operation Council (also called the World Customs Organization).

95. The Board requests all Governments to promptly report important seizures of psychotropic substances, including seizures of pharmaceutical products diverted from licit distribution channels. Such reports are necessary for the identification of new trends in the illicit traffic and for the identification of sources of the diverted substances and the methods of diversion employed by drug traffickers. Information from those reports is also important in that it may be used by WHO in considering the possibility of transferring psychotropic

substances from one schedule of the 1971 Convention to another.

96. Drug traffickers adapt quickly to action taken by law enforcement authorities. Strengthening controls over the domestic distribution of a psychotropic substance in a country where significant abuse of that substance has taken place has frequently led to attempts by drug traffickers to divert that substance in other countries. The substance is then smuggled into another country where there is an illicit market for that substance. That is what happened, for example, following the strengthening of controls over temazepam in the United Kingdom in 1995. According to information received from the authorities of the Netherlands, about 2.75 million temazepam capsules were seized in the Netherlands between 1996 and 1999. Drug traffickers had diverted those capsules from licit distribution channels with the intention of smuggling them into the United Kingdom. Similarly, in the mid-1990s the improved control over the domestic distribution of flunitrazepam in Norway and Sweden, where that substance was frequently abused, resulted in an increase in the smuggling of pharmaceutical products containing flunitrazepam into those countries from certain countries in central Europe.

97. The Board notes with satisfaction that the Governments of some countries introduced in 1999 additional measures against the diversion of psychotropic substances. China prohibited the manufacture and use of amfepramone and decided that stocks of amfepramone raw material and of pharmaceutical preparations containing the substance would be destroyed. Amfepramone preparations from China had frequently been smuggled into several neighbouring countries. In India, the authorities initiated detailed investigations into the activities of the licit manufacturers and distributors of preparations containing buprenorphine in order to identify possible sources of the diversion of those preparations; the diverted preparations had been abused at the local level or smuggled out of the country. In Slovakia, a system enabling close scrutiny by the authorities of all transactions involving flunitrazepam preparations was introduced to prevent those preparations from being diverted and smuggled into other countries.

98. In 1999, the Board convened two informal consultations with the Governments concerned and relevant international organizations to facilitate cooperation in preventing the diversion of and illicit trafficking in flunitrazepam and temazepam in Europe. The Board welcomes the activities of Interpol aimed at strengthening the cooperation of law enforcement authorities confronted with the problem of

diversion of psychotropic substances from domestic distribution channels.

Precursors

99. The diversion of precursors from licit trade, either from international trade or from domestic manufacture and distribution channels, for the illicit manufacture of narcotic drugs or psychotropic substances continues on a large scale. In 1999, as in previous years, large-scale diversions of those substances from international trade were prevented when Governments took the action recommended by the Board relating to the exchange of information prior to shipment of the precursors in question between the competent authorities in exporting and importing countries with a view to verifying the legitimacy of those shipments. As a result, the methods and routes of diversion used by traffickers became more visible, enabling appropriate intervention by regulatory and law enforcement authorities. In addition, in 1999, a number of Governments focused for the first time on the monitoring of potassium permanganate (a key chemical for the illicit manufacture of cocaine that is included in Table II of the 1988 Convention), resulting in major successes in stopping or otherwise seizing suspicious shipments of that chemical.

100. In particular, on the occasion of an informal meeting of a number of national competent authorities that was held in Germany, the German authorities proposed the tracking of all individual transactions involving potassium permanganate from the manufacturing country to the country of final destination, similar to the action introduced by the Board in 1994 to prevent the diversion of ephedrine. The proposal was further developed by the competent authorities of Germany and the United States during the International Operational Meeting on Potassium Permanganate, organized by the United States and hosted by the Government of Spain in Madrid in February 1999, and in other meetings of the competent authorities concerned. The resulting international initiative, "Operation Purple", started on 15 April 1999. The operation is being undertaken jointly by regulatory and law enforcement authorities in order to identify suspicious shipments and prevent their diversion. It includes the careful tracking of all consignments greater than 100 kg from the manufacturing country, through all trans-shipment points, to the end-user, as well as informing all relevant counterparts of suspicious transactions or stopped shipments.

101. Governments of major manufacturing, exporting and importing countries and territories in all regions are participating in "Operation Purple". The Board, in exercising its functions under the 1988 Convention, is participating fully in the initiative,

in particular by evaluating the legitimacy of individual transactions in the light of the information available to it, including transactions destined for countries not participating in the operation. Interpol and the World Customs Organization are providing full support in their respective areas of competence.

102. "Operation Purple" has proven that the tracking of individual shipments is also possible for commonly used chemicals, such as potassium permanganate, and not only for substances included in Table I of the 1988 Convention, which might have more limited legitimate uses. While the current phase of the operation will end in December 1999, participants at the Second International Potassium Permanganate Meeting, organized in October 1999 by the Government of the United States and hosted by the authorities of the Hong Kong Special Administrative Region of China, considered it necessary to extend the activities and scope of the operation in a slightly modified form into the year 2000. The Board is serving as the focal point for the necessary exchange of information.

103. A full evaluation of the achievements of "Operation Purple" and related activities will be made after its completion. Preliminary results show that, between 15 April and 1 November 1999, Governments identified and stopped over 20 suspicious shipments of potassium permanganate, totalling about 1,200 tons. In comparison, in the period 1996-1998 only five suspicious shipments of potassium permanganate, amounting to less than 330 tons, were stopped.

104. In the first three months of 1999, prior to the launching of "Operation Purple", Governments stopped and identified suspicious shipments totalling almost 50 tons. Moreover, in March 1999, the law enforcement authorities of Belgium, Colombia, Spain and the United States conducted a successful operation involving the controlled delivery of a shipment transported from Belgium to Colombia; on that occasion, an illicit trafficking ring was identified. In addition, in the first eight months of 1999 alone, Governments of countries in Central America and the Caribbean, North America and South America seized over 150 tons of potassium permanganate, more than the cumulated annual seizures of potassium permanganate reported to the Board for all previous years.

105. A more detailed description of the special focus on monitoring potassium permanganate, including "Operation Purple" and the preliminary results of that operation, is contained in the 1999 report of the Board on the implementation of article 12 of the 1988 Convention.¹⁶

C. Control measures

Control over trade in opium poppy seeds

106. The Economic and Social Council, in its resolution 1999/32, recalling that the Board, in its report for 1995,¹⁷ expressed its concern about trade in seeds obtained from the *Papaver somniferum* (opium poppy) plant in countries where cultivation of the opium poppy was prohibited, called upon Member States to take the following measures to fight the international trade in poppy seeds from countries where no licit cultivation of opium poppy was permitted:

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

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

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

107. The Board calls on all countries that import poppy seeds and, in particular, on the major importers of poppy seeds to pay special attention to the country of origin of poppy seeds. At present, there are 18 countries in which the cultivation of the opium poppy for licit purposes is allowed. Such cultivation is forbidden in most other countries.

Trade in seized opiate raw materials and/or in products derived from seized opiate raw materials

108. Over the past few years, some countries have engaged, or attempted to engage, in international trade in seized opiate raw materials and/or in products derived from seized opiate raw materials. For instance, during 1998, a total of 2.6 tons of codeine base manufactured from seized opiate raw materials was exported from the Islamic Republic of Iran, where the cultivation of the opium poppy is forbidden, to Canada, Germany, Slovakia and the United Kingdom. Similar transactions involving seized opium were attempted in certain countries in central Asia and central Europe.

109. Although the provisions of the 1961 Convention do not forbid States parties to that Convention to export seized opium, the General Assembly, in its resolution 33/168, and the Economic and Social Council, in several of its resolutions on demand for and supply of opiates for medical and scientific needs, including Council resolution 1998/25, commended the Board for its efforts in, *inter alia*, urging the Governments concerned to adjust global production of opiate raw materials to a level corresponding to their actual licit needs and to avoid unforeseen imbalances between licit supply of and demand for opiates caused by the sale of seized and confiscated drugs and of products manufactured from such drugs. Moreover, as the Board has repeatedly stated, in the interest of ensuring a secure and stable supply of opiates for medical purposes, countries should not base a licit activity upon an illicit source, which is to be eliminated.

110. Every exportation of seized opiate raw materials or of products derived from seized opiate raw materials also hinders the ability of the Board to balance the supply of opiates with actual legitimate needs. Therefore, the Board urges Governments of exporting and importing countries to do their utmost to ensure that such transactions do not occur.

Controls over international trade in psychotropic substances

111. The Board notes with appreciation that most Governments have established effective control mechanisms for international trade in psychotropic substances in Schedules III and IV of the 1971 Convention by implementing the treaty provisions and applying additional control measures recommended by the Board. That has led to a significant reduction in the diversion of those substances from international trade into illicit channels (see paragraph 86 above).

112. The Board notes with appreciation that several countries, including Belgium, Finland, France, Luxembourg and New Zealand, extended in 1999 the system of import and export authorizations to include all substances in Schedules III and IV of the 1971 Convention. At present, export and import authorizations are required by national legislation for all substances in Schedule III in about 150 countries and territories and for all substances in Schedule IV in about 140 countries and territories. In approximately 50 additional countries and territories, the requirement of import authorizations has been introduced for at least some substances.

113. In all regions, drug traffickers have reacted to the strengthening of controls over international trade by increasing attempts to divert substances through countries that do not

have such comprehensive systems in place. The Board requests the Governments of all countries that do not yet control the import and export of several psychotropic substances in Schedule III or IV via the system of import and export authorizations to introduce such controls. In particular, countries that are important centres of international trade are at risk of being targeted by traffickers as places from which to organize diversion attempts. The Board, therefore, trusts that the Governments of countries such as Canada, Ireland, Lebanon, Singapore, Thailand and the United Kingdom, with which the Board has had a dialogue on this issue for many years, will implement such control measures as soon as possible.

114. Significant progress has been achieved in the implementation by Governments of the assessment system for psychotropic substances (see paragraphs 79-82 above). The Board welcomes the fact that major exporting countries now use the assessments of importing countries for guidance prior to authorizing exports of psychotropic substances.

115. Several exporting countries received in 1999 import authorizations for quantities of psychotropic substances much in excess of assessments made by the authorities of the importing countries. Investigations into the authenticity of such import authorizations by authorities of exporting countries and the Board require additional resources and delay the import of consignments of psychotropic substances urgently needed for medical purposes. The Board is concerned about the high number of such cases and has been approaching the Governments of the importing countries concerned with requests to correct the situation. The Board reiterates its request to all Governments to establish mechanisms to ensure that their assessments are in line with their actual legitimate requirements and that no imports exceeding such assessments are authorized. The Board notes with appreciation that a number of exporting countries, such as Denmark, Germany, India, the Netherlands and Switzerland, regularly inform the Board of cases in which the competent authorities of importing countries issue import authorizations for consignments of psychotropic substances exceeding their assessments.

116. About 90 per cent of Governments have provided in their annual statistical reports to the Board details on the countries of origin of imports and the countries of destination of exports for all psychotropic substances. The Board requests the countries that have not furnished that information in 1999 to include it in future reports. The countries with significant trade in psychotropic substances, such as Latvia, Romania and Viet Nam, are particularly urged to furnish such details.

Conference on Control of Psychotropic Substances in Europe

117. The Board and the Pompidou Group of the Council of Europe jointly organized the third Conference on Control of Psychotropic Substances in Europe in Strasbourg, France, from 7 to 9 December 1998. While the first Conference, held in March 1993, and the second Conference, held in October 1995, mainly focused on problems regarding the control of international trade in psychotropic substances, the third Conference dealt with the following: recent trends in the abuse of psychotropic substances and of psychoactive substances not under international control; the adequacy of the national and international control systems, in particular, the scheduling mechanisms, in responding to those new trends; the diversion of psychotropic substances from licit distribution channels; and regulations regarding the prescription of psychotropic substances and their implementation, in particular those relating to stimulants used for the treatment of ADD or as anorectics.

118. As the majority of Governments of European countries had already implemented the system of import and export authorizations for all psychotropic substances, the Conference requested those Governments which had not yet done so to implement the system as soon as possible. The Conference recommended that Governments make better use of the procedure of notifying the Secretary-General in order to speed up international scheduling of abused psychoactive substances. Governments were also invited to introduce emergency scheduling mechanisms and to consider the application of analogue and/or generic scheduling mechanisms at the national level.

119. Governments were requested to encourage professional organizations to increase the awareness of their members with regard to the responsibility of ensuring sound medical use of psychotropic substances and to provide them with independent and objective information and guidelines on the prescription of controlled drugs. To detect and prevent over-prescription and/or unusual sales of pharmaceutical products containing controlled substances, the Conference recommended introducing or reinforcing systems for monitoring the distribution of such products. The Conference requested the Pompidou Group to convene a working group on the subject of diagnosing ADD and prescribing stimulants for its treatment and a working group on the subject of the prescription of benzodiazepines (see paragraphs 166-172 below).

120. The Conference noted that the workload of national drug control administrations had been increasing and requested Governments to ensure that the resources at the disposal of the competent authorities corresponded to their tasks.

Scope of control

Implementation of scheduling decisions

121. The Board notes with concern that some States parties to the 1971 Convention have not yet reflected in their national legislation the decisions of the Commission on Narcotic Drugs at its thirty-eighth session, held in 1995, to add to schedules of that Convention six additional substances and to transfer one substance from Schedule IV to Schedule III. The Board is also aware of the fact that several States parties to the 1971 Convention have implemented those decisions with considerable delay, instead of implementing them within the time-frame required by that Convention. Drug traffickers could take advantage of such delays, in order to circumvent control measures in countries duly implementing the treaty and avoid prosecution.

122. The Board, therefore, wishes to remind Governments of the provisions of article 2, paragraph 7, of the 1971 Convention requiring the States parties to that Convention to ensure that each scheduling decision by the Commission on Narcotic Drugs becomes fully effective 180 days after the date on which the Secretary-General communicates the decision to all States. The Board invites all Governments to review their national scheduling mechanisms in order to identify whether they are in a position to comply with that time-frame. During that review, Governments should take into account the practical experience obtained in the implementation of the scheduling decisions adopted by the Commission in 1995. If necessary, Governments should introduce amendments to national legislation or administrative regulations to ensure prompt scheduling in conformity with their treaty obligations.

Control of norephedrine

123. In 1999, the Board continued its assessment of norephedrine¹⁸ for possible inclusion in Table I of the 1988 Convention, pursuant to a notification submitted by the Government of the United States. That assessment was initiated in 1998. While the Board found that strict international control of norephedrine would limit its availability to traffickers and reduce the quantity of amphetamine that is manufactured illicitly, it decided to further study the possible impact of scheduling under the 1988 Convention on the availability for medical use of pharmaceutical products containing norephedrine. The decision on the scheduling of norephedrine was therefore deferred for a period of one year to allow for that study.¹⁹

124. The Board, having now completed its study, is of the opinion that the impact of scheduling under the 1988 Convention would not adversely affect the availability for medical use of pharmaceutical products containing norephedrine. Consequently, the Board is recommending that norephedrine be included in Table I of the 1988 Convention. Full details on the assessment of norephedrine by the Board are contained in the 1999 report of the Board on the implementation of article 12 of the 1988 Convention.²⁰

Control of acetic anhydride and potassium permanganate

125. In 1999 the Board conducted a review of acetic anhydride and potassium permanganate, key chemicals in the manufacture of heroin and cocaine respectively, to determine if there was sufficient information available to justify the transfer of either or both of the substances from Table II to Table I of the 1988 Convention. Pursuant to recommendations of the Board, the General Assembly²¹ and the Economic and Social Council²² requested further action to be taken with regard to those substances.

126. The Board will submit a notification to the Secretary-General furnishing him with information on acetic anhydride and potassium permanganate to initiate formally their assessment in accordance with the requirements of article 12, paragraph 2, of the 1988 Convention. The notification and other relevant information will then be transmitted to all Governments by the Secretary-General, who will invite them to provide comments. Those comments will be submitted to the Board and only then will the Board conduct an assessment of both substances and submit a final recommendation to the Commission on their transfer from Table II to Table I of the Convention.

127. The Board is aware that rescheduling alone will not solve the problem of diversion from domestic distribution, but it will significantly contribute to the prevention of diversion from international trade. There is a need for further measures in line with the proposals contained in previous reports by the Board.²³

128. The Board will review the extent of implementation of General Assembly resolution S-20/4 B and assist, where necessary, in the further development of the potassium permanganate tracking initiative and the initiation of the envisaged global programme for acetic anhydride. Full details

of the review by the Board of acetic anhydride and potassium permanganate are contained in the 1999 report of the Board on the implementation of article 12 of the 1988 Convention.²⁴

Major focus to monitor acetic anhydride

129. While the international special focus to monitor potassium permanganate has resulted in major achievements in preventing its diversion to illicit cocaine manufacture, similar success in preventing the diversion of acetic anhydride, a key chemical used in the illicit manufacture of heroin, has not yet been achieved. The Board therefore urges all Governments concerned to initiate an intensive, proactive global programme, similar to that for potassium permanganate, involving law enforcement and regulatory authorities and the voluntary cooperation of industry, with the objective of identifying and preventing diversions of acetic anhydride at both the national level and the international level without subjecting the substance to additional regulatory controls. The Board is ready to assist Governments in initiating and implementing such a programme.

Appropriate follow-up investigation of suspicious shipments involving precursors

130. The Board emphasizes that, where the use of controlled delivery pursuant to article 11 of the 1988 Convention is not practicable or warranted, follow-up investigations are needed after stopping or seizing suspicious shipments of substances used in the illicit manufacture of drugs. Full investigations must be conducted to facilitate the identification of cases involving diversion or attempted diversion, to prevent traffickers from obtaining the substances that they require from other sources, to uncover laboratories for the illicit manufacture of drugs and to identify and prosecute traffickers involved in the diversions and attempted diversions.

131. Thus, all relevant facts have to be shared at the national level among law enforcement and regulatory authorities. At the international level, the Board and Governments of countries directly linked to the shipments in question should also be informed at an early stage. Governments receiving such information should also initiate investigations to determine whether any criminal activity has taken place on their territory. The exchange of information among all concerned Governments and the sharing of final results of investigations should ensure that there are no loopholes for traffickers to take advantage of. Where appropriate, the Board will facilitate the exchange of such information to assist in investigations.

132. In cases of attempted diversion, Governments of countries not directly involved should also be alerted and the Board will continue to play an important role.²⁵ Interpol and the

World Customs Organization also assist in alerting law enforcement authorities.

133. Where investigations have shown that shipments have been stopped or seized for administrative reasons, those facts should also be conveyed to the Board and to the exporting and trans-shipment countries involved, in order to avoid delaying legitimate trade in the future.

Disposal of seized chemicals

134. In view of the increasing number of seizures of precursors reported to the Board and the recent seizures of potassium permanganate, the Board has noted the need to examine further issues related to the disposal of seized chemicals, and it will conduct a study on those issues, including ways and means of disposing of seized chemicals more appropriately.

Limited international special surveillance list of non-scheduled substances

135. In 1999, the Board distributed the limited international special surveillance list of non-scheduled substances, together with recommendations for action to be taken by national competent authorities in approaching industry on preventing the diversion of substances included in the list, and proposed action that might be taken by the chemical industry with regard to the use of the list. The list was established by the Board at its sixty-fifth session in response to Economic and Social Council resolution 1996/29.

136. The list is intended as a proactive aid to assist competent authorities in identifying those non-scheduled substances currently being used in illicit drug manufacture and to either prevent their diversion or to detect the activity of illicit drug laboratories. Therefore, to prevent any possible misuse, the Board decided not to publish the list but to distribute it only to national competent authorities. To ensure that the list remains up to date, and that the monitoring measures are only applied to substances that are used in illicit drug manufacture, Governments are requested to provide the Board with details of their experiences in using the list.

D. Ensuring the availability of drugs for medical purposes

Demand for and supply of opiates

137. The Board, in compliance with the functions assigned to it under the 1961 Convention and the relevant resolutions of the

Economic and Social Council, examines on a regular basis issues affecting the supply of opiate raw materials and the demand for opiates for licit requirements and endeavours to maintain a lasting balance between the two.

Consumption of opiates

138. Global consumption of opiates, after exceeding 210 tons in morphine equivalent in 1991, has fluctuated since then at about 235 tons in morphine equivalent.

139. Codeine consumption (176.5 tons in morphine equivalent in 1998) continues to account for 75 per cent of global consumption of opiates. About 85 per cent of the codeine consumed is in the form of preparations included in Schedule III of the 1961 Convention. The main countries using codeine continue to be the United States and France, followed by the United Kingdom, Canada and India; together, those countries account for 65 per cent of global codeine consumption.

140. Morphine consumption has increased significantly, particularly in recent years, reaching a new record level of 20.9 tons in 1998. The increase of 17 per cent over the figure for 1997 is mainly attributable to morphine consumption in the United States, Canada, Germany and the Russian Federation. In the Russian Federation alone, 1.4 tons of morphine were consumed in 1998, compared with an annual average of 180 kg in the period 1992-1997. It is likely that the pronounced upward trend in global morphine consumption will continue, especially in view of the continued improvement in pain management in a growing number of countries. The consumption of dihydrocodeine, which had risen from an annual average of 11.8 tons to 26.8 tons in morphine equivalent in the period 1983-1993, stabilized at 30 tons in morphine equivalent per year in the period 1994-1998.

141. As in previous years, global consumption of ethyl-morphine further declined to 2 tons in morphine equivalent in 1998. Pholcodine consumption, after having remained at about 7 tons in morphine equivalent per year for 12 consecutive years (1985-1996), fell to 6.2 tons in 1997 and 5.5 tons in 1998.

142. Judging from the trends of recent years, annual aggregate consumption of opiates is likely to fluctuate, within a narrow range, at about 235 tons in morphine equivalent for the next few years.

Production of opiate raw materials

143. The total area under opium poppy cultivation has expanded significantly since 1995. With the exception of 1996, the total area harvested has been above 70,000 hectares each

year since 1995, whereas 32,000-56,000 hectares were harvested each year during the period 1986-1994.

144. Despite the fact that the areas actually harvested increased considerably in Australia (by 1,971 hectares), France (by 1,003 hectares), Spain (by 638 hectares) and Turkey (by 19,526 hectares), global production in 1998 amounted to 281 tons in morphine equivalent, only 8 tons more than in 1997. That was attributed solely to India, where production dropped significantly to only 29 tons in morphine equivalent in 1998, compared with the projected figure of 120 tons, owing to strikes by farmers during the sowing period and unprecedented bad weather conditions during the harvest.

145. According to provisional statistical data provided by the major producing countries, global production of opiate raw materials is likely to reach the highest level ever, approximately 415 tons in morphine equivalent, in 1999. Turkey was the largest producer in 1999 (106 tons in morphine equivalent) and the area actually harvested exceeded 87,000 hectares, the highest level ever. Australia was the second largest producer in 1999 (103 tons in morphine equivalent). Those two countries together accounted for 50 per cent of global production; they were followed by India (23 per cent), France (19 per cent) and Spain (5 per cent).

146. Based on the estimates furnished by the major producing countries, their performance in previous years and the level of production in 1999, global production of opiate raw materials for the year 2000 is likely to be about 345 tons in morphine equivalent (see table); however, the actual figure will depend largely on production in Turkey, which, over the past five years, has fluctuated between 16 and 106 tons in morphine equivalent per year, whereby the estimated area harvested has been the same.

Balance between the production of opiate raw materials and the consumption of opiates

147. Since 1995, increased global production and relatively stable consumption of opiates have led to an annual production surplus that has ranged from 2 to 60 tons. In 1999, global production of opiate raw materials is likely to exceed total consumption by approximately 175 tons in morphine equivalent.

Exports and imports of opiate raw materials

148. The quantity of opium exported by India fluctuated considerably until 1995 and then increased gradually to 82 tons in morphine equivalent in 1998, a level similar to

**Production of opiate raw materials,^a consumption of opiates and
balance between the two, 1986-2000**

(Area harvested in hectares; production, consumption and balance in tons of morphine equivalent)

<i>Item</i>	<i>1986</i>	<i>1987</i>	<i>1988</i>	<i>1989</i>	<i>1990</i>	<i>1991</i>	<i>1992</i>	<i>1993</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>	<i>1999</i>	<i>2000^b</i>
Australia															
Area harvested	3 994	3 274	3 462	5 011	5 581	7 155	8 030	6 026	6 735	8 139	8 360	9 520	11 491 ^c	13 533 ^d	18 261 ^e
Production	38.5	31.8	38.5	38.8	43.0	67.5	89.8	66.9	66.0	55.6	69.0	64.1	85.4	103.4	91.6
France															
Area harvested	3 200	3 300	3 113	2 644	2 656	3 598	3 648	4 158	4 431	4 918	5 677	6 881	7 884	7 913	6 229
Production	15.7	16.6	21.4	13.4	19.5	30.2	21.8	28.8	32.9	48.9	47.3	52.0	64.8	79.7	64.2
India															
Area harvested	23 811	22 823	19 858	15 019	14 253	14 145	14 361	11 907	12 694	22 798	22 596	24 591	10 098	29 163	29 700
Production	82.6	84.5	70.2	59.3	52.8	47.4	59.7	41.9	51.5	88.8	92.1	110.3	29.3	97.1	115.8
Spain															
Area harvested	3 458	3 252	2 935	2 151	1 464	4 200	3 084	3 930	2 539	3 622	1 180	1 002	1 640	3 913	3 684
Production	5.6	12.3	10.8	5.7	8.0	24.2	12.8	9.0	5.2	4.2	4.4	1.9	7.5	18.8	11.9
Turkey															
Area harvested	5 404	6 137	18 260	8 378	9 025	27 030	16 393	6 930	25 321	60 051	11 942	29 681	49 207	87 193	36 082
Production	8.4	9.2	24.7	7.2	13.3	57.9	18.7	7.8	41.1	75.2	16.1	38.3	86.7	105.6	50.5
Other countries															
Area harvested	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Production	<u>27.1</u>	<u>30.3</u>	<u>36.9</u>	<u>18.4</u>	<u>38.0</u>	<u>31.2</u>	<u>14.9</u>	<u>13.2</u>	<u>21.5</u>	<u>25.5</u>	<u>16.9</u>	<u>6.1</u>	<u>7.3</u>	<u>10.1</u>	<u>11.1</u>
Total															
Area harvested	39 867	38 786	47 628	33 203	32 979	56 128	45 516	32 951	51 720	99 528	49 755	71 675	79 511	138 675	88 738
Production (1)	177.9	184.7	202.5	142.8	174.6	258.4	217.7	167.6	218.2	298.2	245.8	272.7	281.0	414.7	345.1
Total consumption (2)	<u>203.2</u>	<u>206.9</u>	<u>200.9</u>	<u>204.3</u>	<u>196.1</u>	<u>217.8</u>	<u>212.4</u>	<u>236.6</u>	<u>225.7</u>	<u>237.9</u>	<u>243.7</u>	<u>235.1</u>	<u>234.9</u>	<u>240.0</u>	240.0
Balance															
((1) minus (2))	-25.3	-22.3	1.6	-61.5	-21.5	40.6	5.3	-69.0	-7.5	60.3	2.1	37.7	46.1	174.7	105.1

^a Opium or concentrate of poppy straw.

^b Figures for 1999 are International Narcotics Control Board projections.

^c Including 809 hectares of a new variety of *Papaver somniferum* with a high thebaine content.

^d Including 3,040 hectares of a new variety of *Papaver somniferum* with a high thebaine content.

^e Including 5,217 hectares of a new variety of *Papaver somniferum* with a high thebaine content.

the annual average of the early 1980s. The main opium importers continued to be the United States and Japan, which together accounted for 87 per cent of total opium imports in 1998; those countries were followed by the United Kingdom, Hungary and France, in that order. The Russian Federation has reported no imports of opium for five consecutive years.

149. Total exports of concentrate of poppy straw also increased, in 1998, to 133 tons in morphine equivalent, the same as in the record year of 1995, thus reversing a downward trend that began in 1996. The increase in exports is attributable mainly to Australia (72 tons) and, to a lesser extent, to Spain. The share of the world total accounted for by Turkey continued to follow a downward trend that began in 1995, when it amounted to 57 per cent, reaching only 34 per cent in 1998. The United Kingdom and the United States, the two leading importers of concentrate of poppy straw, both substantially increased their imports in 1998.

Stocks of opiate raw materials

150. Extremely low production of opium in 1998 caused global stocks of opium to drop significantly, to 63 tons in morphine equivalent at the end of that year, the lowest level in 20 years. India held 70 per cent of the total. The remainder was held mainly by the following countries, listed in descending order according to the level of opium stocks held: the United States, Japan and the United Kingdom. Global stocks of concentrate of poppy straw rose in 1998 to 47 tons in morphine equivalent, after having declined significantly from 86 tons at the end of 1992 to 25 tons at the end of 1997. Australia accounted for 30 per cent of the total; it was followed by Turkey (25 per cent), the United States (20 per cent) and France (13 per cent). Stocks of poppy straw held by Turkey increased significantly to 16,729 tons (approximately 58 tons in morphine equivalent) at the end of 1998, compared with an annual average of 6,000 tons in the period 1996-1997.

Timely provision of information

151. The Board urges all Governments, in particular, those of countries that are major producers and importers of opiate raw materials, to make the necessary efforts to ensure that all required information, including advance statistical data, on consumption, licit cultivation of the opium poppy and production and stocks of opium and poppy straw for the manufacture of narcotic drugs is accurate and submitted in a timely manner. In the absence of such information, which is of the utmost importance to the analysis of the world situation, the Board cannot make meaningful projections and provide Governments with reliable data.

Maintaining a balance between the supply of and demand for opiates

152. The Board notes that global production of opiate raw materials has increased since 1995, amounting to an annual average of 274 tons in morphine equivalent in the period 1995-1998, compared with an annual average of 194 tons in the period 1986-1994. In 1999, global production is likely to exceed 400 tons. With annual consumption of opiates relatively stable at approximately 235 tons in morphine equivalent, global production in 1999 will result in a significant surplus of 175 tons in morphine equivalent, in addition to exceeding quantities of 37 tons in morphine equivalent on average each year during the period 1995-1998.

153. In view of the above and in order to avoid any imbalance between the supply of and the demand for opiates caused by overproduction, the level of stocks of opiate raw materials and main opiates at the end of every year has to be taken into account when planning cultivation for the coming year with a view to adjusting production to a level corresponding to actual world requirements. The Board would appreciate it if the resulting plans for future opium poppy cultivation would be communicated to it as early as possible, so that they could be shared at the annual informal consultations with the main countries producing and importing opiate raw materials.

154. Pursuant to Economic and Social Council resolution 1998/25, on demand for and supply of opiates for medical and scientific needs, an informal consultation was organized during the forty-second session of the Commission on Narcotic Drugs, in 1999. It concluded that the current status of stocks of opiate raw materials and major opiates seemed to have improved, particularly in view of the increased production in 1999. The Governments concerned, in particular the Governments of Australia and Turkey, were therefore encouraged to consider gradually reducing the production of poppy straw in the years to come.

Production of opium in India

155. The Board notes with concern that, in India, more than 60 per cent of all farmers engaged in the licit cultivation of opium poppy during the 1998/1999 crop year failed to meet the minimum qualifying yield per hectare as established by the Government. The Board reiterates its view that both the national and state authorities should make additional efforts to ensure that the current control policies on opium poppy cultivation and production are fully implemented. No exemptions should be made in implementing the applicable regulations and administering the penalties set to punish diversion, particularly at the field level. The policy of

invalidating the licences of farmers who fail to meet the minimum qualifying yield without a legitimate reason should be strictly and consistently applied.

Discussions to amend the 80/20 rule in the United States

156. In 1981, a rule now known as the 80/20 rule was introduced by the United States to limit its imports of opiate raw materials to a maximum of 20 per cent from sources other than India and Turkey in order to support the traditional suppliers. In early 1999, the authorities of the United States placed the 80/20 rule under review, in order to decide whether the shares should be adjusted to 60 per cent and 40 per cent, over a period of three years.

157. The Board would like to emphasize that the 80/20 rule has greatly contributed to global efforts to maintain a lasting balance between the supply of and the demand for opiates used for medical and scientific purposes, as required under the provisions of the 1961 Convention. As the United States is the largest importer of opiate raw materials in the world, the proposed amendment may destabilize the world licit market for opiate raw materials.

158. While it recognizes that amending the 80/20 rule is a domestic matter and that any decision on the matter lies entirely with the national authorities, the Board would nonetheless like to reiterate its concern over the possible impact and unforeseen effects that such a modification might have on the balance between the supply of and demand for opiates for medical needs.

Consumption of psychotropic substances

Consumption of central nervous system stimulants

159. Until the early 1970s, amphetamines were used in large quantities as anorectics. Such use of amphetamines has since been discontinued or reduced to the extent that it involves only small quantities. The medical use of phenmetrazine has been discontinued worldwide while fenetylline is prescribed in only a few countries. The use of methylphenidate for the treatment of ADD is increasing in many countries. Amphetamines and pemoline are also used for the treatment of that disorder in some countries. Several amphetamine-type stimulants in Schedules III and IV of the 1971 Convention are used as anorectics.

Use of methylphenidate for the treatment of attention deficit disorder

160. The United States remains the main consumer of methylphenidate, accounting for more than 80 per cent of global consumption. There have been further increases in the use of methylphenidate; recently, there has also been a sharp increase in the use of amphetamines (amfetamine and dexamfetamine) for the treatment of ADD in the United States. Amphetamines already account for one third of the stimulants prescribed for the treatment of ADD and their use is expected to continue to increase sharply in the year 2000. Total calculated consumption of stimulants for the treatment of ADD in the United States amounted to almost 7 defined daily doses per 1,000 inhabitants per day in 1998, a level comparable to the total consumption of all hypnotics and sedatives in that country.

161. In some schools, the prevalence rate for the prescription of stimulants is very high (as high as 30 per cent of all students). The abuse of methylphenidate among adolescents has increased in the United States. The tablets are usually procured from students under treatment for ADD. The illicitly obtained stimulants are then abused by crushing the tablets and snorting them. The drugs are used either for recreational purposes or to aid concentration in studying.

162. The Board urges the competent authorities of the United States to continue to carefully monitor developments in the diagnosis of ADD and other behavioural disorders and the extent to which methylphenidate and amphetamines are used in the treatment of those disorders and to ensure that those substances are prescribed in accordance with sound medical practice as required under article 9, paragraph 2, of the 1971 Convention.

163. The countries and territories with the highest consumption levels of methylphenidate in 1998 were the United States and Canada, followed by New Zealand, the Cayman Islands, Spain, Australia, Iceland, Costa Rica, the United Kingdom, Norway, the Netherlands, Switzerland, Israel, Belgium and Germany. The consumption of amphetamines or other stimulants for the treatment of ADD was also reported in almost all of the countries mentioned above, Australia being the country with the highest consumption levels of those substances. If growth rates remain the same as in recent years, the levels of methylphenidate consumption in some of those countries could be as high as those in the United States in the very near future.

164. The Board notes that the Governments of some countries that are confronted with an increase in the use of stimulants for the treatment of ADD may lack relevant experience in the control of such use. The Board requests the Governments concerned to ensure adequate application of the treaty provisions for methylphenidate and other stimulants, including the provisions on prescription, advertising and the prevention of diversion. The Board is concerned about manufacturers of stimulants carrying out massive promotional efforts for their use. Governments should carefully monitor these developments, taking into account the recommendations on the prevention of diversion, irresponsible marketing and prescribing of amphetamine-type stimulants as contained in the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors, adopted by the General Assembly at its twentieth special session (Assembly resolution S-20/4 A), held in June 1998.

165. The Board notes with appreciation that some countries have begun investigations and studies of prevalence rates and diagnostic criteria for ADD and its treatment with methylphenidate and other stimulants. The Board also notes with appreciation that the Consensus Development Conference on Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder, held in the United States in November 1998, identified areas for further investigation and research, including diagnostic practice and effective treatment. The Board trusts that those recommendations will be followed up soon and that steps will also be taken to deal with the sharply increasing use of amphetamines. The Board welcomes the decision of the Pompidou Group of the Council of Europe to organize in December 1999 a European Working Group on the Diagnosis of ADD and Policies on the Prescribing of Stimulants for Its Treatment.

Stimulants used as anorectics

166. In the first half of the 1990s, the consumption of amphetamine-type stimulants used as anorectics reached alarmingly high levels in some countries in Central America and the Caribbean, North America and South America. The Board repeatedly expressed its concern over that development. The Board is pleased to note that the decisive measures taken in some of the most affected countries, including Argentina and Chile, have led to a considerable reduction in the consumption levels of amphetamine-type stimulants. A reduction in the consumption of anorectics controlled under the 1971 Convention has recently also been noted in some countries and territories in Asia, including the Hong Kong Special Administrative Region of China, Malaysia and Singapore.

167. The United States continues to be the country with the highest consumption of amphetamine-type stimulants used as anorectics, despite the sharp decline in the consumption of phentermine in that country since 1997. The decline in the consumption of phentermine was the result of the discontinuation of its use in combination with fenfluramine, a substance not under international control, in a treatment commonly referred to as "phen/fen". After fenfluramine was withdrawn from the market in the United States, the consumption of phentermine fell by more than 70 per cent from 1996 to 1998. Consumption levels per capita in the United States remain at least three times higher than in any other country in the world. The Board therefore requests the Government to monitor carefully the use of amphetamine-type stimulants as anorectics in order to avoid the over-prescription and possible abuse of those substances.

Consumption of buprenorphine

168. In several countries, mixed agonist/antagonist analgesics such as buprenorphine are subjected to different and more stringent control measures than other psychotropic substances. Buprenorphine, a potent opioid that was included in Schedule III of the 1971 Convention in 1989, is used not only as an analgesic but also, to an increasing extent, in the detoxification and substitution treatment of heroin addicts in some countries. Global manufacture and consumption of the substance have increased substantially during the last few years. Cases involving the abuse of buprenorphine preparations have been reported in recent years in several countries in various regions, particularly in South Asia. Countries utilizing buprenorphine for substitution treatment, while noting that the treatment has had a positive impact on heroin overdose death rates, also report that buprenorphine has been diverted into illicit channels for abuse. Accidental deaths have occurred as a result. Taking into account the rapidly expanding licit use of the substance and reports on its continuing diversion and abuse, the Board reiterates its request to WHO and the Governments concerned to urgently review the control status of buprenorphine. The Board also invites WHO to consider reviewing the control status of pentazocine and lefetamine (SPA), the other two analgesics included in the 1971 Convention.

Consumption of other psychotropic substances

169. Most other substances that are included in the schedules of the 1971 Convention are used as anxiolytics, sedatives and hypnotics, and anti-epileptics. The consumption of substances listed in Schedule II of the 1971 Convention has been discontinued or significantly reduced in all countries. Medical practice utilizes substances in Schedules III and IV; some are

used to a very large extent. Diazepam, a benzodiazepine prescribed mainly as an anxiolytic, and phenobarbital, a barbiturate mainly used as an anti-epileptic, are the most widely consumed psychotropic substances. Those psychotropic substances, as well as clonazepam, are on the list of essential drugs established by WHO. With the exception of phenobarbital, the use of barbiturates has been decreasing. The consumption of non-barbiturate anxiolytics, such as meprobamate, has also been substantially reduced. Those substances have mainly been replaced by benzodiazepines.

170. The availability of benzodiazepines facilitates their abuse. The incidence of benzodiazepine abuse by drug addicts in Europe is high and drug traffickers have successfully developed markets for specific substances. The Board, therefore, reiterates its request to Governments of countries in which there are high levels of consumption of benzodiazepines and increasing abuse of those substances to conduct, in cooperation with non-governmental organizations involved in the treatment and rehabilitation of drug abusers, comprehensive surveys to determine the size of the population abusing those substances.

171. The Board notes with appreciation that a number of European countries have confirmed their concern over high consumption levels of benzodiazepines and have already taken measures to remedy the situation, such as tightening prescription practices and control mechanisms and raising the awareness among medical doctors and the general public of the need to use those substances in a more rational manner. In some countries such measures have led to reductions in consumption, while in others they have not had a tangible impact. This is perhaps attributable to difficulties involved in changing prescription cultures. The Board trusts that Governments will continue to study measures to encourage the sound medical use of benzodiazepines. The Board notes with appreciation the intention of the Pompidou Group of the Council of Europe to convene a working group meeting on the prescription of benzodiazepines (see paragraph 119 above).

172. The Board notes with concern that, in several developing countries, benzodiazepines can be obtained in pharmacies without a prescription. The Board strongly requests all Governments to ensure adherence to prescription requirements for all psychotropic substances, including benzodiazepines.

E. Measures to ensure the execution by Governments of the provisions of the 1961 Convention and the 1971 Convention

173. The Board invoked both article 14 of the 1961 Convention and article 19 of the 1971 Convention in respect of four States, and article 19 of the 1971 Convention only with respect to two States. Measures under those articles, which consist of increasingly severe steps, are invoked when attempts by the Board to encourage compliance with those Conventions using other means have been unsuccessful.

174. With respect to one of the States for which article 19 of the 1971 Convention only was invoked, the Board is pleased to note that all legislation required under that Convention, as well as the legislation requested by the Economic and Social Council in its resolutions, is now in place, and all action with respect to that State under article 19 of the 1971 Convention has been terminated. As regards the other State, for which article 19 of the 1971 Convention only was invoked, the Board decided to lift a temporary suspension of the measures involved under that article because of delays and defaults by the Government in making further progress in the implementation of the 1971 Convention.

175. The Board continues to monitor the compliance of those States for which article 14 of the 1961 Convention and article 19 of the 1971 Convention have been invoked and is pleased to note that progress has been achieved in all cases. The action by the Board under those articles will, however, only be formally terminated when all measures required by those conventions have been taken by the Governments concerned.

F. Drug injection rooms

176. Drug injection rooms, where addicts may inject themselves with illicit substances, are being established in a number of developed countries, often with the approval of national and/or local authorities. The Board believes that any national, state or local authority that permits the establishment and operation of drug injection rooms or any outlet to facilitate the abuse of drugs (by injection or any other route of administration) also facilitates illicit drug trafficking. The Board reminds Governments that they have an obligation to combat illicit drug trafficking in all its forms. Parties to the 1988 Convention are required, subject to their constitutional principles and the basic concepts of their legal systems, to establish as a criminal offence the possession and purchase of

drugs for personal (non-medical) consumption. By permitting drug injection rooms, a Government could be considered to be in contravention of the international drug control treaties by facilitating in, aiding and/or abetting the commission of crimes involving illegal drug possession and use, as well as other criminal offences, including drug trafficking. The international drug control treaties were established many decades ago precisely to eliminate places, such as opium dens, where drugs could be abused with impunity.

177. The Board, recognizing that the spread of drug abuse, human immunodeficiency virus (HIV) infection and hepatitis are serious concerns, encourages Governments to provide a wide range of facilities for the treatment of drug abuse, including the medically supervised administration of prescription drugs in line with sound medical practice and the international drug control treaties, instead of establishing drug injection rooms or similar outlets that facilitate drug abuse.