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MESSAGE FROM THE PRESIDENT

For many generations, attempts have been made to combat the adverse effects of illicit drug trafficking and abuse, and institutions have been set up at the national and international level to address this issue. Significant progress has been made in reducing illicit drug trafficking and abuse and yet, a lot more remains to be done.

Many countries are being targeted by drug traffickers, resulting in the shipment of large consignments of illicit narcotic drugs, psychotropic substances and precursor chemicals. Larger seizures of cocaine and heroin in illicit traffic suggest the existence of highly organized criminal syndicates who must be stopped and apprehended in their efforts to move drugs around the globe with impunity. The seizures also suggest that improvements in interdiction efforts and intelligence sharing are necessary.

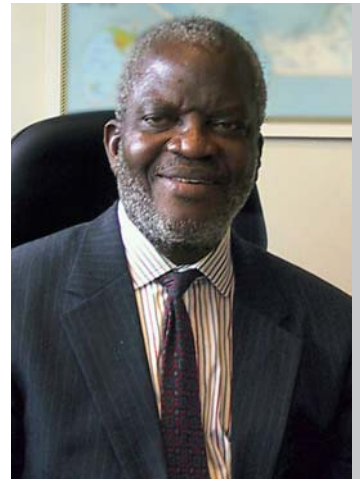
Although the phenomenon of the unregulated market is not a new one, it is of particular concern to the Board that in recent years, an increasing volume and variety of internationally controlled substances have become available in the unregulated market. In addition, traffickers are turning to innovative ways of trafficking and diverting such substances, including the transnational distribution of counterfeit drugs and the use of the Internet, postal and courier services for illicit drug trafficking.

Activities of the unregulated market expose patients to serious health risks through the delivery of often poorly documented, unsafe, ineffective or low quality medicines. Moreover, gains over the past years in international drug control may be seriously undermined by this ominous development, if it remains unchecked. The root causes of this problem need to be identified and remedial measures taken as a matter of urgency.

In an age where technological developments are being used for sinister purposes, persons engaged in drug law enforcement and drug regulation need to be better trained and equipped. We should deploy our expertise for the good of all by cooperating and collaborating better, while guarding our mandates. Intelligence sharing between States should be further strengthened for assisting in the interception of drugs in illicit traffic.

Governments should also recognize the importance of drug demand reduction activities in alleviating the drug problem. Governments should introduce drug demand reduction programmes including treatment, rehabilitation and social reintegration programmes that are effective, accessible, affordable and sustainable.

Eventual success in tackling the world drug problem depends not only on appropriate legislation that is effectively implemented, but also on well-designed demand reduction programmes that are conducted by well-motivated human resources, as they play a significant role in determining how successful the outcome of our efforts are. There is need for circumspection in designating men and women who lead our drug control authorities.





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At the international level, organizations having mandates for international drug control should work more closely together. The time for isolationism is over. Ultimately the resolution of the world drug problem depends on responsible actions by all of us, children, parents, civil society and governments. Let us join hands to rid the world of its drug problem. We have a wonderful opportunity to make a difference in the lives of the people of the world. Let us make the difference.

Dr. Philip O. Emafo

President of the International Narcotics Control Board



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INCB WARNS OF COUNTERFEIT MEDICINES FLOODING MARKETS

Action needs to be taken to curb unregulated market, Board warns in Annual Report

The Vienna-based International Narcotics Control Board (INCB) today warned that the flood of counterfeit medicines now available in many countries could have fatal consequences for consumers. In its Annual Report released today (1 March 2007), the Board also called on Member States to enforce legislation to ensure that narcotic drugs and psychotropic substances are not illegally manufactured or diverted from licit manufacture and distribution channels to unregulated markets.

The danger of unregulated markets is the theme of chapter one of the Annual Report. The Board is calling for it to be addressed on a priority basis. The existence of unregulated markets means that substandard, and sometimes even lethal medication is sold to the unsuspecting consumer. Unregulated markets are often supplied with stolen and diverted drugs, illicitly manufactured pharmaceuticals or through illegal sales on the Internet and distributed through the mail and courier services.

Apart from consumers who purchase pharmaceuticals containing controlled substances on the unregulated market because of limited access to health care facilities or lower prices, persons dependent on and abusing such medications make use of unregulated markets to obtain them without prescription.

“Besides the fact that the existence of unregulated markets, the sale of diverted and counterfeit drugs and the purchase of drugs containing controlled substances without prescription contravenes international treaties on drug control, it is important for consumers to realize that what they think is a cut-price medication bought on an unregulated market may have potentially lethal effects whenever the consumed drugs are not the genuine product or are taken without medical advice. Instead of healing, they can take lives,” said Dr. Philip O. Emafo, President, INCB.

This danger is real and sizeable. The World Health Organization (WHO) estimates that 25-50 per cent of medicines consumed in developing countries are believed to be counterfeit. The problem is further compounded by the fact that counterfeit drugs are easy to manufacture – they can resemble genuine drugs in packaging, and labelling. Unknowing consumers have experienced serious health or even lethal consequences; for instance, in Africa, the use of counterfeit vaccines in 1995 resulted in 2,500 deaths. Narcotics, benzodiazepines, amphetamines and other internationally controlled drugs are easily available in street markets in several developing countries. In developed countries, these drugs are sold via illegal Internet pharmacies, without the mandatory prescriptions.

“The problem of counterfeit medication and abuse of pharmaceuticals containing controlled substances bought without prescriptions, has been in existence for some time. However, the rapid expansion of unregulated markets has dramatically worsened the situation,” said Dr. Emafo.



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The unregulated market broadly covers two scenarios: unlicensed individuals and/or entities conducting illegal trade of pharmaceutical products containing controlled substances – for instance, a street vendor selling a controlled drug, such as a narcotic drug, a stimulant or a sedative in a village fair; and, licensed individuals and/or entities contravening laws to sell controlled drugs, such as a pharmacist who sells controlled drugs without asking for a prescription.

The Board has called on Member States to enforce existing legislation, to impede this menace, and also take appropriate measures to increase the availability of medicinal drugs through legitimate channels, particularly in areas where there is lack of access.



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REGIONAL HIGHLIGHTS

Africa

A particularly worrisome development in Africa is the large-scale trafficking in cocaine. Both the number of couriers apprehended and the volume of bulk seizures of cocaine in Africa have increased significantly. Taking advantage of the weak interdiction capacities in Africa, drug trafficking networks are using the region as a transit area for smuggling cocaine from South America through Western, Central and Southern Africa. In addition, heroin from West and South-East Asia is smuggled through Eastern Africa, to be shipped to illicit markets in Europe and, to a lesser extent, North America.

Cultivation and production of cannabis, which remains the major drug of abuse in Africa, are on the rise, despite a marked reduction in cannabis production in Morocco, the world's largest producer of cannabis resin, and despite intensive eradication efforts undertaken by the authorities.

Africa's share of global trafficking in cannabis has been increasing continuously, as corroborated by a number of multi-ton seizures of cannabis herb and resin in Africa during the last year. Many African countries face serious difficulties in providing adequate treatment and rehabilitation for persons abusing cannabis, as health-care facilities often lack the necessary resources.

As a spillover effect of the ongoing transit trafficking in heroin in Eastern Africa, the abuse of heroin has become a problem there. In addition, heroin is now also being smuggled by groups from Western Africa to that subregion, in exchange for cocaine that is smuggled into South Asia, where the abuse of cocaine appears to have spread. The trafficking in cocaine in Africa is fuelled by rising demand for, and abuse of, cocaine in Europe.

Misuse and abuse of pharmaceutical preparations containing controlled substances is taking place among persons in all social strata.

Efforts by African Governments to deal with these problems are impeded by a lack of adequate drug control mechanisms and skilled human resources. It is feared that if left unchecked, the problem of drug trafficking in Africa might further exacerbate existing social, economic and political problems.

Americas

Central America and the Caribbean

The region continues to be used as a major trans-shipment area for cocaine from South America destined for North America and Europe. About 90 per cent of the cocaine entering North America every year passes through Central America, while the Caribbean region is situated along one of the main cocaine trafficking routes leading to Europe. The main smuggling routes are the maritime corridor of the Pacific Ocean, and the Caribbean Sea.

Institutional weaknesses and corruption seriously undermine efforts by Governments to combat the drug problem. The link between local drug trafficking and organized crime perpetrated by youth gangs or "maras" in several countries in the region, especially El Salvador, Guatemala and Honduras, continues to be a problem. The smuggling of arms and ammunition in exchange for drugs continues to prevail in the region, as reported in Honduras and Panama.

Trafficking in amphetamine-type stimulant precursors is increasing. There have been cases where a large amount of pharmaceutical preparations containing controlled precursors like ephedrine and



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pseudoephedrine has been legally imported into the region and then smuggled into South and North America, to be used in the illicit manufacture of drugs.

The use of money couriers and money transfer services to pay for illegal drug consignments is also on the rise. Money couriers have been detained in Antigua and Barbuda, El Salvador and Honduras.

North America

In the United States, the annual survey “Monitoring the Future” has shown a decline for four consecutive years in the proportion of secondary students using illicit drugs. As a result, the annual prevalence rate for various drugs is currently 10-30 per cent lower than it was 10 years ago. There has been a significant decline in the percentage of students in secondary school who reported lifetime use of cannabis; there have also been declines in their lifetime use of other drugs, such as methamphetamine, MDMA, cocaine and heroin. It appears that such declines are largely related to the rising percentage of adolescents perceiving the abuse of these drugs as high risk.

However, the high and increasing level of abuse of prescription drugs by both adolescents and adults is a serious cause of concern. The gradual increase in the abuse of sedatives (including barbiturates), tranquillizers and narcotic drugs other than heroin by the general population have resulted in prescription drugs becoming the second most abused class of drugs after cannabis. The abuse of prescription drugs such as fentanyl, oxycodone and hydrocodone has led to a rising number of deaths. Of particular concern to the Board is the noticeable increase in the abuse of fentanyl, a synthetic opioid 80 times as potent as heroin, which is not only diverted from licit distribution channels but also illicitly manufactured in clandestine laboratories.

The spread in the abuse of prescription drugs is also related to the increasing use of the Internet as a global drug market. Illegal Internet pharmacies continue to proliferate, despite international law enforcement efforts.

Methamphetamine abuse has become a serious health, law enforcement and political concern and the fastest-growing drug threat: 58 per cent of counties in the United States ranked it as their biggest drug problem. While United States drug law enforcement agencies have been successful in closing down illicit methamphetamine laboratories, domestic illicit manufacturers of methamphetamine have largely been replaced by transnational drug trafficking organizations, based in Canada and Mexico.

Large-scale manufacturing of methamphetamine in clandestine laboratories, particularly in the western and north-western parts of Mexico are now ensuring the continuing supply to United States markets as confirmed by increasing amounts seized on the border between Mexico and the United States (2 tons in 2004).

Cannabis abuse is rising in Canada from an annual prevalence of 6.5 per cent in 1989 to 14.1 per cent in 2004 among persons aged 15 and above. Illicit cannabis plant cultivation has become a thriving illegal industry in Canada, including outdoor cultivation and more sophisticated indoor crop growing used to produce cannabis with high tetrahydrocannabinol (THC) content. The biggest producer of cannabis in the region is, however, Mexico. In addition to cannabis grown in Mexico, Mexican drug trafficking organizations have increased the size and sophistication of their cannabis plant cultivation operations on public and private lands in the United States, producing cannabis with a higher THC content by use of new techniques.

The involvement of organized criminal groups has led to Canada being used as a source country for cannabis, methamphetamine and MDMA for domestic abuse or for the illicit market in the United States. The importance of illicit methamphetamine exports to the United States has declined following the introduction of improved precursor controls in Canada in 2003, strengthening import and



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export licensing procedures. Significant legislative efforts have also been made by Mexico and the United States to counteract the surge of methamphetamine in the region. The United States has enacted new legislation (Patriot Act), restricting the sale of medication containing pseudoephedrine and ephedrine. Limits on imports of pseudoephedrine and ephedrine have also been introduced in Mexico.

Canada's rave scene continues the wide abuse of MDMA, MDA and *gamma*-hydroxybutyric acid (GHB) which has spread to far broader user groups, including youth attending clubs, private parties, secondary schools, colleges and universities.

Mexican drug trafficking organizations and criminal groups control most of the organized wholesale drug trafficking in the United States, in particular trafficking in cocaine, cannabis, methamphetamine and heroin. They are expanding their control of drug trafficking to areas formerly under the influence of Colombian, Dominican and other criminal groups.

South America

The total area under coca bush cultivation in the Andean subregion increased slightly in 2005, but the figure for 2005 still represented a decrease of 28 per cent compared with the figure for 2000. Slight decreases in the total area under coca bush cultivation in Bolivia and Peru were offset by an increase in Colombia despite intensified eradication efforts. The ability of coca bush growers to move their operations from one area to another adversely affected the results of eradication efforts by the Government of Colombia. Potential cocaine manufacture in the Andean subregion decreased by 3 per cent. Cocaine continues to reach the principal markets of the United States and Europe through the main trafficking routes in Central America and the Caribbean, as well as through Africa.

The Board notes with concern that the Government of Bolivia plans to introduce a new drug control policy with a view to using coca leaf for a wide range of products, which may not be in line with the Conventions.

In Peru, coca bush growers are putting pressure on the new Government to stop manual eradication of coca bush. In Argentina, under current legislation, the possession of coca tea or coca leaf in a natural state for chewing purposes is not considered to be possession or personal use of a narcotic drug. Moreover, the Board is concerned that the action in those countries could serve as a precedent and may send the wrong message to the public. The Board reminds Governments that it is the responsibility of the States parties to the international drug control treaties to ensure that the provisions concerning the cultivation of coca bush and the possession and use of coca leaves are adhered to, and the Board is ready to assist Governments in their efforts to fulfill that responsibility.

The implementation of measures aimed at countering drug trafficking, reducing illicit crop cultivation, preventing and fighting corruption related to drug trafficking and extraditing drug traffickers has been met with resistance by violent groups in some countries in South America. The Board urges all Governments not to reduce their efforts to enforce their drug control policies, despite difficulties that they may be experiencing in that area.

Large amounts of precursor chemicals required for the illicit manufacture of drugs continue to be seized in most countries in South America, which indicates their availability for illicit purposes. Measures to counter smuggling, including measures used in controlling domestic distribution networks and investigating diversions of precursor chemicals, need to be further strengthened. Pharmaceutical preparations containing narcotic drugs and psychotropic substances are also smuggled into the countries in South America and sold over the counter in non-licensed outlets.

Cannabis is regarded as the most widely abused drug in South America, although data collected in 2001-2005 indicate significant differences in the annual prevalence of abuse among the general popu-



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lation in the region. Cocaine abuse continues to account for most of the demand for treatment for drug abuse in South America, though the share accounted for by cocaine abuse has declined since the late 1990s. Several countries in the region carried out activities specifically aimed at the establishment of minimum standards of care for the treatment and rehabilitation of drug-dependent persons; the evaluation of the effectiveness of existing programmes for treatment and prevention; and, conducted studies on the prevalence of drug abuse.

Asia

East and South-East Asia

Illicit opium poppy cultivation continued to decrease in almost all countries in East and South-East Asia, in particular, in Myanmar, the Lao People's Democratic Republic and Viet Nam.

Seizures of opium continued to be reported in countries in East and South East Asia. In 2005, Chinese law enforcement officers seized a total of 2.3 tons of opium. Law enforcement officials in Viet Nam also reported seizures of opium. There has been an increase in seizures of cocaine in the Hong Kong Special Administrative Region (SAR) of China.

Traffickers are attempting to arrange the illicit sale of drugs using the Internet and cellular phones. Attempts to smuggle illicit drugs into Japan through the postal system have increased.

The abuse of Amphetamine Type Stimulants (ATS) has emerged as a serious and fast-growing problem in the Lao People's Democratic Republic. Methamphetamine is the drug of choice among drug abusers in Japan, accounting for 83.5 per cent of the arrests for drug-related offences. It also remains the drug of choice among drug abusers in the Philippines, the Republic of Korea and Thailand. Methamphetamine is also widely abused in Brunei Darussalam, Indonesia, Myanmar and Singapore. Methamphetamine is rapidly gaining in popularity in Malaysia: more than twice as many people abused methamphetamine in that country in 2005 (15 per cent) than in 2004 (7 per cent). Drug abusers in China are also increasingly abusing methamphetamine.

Although the HIV epidemic remains concentrated among high-risk groups in East and South-East Asia, HIV infection continues to be a major problem in countries in the region where heroin is the drug of choice among persons who abuse drugs by injection.

South Asia

The trafficking of heroin from West Asia remains a problem. Though trafficking organizations use South Asia mainly as a transit point for the trafficking of heroin to markets in other regions, this trafficking also stimulates the illicit market in South Asia, leading to more abuse.

Unsafe practices surrounding abuse by injection remain one of the key factors in the spread of HIV/AIDS in the region. Though that is particularly true in India and Nepal, Bangladesh also has the potential for an HIV/AIDS epidemic outside of the subpopulation of those who abuse drugs by injection, and for that reason, governments of countries in the region need to remain vigilant.

Available information suggests an emerging trend of increasing abuse of and trafficking in cocaine in South Asia. In India in particular, there have been increasing seizures of cocaine, as well as evidence that the abuse of that drug is on the rise, particularly among the newly emerging wealthy population. Cannabis is also illicitly cultivated in several countries in South Asia, and is widely abused in the region.



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Long-standing problems with the licit control of pharmaceutical preparations containing controlled substances has led to their widespread abuse among all segments of the population, in particular in Bangladesh, India and Nepal. In India, the main problem drugs include cough syrups containing a high level of codeine and buprenorphine, which is the main drug of injection in most areas. Pharmaceutical preparations continue to be diverted from domestic distribution routes and are sold without prescription in pharmacies and various other retail outlets in the region.

West Asia

In Afghanistan, illicit opium poppy cultivation increased by 59 per cent in 2006 and the level of production increased nearly 50 per cent to a record 6,100 tons. It is estimated that Afghan opiates are trafficked predominantly through Iran (Islamic Republic of), Pakistan and countries in Central Asia. As a consequence of continuing large scale opium poppy production in Afghanistan, those countries are faced with a wide range of problems related to large-scale drug trafficking, such as organized crime, corruption and relatively high illicit demand for opiates. For example, Iran (Islamic Republic of) has the highest rate of opiate abuse in the world.

Illicit cultivation of opium poppy is increasing in Pakistan; one new trend is the smuggling of heroin from Pakistan into China, where information indicates that besides supplying the domestic market, the heroin is further smuggled into Europe via Hong Kong SAR.

In addition, the abuse of amphetamine type stimulants (ATS) is spreading in various countries in West Asia, including Iran (Islamic Republic of), Turkey and several countries on the Arabian peninsula.

Though drug seizures in Central Asia decreased significantly in 2005, it appears that there was no decrease in the amount of drugs trafficked through the region. In 2006, opium production in north-eastern Afghanistan increased, resulting in a rising level of drug trafficking through Central Asia. The abuse of drugs in Central Asia continued to increase, and a rise in drug abuse by injection fuelled the spread of HIV/AIDS.

Armenia, Azerbaijan and Georgia, which are situated in the southern Caucasus, border Iran (Islamic Republic of), Russian Federation and Turkey and have coastlines along the Black Sea and the Caspian Sea, are experiencing an increase in drug trafficking and abuse.

Europe

Cannabis continues to be the most commonly abused drug in Europe. According to European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) estimates, about 6 per cent of the adult population in the member States of the European Union and in Iceland, Liechtenstein, Norway and Switzerland have tried cannabis once in their lifetime. The prevalence rate for cannabis abuse has been consistently high among young adults (persons 15-34 years of age) in Europe.

In some countries, new legislation was adopted with the aim of identifying and removing regulatory barriers to the use of narcotic drugs and psychotropic substances for pain management. Other European countries amended their drug laws concerning penalties for possession and trafficking offences. According to EMCDDA, there is a general tendency across Europe to reduce penal sanctions for personal use in favour of administrative sanctions and at the same time, increase custodial penalties for drug trafficking offences.

The Board notes with concern that, despite its ongoing dialogue with the Governments concerned, rooms for abuse of drugs, including by injection, remain in operation in a number of European coun-



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tries in violation of the international drug control treaties. The Board encourages all Governments to ensure that efficient measures are taken to address drug abuse and the spread of HIV/AIDS, in compliance with their obligation under the international drug control treaties. The Board urges the Governments of countries where rooms for the abuse of drugs are in operation to continue their efforts to ensure that adequate services are made available to those in need of treatment, rehabilitation and social integration in conformity with the international drug control treaties, rather than continue operating such rooms.

Europe has become the second largest illicit market for cocaine in the world. The total amount of cocaine seized in Europe and the number of persons who abuse that drug have increased compared with the previous year. Cocaine abusers account for about 10 per cent of drug abusers admitted for treatment in the European Union. The countries in Europe with the highest prevalence rate of cocaine abuse are Spain and the United Kingdom.

Europe continues to be one of the main illicit markets in the world for stimulants. Only cannabis is more commonly abused than MDMA ("ecstasy"). The main source of illicitly manufactured amphetamine-type stimulants in Europe continues to be the Netherlands, followed by Poland, Belgium, Lithuania and Estonia. The illicit manufacture of amphetamines continues to expand throughout Europe.

The abuse of methamphetamine continues to be reported by the authorities in the Czech Republic, Estonia, Latvia and Slovakia. The illicit manufacture of methamphetamine appears to be taking place on a small scale but is growing, the main source countries being the Czech Republic, Lithuania, Republic of Moldova and Slovakia.

Heroin abuse has remained largely stable and even declined in Western and Central Europe, while the level of abuse of opiates has increased in Eastern Europe, particularly in members of the Commonwealth of Independent States (CIS) and countries in South-Eastern Europe along the Balkan trafficking route. Several countries in Eastern Europe also report increasing abuse and trafficking of illicitly manufactured fentanyl and 3-methylfentanyl, two narcotic drugs with a much higher potency than heroin.

Oceania

Cannabis continued to be abused in many countries in Oceania, being the drug of choice among drug abusers in Australia, Micronesia (Federated States of), New Zealand, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu. However, a survey by the Australian Department of Health and Ageing found that fewer secondary school children are abusing cannabis. In 2005, 18 per cent of secondary school students had abused cannabis, compared to 35 per cent in a similar survey conducted in 1996. Micronesia (Federated States of) and Papua New Guinea have the highest prevalence of cannabis abuse in the region. The majority of the cannabis abused in Australia continues to have been produced in that country.

The illicit manufacture of methamphetamine remains a problem in Australia. Most of the pseudoephedrine used in illicit methamphetamine manufacture has been extracted from commercially available pharmaceutical preparations. The abuse (including by smoking) of methamphetamine among young drug abusers is increasing in Australia. There are indications that Oceania may be developing into a significant transit area and a potential consumption area for methamphetamine.

There was evidence of large-scale illicit manufacture of MDMA in Australia, particularly during the last quarter of 2005. Oceania continues to be used as a major trans-shipment area for illicit drugs.



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ABUSE OF PRESCRIPTION DRUGS TO SURPASS ILLICIT DRUG ABUSE, SAYS INCB

Board warns that deaths related to overdose of prescription drugs on the rise

The abuse and trafficking of prescription drugs is set to exceed illicit drug abuse, warned the International Narcotics Control Board (INCB) in its Annual Report released today (1 March 2007). The Board added that medication containing narcotic drugs and/or psychotropic substances is even a drug of first choice in many cases, and not abused as a substitute. Such prescription drugs have effects similar to illicit drugs when taken in inappropriate quantities and without medical supervision. The “high” they provide is comparable to practically every illicitly manufactured drug.

The abuse of prescription drugs has already surpassed abuse of traditional illicit drugs such as heroin and cocaine in some parts of the world says the Board. For example, in the United States, the abuse of prescription drugs, including pain killers, stimulants, sedatives and tranquillizers has gone beyond the abuse levels of practically all illicit drugs, with the exception of cannabis. The abuse rate is higher than that of drugs such as MDMA (“ecstasy”), cocaine, methamphetamine and heroin. The number of Americans who abuse controlled prescription drugs nearly doubled from 7.8 million to 15.1 million from 1992 to 2003. Abuse of a painkiller, Oxycodone (OxyContin®), increased by almost 40 per cent, to an annual prevalence of 5.5 per cent among students in their final year of secondary school from 2002 to 2005. Hydrocodone (Vicodin®) is also widely abused, with a prevalence of 7.4 per cent among college students in 2005.

Parts of Africa, South Asia and Europe are also facing this problem. In Nigeria, for instance, pentazocine, an analgesic, is the second most common drug injected. Buprenorphine, an analgesic and a drug prescribed for substitution treatment of drug dependency, is the main drug of injection in most areas of India and trafficked and abused in tablet form in France and Scandinavian countries. In France, between 20 and 25 per cent of buprenorphine (Subutex®) might be diverted to the illicit market.

The demand for these drugs is so high, that it has given rise to a new problem – that of counterfeit products. Strong demand on the illicit markets of Scandinavia for flunitrazepam (Rohypnol®), a sedative, is increasingly met by illicitly manufactured counterfeit preparations. The demand of the illicit market in North America for OxyContin® has led to distribution of counterfeit products containing illicitly manufactured fentanyl.

An equally serious consequence is that abuse of prescription drugs can have lethal effects. An increasing number of deaths related to abuse of narcotic drugs, including fentanyl and oxycodone have been recorded in North America and Europe.

“Most countries do not have any mechanism to systematically collect data to document this abuse, and are not aware to what extent drugs are being diverted and abused,” said Dr. Philip O. Emafo, President, INCB. “In addition, what abusers do not realize is that abuse of prescription drugs can be more risky than the abuse of illicitly manufactured drugs. The very high potency of some of the synthetic narcotic



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drugs available as prescription drugs presents in fact a higher overdose risk than the abuse of illicit drugs,” he added.

Aggravating this risk, is the tendency of drug abusers to create their own recipes – for instance, they remove, with the help of instructions freely available on Internet sites, the active substances from high-dosage formulations and separate drugs from inactive ingredients, enabling them to make more potent preparations.

Also, the widespread availability of pharmaceutical preparations in many countries allows drug abusers to obtain such preparations easily. The increasing use of the Internet as a global drug market has further contributed to the spread in the abuse of prescription drugs.

“The Board invites all Governments to alert their law enforcement officers to the rising trafficking and abuse of pharmaceutical products containing controlled substances. The Board also recommends providing adequate information to law enforcement and health authorities as well as to the general public on the risks and possible consequences of their abuse so as to ensure a realistic risk perception,” said Dr. Emafo.

The Board is requesting Governments to systematically collect data on seized pharmaceutical products and to include the abuse of pharmaceutical preparations in the surveys aiming at establishing the extent and types of drug abuse.



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DRUGS FUEL SLIMMING CRAZE WARNS BOARD

The trend of abuse of anorectics for slimming is rising, and can have fatal consequences for consumers, warned the International Narcotics Control Board (INCB) in its Annual Report released today, 1 March 2007.

“Last year, the world was witness to the tragic death of a Brazilian supermodel, who collapsed due to anorexia. Anorectics, which are meant to be prescribed and monitored by doctors, also have a use in the treatment of life-threatening obesity or Attention Deficit Disorder (ADD). However, they are instead being used indiscriminately to feed the slimming obsession that affects some societies,” pointed out Dr. Philip O. Emafo, President, INCB. “Effective intervention by local competent authorities is a must, if this trend is to be reversed,” he added.

Anorectics are substances that suppress the appetite or the sensation of hunger. Schedule IV of the 1971 Convention on Psychotropics lists 14 such substances. Of these, the main substances manufactured and consumed worldwide are phentermine (45 per cent), fenproporex (23 per cent), amfepramone (18 per cent), mazindol (9 per cent) and phendimetrazine (4 per cent). These substances are mainly prescribed as anorectics against obesity and for the treatment of narcolepsy and ADD. Their use can be addictive, and since they stimulate the central nervous system, indiscriminate use could produce serious adverse effects. Acute overdose could be very dangerous and may lead to panic states, aggressive and violent behaviour, hallucinations, respiratory depression, convulsions, coma and death. That is why these drugs have to be prescribed by a doctor who has carefully assessed the risk vs. benefit for the patient.

Five countries and one territory worldwide had the highest calculated rate of use per capita of the stimulants listed in Schedule IV, namely, Brazil, Argentina, the Republic of Korea, the United States, Singapore and Hong Kong SAR of China, in decreasing order. With a few exceptions, while the use of anorectics in Asia seems to show a decreasing pattern, the highest consumption of anorectics remains in the Americas. The per capita consumption of anorectics in Brazil is almost 40 per cent higher than that of the United States. This high rate of consumption in Brazil is fuelled by domestic manufacture: in 2005, 98.6 per cent of fenproporex and 89.5 per cent of amfepramone used globally were manufactured in Brazil, and were mostly consumed domestically. Production of these substances has also been increasing in the country – output jumped by 20 per cent from 2004 to 2005. In Argentina, while consumption of pemoline has decreased due to newly introduced stricter controls over prescription and dispensation of that substance, the consumption of mazindol has sharply increased, reaching global record levels during 2003-2005.

The Board stressed that if stricter control measures were applied by the relevant government authorities, consumption would come down, as has been evidenced in Chile, Denmark and France, where authorities achieved a significant reduction in consumption of stimulants as anorectics. Among other things, the Board recommends that authorities should examine the possibility of establishing stricter control measures on the formulation and special prescription/dispensation of medical preparations containing those substances. In addition, health care professionals can play an important role in these efforts by ensuring that the balance between benefit and risk is kept in mind and that the use of Schedule IV stimulants as anorectics is appropriate and in line with sound medical practice.



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DRUG SITUATION IN AFGHANISTAN DETERIORATING RAPIDLY: INCB

Unless Afghanistan takes swift measures to address the problem of corruption, Government efforts in drug control will be undermined, further hindering political progress, economic growth and social development in the country, says the International Narcotics Control Board (INCB) in its latest Annual Report released today (1 March 2007) in Vienna. Progress in eradicating illicit opium poppy cultivation in Afghanistan is being impeded by corruption prevailing throughout the country, according to INCB.

The Board is seriously concerned that the drug control situation in Afghanistan is deteriorating. There has been little progress in drug control in the country, particularly with regard to the elimination of illicit opium poppy cultivation and opium production.

The Board regrets that illicit opium poppy cultivation in Afghanistan has not been contained but has instead reached a record high level in 2006. One third of the Afghan economy remains opium based, which contributes to the widespread corruption in the country. This situation needs to be urgently addressed by the Government of Afghanistan with assistance from the international community, particularly the donor countries.

The annual report also highlights the importance of strengthening the control of licit activities related to narcotic drugs, psychotropic substances and precursors in Afghanistan. The absence of adequate drug control regulations and mechanisms have contributed to a proliferation of unregulated retail outlets selling controlled substances, many of which have been smuggled into the country. The lack of evidence linking seizures of acetic anhydride to diversions directly from international trade raises concern over the controls exercised by Governments to prevent diversions from domestic distribution channels. The Board urges Governments to ensure that the distribution and consumption of acetic anhydride at the national level is properly controlled. The Board expects that the Afghan Government will take the necessary steps to ensure effective functioning of the newly established Drug Regulation Committee in complying with the provisions of the international drug control treaties.

In addition to problems linked to illicit cultivation and manufacture, Afghanistan is also facing problems of drug abuse. The first nationwide survey on drug abuse in Afghanistan identified approximately 1 million drug abusers, of whom 60,000 were children under 15 years of age.

The Report once again calls upon the international community, particularly the donor countries, to continue to assist the Government of Afghanistan in its efforts to eliminate the drug problem, thereby achieving the goals set out in the National Drug Control Strategy. The Government, on its part, should redouble its efforts to remove impediments to the rule of law.

The Board invoked article 14 of the Single Convention on Narcotic Drugs, 1961 vis-à-vis Afghanistan in 2000, in view of the fact that the country had become by far the world's largest illicit producer of opium and was seriously endangering the aims of the Convention. Since then the Board has closely followed the drug control situation in Afghanistan and has maintained an ongoing dialogue with the Government to ensure that progress is made in drug control.



THE ROLE OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

The International Narcotics Control Board (INCB) is the independent and quasi-judicial monitoring body for the implementation of the United Nations international drug control conventions. It was established in 1968 in accordance with the Single Convention on Narcotic Drugs, 1961. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

Composition

INCB is independent of Governments as well as of the United Nations. Its 13 members are elected by the Economic and Social Council and serve in their personal capacity, not as government representatives. Three members with medical, pharmacological or pharmaceutical experience are elected from a list of experts nominated by the World Health Organization (WHO) and 10 members are elected from a list of experts nominated by Governments.

INCB collaborates with the United Nations Office on Drugs and Crime and also with other international bodies concerned with drug control including the Commission on Narcotic Drugs, WHO, the International Criminal Police Organization (Interpol) and the World Customs Organization.

Functions

The functions of INCB are laid down in the following treaties: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol; the Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Broadly speaking, INCB:

- monitors Governments' compliance with the international drug control treaties and recommends, where appropriate, technical or financial assistance;
- works in cooperation with Governments to ensure that adequate supplies of drugs are available for medical and scientific uses and that drugs from licit sources are not diverted to illicit channels;
- identifies weaknesses in national and international control systems;
- assesses chemicals used in the illicit manufacture of drugs to determine whether they should be placed under international control;
- administers a system of estimates of narcotic drugs and a voluntary assessment of psychotropic substances and monitors licit activities through an international reporting system established by the conventions;
- monitors and promotes measures taken by Governments to prevent the diversion of chemicals used in the illicit manufacture of drugs;
- In the event of apparent treaty violations, INCB demands explanations and proposes remedial measures to Governments.



It can also draw attention to treaty violations to the Commission on Narcotic Drugs and the Economic and Social Council.

Reports

The international drug control treaties require INCB to prepare an Annual Report on its work. The Annual Report contains an analysis of the drug control situation, draws attention to gaps and weaknesses in national control and in treaty compliance and recommends improvements at both national and international levels. The Reports are based on information provided by Governments and international bodies to INCB. The Annual Report is supplemented by detailed technical reports on narcotic drugs, psychotropic substances and on precursor chemicals, which can be used in the illicit manufacture of such drugs.

