INTERNATIONAL NARCOTICS CONTROL BOARD

Report

2018

UNITED NATIONS

EMBARGO

Observe release date:
Not to be published or broadcast before
Tuesday, 5 March 2019, at 1100 hours (CET)

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Reports published by the International Narcotics Control Board in 2018

The *Report of the International Narcotics Control Board for 2018* (E/INCB/2018/1) is supplemented by the following reports:

Progress in ensuring adequate access to internationally controlled substances for medical and scientific purposes (E/INCB/2018/1/Supp.1)

Narcotic Drugs: Estimated World Requirements for 2019—Statistics for 2017 (E/INCB/2018/2)

Psychotropic Substances: Statistics for 2017—Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971 (E/INCB/2018/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2018 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2018/4)

The updated lists of substances under international control, comprising narcotic drugs, psychotropic substances and substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, are contained in the latest editions of the annexes to the statistical forms ("Yellow List", "Green List" and "Red List"), which are also issued by the Board.

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Report

of the International Narcotics Control Board for 2018

UNITED NATIONS
Vienna, 2019

E/INCB/2018/1

UNITED NATIONS PUBLICATION
Sales No. E.19.XI.2
ISBN: 978-92-1-148308-6
eISBN: 978-92-1-047685-0
ISSN 0257-3717
eISSN 1564-8729

Publishing production: English, Publishing and Library Section, United Nations Office at Vienna.

Foreword

The publication of the report of the International Narcotics Control Board (INCB) for 2018 marks the fiftieth anniversary of the establishment of the Board, pursuant to the Single Convention on Narcotic Drugs of 1961.[1] Since the adoption by the Board of its first annual report half a century ago, global drug control challenges have evolved. To meet those challenges, States adopted two further conventions, the Convention on Psychotropic Substances of 1971[2] and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,[3] expanding the responsibilities of the Board. In 2016, at the special session of the General Assembly on the world drug problem, Member States unanimously reaffirmed their commitment to the goals and objectives of the three international drug control conventions.

Without the cooperation of Member States, the Board would not be able to fulfil its mandate of ensuring that the three international drug control conventions are implemented in accordance with the objectives and requirements that were established by States parties when they drafted and signed the conventions. To mark its fiftieth anniversary, the Board decided to deepen that cooperation by holding a meeting with representatives of Member States during its 123rd session, held in Vienna in November 2018, to consider the challenges currently faced in drug control and initiatives to address those challenges.

A major challenge is the disparate access to and availability of internationally controlled medications. People in many countries experience untreated pain and surgery without anaesthesia, including in emergency situations; in other regions, the non-rational prescription of opioid-based pain medications has contributed to a public health crisis and an increasing number of overdose deaths. Despite evidence of effectiveness, the use of internationally controlled methadone and buprenorphine for the treatment of opioid dependence is limited in some countries, including countries where there are significant levels of opioid dependence. In addition, the apparent oversupply of benzodiazepines in some countries represents a heightened risk of diversion to illicit channels. To support Governments in addressing the situation, the Board's report for 2018 is accompanied by a supplement entitled *Progress in ensuring adequate access to internationally controlled substances for medical and scientific purposes*.[4] That special report contains a review of the progress made in the implementation of the recommendations on availability of and access to internationally controlled substances as set out in the outcome document of the special session of the General Assembly and in the supplement to the INCB annual report for 2015.[5] It offers guidance to Governments on making progress towards alleviating suffering and realizing Sustainable Development Goal 3, on ensuring healthy lives and promoting well-being for all at all ages.

The legalization of the use of cannabis for non-medical purposes in some countries represents a challenge to the universal implementation of the treaties, a challenge to public health and well-being, particularly among young people, and a challenge to the States parties to the treaties. INCB reiterates that the conventions limit the use of controlled substances, including cannabis, exclusively to medical and scientific purposes, and remains engaged in continuous dialogue with the Governments of countries in which the use of cannabis for non-medical purposes has been legalized.

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[1] United Nations, *Treaty Series*, vol. 520, No. 7515.

[2] Ibid., vol. 1019, No. 14956.

[3] Ibid., vol. 1582, No. 27627.

[4] E/INCB/2018/1/Supp.1.

[5] *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes—Indispensable, Adequately Available and Not Unduly Restricted* (E/INCB/2015/Supp.1).

The thematic chapter of the annual report for 2018 is on the risks and benefits of medical, scientific and "recreational" use of cannabis and cannabinoids. In several countries, poorly regulated medical cannabis programmes and the associated lower perception of risk of cannabis use may have contributed to the legalization of non-medical cannabis use. In addition, medical cannabis programmes that are not regulated in accordance with the conventions can result in diversion to non-medical use. In the thematic chapter, the control requirements for cannabis and cannabinoids are set out, an overview of the medical uses of cannabinoids and associated pharmaceutical registration systems is provided, and the adverse effects of both short-term and long-term cannabis use are highlighted.

In 2017, the illicit opiate economy of Afghanistan exceeded the value of the total national licit exports of goods and services. The Board remains very concerned about the impact of illicit opium production on the health and welfare of people in Afghanistan and beyond. We therefore call upon the relevant United Nations bodies and agencies to provide further technical and financial assistance to address the drug control challenges in Afghanistan.

We are also concerned about the increase in illicit coca bush cultivation and cocaine manufacture in Colombia.

The fundamental goal of the three international drug control conventions, namely, to safeguard the health and welfare of humanity, includes ensuring the full enjoyment of human rights. The present report includes recommendations concerning criminal justice responses to drug-related crime that take the principle of proportionality into account. We call upon States to develop effective strategies for the prevention of drug use and the provision of treatment, rehabilitation, aftercare and social reintegration services.

2018 also represents 30 years of precursor control, being the thirtieth anniversary of the adoption of the 1988 Convention. Significant results have been achieved in those 30 years, namely that there is virtually no diversion of scheduled precursor chemicals from licit international trade to illicit channels. However, non-scheduled chemicals, such as substitute chemicals and pre-precursors, pose a challenge to international drug control. There is a need for a policy discussion at the international level to identify a way forward to address that challenge, building upon the successful precursor control measures that are already in place. Governments should also build on such measures to address the emergence of new psychoactive substances, and to prevent those potentially harmful substances from reaching people. In 2018, the Board assessed three amphetamine-type stimulant precursors and recommended their inclusion in Table I of the 1988 Convention. Those recommendations will be voted upon by the Commission on Narcotic Drugs in March 2019. The report of the Board for 2018 on the implementation of article 12 of the 1988 Convention[6] addresses those issues in depth. Details of the Board's work concerning the control of licit trade in narcotic drugs and psychotropic substances are found in the technical publications for 2018 on those subjects.[7]

To support Member States in safeguarding the well-being of their citizens through effective implementation of the international drug control conventions, INCB has developed a suite of tools that are available free of charge to national authorities. Those tools include the International Import and Export Authorization System (I2ES), the Pre-Export Notification Online system (PEN Online), the Precursors Incident Communication System (PICS), the Project Ion Incident Communication System (IONICS), INCB Learning and the global Operational Partnerships to Interdict Opioids'

[6] *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2018 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (E/INCB/2018/4).

[7] *Narcotic Drugs: Estimated World Requirements for 2019 — Statistics for 2017* (E/INCB/2018/2) and *Psychotropic Substances: Statistics for 2017 — Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971* (E/INCB/2018/3).

Illicit Distribution and Sales (OPIOIDS) Project, which are, in turn, dependent on the ongoing participation and support of Governments.

As we work together to address the challenges faced and to promote public health and well-being through effective drug control, I wish to highlight that the three international drug control treaties enjoy near universal adherence and that there is virtually no diversion of narcotic drugs, psychotropic substances and precursors from licit international trade to illicit channels.

The drug control challenges faced may seem daunting, and their impact on public health and well-being wide reaching. Yet, over the past century and since the first intergovernmental meeting on drug control, in 1909, such challenges have been effectively surmounted through cooperative efforts and political will. The same spirit and commitment are needed today. I urge you to study and implement the recommendations contained in the present annual report, the supplement to the report and the report for 2018 on the implementation of article 12 of the 1988 Convention. INCB stands ready to support Member States with its independent expertise and experience, accumulated over half a century.

Viroj Sumyai
President
International Narcotics Control Board

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Explanatory notes

Data reported later than 1 November 2018 could not be taken into consideration in the preparation of this report.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

References to dollars ($) are to United States dollars, unless otherwise stated.

The following abbreviations have been used in this report:

APAAN	*alpha*-phenylacetoacetonitrile
ASEAN	Association of Southeast Asian Nations
CARICC	Central Asian Regional Information and Coordination Centre
CARICOM	Caribbean Community
CBD	cannabidiol
CELAC	Community of Latin American and Caribbean States
CICAD	Inter-American Drug Abuse Control Commission of the Organization of American States
ECOWAS	Economic Community of West African States
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
Europol	European Police Office
FELCN	Special Force to Combat Drug Trafficking
GBL	*gamma*-butyrolactone
GHB	*gamma*-hydroxybutyric acid
I2ES	International Import and Export Authorization System
INCB	International Narcotics Control Board
INTERPOL	International Criminal Police Organization
IONICS	Project Ion Incident Communication System
ISIL	Islamic State in Iraq and the Levant
LSD	lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine
NATO	North Atlantic Treaty Organization
PEN Online	Pre-Export Notification Online system
PICS	Precursors Incident Communication System
α-PVP	α-pyrrolidinovalerophenone
SCO	Shanghai Cooperation Organization
SMART	global Synthetics Monitoring: Analysis, Reporting and Trends programme
THC	tetrahydrocannabinol
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAMA	United Nations Assistance Mission in Afghanistan
UNODC	United Nations Office on Drugs and Crime
WCO	World Customs Organization
WHO	World Health Organization

Chapter I.

Cannabis and cannabinoids for medical, scientific and "recreational" use: risks and benefits

1. The Governments of several States have passed legislation allowing patients suffering from certain health conditions (such as terminal cancer, epilepsy and neurological illnesses) to use cannabinoids and cannabis to treat the symptoms of their illnesses (see box 1 for definitions of key terms). Some medical cannabis programmes have had an adverse impact on public health because they have not been effectively regulated in line with the international drug control treaties, resulting in the diversion of cannabis to non-medical use. In several countries, poorly regulated medical cannabis programmes and the associated lower perception of risk may have contributed to the legalization of non-medical cannabis use, contrary to the international drug control treaties (see para. 5 and sections H–K below).

Box 1.

Some key terms

1. "Cannabis and its derivatives" describes all products derived from the cannabis plant. Cannabis plant products include the flowering tops (marijuana), compressed cannabis resin (hashish), cannabis oils, concentrated cannabis extracts (waxes) and edible preparations (e.g., infusions, cookies and chocolates).

2. Cannabinoids are substances found only in the cannabis plant. There are estimated to be 104 unique, naturally occurring cannabinoids but the 2 that have been most extensively studied are THC and CBD:

- THC produces the psychoactive effects, such as euphoria, relaxation and heightened sensory experiences, sought by "recreational" users
- CBD has few psychoactive effects. It may moderate the psychoactive effects of THC and has antioxidant, anti-inflammatory and neuroprotective effects

3. Synthetic cannabinoids are substances produced in the laboratory that have similar effects to THC or other cannabinoids (e.g., nabilone).

4. Approved pharmaceutical cannabinoids include dronabinol, nabilone, nabiximols and CBD. Research is being conducted on the potential uses of other cannabinoids.

Sources: National Academies of Sciences, Engineering, and Medicine, *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research* (Washington, D.C., National Academies Press, 2017); WHO, *The Health and Social Effects of Nonmedical Cannabis Use* (Geneva, 2016); and Leslie L. Iversen, *The Science of Marijuana*, 2nd ed. (Oxford, Oxford University Press, 2008).

2. Cannabis is included under Schedules I and IV of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol[1] because it produces dependence and has adverse public health consequences (see section E below).[2] Those consequences include injuries in motor vehicle crashes, mental illnesses such as psychoses, impaired cognitive and educational performance, disrupted adolescent development and adverse effects on fetal development. Cannabis use that begins during adolescence can damage the developing brain at a time of increased vulnerability.

3. The main cannabinoids with psychoactive properties, namely, THC and its isomers and their stereochemical variants, are included in Schedule I of the Convention on Psychotropic Substances of 1971[3] because they have the capacity to produce a state of dependence and constitute a public and social problem.

4. In its annual report for 2017,[4] INCB re-examined the terminology surrounding the medical use of cannabinoids. Accordingly, in the present chapter, the term "medicinal cannabinoids" refers only to cannabinoids that have been extracted from the plant or synthesized, have had their safety and effectiveness evaluated in controlled clinical trials and have been licensed for use as medicines.

5. Poorly controlled programmes for the medicinal use of cannabinoids can potentially have adverse effects on public health. They may increase non-medical cannabis use among adults and contribute to the legalization of non-medical cannabis use by weakening public perceptions of the risks of using cannabis and reducing public concern about legalizing non-medical (so-called "recreational") cannabis use, which is contrary to the international drug control treaties.

6. In the present chapter, the conditions under which the international treaties allow the medical use of cannabinoids are specified. The chapter also contains a brief summary of the evidence on the safety and effectiveness of cannabinoids for various types of medical use. The strengths and limitations of different regulatory approaches to permitting the medical use of cannabinoids, including the risks of diversion of cannabis to non-medical use, are also described. The chapter contains a discussion on how weak regulation of medical cannabis programmes may facilitate moves to legalize the non-medical use of cannabis and concludes with recommendations on how States should implement programmes for medicinal cannabinoids that comply with the requirements of the international drug control treaties.

A. Cannabis, its derivatives and the international drug control conventions

7. Article 4, paragraph *(c)*, of the 1961 Convention as amended limits the use of drugs scheduled under the Convention, including cannabis and its derivatives, to medical and scientific purposes. Under the Convention, cannabinoids may be evaluated in controlled clinical trials to assess the benefits and harms of their use in medicine.

8. The treaties set out requirements on States parties as to how they may allow the use of cannabis and its derivatives for medical purposes. For example, articles 23 and 28 of the 1961 Convention as amended require that Governments establish a national cannabis agency to control the production and regulate the supply of cannabinoids for medical use. The national agency is required to license producers, purchase and take possession of stocks and maintain a monopoly on wholesale trading and stocks. The agency must provide annually to INCB estimates of the quantities of the drug that will be used for medical purposes and must also provide estimates of the number of patients who will be treated with the drug.

9. In order to prevent abuse of and trafficking in cannabis, States parties must take measures to prevent the unauthorized cultivation of cannabis plants and must seize and destroy illicitly cultivated cannabis crops. All programmes for the medical use of cannabinoids must be developed and implemented under the full authority of the State concerned.

10. The treaties require that effective legislative frameworks are put in place to ensure the medically supervised use of cannabis and its derivatives and to prevent the diversion of cannabis and its derivatives to non-medical

[1] United Nations, *Treaty Series*, vol. 976, No. 14152.

[2] At the time of finalizing the present report, the WHO Expert Committee on Drug Dependence was due to hold its forty-first meeting (12–16 November 2018), during which it was to conduct a critical review of, inter alia, cannabis and cannabis-related substances, namely cannabis and cannabis resin, extracts and tinctures of cannabis, delta-9-THC and isomers of THC, to advise the Director General of WHO on any recommendation or assessment to be transmitted by WHO to the Commission on Narcotic Drugs for its consideration pursuant to articles 3, paragraphs 3 (iii), 4, 5 and 6 of the 1961 Convention as amended, and article 2, paragraph 4, of the Convention on Psychotropic Substances of 1971.

[3] United Nations, *Treaty Series*, vol. 1019, No. 14956.

[4] E/INCB/2017/1.

use. Governments allowing the medical use of cannabis must ensure that cannabis is prescribed by competent medical practitioners according to sound medical practice and based on sound scientific evidence.

11. Cannabinoids should be approved for medical use on the basis of scientific evidence on their quality, safety and efficacy for medical use from controlled clinical trials. Approved medicinal cannabinoids should be prescribed by a physician and dispensed by a pharmacist. Governments should monitor prescribers, dispensers and patients to ensure that those cannabinoids are not diverted to non-medical use or abuse.

12. The Board has repeatedly stated that personal cultivation of cannabis for medical purposes is inconsistent with the 1961 Convention as amended because, inter alia, it heightens the risk of diversion.[5] Personal cultivation of cannabis to be used for medical purposes does not allow Governments to exercise the supervision required by the 1961 Convention over the production, manufacture, export, import and distribution of, trade in and use and possession of cannabis, the establishment of estimates of medical usage, the furnishing of related statistical returns or the implementation of the provisions of article 28 of that Convention. In addition to the risks of diversion, allowing private individuals to cultivate cannabis for personal medical consumption may present additional health risks, in that the dosages and levels of THC consumed may be different from those medically prescribed. The production of very high THC concentrates and extracts for "medical use" heightens the Board's concerns about the risks of diversion for non-medical use.

B. Pharmaceutical registration and prescription regimes

13. Smoking cannabis is not a medically acceptable way to obtain standardized doses of cannabinoids for two reasons: first, cannabis plants vary in their composition, which makes it difficult to prescribe specific doses;[6] second, there are health risks to patients from inhaling the carcinogens and toxins in cannabis smoke.[7]

14. Attempts to market and promote the medical use of cannabis products as "herbal medicines" are inconsistent with the classification of cannabis and its derivatives under the 1961 and 1971 conventions.

15. Pharmaceutical-quality cannabinoids should be approved for clearly defined medical uses by the country's pharmaceutical regulatory system. The pharmacological specificity of cannabinoids to treat defined medical conditions should be demonstrated in order to avoid their being used to treat medical conditions for which there is limited evidence of benefit. Cannabinoids approved in these ways can best deliver high-quality, standardized doses of known substances for medical use.[8]

16. Medical regulatory authorities license the medical use of a drug when there is evidence that the drug has been manufactured to a required level of quality and safety. Those authorities also require evidence from randomized controlled clinical trials that show that the drug is safe and effective, i.e., that the drug is more effective than a placebo, or equally as effective as an active treatment, when used to treat patients with a specified medical disorder.[9]

17. While assessing the potential for a controlled substance to be used for medical purposes, States should make sure that the therapeutic advantages it provides cannot be afforded by some other non-controlled drug with no or few addiction-producing properties.[10]

18. Once drugs have been approved for medical use, medical colleges and clinical societies often develop clinical practice guidelines for their use. Such guidelines are designed to assist prescribers with regard to how best to incorporate the use of new drugs into clinical practice, for example, the disorders for which they may be used, whether they will be used as first-line or later-line treatments, and if they will be used as adjuncts or monotherapies.

[5] Ibid., para. 177.

[6] EMCDDA, *Cannabis Legislation in Europe: An Overview* (Luxembourg, Publications Office of the European Union, 2018), p. 7.

[7] United States of America, National Academies of Sciences, Engineering, and Medicine, *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research* (Washington, D.C., National Academies Press, 2017).

[8] Jennifer H. Martin, Yvonne Bonomo and Adrian D. B. Reynolds, "Compassion and evidence in prescribing cannabinoids: a perspective from the Royal Australasian College of Physicians", *Medical Journal of Australia*, vol. 208, No. 3 (February 2018).

[9] Odilia Osakwe, "Pharmaceutical regulation: the role of Government in the business of drug discovery", in *Social Aspects of Drug Discovery, Development and Commercialization*, Odilia Osakwe and Syed A. A. Rizvi, eds. (London, Elsevier, 2016); and Lembit Rägo and Budiono Santoso, "Drug regulation: history, present and future", in *Drug Benefits and Risks: An International Textbook of Clinical Pharmacology*, revised 2nd ed., Chris J. van Boxtel, Budiono Santoso and I. Ralph Edwards, eds. (Uppsala, Sweden, Uppsala Monitoring Centre, 2008).

[10] Martin, Bonomo and Reynolds, "Compassion and evidence in prescribing cannabinoids".

19. After a drug is licensed for medical use, the health authorities may monitor adverse effects among patients who use it. Post-market surveillance is needed to detect rare but serious adverse effects that may not be detected in the clinical trials used to obtain a licence for the drug's medical use. Clinical trials are usually short term and conducted in highly selected patient populations. Rarer adverse effects of medical use may only come to light when a drug has been used to treat a large number of unselected patients.

20. A company that markets a drug can promote its use to medical practitioners for the approved medical uses. Physicians may use approved drugs off-label, that is, to treat medical conditions other than those for which the drugs have been approved. The regulatory system, however, does not allow companies to promote the use of a drug beyond its approved indications, for example, by expanding the indications for its use, encouraging doctors to prescribe it off-label, or overstating its benefits or understating any adverse effects.

21. Many national pharmaceutical regulatory systems have established special-access schemes that enable patients with serious illnesses (such as cancer) to access unapproved medicines. This requires evidence that the patient has failed to respond to conventional treatment and patients must give informed consent for the use of an unapproved medicine. Medicines obtained in this way may have been approved for medical use in other countries but are not available in the country where a patient lives, or the medicine may still be undergoing clinical trial.[11] They usually require a prescription from a licensed medical practitioner and approval by the pharmaceutical regulator to import and use the drug.

C. Medical uses of cannabinoids

22. A large variety of preparations containing cannabinoids are used in various regions of the world to provide different dosage forms and concentrations of active and psychoactive ingredients by different routes of administration. They are used in the belief that they will alleviate a wide range of symptoms, often in the absence of high-quality evidence that they are safe and effective. In many cases, it is unclear what cannabinoids these products contain (active principles and dosage), what the best route of administration is or what their adverse side effects may be. When used in these ways, patients may confuse the acute euphoric effects of cannabinoids for longer-term medicinal effectiveness.[12]

23. The results of some controlled clinical trials suggest that some cannabinoids may relieve the symptoms of some illnesses, but not modify the underlying diseases.[13] Such cannabinoids are primarily used in combination with other drugs and typically only after a patient has failed to respond to other approved treatments for his or her condition. Cannabinoids are not first-line treatments for any of these conditions. The following summary of the evidence on the effectiveness of cannabinoids for medical uses is drawn from systematic reviews of the literature.[14]

(a) Neuropathic pain and spasticity in multiple sclerosis

24. Randomized clinical trials have compared the efficacy of nabiximols (which contain equal amounts of THC and CBD) with a placebo in treating muscle spasm and neuropathic pain in patients with multiple sclerosis. Patients given nabiximols reported less muscle spasticity than patients given a placebo, but the differences in muscle spasticity identified by physicians were marginal.[15]

25. Systematic reviews of trials have found that nabiximols reduce neuropathic pain more than a placebo in patients with multiple sclerosis. However, the cannabinoids were only marginally more effective than a placebo: a 50 per cent reduction in pain was reported by 21 per cent of patients who received the cannabinoid and

[11] J. Martinalbo and others, "Early market access of cancer drugs in the EU", *Annals of Oncology*, vol. 27, No. 1 (January 2016), pp. 96–105.

[12] Martin, Bonomo and Reynolds, "Compassion and evidence in prescribing cannabinoids".

[13] Vincenzo Di Marzo and Luciano De Petrocellis, "Plant, synthetic, and endogenous cannabinoids in medicine", *Annual Review of Medicine*, vol. 57 (2006), pp. 553–574; Institute of Medicine, *Marijuana and Medicine: Assessing the Science Base* (Washington, D.C., National Academies Press, 1999); *The Health Effects of Cannabis and Cannabinoids*.

[14] Including *The Health Effects of Cannabis and Cannabinoids*; and Penny F. Whiting and others, "Cannabinoids for medical use: a systematic review and meta-analysis", *Journal of the American Medical Association*, vol. 313, No. 24 (June 2015), pp. 2456–2473.

[15] *The Health Effects of Cannabis and Cannabinoids*; Whiting and others, "Cannabinoids for medical use"; and John Zajicek and others, "Cannabinoids for treatment of spasticity and other symptoms related to multiple sclerosis (CAMS study): multicentre randomised placebo-controlled trial", *Lancet*, vol. 362, No. 9395 (November 2003), pp. 1517–1526.

by 17 per cent of those who received a placebo.[16] There have not been any trials comparing the analgesic effects of cannabinoids with other analgesics such as non-steroidal anti-inflammatory drugs.

(b) Intractable childhood epilepsy

26. Randomized controlled trials have compared the frequency of epileptic seizures in children with Dravet and Lennox-Gastaut syndromes (rare genetic forms of epilepsy) who were given CBD or a placebo in addition to other anti-epileptic drugs. CBD produced a larger reduction in the frequency of seizures than the placebo, but more clinical trials are needed to identify the doses of CBD that reduce seizures with a minimum of adverse effects.[17] Clinical trials are also needed to assess the efficacy of CBD in treating other types of epilepsy in children and adults.

(c) Cannabinoids as anti-emetics

27. Randomized clinical trials have been held to assess whether THC (taken orally) is more effective in reducing nausea and vomiting than a placebo or another anti-emetic drug in cancer patients whose nausea and vomiting are caused by chemotherapy. Systematic reviews have drawn different conclusions on their efficacy, ranging from a Cochrane review that concluded that the evidence was of low quality[18] to a study in which "conclusive evidence" was found that THC (or a cannabinoid with similar effects) was more effective in reducing nausea and vomiting than a placebo or the anti-emetic drug with which it was compared.[19]

28. A major limitation of these trials is that THC was compared with a drug that is no longer used and that is much less effective in controlling nausea and vomiting than newer drugs.[20] There have been very few clinical trials in which the effects of THC were compared with drugs such as ondansetron.[21]

(d) Appetite stimulation

29. In 1992, THC was approved in the United States of America for use as an appetite stimulant in the treatment of AIDS-related wasting. Systematic reviews have concluded that the clinical trials provide weak evidence for the use of THC as an appetite stimulant because of a substantial risk of bias in those trials.[22] There is also little clinical need to stimulate the appetite of AIDS patients because few persons infected with HIV develop AIDS-related wasting if treated with highly active antiretroviral drugs. There are other medical disorders in which appetite may need to be stimulated (e.g., cancer and anorexia nervosa), but the evidence for the medical use of cannabinoids in those disorders is weak.[23]

D. Adverse effects of short-term medicinal cannabinoid use

30. Evaluations of the adverse effects of medicinal cannabinoids have only been short term. Randomized, controlled clinical trials of cannabinoids to treat nausea and vomiting have assessed adverse effects over 1–6 days and trials for appetite, pain and spasticity in multiple sclerosis have lasted for 8–15 weeks.

31. An analysis of adverse events in 79 randomized clinical trials of cannabinoids in treating the conditions indicated above found that patients receiving a cannabinoid were approximately three times more likely than patients receiving a placebo to have an adverse event, nearly three times more likely to cease treatment because of adverse events and 40 per cent more likely to report a serious adverse event. The adverse events most often reported by patients receiving medicinal cannabinoids were dizziness, dry mouth, disorientation, euphoria, confusion and drowsiness.[24]

[16] Martin Mücke and others, "Cannabis-based medicines for chronic neuropathic pain in adults", *Cochrane Database of Systematic Reviews*, No. 3 (2018).

[17] Emily Stockings and others, "Evidence for cannabis and cannabinoids for epilepsy: a systematic review of controlled and observational evidence", *Journal of Neurology, Neurosurgery and Psychiatry*, vol. 89, No. 7 (July 2018).

[18] Whiting and others, "Cannabinoids for medical use".

[19] *The Health Effects of Cannabis and Cannabinoids*.

[20] *Marijuana and Medicine*; and Rudolph M. Navari, "Pharmacological management of chemotherapy-induced nausea and vomiting: focus on recent developments", *Drugs*, vol. 69, No. 5 (March 2009), pp. 515–533.

[21] *The Health Effects of Cannabis and Cannabinoids*; and Navari, "Pharmacological management of chemotherapy-induced nausea and vomiting".

[22] *The Health Effects of Cannabis and Cannabinoids*; and Whiting and others, "Cannabinoids for medical use".

[23] *The Health Effects of Cannabis and Cannabinoids*.

[24] Whiting and others, "Cannabinoids for medical use".

E. Adverse effects of long-term use of cannabis and its derivatives

32. The adverse health effects of short- and long-term use of cannabis for non-medical reasons are summarized in box 2 below. By contrast, there is very limited information on the adverse effects of using cannabinoids regularly (e.g., daily) for medical purposes over periods of months and years.[25] Cannabis dependence is a probable consequence of long-term medical cannabinoid use.[26] It is reasonable to assume, in the light of experience with other drugs, that the risk of dependence would be higher for patients with chronic pain using cannabinoids daily for months than the risk for patients using THC to treat chemotherapy-induced nausea for a week or less. There are no data on those risks, however.

33. Long-term cannabis smoking is associated with an increased risk of chronic bronchitis, but the evidence is mixed as to whether daily cannabis smoking increases the risk of chronic obstructive pulmonary disease.[27] The respiratory risks of non-medical cannabis use[28] arise because it is smoked, in many cases with tobacco and by tobacco smokers.[29] A patient taking medicinal cannabinoids orally would avoid those respiratory harms.

34. Long-term, daily, non-medical use of cannabis has been associated with poorer memory, attention, decision-making and planning in adolescents and young adults. Those effects may be of concern in patients with neurological disorders for whom regular use of cannabinoids could worsen any cognitive impairments caused by their disorders.[30]

35. Daily use of cannabis may precipitate psychotic symptoms and disorders in young persons, especially in those with a personal or family history of such disorders. There are no data on the risk of psychosis in older patients using cannabinoids. Persons with a personal or family history of psychosis would be wise to avoid using cannabinoids.[31, 32] The non-psychoactive cannabinoid, CBD, may have anti-psychotic effects that require further investigation.

36. The cardiovascular risks of long-term cannabis and cannabinoid use may be a concern in older patients who have a higher risk of cardiovascular disease.[33] Epidemiological investigations into cardiovascular outcomes in patients using cannabinoids for medical purposes are needed.

F. Medical use of approved cannabinoids

37. A number of countries, mostly in Europe and North America, permit the medical use of cannabinoids (see table 1). The United States Food and Drug Administration, for example, has approved several cannabinoids for medical use. In 1985, it approved a synthetic THC, dronabinol (Marinol), for use as an anti-emetic drug in cancer patients undergoing chemotherapy. Nabilone (Cesamet), a synthetic cannabinoid (with similar effects to THC), was approved in 1992 in capsule form as an appetite stimulant in patients with AIDS-related wasting.[34] In June 2018, the Food and Drug Administration approved the use of a CBD product (Epidiolex) to treat patients aged 2 years and older with Lennox-Gastaut and Dravet syndromes.

[25] Tongtong Wang and others, "Adverse effects of medical cannabinoids: a systematic review", *Canadian Medical Association Journal*, vol. 178, No. 13 (June 2008), pp. 1669–1678.

[26] Wayne Hall, Louisa Degenhardt and Michael Lynskey, *The Health and Psychological Effects of Cannabis Use*, Monograph Series, No. 44, 2nd ed. (Canberra, Commonwealth Department of Health and Ageing, 2001).

[27] WHO, *The Health and Social Effects of Nonmedical Cannabis Use* (Geneva, 2016); and *The Health Effects of Cannabis and Cannabinoids*.

[28] Jeanette M. Tetrault and others, "Effects of marijuana smoking on pulmonary function and respiratory complications: a systematic review", *Archives of Internal Medicine*, vol. 167, No. 3 (February 2007), pp. 221–228.

[29] Wan C. Tan and others, "Marijuana and chronic obstructive lung disease: a population-based study", *Canadian Medical Association Journal*, vol. 180, No. 8 (April 2009), pp. 814–820.

[30] Rebecca D. Crean, Natania A. Crane and Barbara J. Mason, "An evidence-based review of acute and long-term effects of cannabis use on executive cognitive functions", *Journal of Addiction Medicine*, vol. 5, No. 1 (March 2011), pp. 1–8; and Nadia Solowij and others, "Cognitive functioning of long-term heavy cannabis users seeking treatment", *Journal of the American Medical Association*, vol. 287, No. 9 (2002), pp. 1123–1131.

[31] Louisa Degenhardt and Wayne Hall, "Is cannabis use a contributory cause of psychosis?", *Canadian Journal of Psychiatry*, vol. 51, No. 9 (August 2006), pp. 555–565; *The Health and Social Effects of Nonmedical Cannabis Use*; and *The Health Effects of Cannabis and Cannabinoids*.

[32] Philip McGuire and others, "Cannabidiol (CBD) as an adjunctive therapy in schizophrenia: a multicenter randomized controlled trial", *American Journal of Psychiatry*, vol. 175, No. 3 (2018), pp. 225–231.

[33] Wayne Hall and Rosalie Liccardo Pacula, *Cannabis Use and Dependence: Public Health and Public Policy*, reissued ed. (Cambridge, Cambridge University Press, 2010).

[34] *Marijuana and Medicine*; and Douglas C. Throckmorton, Deputy Director for Regulatory Programs, Center for Drug Evaluation and Research, Food and Drug Administration, Department of Health and Human Services, "Researching the potential medical benefits and risks of marijuana", statement to the Subcommittee on Crime and Terrorism, Committee on the Judiciary, United States Senate, 13 July 2016.

Box 2.

Adverse effects of cannabis use on health

The short-term adverse effects of cannabis use include:

- Intoxication, with disturbed consciousness, cognition, perception, affect or behaviour, and psychophysiological functions
- Panic attacks, hallucinations and vomiting (in a minority of first-time users)
- Impairment of driving and an increased risk of road traffic injuries (1.3–2.0-fold)
- Possible triggering of coronary events in younger cannabis smokers
- Adverse effects on the fetus if a mother smokes cannabis during pregnancy

The long-term psychosocial effects of regular cannabis use include:

- Dependence (the risk is 1 in 10 among those who have ever used it, 1 in 6 for adolescent users and 1 in 3 for daily users)
- More severe and persistent negative outcomes among adolescents than among adults
- A dose-response relationship between cannabis use in adolescence and the risk of developing psychotic symptoms or schizophrenia in young adulthood
- Increased risk of early school leaving, cognitive impairment, illicit use of other drugs, depressive symptoms and suicidal ideation and behaviour (when cannabis is used daily in adolescence and young adulthood)

The other longer-term physiological risks of regular cannabis use may include:

- Chronic and acute bronchitis and injury to bronchial lining cells
- Myocardial infarctions and strokes in young cannabis users
- An increased risk of cancer and other respiratory diseases if used with tobacco
- Testicular cancer (the link requires further investigation)

Source: WHO, The Health and Social Effects of Nonmedical Cannabis Use (Geneva, 2016).

Table 1.

Pharmaceutical cannabinoids that have been approved for medicinal use

Cannabinoid	Composition	Trade name	Route	Indication
Dronabinol	Synthetic *delta*-9-THC	Marinol	Oral capsule	Nausea and vomiting[a]
Nabilone	Synthetic cannabinoid that mimics the effects of THC	Cesamet	Oral capsule	Nausea and vomiting; appetite stimulation[b]
Nabiximols	Cannabis extract with equal doses of THC and CBD	Sativex	Oral mucosal spray	Muscle spasticity and pain in multiple sclerosis[c]
CBD	CBD extracted from cannabis plants	Epidiolex	Oil for oral use	Epilepsy in Lennox-Gastaut and Dravet[d] syndromes for patients aged 2 years and older

[a] National Academies of Sciences, Engineering, and Medicine, *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research* (Washington, D.C., National Academies Press, 2017).
[b] Ibid.
[c] United Kingdom, electronic Medicines Compendium (eMC), "Sativex Oromucosal Spray". Available at www.medicines.org/uk.
[d] United States Food and Drug Administration.

38. Dronabinol and nabilone have not been widely used in the United States because patients find it difficult to achieve therapeutic effects without adverse side effects.[35] When THC is taken orally, its effects have a delayed onset; often, patients either do not receive enough THC to achieve a therapeutic effect or they receive too much and experience adverse side effects.[36]

39. In several countries, including the United Kingdom of Great Britain and Northern Ireland, nabiximols (Sativex) have been approved to treat muscle spasms in multiple sclerosis patients,[37] but have not been widely used, in part because of the absence of public subsidies, which increases the cost borne by patients.

G. Special-access schemes for medicinal cannabinoids

40. Several countries around the world have established special-access schemes for cannabinoids. The paragraphs below contain examples of schemes that have been described in the literature. It is not a complete account, because schemes in many countries have been in operation for shorter periods of time and information on how they operate is not yet readily available.

41. Since 2001, Israel has allowed the medical use of cannabis, with the approval and oversight of the Medical Cannabis Unit in the Ministry of Health. The Unit issues permits for patients to use herbal cannabis and nabiximols for medical purposes on the recommendation of physicians. It also authorizes growers to produce cannabis and supply it to patients.

42. Israel supplies herbal cannabis as an oil or as dried flower for smoking or vaporization. The physician specifies the THC and CBD content. Nabiximols are licensed to treat moderate to severe spasticity in multiple sclerosis patients and to treat cancer pain.[38]

43. Since July 2014, the medical use of cannabinoids in Israel has only been permitted if the physician has utilized and the patient has failed to respond to recognized treatments. Approved uses include cancer treatment; inflammatory bowel disease; neuropathic pain after more than a year of treatment in a pain clinic; AIDS-related wasting; neurological diseases such as multiple sclerosis, Parkinson's disease and Tourette's syndrome; post-traumatic stress disorder; and terminal illnesses.[39]

44. In 2003, legislation was passed in the Netherlands to allow physicians to prescribe cannabis for a range of medical indications. Cannabis is produced under government licence by a private company and dispensed by pharmacists to patients in a standardized form for oral consumption, on a doctor's prescription.

45. In 2011, legislation was passed in Switzerland to allow the medical use of cannabis to treat chronic pain and spasticity, under exceptional circumstances with the approval of the Swiss Federal Office of Public Health. Doctors can request a licence for each patient to use a commercially available synthetic THC (dronabinol) or a tincture of *cannabis sativa* containing 5 per cent THC, prepared by a pharmacist.

H. Poorly regulated medical cannabis programmes in North America

46. Under medical cannabis programmes in Canada and some states in the United States, patients have been allowed to purchase cannabis from commercial outlets for use for a variety of medical conditions, under minimal medical supervision. Weak regulation of medical usage has allowed the diversion of cannabis to non-medical use and, according to some, has facilitated the legalization of non-medical cannabis use in some states in the United States.[40] The key features of these programmes are summarized in box 3 and elaborated upon in the following paragraphs.

47. In some states in the United States, the medical use of cannabis was legalized through citizen-initiated referendums. For example, in 1996 in California, voters voted

[35] Franjo Grotenhermen, "Cannabinoids for therapeutic use: designing systems to increase efficacy and reliability", *American Journal of Drug Delivery*, vol. 2, No. 4 (2004), pp. 229–240; and Marijuana and Medicine.

[36] Grotenhermen, "Cannabinoids for therapeutic use"; and Leslie L. Iversen, *The Science of Marijuana*, 2nd ed. (Oxford, Oxford University Press, 2007).

[37] Iversen, *The Science of Marijuana*; and Ethan Russo and Geoffrey W. Guy, "A tale of two cannabinoids: the therapeutic rationale for combining tetrahydrocannabinol and cannabidiol", *Medical Hypotheses*, vol. 66, No. 2 (2006), pp. 234–246.

[38] Jacob Ablin and others, "Medical use of cannabis products: lessons to be learned from Israel and Canada", *Der Schmerz*, vol. 30, No. 1 (January 2016).

[39] Ibid.

[40] Beau Kilmer and Robert J. MacCoun, "How medical marijuana smoothed the transition to marijuana legalization in the United States", *Annual Review of Law and Social Science*, vol. 13 (2017), pp. 181–202.

Box 3.

Features of poorly regulated medical cannabis programmes

Poorly regulated medical cannabis programmes:[a]

(a) Allow the smoking of cannabis for "medical" purposes;

(b) Allow "medical cannabis use" for a wide variety of medical conditions in the absence of evidence of safety and effectiveness from controlled clinical trials for such use;

(c) Allow the provision of non-standardized cannabis products under minimal medical supervision, often authorized for a fee by physicians with no specialist expertise or history of treating the patient;

(d) Allow patients to either grow their own cannabis or purchase cannabis products from commercial outlets that produce cannabis illicitly.

[a] Beau Kilmer and Robert J. MacCoun, "How medical marijuana smoothed the transition to marijuana legalization in the United States", *Annual Review of Law and Social Science*, vol. 13 (2017), pp. 181–202.

in favour of proposition 215, on allowing cannabis to be used to treat nausea, weight loss, pain and muscle spasm, and any other illness for which it may provide relief.

48. In the United States, the medical use of cannabis is now allowed in more than 30 states and the Federal District of Columbia. Those states differ in how they regulate their medical cannabis programmes. In some states, "medical use" is defined very broadly and cannabis may be sold by commercial dispensaries to persons with a medical recommendation. In other states, the use of cannabis is restricted to limited medical conditions and the sale of cannabis by commercial dispensaries is not permitted.[41]

49. The profiles of patients in medical cannabis programmes in California suggest that "medical use" is very loosely defined in that state. During the period 2001–2007, of 4,117 patients in the San Francisco Bay Area, 77 per cent were males. Most (88 per cent) started using cannabis before the age of 19 and 90 per cent were daily smokers.[42] In a representative survey of Californian adults, 7 per cent reported "medical cannabis use". The highest rate was among those aged 18–24 (10 per cent) and the lowest rate (1.5 per cent) was among persons aged over 65.[43] Those characteristics do not correspond to the cases highlighted in advocacy for medical uses of cannabis, namely, older adults with terminal illnesses, persons with neurological diseases and children with epilepsy.

50. Most medical cannabis programmes in the United States do not comply with the requirements of the international drug control treaties or United States national law. The cannabis sold in dispensaries may be illicitly produced and sold. There may be substantial diversion of cannabis products intended for medical use to non-medical use. There is often little or no scientific evidence to support the effectiveness of many of the purported medical uses of cannabis and there is very little medical supervision of these "medical" uses of cannabis.

51. In April 2001, the Government of Canada passed legislation allowing patients to access cannabis for medical purposes.[44] They could do so if they had a terminal illness and a life expectancy of less than 12 months; multiple sclerosis, a spinal cord injury or disease, cancer pain, AIDS, arthritis or epilepsy; or another serious medical condition that had not been relieved by conventional treatments.[45]

[41] Rosalie Liccardo Pacula and Rosanna Smart, "Medical marijuana and marijuana legalization", *Annual Review of Clinical Psychology*, vol. 13 (2017), pp. 397–419.

[42] Thomas J. O'Connell and Ché B. Bou-Matar, "Long term marijuana users seeking medical cannabis in California (2001–2007): demographics, social characteristics, patterns of cannabis and other drug use of 4117 applicants", *Harm Reduction Journal*, vol. 4, No. 16 (2007).

[43] Suzanne Ryan-Ibarra, Marta Induni and Danielle Ewing, "Prevalence of medical marijuana use in California, 2012", *Drug and Alcohol Review*, vol. 34, No. 2 (March 2015), pp. 141–146.

[44] Tony Bogdanoski, "Accommodating the medical use of marijuana: surveying the differing legal approaches in Australia, the United States and Canada", *Journal of Law and Medicine*, vol. 17, No. 4 (February 2010), pp. 508–531; and Philippe G. Lucas, "Regulating compassion: an overview of Canada's federal medical cannabis policy and practice", *Harm Reduction Journal*, vol. 5, No. 5 (2008).

[45] Philippe G. Lucas, "It can't hurt to ask; a patient-centered quality of service assessment of Health Canada's medical cannabis policy and program", *Harm Reduction Journal*, vol. 9, No. 2 (2012); and Anthony C. Moffat, "The legalisation of cannabis for medical use", *Science and Justice*, vol. 42, No. 1 (January 2002), pp. 55–57.

52. In response to a succession of decisions made by courts in Canada, the Government was obliged to extend access to cannabis and its derivatives for therapeutic purposes. This broadened the definition of "medical use" and established a cannabis cultivation industry in which licensed producers can provide cannabis directly to patients with medical documents authorizing the medical use of cannabis. The expanded list of indications allowed any doctor to prescribe cannabis to a patient whom the doctor thought might benefit.[46] Persons authorized to use cannabis for medical purposes can also cultivate their own supply or designate another person to do so on their behalf, a practice that is inconsistent with the provisions of the Conventions (see para. 12 above). The application of successive court decisions based on constitutional arguments therefore led to an outcome where the medical cannabis programme does not comply with the international drug control treaties in important aspects.

I. Adverse public health effects of medical cannabis programmes

53. Researchers and policymakers have raised concerns that poorly regulated medical cannabis programmes in states of the United States may have increased the non-medical use of cannabis among young people. Researchers have evaluated those concerns by comparing survey data on cannabis use in adolescents in states in the United States that have and have not legalized the medical use of cannabis.

54. The largest study using national survey data[47] found that there was no change in adolescent cannabis use before and after the passage of laws permitting the medical use of cannabis. Analyses of cannabis use in young people aged 12 to 20 in the United States National Household Survey of Drug Use also failed to find increases in such use.[48]

55. However, cannabis use has increased among adults over the age of 21 in states that have adopted legislation permitting the medical use of cannabis.[49] Adults in states with legislation permitting medical use of cannabis have higher rates of daily cannabis use and cannabis abuse and dependence than adults who live in states that have not passed such legislation. The number of adult males seeking treatment for cannabis use disorders has also increased more in states with medical cannabis laws;[50] that increase has occurred among persons who were not referred by the criminal justice system.

56. The evidence is mixed on the effects of medical cannabis legislation on motor vehicle fatalities. Some studies[51] have found an increase in the number of drivers involved in fatal crashes with cannabis in their bloodstream in states that have passed medical cannabis legislation while others[52] have found a decrease in that number. A study comparing trends in fatal motor vehicle crashes in Colorado and 34 states without medical cannabis legislation between 1994 and 2011 found a larger increase in cannabis-related fatalities in Colorado after 2009. There was no change in the number of alcohol-related fatalities in Colorado or the 34 states without medical cannabis laws.[53]

J. Legalization of non-medical cannabis use

57. "Medical cannabis" programmes in some states in the United States have been used by advocates of cannabis legalization to promote the legalization of non-medical cannabis use in those states. States that were the first to legalize non-medical cannabis use (Colorado, Oregon and Washington) had poorly regulated "medical cannabis" programmes, with dispensaries being used to create a de facto legal cannabis market for non-medical users. In

[46] Benedikt Fischer, Sharan Kuganesan and Robin Room, "Medical marijuana programs: implications for cannabis control policy – observations from Canada", *International Journal of Drug Policy*, vol. 26, No. 1 (January 2015), pp. 15–19.

[47] Deborah S. Hasin and others, "Medical marijuana laws and adolescent marijuana use in the USA from 1991 to 2014: results from annual, repeated cross-sectional surveys", *Lancet Psychiatry*, vol. 2, No. 7 (July 2015), pp. 601–608.

[48] Hefei Wen, Jason M. Hockenberry and Janet R. Cummings, "The effect of medical marijuana laws on adolescent and adult use of marijuana, alcohol, and other substances", *Journal of Health Economics*, vol. 42 (July 2015), pp. 64–80.

[49] Ibid.

[50] Yu-Wei Luke Chu, "The effects of medical marijuana laws on illegal marijuana use", *Journal of Health Economics*, vol. 38 (December 2014), pp. 43–61.

[51] Scott V. Masten and Gloriam Vanine Guenzburger, "Changes in driver cannabinoid prevalence in 12 U.S. States after implementing medical marijuana laws", *Journal of Safety Research*, vol. 50 (September 2014), pp. 35–52.

[52] D. Mark Anderson, Benjamin Hansen and Daniel I. Rees, "Medical marijuana laws, traffic fatalities, and alcohol consumption", *Journal of Law and Economics*, vol. 56, No. 2 (May 2013), pp. 333–369.

[53] Stacy Salomonsen-Sautel and others, "Trends in fatal motor vehicle crashes before and after marijuana commercialization in Colorado", *Drug and Alcohol Dependence*, vol. 140 (July 2014), pp. 137–144.

those states, cannabis was provided through dispensaries to any person who satisfied the broad criteria used to define "medical use".[54]

58. The legal tolerance of cannabis dispensaries allowed a quasi-legal commercial cannabis industry to develop in those states. In Colorado, the medical cannabis retail industry helped to design the regulatory system for non-medical cannabis use, and its members were given early entry to the market.[55]

59. The expansion of poorly regulated "medical cannabis" programmes has been accompanied by increased public support for the legalization of non-medical cannabis use in the United States.[56]

60. The decrease in the perceived risks of cannabis use and active social marketing of cannabis by the cannabis industry presents major challenges in preventing cannabis use among young people. Unsubstantiated claims about the medical benefits of cannabis have been accompanied by reductions in the perceived risks of using cannabis among young people in the United States.[57] Cannabis use by adults in the states of the United States in which non-medical cannabis has been legalized may encourage adolescents to use the drug at a time when their brains are especially vulnerable to its adverse effects.

K. Implications for international drug control

61. The legalization of non-medical use of cannabis contravenes the international drug control treaties. Universal and full implementation of the treaties is put at serious risk because States parties, such as Canada and Uruguay (as well as states in the United States), have legalized cannabis for non-medical use. The actions of those countries and state jurisdictions undermine the treaties. They may also encourage other States parties to follow their example and use it as a justification for doing so.

62. In 2013, Uruguay legalized the non-medical use of cannabis, permitted the sale of cannabis through pharmacies and allowed the establishment of cannabis growers' clubs and home production by users. In 2018, Canada legalized commercial cannabis production and sale for non-medical use by adults; the policy was implemented in October 2018.

63. Experience with alcohol and tobacco suggests that legalization will reduce the perceived risks of using cannabis and social disapproval of adult cannabis use, and increase the diversion of cannabis to persons who are under the minimum legal age to purchase and use it.[58] The legalization of non-medical cannabis use is also likely to increase cannabis use among adult users by making cannabis more widely available, including at a lower price and in more potent forms, such as concentrates. Over the next few decades, such legalization is also likely to increase the number of new users among adolescents and young adults.

64. One argument used by advocates of legalizing cannabis for non-medical use is that it will restrict minors' access to cannabis. Experience in the State of Washington raises serious doubts about this claim. Authorities have reported substantial numbers of licensed cannabis businesses selling cannabis to minors, an offence punishable only by small fines.

65. Any increases in non-medical cannabis use will increase the adverse effects of cannabis on public health. The most likely effects are increased rates of motor vehicle injuries, cannabis dependence and abuse, psychoses and other mental disorders, and poor psychosocial outcomes in adolescents.

66. The legalization of non-medical cannabis use in some States will make it more difficult to enforce international drug control treaty provisions in neighbouring States that do comply with those provisions. It will be more difficult, for example, to prevent cross-border trafficking in cannabis products from States that have legalized non-medical cannabis use to neighbouring countries that have not done so.

[54] Kilmer and MacCoun, "How medical marijuana smoothed the transition to marijuana legalization in the United States".

[55] Wayne Hall and Michael Lynskey, "Evaluating the public health impacts of legalizing recreational cannabis use in the United States", *Addiction*, vol. 111, No. 10 (October 2016), pp. 1764–1773.

[56] Kilmer and MacCoun, "How medical marijuana smoothed the transition to marijuana legalization in the United States".

[57] Hannah Carliner and others, "Cannabis use, attitudes, and legal status in the U.S.: a review", *Preventive Medicine*, vol. 104 (November 2017), pp. 13–23.

[58] Rosalie Liccardo Pacula and others, "Developing public health regulations for marijuana: lessons from alcohol and tobacco", *American Journal of Public Health*, vol. 104, No. 6 (June 2014), pp. 1021–1028.

L. Conclusions and recommendations

67. The medical use of cannabinoids is allowed under the international drug control treaties only if States comply with the treaty requirements that are designed to prevent diversion to non-medical use. The treaties require that States license and control cannabis production for medical use, provide estimates of the national requirements for cannabis for medical purposes and ensure that medicinal cannabinoids are used in accordance with evidence on their safety and effectiveness and under medical supervision. Taking those measures should also contribute to maintaining the integrity of the pharmaceutical regulatory system.

68. Recent reviews of the evidence from clinical trials indicate that: *(a)* there is weak evidence that dronabinol may be useful in treating nausea and vomiting in cancer patients; *(b)* there is moderate evidence that nabiximols may be useful in treating neuropathic pain and muscle spasticity in patients with multiple sclerosis; and *(c)* there is moderate evidence that CBD may reduce seizure frequency in some genetic intractable childhood epilepsy syndromes. Cannabinoids are not a first-line treatment for any of those conditions.

69. The evidence that cannabinoids can relieve symptoms of some medical illnesses does not justify the "medical use" of cannabis by smoking. Smoking a crude plant product is not a safe or reliable way to obtain standardized doses of cannabinoids.

70. Poorly controlled programmes for the medicinal use of cannabinoids can potentially have adverse effects on public health. They may increase non-medical cannabis use among adults and contribute to the legalization of non-medical cannabis use by weakening public perceptions of the risks of using cannabis and reducing public concern about legalizing non-medical (so-called "recreational") cannabis use, which is contrary to the international drug control treaties.

71. Governments that have created special-access schemes to allow the medical use of cannabis should ensure that those programmes are not used to de facto legalize cannabis for non-medical use. Governments should limit the indications for medical use to those for which there is evidence of efficacy, restrict use to medicinal cannabinoids, and monitor the prescription and use of cannabinoids to minimize their diversion and abuse.

72. Under medical cannabis programmes implemented in Canada and possibly in some other States, and in some states in the United States, the medical use of cannabinoids is poorly regulated. Those programmes are inconsistent with the international drug control treaties in failing to control cannabis production and supply. They fail to ensure that good-quality medicines are provided under medical supervision and they enable cannabis and its derivatives to be diverted to non-medical use.

73. "Medical cannabis" programmes may also have been used by advocates of the legalization of cannabis use to facilitate the legalization of non-medical cannabis use, which is contrary to the international drug control treaties. Such programmes have used very broad definitions of "medical use" and allowed commercial businesses to supply illicitly produced cannabis. In the United States, those programmes also appear to have reduced public perceptions of the risks of using cannabis and have weakened public concern about cannabis legalization.

74. Governments that allow the medicinal use of cannabinoids should monitor and evaluate the effects of the programmes. Such monitoring should include collecting data on the number of patients who use cannabinoids, the medical conditions for which they use them, patient and clinician assessments of their benefits, and rates of adverse events. Governments should also monitor the extent of diversion of cannabinoids to non-medical use, and in particular their diversion for use by minors.

Chapter II.

Functioning of the international drug control system

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

75. Collectively, 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 form the basis of the international drug control framework.

76. The international drug control conventions were developed on the basis of the international community's recognition that the challenges posed by drug control in all its facets required a joint and coordinated response by States. Today, that broad consensus is reflected in the fact that the three international drug control conventions are among the most widely ratified international instruments in existence, as well as in the fact that their central importance was unanimously reaffirmed by the General Assembly at its special session on the world drug problem held in 2016.

77. The fundamental goal of the international drug control conventions is to safeguard the health and welfare of humankind. To achieve this objective, the conventions establish a number of general obligations to which States parties have explicitly agreed to be bound, including the following:

(a) To limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs;

(b) To adopt administrative measures for the control of licit trade in narcotic drugs and psychotropic substances, as well as the precursor chemicals used in their illicit manufacture;

(c) To facilitate the availability of controlled substances for legitimate medical purposes while preventing their diversion into illicit channels;

(d) To develop strategies for the prevention of drug use and mechanisms to address dependence through treatment, rehabilitation, aftercare and social reintegration;

(e) To provide national responses to suspected drug-related criminality that are humane and proportionate, as well as grounded in respect for human dignity, the presumption of innocence and the rule of law, and to give due consideration to alternatives to conviction or punishment, in particular for offences committed by drug users in appropriate cases of a minor nature.

Status of adherence to the international drug control treaties

78. In December 2017, the State of Palestine became the latest State party to the three international drug control conventions.

79. The accession of the State of Palestine to the 1961 Single Convention as amended brought the number of States parties to that Convention to 186. Among the States having yet to accede to the 1961 Convention as amended, two are located in Africa (Equatorial Guinea and South Sudan), one is in Asia (Timor-Leste) and seven are in

Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu). Chad remains the sole State to have ratified the 1961 Convention in its unamended form.

80. With the addition of the State of Palestine, the number of States parties to the 1971 Convention rose to 184; 13 States are not currently parties to that Convention. Of those, three are in Africa (Equatorial Guinea, Liberia and South Sudan), one is in the Caribbean (Haiti), one is in Asia (Timor-Leste) and eight are in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tuvalu and Vanuatu).

81. Finally, with the accession of the State of Palestine, which brought the total number of parties to 190 (189 States and the European Union), the 1988 Convention remains the most widely ratified of the three international drug control conventions. Many of the non-parties to the 1988 Convention are concentrated in Oceania (Kiribati, Palau, Papua New Guinea, Solomon Islands and Tuvalu), and three non-parties are located in Africa (Equatorial Guinea, Somalia and South Sudan).

82. During the period under review, the Board continued to actively engage States that had not yet become parties to one or more of the three international drug control conventions, including through bilateral meetings, and cooperated with other United Nations bodies as part of its efforts to facilitate the accession of those States to the conventions.

83. **The Board continues to encourage States that have not yet become parties to one or more of the international drug control conventions to do so at the earliest opportunity, and to take all legislative and policy action necessary to ensure their comprehensive implementation at the national level.**

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

84. The fundamental goal of the international drug control system is assuring the health and welfare of humankind. That goal is to be achieved through two, twin actions: ensuring the availability of internationally controlled substances for medical and scientific purposes and, in the case of precursor chemicals, also ensuring their legitimate industrial use; and preventing the diversion of controlled substances into illicit channels.

85. To monitor compliance with the international drug control treaties, the Board examines action taken by Governments to implement the treaty provisions aimed at achieving the overall goals of the conventions. Over the years, the treaty provisions have been supplemented with additional control measures adopted by the Economic and Social Council and the Commission on Narcotic Drugs to enhance their effectiveness. In the present section, the Board highlights action that needs to be taken to implement the international drug control system, describes problems encountered in that regard and provides specific recommendations on how to deal with those problems.

1. Preventing the diversion of controlled substances

(a) Legislative and administrative basis

86. Governments have to ensure that national legislation complies with the provisions of the international drug control treaties. They also have the obligation to amend the lists of substances controlled at the national level when a substance is included in a schedule of an international drug control treaty or transferred from one schedule to another. Inadequate legislation or implementation mechanisms at the national level or delays in bringing lists of substances controlled at the national level into line with the schedules of the international drug control treaties will result in inadequate national controls being applied to substances under international control and may lead to the diversion of substances into illicit channels. The Board is therefore pleased to note that, as in previous years, Governments have continued to furnish information to the Board on legislative or administrative measures taken to ensure compliance with the provisions of the international drug control treaties. At the same time, the Board is concerned that some Governments have introduced or are planning to introduce legislative measures in contravention of the requirements of the international drug control treaties. **The Board would like to remind Governments that, in General Assembly resolution S-30/1, entitled "Our joint commitment to effectively addressing and countering the world drug problem", adopted by the Assembly on 19 April 2016, Member States reaffirmed their commitment to the goals and objectives of the three international drug control conventions.**

87. On 14 March 2018, at its sixty-first session, the Commission on Narcotic Drugs decided to include six new substances in the Schedules of the 1961 Convention as amended. By its decision 61/1, the Commission

decided to include carfentanil in Schedules I and IV of the 1961 Convention as amended. By its decisions 61/2, 61/3, 61/4, 61/5 and 61/6, the Commission decided to include ocfentanil, furanylfentanyl, acryloylfentanyl (acrylfentanyl), 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) and tetrahydrofuranylfentanyl (THF-F) in Schedule I of the 1961 Convention as amended. In accordance with article 3, paragraph 7, of the 1961 Convention as amended, that decision was communicated by the Secretary-General to all Governments, WHO and the Board on 15 May 2018, and became effective with respect to each party upon receipt of that notification. **The Board acknowledges the efforts made by Governments that have already put those substances under control and urges all other Governments to amend the lists of substances controlled at the national level accordingly and to apply to those substances all control measures required under the 1961 Convention as amended.**

88. The Board also wishes to draw the attention of Governments to the fact that six substances were placed under international control under the 1971 Convention by the Commission on Narcotic Drugs on 14 March 2018. Pursuant to Commission decisions 61/7, 61/8, 61/9, 61/10, 61/11 and 61/12, AB-CHMINACA, 5F-MDMB-PINACA (5F-ADB), AB-PINACA, UR-144, 5F-PB-22 and 4-fluoroamphetamine (4-FA) were added to Schedule II of the 1971 Convention. In accordance with article 2, paragraph 7, of the 1971 Convention, those decisions of the Commission were communicated by the Secretary-General to all Governments, WHO and the Board on 15 May 2018, and became fully effective with respect to each party on 11 November 2018. **The Board acknowledges the efforts made by some Governments that have already put those substances under control and urges all other Governments to amend their lists of substances controlled at the national level accordingly, to apply to those substances the control measures required under the 1971 Convention, as well as in the relevant resolutions of the Commission and the Council, and to inform the Board accordingly.**

89. In accordance with Economic and Social Council resolutions 1985/15, 1987/30 and 1993/38, Governments are required to introduce an import authorization requirement for zolpidem, a substance that was included in Schedule IV of the 1971 Convention in 2001. In response to the Board's request made in its annual reports for 2012 and 2013 and a circular letter sent in 2016, a number of Governments have provided the requisite information. As at 1 November 2018, relevant information was available for 133 countries and territories. Of those, 124 countries and territories have introduced an import authorization requirement, and 1 country (the United States) requires a pre-import declaration. Six countries and territories (Cabo Verde, Gibraltar, Ireland, New Zealand, Singapore and Vanuatu) do not require an import authorization for zolpidem. Imports of zolpidem into Azerbaijan are prohibited, and Ethiopia does not import the substance. At the same time, information on the control of zolpidem remains unknown for 81 countries and territories. **The Board therefore again urges the Governments of countries and territories that have not yet done so to supply it with information on the control status of zolpidem as soon as possible.**

(b) Prevention of diversion from international trade

Estimates and assessments of annual requirements for internationally controlled substances

90. The system of estimates and assessments of annual licit requirements for narcotic drugs and psychotropic substances is the cornerstone of the international drug control system. It enables both exporting and importing countries to ensure that trade in those substances stays within the limits determined by the Governments of importing countries and that diversion of controlled substances from international trade is effectively prevented. For narcotic drugs, such a system is mandatory under the 1961 Convention, and the estimates furnished by Governments need to be confirmed by the Board before becoming the basis for calculating the limits on manufacture and import.

91. The system of assessments of annual requirements for psychotropic substances was adopted by the Economic and Social Council in its resolutions 1981/7, 1991/44, 1993/38 and 1996/30, and the system of annual legitimate requirements for selected precursors was adopted by the Commission on Narcotic Drugs in its resolution 49/3, to help Governments to prevent attempts by traffickers to divert internationally controlled substances into illicit channels. The assessments of annual legitimate requirements for psychotropic substances and annual legitimate requirements for selected precursors help Governments to identify unusual transactions. The diversion of drugs and precursors has been prevented in many cases when the exporting country declined to authorize the export of the substance because the quantities of the substance to be exported would have exceeded the quantities required in the importing country.

92. The Board regularly investigates cases involving possible non-compliance by Governments with the system of estimates or assessments, given that non-compliance

could facilitate the diversion of controlled substances from licit international trade into illicit channels. In that connection, the Board provides information, support and guidance to Governments on the working of the system for estimates or assessments, as necessary.

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

94. As in previous years, the Board finds that, in general, the system of imports and exports continues to be respected and works well. In 2018, a total of 11 countries were contacted regarding possible excess imports or excess exports identified with regard to international trade in narcotic drugs that had been effected during the year. As at 1 November 2018, three of those countries had responded. One country confirmed that excess exports had occurred, and it was reminded of the need to ensure full compliance with the relevant treaty provisions. In the two other cases, the drug had been exported to a country and subsequently re-exported by that country. The Board continues to pursue the matter with those countries that have failed to respond.

95. Pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of annual domestic medical and scientific requirements for psychotropic substances listed in Schedules II, III and IV of the 1971 Convention. The assessments received are communicated to all States and territories to assist the competent authorities of exporting countries when approving exports of psychotropic substances. As at 1 November 2018, the Governments of all countries and territories, except for South Sudan, for which assessments were established by the Board in 2011, had submitted at least one assessment of their annual medical requirements for psychotropic substances.

96. **The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years.** However, 45 Governments have not submitted a revision of their legitimate requirements for psychotropic substances for three years or more. The assessments valid for those countries and territories may therefore no longer reflect their actual medical and scientific requirements for psychotropic substances.

97. When assessments are lower than the actual legitimate requirements, the importation of psychotropic substances needed for medical or scientific purposes may be delayed. When assessments are significantly higher than legitimate needs, the risk of psychotropic substances being diverted into illicit channels may be increased. The Board has repeatedly reminded Governments of the importance of estimating and assessing correctly and realistically the initial needs of their country.

98. As in previous years, the system of assessments of annual requirements for psychotropic substances continues to function well and is respected by most countries and territories. In 2017, the authorities of 29 countries issued import authorizations for substances for which they had not established any such assessments or for quantities that significantly exceeded their assessments. Only two countries were identified as having exported psychotropic substances in quantities exceeding the relevant assessment.

99. The Commission on Narcotics Drugs, in its resolution 49/3, entitled "Strengthening systems for the control of precursor chemicals used in the illicit manufacture of synthetic drugs", requested Member States to provide the Board, on a voluntary basis, with annual legitimate requirements for imports of four precursors of amphetamine-type stimulants and, to the extent possible, preparations containing those substances. As at 1 November 2018, 166 Governments had provided an estimate for at least one of those substances, thus providing the competent authorities of exporting countries with an indication of the legitimate requirements of importing countries and thereby preventing diversion attempts.

Requirement for import and export authorizations

100. The universal application of the requirement for import and export authorizations laid down in the 1961 and 1971 Conventions is key to preventing the diversion of drugs into the illicit market. Such authorizations are required for transactions involving any of the substances

controlled under the 1961 Convention or listed in Schedules I and II of the 1971 Convention. Competent national authorities are required by those Conventions to issue import authorizations for transactions involving the importation of such substances into their country. The competent national authorities of exporting countries must verify the authenticity of such import authorizations before issuing the export authorizations required to allow shipments containing the substances to leave their country.

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

102. Most countries and territories have already introduced an import and export authorization requirement for psychotropic substances listed in Schedules III and IV of the 1971 Convention, in accordance with the above-mentioned Economic and Social Council resolutions. As at 1 November 2018, specific information had been made available to the Board by 206 countries and territories, showing that all major importing and exporting countries now require import and export authorizations for all psychotropic substances in Schedules III and IV of the 1971 Convention. Twice a year, the Board disseminates to all Governments a table showing the import authorization requirements for substances in Schedules III and IV pursuant to the relevant Economic and Social Council resolutions. That table is also published in the secure area of the Board's website, which is accessible only to specifically authorized government officials, so that the competent national authorities of exporting countries may be informed as soon as possible of changes in import authorization requirements in importing countries. **The Board urges the Governments of the few remaining States in which national legislation and/or regulations do not yet require import and export authorizations for all psychotropic substances, regardless of whether they are States parties to the 1971 Convention, to extend such controls to all substances in Schedules III and IV of the 1971 Convention as soon as possible, and to inform the Board in that regard.**

103. The 1988 Convention does not impose any requirements for import and export authorizations for trade in substances listed in Tables I and II of that Convention. However, under the Convention, countries are requested to provide advance notification of planned shipments to the authorities of the importing Government with a view to preventing the diversion of those substances (see paras. 106 and 107 below regarding pre-export notifications for precursor chemicals).

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

104. As part of its endeavours to harness technological progress for the effective and efficient implementation of the import and export authorization regime for licit international trade in narcotic drugs and psychotropic substances, the Board has spearheaded efforts to develop an electronic tool to facilitate and expedite the work of competent national authorities and to reduce the risks of diversion of narcotic drugs and psychotropic substances. I2ES is an innovative, web-based application that was developed by the Board in cooperation with UNODC and with the support of Member States. I2ES allows Governments to generate electronically import and export authorizations for licit imports and exports of narcotic drugs and psychotropic substances, to exchange those authorizations in real time and to verify instantly the legitimacy of individual transactions while ensuring full compliance with the requirements of the international drug control conventions. I2ES significantly reduces the risk of drug consignments being diverted into illicit channels (see section F below for more details).

105. I2ES was officially launched in 2015 and competent national authorities from 53 countries have since registered with the system. In March 2018, a user-group meeting was held on the margins of the sixty-first session of the Commission on Narcotic Drugs to gather feedback on the system. More than 30 experts from over 30 countries participated in that meeting. The meeting afforded government officials of participating countries a valuable opportunity to exchange ideas on bringing about the fuller implementation of I2ES and to provide feedback to INCB and the information technology service of UNODC to guide future action and the further development of the system. The user group emphasized the importance of sharing the experiences of competent national authorities from different parts of the world with other users and potential users as a way of promoting greater usage of the system.

Pre-export notifications for precursor chemicals

106. To assist importing and exporting Governments in communicating with each other as regards international

trade in precursors and to provide alerts about any suspicious transactions, in 2006, the Board established a secure web-based tool, PEN Online. As at 1 November 2018, a total of 162 Governments had registered to use it. **INCB calls upon Governments to use PEN Online actively and systematically and urges those Governments that have not yet registered to use the system to do so as soon as possible. The Board stands ready to assist Governments in that regard.**

107. To prevent the diversion of precursors, article 12, paragraph 10 *(a)*, of the 1988 Convention allows the Governments of importing countries to make it mandatory for exporting countries to inform them of any planned export of precursors to their territory. As at 1 November 2018, 113 States and territories had invoked the provision and had formally requested pre-export notifications, thus allowing them to carry out the prior verification of the legitimacy of a planned transaction. **The Board encourages those Governments that have not formally requested pre-export notifications to invoke article 12, paragraph 10 *(a)*, of the 1988 Convention.**

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

108. The system of control measures laid down in the 1961 Convention provides effective protection to international trade in narcotic drugs against attempts to divert such drugs into illicit channels. Similarly, as a result of the almost universal implementation of the control measures stipulated in the 1971 Convention and the relevant Economic and Social Council resolutions, there have been no identified cases involving the diversion of psychotropic substances from international trade into illicit channels in recent years. In addition, the 1988 Convention requires parties to prevent the diversion of precursor chemicals from international trade to the illicit manufacture of narcotic drugs and psychotropic substances. The Board has also developed various systems to monitor compliance with that aspect of the 1988 Convention and to facilitate cooperation between Governments to that end.

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

110. Since May 2018, investigations regarding discrepancies for 2017 related to the trade in narcotic drugs have been initiated with 50 countries. As at 1 November 2018, replies had been received from 36 countries. The responses indicated that the discrepancies had been caused by clerical and technical errors in preparing the reports, reporting on exports or imports of preparations in Schedule III of the 1961 Convention without indicating it on the form, or inadvertent reporting of transit countries as trading partners. In some cases, countries confirmed the quantities reported by them, resulting in the initiation of follow-up investigations with their trading partners. Reminder letters will be sent to the countries that did not reply.

111. Similarly, with regard to international trade in psychotropic substances, investigations into 293 discrepancies related to 2016 data were initiated with 63 countries. As at 1 November 2018, 24 countries had provided replies relating to those discrepancies, leading to the resolution of 29 of those discrepancies. In all cases in which the data provided were confirmed by the responding countries, follow-up actions with the counterpart countries were initiated as required. All the responses received indicated that the discrepancies had been caused by clerical or technical errors: in most cases, either the failure to convert amounts into anhydrous base or "overlapping", i.e., an export in a given year being received by the importing country only at the beginning of the following year. None of the cases investigated indicated a possible diversion of psychotropic substances from international trade.

112. With regard to precursors, the 1988 Convention requires parties to prevent the diversion of precursors from international trade to the illicit manufacture of narcotic drugs and psychotropic substances. In line with the provisions of article 12 of the 1988 Convention, which have been complemented by a number of General Assembly, Economic and Social Council, and Commission on Narcotic Drugs resolutions, Governments have implemented a number of measures that have contributed to the effective monitoring of the movement of substances listed in Tables I and II of that Convention and to limiting cases of diversion from licit international trade. As a result, Governments are facing new challenges, including the emergence of non-scheduled chemicals and diversion of substances listed in Tables I and II from domestic distribution channels. This is where voluntary public-private partnerships, which complement existing legislative frameworks, have an increasingly important role to play.

113. Another important element of effective control measures is the real-time exchange of information between Governments. INCB, in its efforts to support Governments in the prevention and investigation of cases of diversion of precursors, has developed several online platforms, tools and projects. Over the years, those tools have developed notably in terms of usage and in terms of the volume of information and level of detail provided by some Governments. The two initiatives of the Board focusing on precursors used in the illicit manufacture of synthetic drugs and on chemicals related to illicit cocaine and heroin manufacture, namely Project Prism and Project Cohesion, respectively, have also contributed to preventing the diversion of controlled substances from international trade and from domestic distribution channels and to closing knowledge gaps during time-bound operations.

114. Detailed analysis of the latest trends and developments in legitimate international trade and in trafficking in precursor chemicals under international control, as well as their non-scheduled substitutes and alternatives, can be found in the report of the Board for 2018 on the implementation of article 12 of the 1988 Convention.[59]

(d) Prevention of diversion of precursors from domestic distribution channels

115. Diversion of precursors from domestic distribution channels remains a major source of substances listed in Tables I and II of the 1988 Convention that are used for illicit drug manufacture, as the control measures applied by Governments to the domestic trade in and distribution of chemical substances vary from one country to another and often lag behind those used in international trade.

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

116. In line with its mandate to ensure the availability of internationally controlled substances for medical and scientific purposes, the Board carries out various activities related to narcotic drugs and psychotropic substances. The Board monitors action taken by Governments, international organizations and other bodies to support the availability and rational use of controlled substances for medical and scientific purposes and provides, through its secretariat, technical support and guidance to Governments in their implementation of the provisions of the international drug control treaties.

117. To supplement and increase the effectiveness of the action mentioned above, in 2016, the Board launched a project called INCB Learning. The project provides assistance to Member States in their efforts to achieve full compliance with the provisions of the international drug control treaties. One of the objectives of the project is to ensure the appropriate availability of internationally controlled substances, while preventing their abuse and diversion into illicit channels. Several regional training seminars were conducted in 2017 and 2018 (see section F below for details). The Board will also issue an update of its 2015 special report entitled *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes — Indispensable, Adequately Available and Not Unduly Restricted*.[60]

Supply of and demand for opiate raw materials

118. The Board, in fulfilment of the functions assigned to it under the 1961 Convention as amended by the 1972 Protocol and the relevant resolutions of the Economic and Social Council and the Commission on Narcotic Drugs, regularly examines issues affecting the supply of and the demand for opiates for licit requirements and endeavours to ensure a standing balance between that supply and demand. The present section contains an analysis of the current situation based on the data provided by Governments.

119. In order to establish the status of the supply of and the demand for opiate raw materials, the Board analyses the data provided by Governments on opiate raw materials and on opiates manufactured from those raw materials. In addition, the Board analyses information on the utilization of those raw materials, estimated consumption for licit use and stocks at the global level. A detailed analysis of the current situation as it pertains to the supply of and the demand for opiate raw materials is contained in the technical report of the Board for 2018 on narcotic drugs.[61]

120. The total area of cultivation of opium poppy rich in both morphine and thebaine declined in 2017, which can be attributed to the fall in demand for opiate raw

[59] E/INCB/2018/4.

[60] E/INCB/2015/1/Supp.1.

[61] E/INCB/2018/2.

material owing to a combination of factors such as the opioid crisis in the United States and the change in regulations in Australia and France, where codeine was scheduled as a prescription drug, which contributed to a fall in demand on the local market in those two countries.

Morphine

121. The total actual harvested area of opium poppy rich in morphine was 46,025 ha in 2017, down from 53,765 ha in 2016. In 2017, the actual harvested area of opium poppy rich in morphine decreased from the amount of the previous year in all major producing countries except India. In Australia, the actual harvested area decreased by 53 per cent compared with 2016; in Hungary, by 43 per cent; in Spain, by 43 per cent; and in France, by 28 per cent.

122. The total production of morphine-rich opiate raw materials in the main producing countries decreased to 282 tons in morphine equivalent in 2017, from 463 tons in 2016. Australia continued to be the largest producer in 2017, with 67 tons, followed, in descending order, by France, Turkey, Spain, Hungary and India. Australia's production in 2017 declined by more than 63 per cent compared with 2016 mainly due to the decrease in demand for those raw materials. Australia, France, Turkey and India accounted for 83 per cent of global production in 2017.

123. Stocks of opiate raw materials rich in morphine (poppy straw, concentrate of poppy straw and opium) held at the end of 2017 amounted to about 725 tons in morphine equivalent, a slight decrease from the level at the end of 2016. Those stocks were considered sufficient to cover 19 months of expected global demand by manufacturers at the 2018 level of demand. In 2017, Turkey was the country with the largest stocks of opiate raw materials (161 tons in morphine equivalent, mainly in the form of poppy straw and concentrate of poppy straw), followed by France (128 tons), Australia (106 tons), Spain (99 tons), India (66 tons, all in the form of opium), the United Kingdom (66 tons), the United States (39 tons), Slovakia (27 tons), Belgium (17 tons) and Japan (11 tons). Those 10 countries together accounted for 99 per cent of global stocks of opiate raw materials rich in morphine. The remaining stocks were held in other producing countries and in countries importing opiate raw materials.

124. Global stocks of opiates based on morphine-rich raw materials, mainly in the form of codeine and morphine, held at the end of 2017 amounted to 517 tons in morphine equivalent, which was considered sufficient to cover global demand for those opiates for about 14 months. On the basis of data reported by Governments, total stocks of both opiates and opiate raw materials are fully sufficient to cover demand for medical and scientific purposes for morphine-based opiates.

125. From 2009 until 2016, global production of opiate raw materials rich in morphine exceeded global demand. As a result, stocks had been increasing, with some fluctuation. However, in 2017, for the first time in many years, production was less than demand, which led to a decrease in stocks, to 725 tons in morphine equivalent, at the end of the year. Stocks at the end of 2017 were sufficient to cover expected global demand for about 19 months.

Thebaine

126. The total actual harvested area of opium poppy rich in thebaine in 2017 decreased by 16 per cent compared with 2016. The harvested area of opium poppy rich in thebaine decreased by 36 per cent in Spain and by 31 per cent in Australia, while it increased by 74 per cent in France.

127. In 2017, the global production of opiate raw materials rich in thebaine was 229 tons in thebaine equivalent, of which Australia accounted for about 82 per cent and Spain and France for about 8 per cent each. India accounted for the remaining 2 per cent. The production in 2017 increased by 22 per cent relative to 2016.

128. Stocks of opiate raw materials rich in thebaine (poppy straw, concentrate of poppy straw and opium) increased to 244 tons in thebaine equivalent at the end of 2017, up from 224 tons at the end of 2016. Those stocks are sufficient to cover the expected global demand by manufacturers for about 13 months.

129. Global stocks of opiates based on thebaine-rich raw material (oxycodone, thebaine and a small quantity of oxymorphone) increased to 269 tons in thebaine equivalent at the end of 2017, up from 242 tons in 2016. Stocks were sufficient to cover global demand for thebaine-based opiates for medical and scientific purposes for about 21 months.

130. Because global production of opiate raw materials rich in thebaine increased to 229 tons in 2017 (up from 187 tons in 2016) at the same time as demand declined to 190 tons (down from 210 tons in 2016), stocks increased, reaching 244 tons at the end of 2017, which was the equivalent of global demand for 13 months.

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

131. In accordance with its mandate, the Board publishes its annual report and the report of the Board on the implementation of article 12 of the 1988 Convention. It also publishes technical reports that provide Governments with an analysis of statistical information on the manufacture, consumption, utilization and stocks of and trade in internationally controlled substances, together with an analysis of estimates and assessments of requirements for those substances.

132. The Board's reports and technical publications are produced on the basis of information that parties to the international drug control treaties are obligated to submit. In addition, pursuant to resolutions of the Economic and Social Council and the Commission on Narcotic Drugs, Governments voluntarily provide information in order to facilitate an accurate and comprehensive evaluation of the functioning of the international drug and precursor control system.

133. The data and other information received from Governments enable the Board to monitor licit activities involving narcotic drugs, psychotropic substances and precursor chemicals and to evaluate treaty compliance and the overall functioning of the international drug control system. On the basis of its analysis, the Board makes recommendations to improve the workings of the system with a view to ensuring the availability of narcotic drugs and psychotropic substances for medical and scientific needs, while at the same time preventing their diversion from licit into illicit channels and preventing the diversion of precursors to illicit drug manufacture.

2. Submission of statistical information

134. Governments have an obligation to furnish to the Board the annual and quarterly statistical reports required by the international drug control conventions.

(a) Narcotic drugs

135. As at 1 November 2018, the Board had received annual statistics reports from 169 States (both parties and non-parties) and territories on the production, manufacture, consumption, stocks and seizures of narcotic drugs covering the calendar year 2017 (form C), or about 79 per cent of those requested. That number was higher than in 2017 (when 164 reports pertaining to 2016 were received) and significantly higher than in 2016 (when 157 reports pertaining to 2015 were received).

136. A total of 114 Governments (53 per cent) submitted their data on time, that is, by the deadline of 30 June, which was more than in the two preceding years (89 countries in 2017 and 84 in 2016). As at 1 November 2018, 44 Governments (20 per cent), or 39 countries (18 per cent) and 5 territories (2 per cent) had not submitted their annual statistics for 2017. It is expected that several (10–15) additional countries and territories will be submitting the data over the coming months. Most countries and territories that have not submitted their reports are in Africa, Central America and the Caribbean, Asia and Oceania, which could be indicative of a lack of capacity in the drug control administrations of some countries in those regions.

137. Almost all countries that produced, manufactured, imported, exported or consumed large amounts of narcotic drugs submitted annual statistics in 2017. In its annual report for 2016, INCB highlighted the importance of accurate and timely reporting for the effectiveness and efficiency of the operation of the international drug control system and the significant impact that the availability of reliable data had on the ability of the Board to accurately monitor the world situation. The Board, however, remains very concerned about the quality of some of the data provided, especially those from some of the major producing and manufacturing countries, as they indicate deficiencies in national mechanisms for regulating and monitoring internationally controlled substances. **The Board urges Governments to enhance their national mechanisms to monitor the cultivation, production and manufacture of and trade in controlled substances. This may be achieved, in part, by improving and developing national data-collection systems, training staff of the competent national authorities and ensuring close cooperation with companies licensed to deal with internationally controlled substances.**

138. As at 1 November 2018, the complete set of four quarterly statistics of imports and exports of narcotic drugs for 2017 (form A) had been received from 152 Governments (136 countries and 16 territories), or about 71 per cent of the 213 Governments requested. In addition, 21 Governments (about 10 per cent) had submitted at least one quarterly report. A total of 37 countries and 4 territories (about 19 per cent) had failed to submit any quarterly statistics for 2017.

(b) Psychotropic substances

139. As at 1 November 2018, annual statistical reports for 2017 on psychotropic substances (form P) had been submitted to the Board in conformity with article 16 of the 1971 Convention by 147 States and territories, amounting to 69 per cent of those required to do so. In addition, 115 Governments had voluntarily submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II of the 1971 Convention for 2017, in conformity with Economic and Social Council resolution 1981/7, and a further 39 Governments had submitted several quarterly reports.

140. While the majority of Governments regularly submit their mandatory and voluntary statistical reports, the cooperation of some has not been satisfactory. In 2018, about 60 per cent of the countries that submitted form P for 2017 did so by the deadline of 30 June 2018. Among those that failed to submit form P by the deadline were major manufacturing, importing and exporting countries such as Belgium, Brazil, China and France.

141. The Board notes with concern that the number of countries and territories that have not furnished form P continues to be highest in Africa (30, or 53 per cent of countries and territories in that region),[62] followed by Oceania (11, or 50 per cent)[63] and Central America and the Caribbean (13, or 46 per cent).[64] Form P for 2017 was furnished by all countries and territories in Europe and by all countries in North America. In South America, two countries (15 per cent) failed to furnish form P for 2017.[65] In Asia, 9 countries,[66] or 19 per cent of countries and territories in the region, did not furnish form P for 2017.

142. The Economic and Social Council, in its resolutions 1985/15 and 1987/30, requested Governments to provide the Board with details on trade (data broken down by countries of origin and destination) in substances listed in Schedules III and IV of the 1971 Convention in their annual statistical reports on psychotropic substances. As at 1 November 2018, complete details on such trade had been submitted by 98 Governments (70 per cent of all submissions of form P for 2017), which is slightly lower than for 2016. The remaining 42 Governments submitted blank forms or forms containing incomplete trade data for 2017.

143. The Board notes with appreciation that a number of countries have already submitted consumption data for psychotropic substances on a voluntary basis in accordance with Commission on Narcotic Drugs resolution 54/6. Thus, for 2017, a total of 73 countries and territories submitted data on the consumption of some or all psychotropic substances, which is more than for 2016. **The Board appreciates the cooperation of the Governments concerned and calls upon all Governments to report on the consumption of psychotropic substances on an annual basis pursuant to Commission resolution 54/6, as such data are essential for an improved evaluation of the availability of psychotropic substances for medical and scientific purposes.**

144. The Board notes with appreciation that reports on seizures of psychotropic substances were furnished by the Governments of India and Romania, and that notifications of seizures of internationally controlled substances smuggled through the mail, including those ordered over the Internet, were furnished by the Governments of Lithuania, Norway and Romania pursuant to Commission on Narcotic Drugs resolution 50/11. **The Board acknowledges the interdiction efforts of the Governments concerned and calls upon all Governments to furnish regularly to the Board information on seizures of internationally controlled substances ordered over the Internet and delivered through the mail, pursuant to Commission on Narcotic Drugs resolution 50/11.**

(c) Precursors

145. In accordance with article 12 of the 1988 Convention, parties are obliged to furnish information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. That information, provided on form D, assists the Board in monitoring and identifying trends in trafficking in precursors and the illicit manufacture of drugs. It also enables the Board to provide Governments with recommendations concerning remedial action and policies, as necessary.

146. As at 1 November 2018, a total of 120 States parties, corresponding to nearly 64 per cent of the States parties to the 1988 Convention, had submitted form D

[62] Ascension, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Guinea, Guinea-Bissau, Kenya, Lesotho, Libya, Mali, Mauritania, Mauritius, Niger, Sao Tome and Principe, Senegal, Somalia, South Sudan, Togo and Tristan da Cunha.

[63] Cook Islands, French Polynesia, Kiribati, Marshall Islands, Nauru, Niue, Papua New Guinea, Samoa, Solomon Islands, Tuvalu, and Wallis and Futuna Islands.

[64] Anguilla, Antigua and Barbuda, Aruba, Bermuda, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominican Republic, Grenada, Honduras, Saint Kitts and Nevis, and Trinidad and Tobago.

[65] Paraguay and Suriname.

[66] Bangladesh, Cambodia, Iraq, Kyrgyzstan, Mongolia, Singapore, Turkmenistan, Viet Nam and Yemen.

for 2017. However, there continued to be a number of States parties submitting blank forms or forms containing incomplete information.

147. Of the States parties that provided data on form D for 2017, 79 reported the mandatory information on seizures of substances in Tables I and II of the 1988 Convention, and 51 reported seizures of non-scheduled substances. As in previous years, most Governments did not provide details on the methods of diversion and illicit manufacture.

148. Pursuant to Economic and Social Council resolution 1995/20, Governments are also requested to provide information regarding their licit trade in substances listed in Tables I and II of the 1988 Convention on a voluntary and confidential basis. As at 1 November 2018, 115 States parties had provided such information for 2017 to the Board, and 109 had furnished data on licit uses of and/or requirements for one or more of the substances in Tables I and II of the 1988 Convention.

149. Complementing PEN Online, as well as the aggregated seizure data received annually from Governments through form D, PICS has, since early 2012, provided a secure online platform for sharing information in real time on chemical-related incidents such as seizures, shipments stopped in transit, diversion attempts and the dismantling of illicit laboratories. PICS has provided leads for national authorities to initiate backtracking investigations and, on several occasions, the timely communication of details of precursor incidents has led to further seizures or has prevented diversion attempts. The usefulness of PICS, however, depends largely on the timeliness of the information provided so that it can facilitate immediate follow-up and cooperation to identify those responsible for the diversion of and trafficking in precursors.

150. As at 1 November 2018, PICS had registered users from more than 240 agencies in 109 countries, who had shared information about more than 2,300 incidents. During the reporting period, more than 230 new incidents were communicated through PICS.

3. Submission of estimates and assessments

(a) Narcotic drugs

151. Under the 1961 Convention, parties and non-parties are requested to provide the Board each year with estimates of their requirements for narcotic drugs for the following year. As at 1 November 2018, a total of 175 States and territories, 82 per cent of those required, had submitted estimates of their requirements for narcotic drugs for 2019 for confirmation by the Board. Confirmed estimates are valid until 31 December of each year and need to be revised annually by Governments.

152. As in previous years, the Board established estimates for those countries and territories that had not submitted their estimates on time in accordance with article 12 of the 1961 Convention to ensure that these narcotic drugs, many of which are essential in medical practice, can be imported. About 90 Governments adjust their estimates throughout the year through the submission of supplementary estimates to the Board. Special provisions of the Convention may be used to ensure access to narcotic drugs during acute emergencies.

(b) Psychotropic substances

153. As at 1 November 2018, the Governments of all countries except South Sudan and all territories had submitted to the Board at least one assessment of their annual medical and scientific requirements for psychotropic substances. In accordance with Economic and Social Council resolution 1996/30, the Board established the assessments of requirements for South Sudan in 2011 to enable that country to import psychotropic substances for medical purposes without undue delay.

154. In line with Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of their annual medical and scientific requirements for psychotropic substances listed in Schedules II, III and IV of the 1971 Convention. Assessments for psychotropic substances remain in force until Governments modify them to reflect changes in national requirements. To facilitate the submission of such modifications by competent national authorities, the Board created a form, entitled "Supplement to form B/P", which has been made available to all Governments in the six official languages of the United Nations since October 2014 and can be accessed on the website of INCB. As at 1 November 2018, almost all countries were using it. **The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least once every three years.**

155. Between 1 November 2017 and 1 November 2018, a total of 96 countries and 8 territories submitted fully revised assessments of their requirements for

psychotropic substances, and a further 85 Governments submitted modifications to their assessments for one or more substances. As at 1 November 2018, Governments of 41 countries and 4 territories had not submitted any revision of their legitimate requirements for psychotropic substances for over three years.

(c) Precursors

156. In its resolution 49/3, entitled "Strengthening systems for the control of precursor chemicals used in the illicit manufacture of synthetic drugs", the Commission on Narcotics Drugs requested Member States to provide the Board with annual legitimate requirements for imports of four precursors of amphetamine-type stimulants — ephedrine, pseudoephedrine, 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), and 1-phenyl-2-propanone (P-2-P) — and, to the extent possible, preparations containing those substances that could be easily used or recovered by readily applicable means. The estimates help Governments to assess the legitimacy of shipments and to identify any excesses in pre-export notifications for those substances.

157. Although those estimates are provided to the Board on a voluntary basis, as at 1 November 2018, 166 Governments had provided an estimate of their annual legitimate requirements for at least one of the above-mentioned substances. During the reporting period, more than 80 Governments reconfirmed or updated their annual legitimate requirements for at least one substance.

158. Governments provide estimates of annual legitimate requirements for precursors on form D and can update them at any time throughout the year. The latest annual legitimate requirements, as submitted by countries and territories, are regularly updated and published on the Board's website. They are also accessible to registered users through PEN Online.

4. Improving the quality of information provided to the Board

159. The regular submission of comprehensive and reliable statistical data from Governments to the Board is vital for the proper overall functioning of the international drug control system and the analysis of global trends. Good-quality data also provide information that is necessary to uncover diversions of controlled substances for illicit purposes.

160. Incomplete submissions, data gaps and other problems encountered by Governments in furnishing adequate statistics and/or estimates and assessments to the Board are often an indication of deficiencies in their national control mechanisms and/or health-care systems. Such deficiencies may reflect problems in the implementation of treaty provisions, for instance gaps in national legislation, shortcomings in administrative regulations or a lack of training for staff of competent national authorities.

161. **The Board strongly recommends that Governments strengthen national mechanisms to monitor the cultivation, production and manufacture of and trade in controlled substances. This may be achieved, in part, by improving and developing national data-collection systems, training staff of competent national authorities and ensuring that companies licensed to deal with internationally controlled substances fulfil the legal requirements associated with their licences.**

162. **The Board invites all Governments concerned to identify the causes of deficiencies in reporting statistics and/or estimates and assessments to the Board and to inform the Board accordingly with a view to resolving problems and ensuring adequate and timely reporting.** To assist Governments, the Board has developed tools and kits, as well as several sets of guidelines, for use by competent national authorities. They are available on its website free of charge and include training materials and the *Guide on Estimating Requirements for Substances under International Control*. **Governments are invited to make full use of those tools in their efforts to comply with the international drug control treaties.**

D. Evaluation of overall treaty compliance

1. New developments with regard to overall treaty compliance in selected countries

163. The scope of the areas covered by the international drug control conventions is vast. The conventions encompass regulatory aspects for the monitoring of licit production, manufacture and trade in narcotic drugs, psychotropic substances and precursor chemicals; establish the permitted uses for controlled substances; and

require States to adopt legislative and policy measures to combat drug trafficking and diversion, and to take all practicable measures for the prevention of drug abuse and for the early identification, treatment, education, aftercare and social reintegration of persons affected by drug abuse.

164. As with other international treaty instruments, States parties to the international drug control conventions are afforded significant discretion in the adoption of the policy, legislative and administrative measures they opt for in their efforts to implement their treaty obligations.

165. It remains that, as States parties to the international drug control conventions, States must adhere to the fundamental legal tenets set forth in those treaties, which include the limitation of use of narcotic drugs and psychotropic substances exclusively to medical and scientific purposes, the respect for human rights and human dignity, the adequate provision of controlled substances to meet legitimate medical needs, and the adherence to the principle of proportionality in the formulation of drug-related criminal justice policy.

166. In carrying out its mandate as the treaty monitoring body responsible for reviewing the implementation of the three international drug control conventions, the Board reviews developments in States parties with the aim of identifying any shortcomings in the implementation of those conventions by States with a view to recommending remedial action, which may include the application of good practices that may have been adopted in other jurisdictions.

167. The Board's evaluation of the status of implementation by States of their legal obligations pursuant to the international drug control conventions is informed by its ongoing dialogue and exchange of information with Governments, including through extensive correspondence, meetings with Government representatives, country missions, participation in INCB initiatives, and through the submission of statistical reports to the Board. In the period under review, the Board reviewed the drug control situation in Canada, Denmark, Myanmar, Poland and South Africa.

(a) Canada

168. Since the Government of Canada announced its intention to pursue the legalization and regulation of cannabis for non-medical purposes, the Board has maintained an ongoing dialogue with the country's authorities on the matter, including through a high-level mission to the country led by the President of the Board in 2016, a written submission to the Standing Senate Committee on Foreign Affairs and International Trade, several meetings with senior representatives of the Government and an extensive exchange of correspondence.

169. Throughout this extensive consultation process, the Board has stressed that the legalization and regulation of cannabis for non-medical and non-scientific purposes would be a violation of the provisions of the international drug control conventions, notably the 1961 Convention as amended, which includes, in its article 4 *(c)*, the general obligation for States parties to "limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs."

170. In June 2018, Bill C-45 (the Cannabis Act), on legalizing and regulating the consumption of cannabis for non-medical and non-scientific purposes, received royal assent.

171. With the passage of the legislation, which entered into force on 17 October 2018, individuals aged 18 years of age or older are legally permitted to purchase cannabis products (dried herb, oil, plants and seeds) from retailers regulated by the provincial and territorial governments. They may also possess up to 30 g of cannabis, share up to 30 g of dried cannabis or equivalent with other adults, cultivate up to 4 cannabis plants per household and prepare edible cannabis products for personal use.

172. Through the passage of Bill C-45, the Government of Canada has chosen to put itself in a situation of default of its international obligations, not only under the 1961 Convention as amended but also the 1988 Convention, which obliges States parties to establish as criminal offences under their domestic law the production, manufacture, extraction, preparation, offering, offering for sale, distribution, sale and delivery on any terms whatsoever any narcotic drug or any psychotropic substance contrary to the provisions of the 1961 Convention, the 1961 Convention as amended or the 1971 Convention.

173. The incompatibility of Bill C-45 with its international legal obligations under the three international drug control conventions has also been repeatedly acknowledged publicly by senior members of the

Government of Canada. The Board is concerned that the legalization of the use of cannabis for non-medical purposes undermines the international legal drug control framework and constitutes a dangerous precedent for the respect of the rules-based international order.

174. In addition, the Board is concerned that the measures envisaged in Bill C-45 would lead to reduced perceptions of harm and to higher rates of cannabis use, particularly among young people, through greater availability of the drug and weaknesses in control measures, including with regard to the authorization of personal cultivation in households. The Board notes that the rates of cannabis abuse among young people in Canada are already among the highest in the world.

175. In the exercise of its mandate, the Board will remain seized of the matter and will continue to engage with Canada and other members of the international community in addressing it.

(b) Denmark

176. During the reporting period, the Board continued to monitor drug-related developments in Denmark and engaged in dialogue with the Government on various issues, including the recent introduction of a medical cannabis pilot programme in the country.

177. According to the information provided by the Government, Denmark adopted legislation on a medical cannabis pilot project in December 2017 that is intended to serve as the legal basis for a four-year medical cannabis pilot project. The law allows licensed medical doctors to prescribe cannabis for medical purposes to eligible patients. Once the prescription has been obtained, the patient can purchase, from a licensed pharmacy, cannabis that has been produced under good manufacturing practice rules of the Danish Medicines Agency and approved by the Agency. The number of patients, patterns of prescription and side effects are monitored through the register of all prescriptions and other reports collected from the licensed doctors, which are accessible to the Danish Medicines Agency and other relevant government agencies.

178. Patients with the following medical conditions may be eligible for treatment under the programme: multiple sclerosis, chronic pain, spinal cord injuries and chemotherapy-induced nausea and vomiting. In addition, under the new law, companies in Denmark can also receive approval for cultivation or repackaging of cannabis for medical purposes, which can then be used either for export or for domestic consumption. However, at the initial stage, the cannabis for the pilot project would have to be imported until the approved companies start cultivating cannabis in Denmark. The Government of Denmark has expressed its commitment to importing, cultivating and exporting cannabis for medical use, as well as reporting of estimates and statistical returns, in line with the relevant provisions of the 1961 Convention as amended.

179. On its website (https://laegemiddelstyrelsen.dk/en), the Danish Medicines Agency has published some details of the pilot project that are addressed to medical doctors and patients. The Agency states that the cannabis products included in the pilot programme are not authorized medicines in either Denmark or other countries, and that the products have rarely been tested in clinical trials. The website provides some guidelines for doctors based on experiences in other countries in this area and contains a warning that doctors should take full responsibility for the product they prescribe, keeping in mind that they might not have the same knowledge of effects and side effects compared with authorized medicines. The Danish Medical Association has advised doctors that prescribing cannabis could compromise the health of their patients because no clinical trials have provided clear evidence on the efficacy or adverse effects of consuming cannabis for medical purposes.

180. The Board will continue to monitor the developments regarding the pilot medical cannabis programme in Denmark and urges the Government of Denmark to continue to meet its stated commitment to developing its medical cannabis scheme in accordance with the provisions of the 1961 Convention as amended and with the Board's recommendations published in chapter II of its annual report for 2017, in particular paragraphs 177 and 178.

(c) Myanmar

181. In February 2018, the Central Committee for Drug Abuse Control of Myanmar released its national drug control policy. The policy was developed in conjunction with the Myanmar Police Force and the Ministry of Home Affairs, with the support of UNODC.

182. The national drug control policy was developed following wide-ranging consultations with over 150 national experts and is aimed at incorporating international best practices, aligning approaches with the outcome document of the special session of the General Assembly on the world drug problem held in 2016, complying with the international drug control conventions and supporting the achievement of the Sustainable Development Goals.

183. According to the Central Committee for Drug Abuse Control, the policy is the result of an acknowledgment by the Government that the country's previous drug control approaches, based primarily on Government-led supply-reduction initiatives such as opium poppy eradication, needed to be reviewed.

184. The new strategy also represents an important departure from previous policy through its involvement of non-governmental organizations and civil society stakeholders, its emphasis on health and social policy responses in addition to criminal justice mechanisms, its promotion of sustainable alternative development for opium poppy farmers and its emphasis on international cooperation.

185. The national drug control policy sets out general objectives grouped into five main thematic areas: *(a)* supply reduction and alternative development; *(b)* demand reduction and harm reduction; *(c)* international cooperation; *(d)* research and analysis; and *(e)* compliance with human rights.

186. In order to meet the objectives established by Myanmar in its national drug control policy, a series of measures are foreseen, including: strengthening the legal framework to combat drug-related offences and money-laundering and corruption related to drug offences; reviewing legislation related to drug control every five years and training prosecutors, judges and law enforcement personnel in drug case management; developing and implementing alternative development programmes, including through the creation of opportunities for sustainable livelihoods, and the development of infrastructure and human resources; bolstering prevention initiatives aimed at the general population as well as those targeted at children, young people, women and vulnerable populations; improving the quality of treatment, rehabilitation and social-reintegration services; more effectively regulating the availability of controlled substances for medical purposes; increasing international cooperation in the field of drug control; and investing in research and analysis in order to inform the development of an evidence-based and targeted drug policy. The national drug control policy is scheduled to be implemented over the next five years, with regular evaluations to be carried out.

187. In addition to the adoption of the national drug control policy, the Government of Myanmar has made a series of legislative amendments to the main drug control law, the 1993 Narcotic Drugs and Psychotropic Substances Law. The amendments include the insertion of references to the international drug control conventions and to the use of international cooperation mechanisms; the inclusion of alternative livelihood measures; and the institutionalization of harm-reduction approaches to drug treatment and prevention.

188. The Board will continue to monitor the continued implementation by the Government of Myanmar of its national drug control policy, as well as other developments related to the implementation of the international drug control conventions.

(d) Poland

189. In November 2017, amendments to the Act on Counteracting Drug Addiction, which serve as a legal basis for introducing access to cannabis upon prescription, entered into force in Poland. Under the amended legislation, cannabis from imported plants can be processed into medicines at registered pharmacies in Poland. To manufacture medicines from cannabis plants, pharmacies must obtain authorization from the country's Office for the Registration of Medicinal Products, Medical Devices and Biocidal Products.

190. According to the Polish Pharmaceutical Chamber, pharmacists will be given specific training if required. The Chamber also estimated that there are up to 300,000 patients who could qualify for medical cannabis treatment in Poland. The legislation does not permit the cultivation of cannabis by patients or by any other persons; Poland currently imports cannabis from the Netherlands.

191. The new legislation stipulates that, to use cannabis for medical purposes, patients must receive permission from a regional pharmaceutical inspector in addition to a prescription from a physician. The qualifying conditions for cannabis use for medical purposes include, but are not limited to, chronic pain, chemotherapy-induced nausea, multiple sclerosis, spasticity and treatment-resistant epilepsy.

192. The Board will continue to monitor the drug-related developments in Poland, including its newly implemented medical cannabis programme. The Board is currently engaged in a dialogue with the authorities of Poland in order to secure additional information on the new programme and the compliance thereof with the international drug control treaties.

(e) South Africa

193. The Board notes that, in September 2018, the Constitutional Court of South Africa ruled that the prohibition of private possession and consumption of

cannabis and the cultivation of cannabis for personal use was unconstitutional, as it violated section 14 of the Constitution of South Africa, which guarantees the right of citizens to privacy.

194. The Court's ruling is a result of an appeal by the Government against the High Court ruling that legalized cannabis use for personal purposes in 2017. The Board acknowledges the fact that the Government argued in those proceedings that legalizing cannabis for personal use was not in line with the constitutional values of South Africa, because it would harm citizens. Nevertheless, in its latest judgment, the Constitutional Court declared that the provisions of the national legislation prohibiting the use of and the possession and cultivation for personal consumption of cannabis by an adult in a private place were unconstitutional and, therefore, invalid. It also held that the right to privacy extends "beyond the boundaries of a home".

195. The Board notes that it was underlined in the judgment that the use or possession of cannabis by a child anywhere, or by an adult in public, was not decriminalized. The Constitutional Court suspended the order of invalidity for a period of 24 months to give Parliament the opportunity to "correct the constitutional defects" in the national legislation. The Court also stated that, during the period of suspension of invalidity, it would not be a criminal offence for an adult person to use or to possess or cultivate cannabis for personal consumption in private.

196. The Board will continue monitoring the developments in South Africa regarding the Constitutional Court's decision and its effects on national legislation and practice, including the adoption by the Government of South Africa of any guidance for police to deal with cases of personal use of cannabis until the Parliament adopts the legislative changes. The Board will continue to engage in dialogue with the authorities of South Africa to facilitate the full compliance of the country with the provisions of the international drug control treaties, including those related to limiting the use of controlled substances to medical and scientific purposes.

2. Country missions

197. As part of its treaty-monitoring functions, INCB undertakes a series of country missions each year. The conduct of country missions is an essential tool for the Board in informing its analysis of the implementation by States parties of their obligations under the various facets of the international drug control conventions.

198. By enabling the Board to meet with relevant national stakeholders including legislators, policymakers, representatives of regulatory authorities, customs and law enforcement officials, medical practitioners, persons involved in prevention and treatment efforts and representatives of civil society groups, country missions contribute to the Board gaining a comprehensive overview of the drug control frameworks in place and identifying both areas for improvement and best practices. Discussions with national stakeholders are held on a confidential basis, so as to encourage frank and open dialogue.

199. On the basis of its analysis of the information gathered during a country mission, the Board adopts a series of recommendations for improving compliance with the international drug control conventions. Those recommendations are then transmitted confidentially to the Government of the country that hosted the mission for its consideration and implementation.

200. During the period under review, the Board undertook missions to Armenia, Australia, Botswana, Estonia, France, Germany, Guyana, Luxembourg, Mauritius, Mongolia, Nepal, the Netherlands, Qatar, the Russian Federation, Switzerland, Tunisia, the United Arab Emirates and the United Kingdom.

201. At the time of finalizing the present report, missions to Jamaica and Paraguay were due to take place in late November and early December 2018. Additional missions have been accepted in principle by the Governments of Chile, Colombia, Côte d'Ivoire, Dominica, Maldives, Mauritania, New Zealand and the Philippines, but the plans for those missions have not yet been finalized. In addition, the Board has contacted the Governments of Belize, the Democratic People's Republic of Korea, the Gambia, Grenada, Guinea, Kazakhstan, Kuwait, Kyrgyzstan, the Lao People's Democratic Republic, Liberia, Madagascar, Montenegro, the Niger, Rwanda, South Sudan, Suriname, Tajikistan, the former Yugoslav Republic of Macedonia, Trinidad and Tobago, Ukraine, the United States and Uzbekistan, as well as of Kosovo,[67] but has not yet received confirmation of acceptance of a mission. In the case of the Philippines, the Board has invited representatives of the Government to attend one of its sessions for consultations.

[67] All references to Kosovo in this report should be understood to be in the context of Security Council resolution 1244 (1999).

(a) Armenia

202. In June 2018, the Board undertook a mission to Armenia with the objective of discussing developments related to the country's implementation of the three international drug control conventions since the Board's previous mission to the country, in 2010.

203. Armenia has, in recent years, reported increases in seizures of narcotic drugs including cocaine, opium and cannabis resin, which may indicate that the country is increasingly being targeted as a transit country. While illicit drug use in the country is thought to be moderate, its exact extent is difficult to gauge in the light of the limited epidemiological data available.

204. The Board notes that various legislative and regulatory reforms are currently under way in Armenia in the field of drug control and welcomes those aimed at facilitating greater access to narcotic drugs and psychotropic substances for rational medical use, as well as those aimed at ensuring proportional responses to drug-related offences, in particular offences committed by people who use drugs.

(b) Australia

205. In November 2017, the Board undertook a mission to Australia in order to discuss the country's implementation of the three international drug control conventions since the previous mission to the country, in 2009.

206. Owing to its large size, long coastline and lucrative illicit drug market, Australia is a target for international drug trafficking syndicates. While the country's remoteness presents some obstacles to trafficking, the higher price paid for drugs smuggled into the country acts as an incentive for traffickers. Australian law enforcement and customs authorities continue to report record drug seizures for many drugs such as cocaine, MDMA and methamphetamine. According to official statistics, Australia has one of the highest rates of methamphetamine use in the world, with the number of users growing.

207. The Board notes the significant efforts and resources being deployed by the Government of Australia in the implementation of its drug control policy, including the adoption of the National Drug Control Strategy 2017–2026, as well as the continued implementation of the "National Aboriginal and Torres Strait Islander Peoples' drug strategy 2014–2019" and the National Ice Action Strategy. The Board also notes the country's strong commitment to multilateralism and its support for regional and international drug control efforts.

(c) Botswana

208. A mission of the Board was carried out to Botswana in June 2018. Botswana is a party to the 1961 Convention as amended, the 1971 Convention and the 1988 Convention.

209. The objective of the mission was to obtain updated information on the Government's policy, national legislation and practical experiences in the area of drug control and to re-engage in dialogue about the country's compliance with the conventions. The country's treaty obligations and the availability of narcotic drugs and psychotropic substances were among the main issues discussed.

(d) Estonia

210. In April 2018, the Board carried out a mission to Estonia. The objective of the mission was to review the implementation of the international drug control treaties by Estonia and to examine drug control developments since the Board's previous mission to the country, in 2006.

211. Estonia is a party to all three international drug conventions. It acceded to both the 1961 Convention and the 1971 Convention in 1996 and to the 1988 Convention in 2000.

212. The Board notes that the Government of Estonia is committed to the objectives of the international drug control treaties, that the national legislation provides adequate basis for their implementation and that the mandatory reports by Estonia to the Board are up to date and of high quality. The high number of fentanyl-related opioid overdose deaths and new cases of HIV infection among people who inject drugs were also among the subjects discussed during the mission.

(e) France

213. In June 2018, the Board conducted a mission to France, the first since 1999, to discuss the implementation of the international drug control legal framework with national stakeholders. France is a party to the three international drug control conventions.

214. Following legislative changes overhauling its health system in 2016, France launched a six-year trial programme aimed at reducing the harms associated with drug use through the establishment of so-called "reduced-risk drug consumption rooms" in the cities of Paris and Strasbourg. The country is also engaged in a process of

legislative reform aimed at developing a proportionate and practicable system to address drug-related crimes of a minor nature.

215. The Board recognizes the strong commitment of the Government of France to the objectives of the international drug control conventions and the significant resources that the country has invested in the pursuit of a balanced and evidence-based drug policy.

(f) Germany

216. The Board undertook a mission to Germany in September 2018. The objective of the mission was to review the drug control situation in Germany and the Government's compliance with the three international drug control conventions. The Board notes that the Government of Germany continues addressing all aspects of the drug problem through an integrated and balanced approach. The previous mission of the Board had taken place in 2003.

217. The Board notes that, under legislation adopted in March 2017, use of cannabis for medical purposes is permitted only as the last available treatment option and when there is the prospect of a noticeable improvement in the health of the patient and subject to strict prescription criteria by certified medical practitioners.

218. The mission visited a "drug consumption room" and a number of facilities for the treatment and rehabilitation of drug-dependent individuals. The Board notes the efforts of the authorities to ensure that "drug consumption rooms" are well integrated into and part of a wide spectrum of health service facilities provided to drug-dependent persons.

(g) Guyana

219. The Board undertook a mission to Guyana in December 2017. The primary objective of the mission was to discuss with relevant government counterparts the progress made by Guyana in the implementation of the international drug control conventions. The previous mission of the Board to Guyana was in 2002, when Guyana had just acceded to the 1961 Convention.

220. Guyana is a transit country, mainly for cocaine originating in Colombia and trafficked through Brazil, Suriname and Venezuela (Bolivarian Republic of), destined mainly for North America and Europe. Cocaine is often concealed in legitimate commodities and trafficked using commercial maritime vessels, aeroplanes, human couriers, "go-fast" boats or various postal services. Trafficking takes place using the poorly monitored ports, remote airstrips and porous land borders that are difficult to control without proper equipment.

221. The mission was coordinated by the newly established National Anti-Narcotics Agency. Discussions focused on compliance with the international drug control treaties and national and international drug control policy, including the National Drug Strategy Masterplan (2016–2020), which contains a review and revision of the 2014–2018 Masterplan.

(h) Luxembourg

222. In October 2018, the Board undertook a mission to Luxembourg. The objective of the mission was to review the implementation of the international drug control treaties by Luxembourg and discuss drug control developments since the Board's last visit to the country, in 2006.

223. Luxembourg is party to the three international treaties. It acceded to the 1961 Convention as amended in 1972 and to the 1971 Convention in 1991. It also became a party to the 1988 Convention in 1992.

224. A landlocked country, Luxembourg shares borders with Belgium, France and Germany. That, together with the facts that 46 per cent of its population of 560,000, are foreigners and that it has a very important cross-border flow of workers, makes the country vulnerable to drug transit and trafficking.

225. During the mission, the Government demonstrated its commitment to addressing drug addiction in Luxembourg. The Board notes that Luxembourg had implemented effective treatment and rehabilitation services and also notes efforts in drug prevention.

226. A thorough description of and information on the medical cannabis project was provided to the delegation of the Board, including the legislative framework and planned prescription practices.

(i) Mauritius

227. In July 2018, the Board undertook a mission to Mauritius. The objective was to review the drug control

situation and the Government's compliance with the three international drug control conventions since the previous mission of the Board, in 2008.

228. Although located in a strategically important part of the Indian Ocean basin, Mauritius is not a significant transit country for trafficking in drugs, with most illicit drugs entering the country intended for domestic consumption. The Board notes the Government's efforts to tackle drug trafficking, in particular the interdiction efforts undertaken by law enforcement and customs authorities. Mauritius has also made efforts to deepen cooperation with other countries in the Indian Ocean in order to combat drug trafficking. During the mission, information regarding the country's drug treatment and rehabilitation programmes was provided, along with information on demand-reduction initiatives.

229. The Board notes the convening of the independent Commission of Inquiry on Drug Trafficking and the development of a new national drug control master plan, expected to be launched in 2019, as examples of the country's commitment to the implementation of the international drug control conventions.

(j) Mongolia

230. The Board undertook a mission to Mongolia in July 2018, with the primary objective of reviewing the implementation of the international drug control conventions and discussing with the Government drug policy developments since the previous mission of the Board, in 1999.

231. The Board notes the commitment and strong political will of the Government to strengthen its efforts with regard to national drug control policy. The Board's delegation was informed about developments in demand and supply reduction and noted results achieved through the recently adopted national programme on combating trafficking in narcotic drugs and psychotropic substances.

(k) Nepal

232. In September 2018, the Board undertook a mission to Nepal. The objective was to review the drug control situation and the Government's compliance with the three international drug control conventions since the previous mission of the Board, in 2007.

233. Located between China and India, with both of whom Nepal shares a long open border, and with air links to major cities in Asia and the Middle East, Nepal is a trans-shipment point for trafficking in drugs. The Board notes the Government's efforts to tackle drug trafficking, in particular the trafficking in medicines containing internationally controlled substances, as well as its efforts to update its national legislation to address new trends and ensure that the control of drugs is applied in the country's new federal system. During the mission, information was provided regarding the country's drug treatment and rehabilitation initiatives and on its demand reduction initiatives.

234. The Board takes particular note of efforts by the Government of Nepal to develop a new multi-tiered drug prevention programme for deployment in primary and secondary schools to raise awareness of the dangers of drug use and provide life skills training to students to build greater resilience against drug use.

(l) Netherlands

235. In June 2018, the Board undertook a mission to the Netherlands to discuss issues related to the implementation by the Government of the three international drug control conventions, to which the Netherlands is a party. The previous mission to the country had taken place in 1998.

236. Cannabis and synthetic drugs are illicitly produced in and exported from the Netherlands. The country is also a transit country for cocaine produced in South America and heroin trafficked to the country from Afghanistan along the Balkan route. Drug policy in the Netherlands has the stated objective of preventing and reducing the use of drugs and associated harms through outreach work and the delivery of services in so-called "low-threshold facilities" and "centres for social addiction care". It is also characterized by a policy of "toleration" of the non-medical use of "soft drugs", a category which includes cannabis.

237. The Board acknowledges the commitment of the Government of the Netherlands to dialogue on drug policy issues. The Board also recognizes the extensive efforts and significant investments made by the country in its attempts to limit the harms associated with drug use.

(m) Qatar

238. The Board undertook a mission to Qatar in October 2018. It was the first-ever mission of INCB to

Qatar. Qatar has been a party to the 1961 Convention as amended since 1986, to the 1971 Convention since 1986 and to the 1988 Convention since 1990. The primary objective of the mission was to review the drug control situation in Qatar and to discuss with the Government its experience in the implementation of the international drug control treaties. The Board notes the commitment of Qatar to the implementation of the international drug control conventions.

239. The delegation was informed about the Qatar Drug Control Strategy for 2018–2022, the main strategic goal of which is to protect Qatari society from drugs, focusing on the continuous monitoring and control of the ports in coordination with the relevant authorities to reduce the supply and demand of drugs. Discussions were held on the importance of regional cooperation in that area and the delegation of the Board underlined the need for all States parties in the region to strengthen their cooperation.

240. The delegation was also informed about the Qatar National Health Strategy for 2018–2022, two key aspects of which are mental health and cancer control. The Board notes the efforts made by Qatar in ensuring the availability of controlled substances for medical and scientific purposes through its health services. The Board also notes the efforts made to provide the population with evidence-based treatment and rehabilitation services.

(n) Russian Federation

241. The Board undertook a mission to the Russian Federation in November 2017. The primary objective of the mission was to review the implementation of the international drug control treaties by the Government and to examine drug control developments since the previous mission of the Board, in 2005. The Government is committed to the implementation of the letter and the spirit of the international drug control treaties. Aware of its low rate of consumption of opioid analgesics for medical purposes, the Government has implemented several initiatives aimed at removing regulatory and other barriers to access to those drugs and it is expected that those measures will, in the long term, lead to their increased availability.

242. The Russian Federation remains an important destination and transit country for heroin produced in Afghanistan. There has also been an increase in the illicit manufacture of and trafficking in new psychoactive substances and other synthetic drugs.

(o) Switzerland

243. In November 2017, the Board undertook a mission to Switzerland. The objective was to review the drug control situation and the Government's compliance with the three international drug control conventions.

244. The Board notes that, since its previous mission, in 2000, the Government has made considerable progress in the formulation and implementation of an integrated drug policy and its action plan. The country has also made significant improvement in fulfilling its reporting obligations and containing the "open drug scenes" through various measures.

245. In its discussions with representatives of the Government, the delegation of the Board was informed about the licit manufacture of medicines containing controlled substances, the market situation of products containing CBD and the challenges brought forth by new psychoactive substances and designer precursors. The delegation also visited the "drug consumption rooms" in Bern and one of the manufacturing facilities of a company manufacturing controlled substances.

246. The Board commends Switzerland for the close coordination among various stakeholders in the area of drug control within the country, and its participation in regional and international cooperation.

(p) Tunisia

247. The Board undertook a mission to Tunisia in October 2018 with the objective of discussing the developments related to the country's implementation of the three international drug control treaties since the last mission of the Board, in 2002.

248. Tunisia is party to the three international treaties. It acceded to the 1961 Convention as amended in 1976 and the 1971 Convention in 1979. It became a party to the 1988 Convention in 1990.

249. During the mission, the Government demonstrated its commitment and will to continuing to strengthen its efforts regarding drug abuse prevention and the treatment and rehabilitation of individuals with problems associated with drug use, including in prisons. During its interaction with technical staff at all levels, the INCB delegation was impressed by the calibre and professionalism of the country's civil servants. The Board notes the country's efforts and the positive steps taken

towards legislative and regulatory reforms and the strengthening of the National Bureau of Narcotics.

(q) United Arab Emirates

250. In September 2018, the Board undertook a mission to the United Arab Emirates with the objective of discussing developments related to the country's implementation of the three international drug control conventions since the Board's last mission to the country, in 2008.

251. The Board notes that the country is committed to the objectives of the international drug control treaties and is making significant efforts to achieve the goals and objectives of the country's drug control strategy, in both drug supply and drug demand reduction. In recent years, the country has been increasingly targeted by traffickers of precursor chemicals, in particular acetic anhydride. The Board also notes changes in drug abuse patterns, including the emerging abuse of methamphetamine, synthetic cannabinoids and certain prescription drugs. The delegation was informed of recent legislative changes concerning penalties for drug-related offences, including alternatives to punishment for drug use.

(r) United Kingdom of Great Britain and Northern Ireland

252. A delegation of the Board visited the United Kingdom in October 2018. The objective of the mission was to review the drug control situation in the country and the implementation of the international drug treaties by the Government and to discuss significant developments since the last mission of the Board to the country, in 2007.

253. The Board notes the commitment of the Government to the full implementation of the international treaties. The 2017 Drug Strategy was adopted by the Government to address the national drug problem and the Serious Violence Strategy was adopted in 2018 to respond to recent increases in knife crime, gun crime and homicide, crimes that are often associated with drug trafficking. At the international level, the Government is committed to cooperation with other countries in Europe and around the world to promote a balanced approach, sharing best practices and the latest evidence across a global network.

254. Overall drug use has remained largely stable over the past five years among 16 to 59 year olds in England and Wales; however, the country has been experiencing an increase in the number of deaths related to drug use, mostly relating to heroin and morphine. The United Kingdom has played a leading role in the management of new psychoactive substances and the delegation of the Board visited the Club Drug Clinic, one of the few treatment centres in Europe that assists users who have developed problematic use patterns of synthetic drugs and new psychoactive substances. The Board notes the active role played by the Government in addressing the problem of drug trafficking and the interdiction efforts undertaken by the national drug law enforcement agencies.

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

255. Every year, the Board follows up on developments in countries that hosted INCB missions three to four years previously and requests the Governments in question to apprise it of any developments in the country since the mission, including any legislative or policy actions taken in implementation of the Board's post-mission recommendations. This important exercise is a means of building on the momentum created by the missions to the countries in question and the synergies forged with national stakeholders.

256. In 2018, the Board invited the Governments of Bahrain, to which a mission had been undertaken in late 2014, and China, Ghana, Honduras, Iran (Islamic Republic of), Italy, the Republic of Moldova and Timor-Leste, to which missions had been undertaken in 2015, to report on drug-related developments in those countries, including those that might have been taken in furtherance of the Board's recommendations.

257. The Board wishes to express its appreciation to the Governments of Bahrain, China, Ghana, Iran (Islamic Republic of), Italy and the Republic of Moldova for having submitted information to the Board and renews its call to the Governments of Honduras and Timor-Leste to provide the information requested.

(a) Bahrain

258. The Board notes that the Government of Bahrain has made some progress in implementing the recommendations of the Board following its mission to the country in December 2014.

259. The Board welcomes the efforts made by the Government to allocate additional resources to the treatment and rehabilitation of drug users. In addition to the treatment services provided by the Psychiatric Hospital of Bahrain, the Bahraini Council of Ministers decided in 2015 to allocate 22,000 square metres of land, in line with the recommendation of the National Anti-Drug Committee, for the construction of three buildings, for the drug treatment of men, women and juveniles. The Government has also announced that a competent committee would be formed to further study the treatment requirements in the country. The Board takes note of the measures being put in place and encourages the Government to further expand and improve its provision of services for inpatient and outpatient treatment of persons affected by drug use disorders, including by improving access to treatment to all groups including women, young people and resident non-nationals and by providing specialized services for co-morbidities that affect patients diagnosed with drug use disorders.

260. The Government of Bahrain has taken further steps to effectively control new psychoactive substances, including the establishment of a committee under Law No. 15 of 2007, on narcotics and psychoactive substances, which will be mandated to amend the schedules of narcotic drugs and psychoactive substances. In August 2016, the Prime Minister of Bahrain issued Decree No. 39/2016, amending the lists of controlled substances contained in Law No. 15 of 2007, to schedule synthetic cannabinoids, synthetic cathinone, tramadol, ketamine and APAAN, and tasking the ministers, according to their mandates, to implement the Decree.

261. During the mission, the Board observed the need for training of laboratory technicians in the detection and analysis of drugs. In addition, the Board encouraged the Government to strengthen its forensic detection and analysis of substances through the provision of training and the increased availability of reference standards. In response to those recommendations, the Government reported that devices to detect and test for drugs and psychoactive substances were in the process of being procured following the completion of a bidding process. On the issue of training, the authorities acknowledged that the crime laboratory must increase the capacity of its technical staff through the provision of additional training. In that regard, the Government of Bahrain has maintained contact with UNODC to discuss relevant training courses that may be provided to its officials.

262. To further strengthen the provision of services for the prevention of HIV/AIDS among drug users, the Government adopted Law No. 1 of 2017, on the protection of society from AIDS and protection of the rights of persons living with AIDS. However, the Government has not yet provided further details on the new legislation that would allow the Board to have a more comprehensive understanding of the developments in HIV/AIDS-related issues in the country.

263. In response to the recommendation of the Board to conduct a nationwide survey on drug abuse in the country, the Government informed the Board that the Royal Academy of Police had been assigned with the coordination of the preparation of a national survey on drug use. While efforts are under way to complete the survey, the Government stated that there are multiple agencies in Bahrain dealing with the problem of drug abuse including, but not limited to, the Ministry of Health, the Ministry of the Interior and the Ministry of Education; the absence of a unified coordination mechanism had made it difficult for Bahrain to effectively assess the drug problem and determine the number of drug users. Therefore, the Board calls upon the Government to establish an effective coordination mechanism in the area of drug abuse prevention and treatment, including through institutional and legislative steps as well as the allocation of sufficient human and financial resources, with a view of enabling coordinated responses to the drug abuse situation in the country.

264. The Board is aware that the destruction of seized drugs in the country takes place once every five or six years. The Board encourages the Government to establish procedures for the pretrial destruction of seized drugs and for samples to be taken and to be admissible as evidence in accordance with article 14, paragraph 5, of the 1988 Convention. Such a measure would reduce the likelihood of seized substances being diverted into illicit markets. Moreover, the Board calls upon the Government to submit regularly to the Board data on the quantities of drugs seized and disposed of.

265. The Board acknowledges the effective cooperation of the Government of Bahrain with the Board in fulfilling the country's obligations under the international drug control treaties, and notes that it will continue working closely with the Government of Bahrain to facilitate the implementation of the recommendations of the Board following its mission to the country in 2014.

(b) China

266. The Board notes that, since its mission to China in October 2015, the Government of China has taken

several measures to implement the Board's recommendations on ways to strengthen the country's implementation of the three international drug control conventions.

267. In 2015, China introduced regulation for the rapid scheduling of non-medical narcotic drugs and psychotropic substances, including new psychotropic substances. More than 138 new psychotropic substances have been brought under national control. China has scheduled all internationally controlled fentanyl substances, adding 23 classes of fentanyl substances to the national schedules. In 2017, the Government brought the main precursors of fentanyl, namely *N*-phenethyl-4-piperidone (NPP) and 4-ANPP, under national control.

268. The Board notes that China has also taken measures to more effectively monitor international trade in precursors and to verify the legitimacy of transactions involving precursor chemicals, in particular through the scheduling of new precursors, including "hydroxylamine", o-chlorophenyl cyclopentyl ketone, APAAN, 1-bromo-1-phenyl-1-propanone, bromine, chloropseudoephedrine, 1-phenyl-1-propanone, NPP and ANPP. In recent years, more than 14,900 companies have been inspected for transactions involving non-scheduled substances and equipment that could be used for the illicit manufacture of drugs. Strengthened control in this area has led to seizures of about 1,500 tons of chemicals in the border region with Myanmar in 2017, of which 400 tons were of scheduled precursor chemicals.

269. The Board welcomes the steps taken by the Government to increase its cooperation with the chemical industry and to promote voluntary cooperation between the Government and the chemical industry, including through the establishment of a credit rating and certification system for companies involved with precursor chemicals.

270. With respect to the availability of narcotic drugs and psychotropic substances for medical treatment, the Board notes that some progress has been made, as evidenced by the increased consumption of morphine in the country. The Board encourages the Government to continue to take steps to foster the greater availability of narcotic drugs and psychotropic substances, which remains low.

271. In addition, while inroads related to demand reduction and treatment measures have been made since the Board's 2015 mission, the Board also believes that additional investments in this field may be warranted.

272. Finally, in keeping with its call to all States to abolish capital punishment for drug-related offences, in accordance with the principle of proportionality, the Board encourages the Government of China to consider abolishing the death penalty for this category of offence.

(c) Ghana

273. The Board undertook a mission to Ghana in 2015. The Board notes the high level of commitment of the Government of Ghana to drug control and also notes that significant progress has been achieved in addressing the problems of drug trafficking and abuse since the previous mission of the Board, in 2005. In particular, the Board notes that new drug control legislation, the Narcotics Control Commission Bill 2017, has been drafted. Its adoption is considered a priority for the Government and the Bill will replace the current legislation, the Narcotic Drugs Law of 1990. The Board notes that the new Bill also includes proposals for alternatives to imprisonment for drug-related offences. The Board also notes efforts made by the Government to strengthen the independence of the Narcotics Control Board, the main drug control coordinating body in the country.

274. The Board remains concerned that much work remains to be done in Ghana in strengthening control at the retail level of pharmaceutical preparations containing controlled substances such as diazepam. Although most legislation and regulations in that area are adequate, the Government of Ghana has been unable to ensure adequate compliance, and it is often possible to obtain those preparations without a prescription. While a number of control measures have been enforced by the competent national authorities to monitor the utilization of diazepam at the wholesale level, the Board requests the Government of Ghana to further examine the matter and identify the reasons behind the high level of imports of diazepam by, among other measures, strengthening monitoring of the distribution of finished pharmaceutical products containing diazepam at the retail level.

275. The Board notes that little progress has been made in reviewing the availability of human resources across different medical fields with a view to ensuring equal access to medical services across the country. The availability of opiates for the treatment of pain in medical institutions continues to be inadequate. The Board requests the Government to examine the current situation and take the steps necessary to ensure that narcotic drugs, particularly opiates, are made available for medical purposes.

(d) Iran (Islamic Republic of)

276. The Government of the Islamic Republic of Iran has taken several steps to implement the recommendations made by the Board following its mission to the country in May 2015.

277. The Board notes that the Government of the Islamic Republic of Iran, through its competent authorities, continues to closely monitor the import, export, transit, manufacture and use of precursors. The Ministry of Health, as the regulatory body, and the Drug Control Headquarters, as the law enforcement agency, cooperate with each other to prevent the diversion of chemical precursors into illicit channels. The Government reported that it was in the process of invoking article 12, paragraph 10 *(a)*, of the 1988 Convention in order to request pre-export notifications for precursor chemicals listed in Table I of the 1988 Convention.

278. In addition, the Government has also named focal points for Project Cohesion (international operations focusing on cocaine and heroin precursors) and its related communication platform, namely PICS. Those focal points have recently reported, through PICS, some cases related to precursor trafficking.

279. During its mission, the Board noted the need to raise awareness about the threat to public health posed by new psychoactive substances, including GHB and synthetic cannabinoids, and recommended that the Islamic Republic of Iran take targeted law enforcement action to prevent the proliferation of illicit markets for such substances. The Government reported that it had taken new preventive measures, including the sharing of best practices with other countries and the provision of training on those substances for staff of organizations working on reducing the harm associated with drug use, as well as by establishing treatment clinics.

280. Since the INCB mission was conducted, the Government of the Islamic Republic of Iran has also stepped up its efforts to provide specialized drug abuse prevention and treatment services to women. The country carried out a series of measures aimed at women who are high-risk injecting drug users through the setting up of 247 drop-in centres. There are 371 outreach teams providing services to approximately 16,000 women. Approximately 10,000 female drug users have received treatment services in more than 45 medium-term residential centres throughout the country. Supportive services and shelters were provided for approximately 30,000 homeless women who were drug users in more than 20 night shelters. Pregnant women are provided with specialized care at Government-run hospitals. Pregnant women, who are referred to primary health-care centres, receive screening services on drug use disorders. Women who are recovering from addiction and the children of women recovering from addiction receive treatment services at two "mother and child" centres.

281. The Government has also developed its fourth strategic country programme on HIV/AIDS control (2015–2019), in close collaboration with all relevant agencies. Preventive measures have been expanded among girls and women and pregnant women with HIV/AIDS. Furthermore, measures have been taken aimed at detecting HIV cases, expanding access to antiretroviral treatment and improving the medicine supply, distribution chain and the prevention and treatment of cases that are resistant to treatment. Other activities have been carried out, such as improving the detection of tuberculosis among individuals with HIV/AIDS; detecting HIV/AIDS among persons suffering from tuberculosis, with special importance attached to prisons; promoting non-stigmatizing attitudes aimed at reducing potential discrimination and facilitating access to services; promoting applied research for monitoring treatment and drug resistance; and strengthening HIV/AIDS technical subcommittees for further coordination and preventing overlapped activities.

282. As discussed in more detail in chapter III of the current report, the Islamic Republic of Iran adopted amendments to its counter-narcotics legislation in 2017 to replace the punishment for some drug-related offences that had previously carried the death penalty with a prison term of 25–30 years and fines. The same amendments also replaced life imprisonment for drug offences with a term of imprisonment of 15–20 years and fines.

283. The Board acknowledges actions undertaken by the Government of the Islamic Republic of Iran to strengthen national responses to drug abuse and criminality, and notes that it will continue working closely with the Government to further facilitate implementation of the recommendations made following its mission to the country.

(e) Italy

284. The Board notes that the Government of Italy has taken several steps to implement the recommendations made following its mission to Italy in June 2015.

285. Italy continued to support multilateral cooperation in international drug control through undertaking numerous multilateral, bilateral, training and legislative

initiatives, as well as initiatives concerning technical support, promoted by the Central Directorate for Anti-Drug Services of the Ministry of the Interior through its network of law enforcement attachés posted abroad.

286. During the course of its mission, members of the Board discussed matters relating to the draft legislation on the liberalization of the non-medical use of drugs that, at the time, was then being reviewed by the Parliament and drew the attention of the Government of Italy to the obligations under international drug control treaties in that regard. Based on the information provided by the Government, the Board notes that the draft law entitled "Provisions on legalization, cultivation, processing and sale of cannabis and its derivatives" was revised to deal only with the use of cannabis-based medicines for therapeutic use. However, the revised draft law was not adopted as a result of the early dissolution of the Parliament by the President of Italy in December 2017.

287. The Board notes that the country has established and continued the implementation of a psychological counselling programme targeted at substance users within the prison settings of Rebibbia penitentiary in Rome. The Board observed that the programme, implemented by the addictions service of the local health authority, resulted in the reduction of self-harm among the prisoners in that penitentiary.

288. The Board notes the effective action undertaken by law enforcement agencies in Italy against drug trafficking, including several significant seizures of drugs. A total of 72 tons of narcotic drugs and psychotropic substances were seized in 2016, including 477 kg of heroin, 4.7 tons of cocaine, 65 tons of cannabis, 23 kg of amphetamine and 6,139 doses of LSD.

289. Italy has strengthened the monitoring of new psychoactive substances through the placement of the early warning system under the National Institute of Health, which is the leading technical and scientific public body of the Italian National Health Service. In order to further consolidate the national early warning system, the role of the Central Directorate for Anti-Drug Services (DCSA) has also been reinforced.

290. The Italian Ministry of the Interior, through DCSA, participates in INCB international operational initiatives supporting national authorities' efforts to prevent new psychoactive substances from reaching users (Project Ion and IONICS). The Board notes that the Ministry of the Interior is considering the possibility of increasing the number of its focal points participating in those initiatives, as well as organizing training sessions in that area.

291. The Board also notes that, in December 2016, Italy initiated the production of cannabis for medical purposes under a pilot project for the national production of active substances of plant origin derived from cannabis. The first product that was available under that pilot project is named Cannabis FM2, cultivated according to the European Medicines Agency's good agricultural and collection practice and good manufacturing practice standards. Italy plans to produce other varieties of cannabis for medical purposes in the coming years and will continue to import such cannabis from the Netherlands until then to satisfy the needs of patients under treatment in Italy. The Military Chemical-Pharmaceutical Plant (SCFM), one of the plants of the Defence Industries Agency, was identified by the legislative decree issued in November 2015 as the national cannabis agency for the cultivation and production of cannabis for medical purposes.

292. The Board will continue to engage in a close dialogue with the Government of Italy regarding the legislative developments on the use of cannabis-based medicines for therapeutic use, implementation of the pilot project on cultivation of cannabis plants for medical purposes, and the participation of government officials in the INCB international operational initiatives supporting national authorities' efforts to prevent new psychoactive substances from reaching users.

(f) Republic of Moldova

293. The Board undertook a mission to the Republic of Moldova in 2015. The Board acknowledges the commitment of the Government of Moldova to drug control and notes that some progress in the field of drug control has been achieved since its 2015 mission. The Board notes that the Standing Committee on Drug Control has intensified its activities to monitor and control the movement of narcotic drugs, psychotropic substances and precursors in the territory of the country, in accordance with Law No. 382-XIV.

294. The Board notes that legislative action has been taken by the Government in order to strengthen its drug

control framework and its legal response to drug-related crime. In particular, the Board notes the adoption of Law No. 193, which amends Law No. 382-XIV to introduce new concepts into national legislation, such as analogue scheduling, and which also amends the Penal Code to place a series of new definitions and substances under control (including analogues). In addition, Law No. 164 has established controls over 40 new substances (24 narcotic drugs and 16 psychotropic substances).

295. The Standing Committee on Drug Control is responsible for issuing authorizations for the import and export of narcotic drugs, psychotropic substances and precursor chemicals on the basis of requests received from commercial operators. The Board is pleased to note that mandatory reporting by the Republic of Moldova has improved since 2015.

296. Treatment facilities supported by the Government through the Republican Narcological Dispensary, including methadone and buprenorphine substitution therapy, appear to be limited. Since 2015, only 35 persons have benefited from substitution therapy with methadone or buprenorphine and post-treatment social and professional reintegration services. According to the Ministry of Health, a total of 11,661 drug users had received medical treatment in public health-care institutions by the end of 2017.

297. The Board notes that other significant challenges remain. Although the Government continues to make efforts, corruption remains a serious obstacle to drug control activities.

298. Another difficulty still facing the country is the availability of narcotic drugs and psychotropic substances for medical purposes, which remains low. The Board encourages the Government to continue its efforts to ensure the greater availability of narcotic drugs and psychotropic substances and encourages authorities to evaluate procedures and possible obstacles in that area. The Board recommends that further progress be made with regard to the availability of facilities for the treatment of drug abuse throughout the country and the establishment of reliable data on the drug abuse situation in the country. The Board encourages the Government to conduct drug prevalence surveys to establish reliable data on drug abuse that can be used to understand and address the problem of drug abuse in a more effective manner.

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

1. Action taken by the Board pursuant to article 14 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol and article 19 of the Convention on Psychotropic Substances of 1971

299. The international drug control treaties set out measures that the Board may invoke to ensure the treaties' implementation in cases where the Board has objective reason to believe that the aims of the treaties are being seriously endangered by the failure of a party, country or territory to comply with the obligations contained therein. These measures, which consist of a series of steps, are set out in article 14 of the 1961 Convention as amended, article 19 of the 1971 Convention and article 22 of the 1988 Convention.

300. In the past, INCB has invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention with respect to several States. In accordance with those provisions, in those cases, the Board engaged in dialogue with the States in question with a view to bringing about compliance with the treaties, where other means had been exhausted. As a result, most of the States took remedial measures to address issues of compliance with the treaties, and the Board decided to terminate the action taken under those articles with regard to those States.

301. In such cases, the names of the States concerned are not publicly disclosed and related consultations with the Board are confidential, unless the Board decides to bring the situation to the attention of the parties, the Economic and Social Council or the Commission on Narcotic Drugs.

302. Afghanistan currently remains the only State for which action is being taken pursuant to article 14 of the 1961 Convention. In 2000, taking into account the seriousness of the extent of illicit cultivation of opium poppy and trafficking in opium and heroin from Afghanistan, the Board concluded that the situation in the country, if left unaddressed, would seriously endanger the aims of the 1961 Convention as amended, and decided to invoke article 14, subparagraph 1 *(a)*, of that Convention with

respect to Afghanistan. A year later, in 2001, the Board determined that a serious situation existed that called for cooperative action at the international level and with the authorities of any future governing body in Afghanistan, whether transitional or permanent, and decided to call the attention, through its annual report, of the parties, the Economic and Social Council and the Commission on Narcotic Drugs to the situation in Afghanistan, under the provisions of article 14, paragraph 1 *(d)*, of the 1961 Convention.

2. Consultation with the Government of Afghanistan pursuant to article 14 of the 1961 Single Convention on Narcotic Drugs as amended by the 1972 Protocol

303. During the reporting period, the Board continued its consultations with the Government of Afghanistan.

304. In February 2018, the President of the Board met with the newly appointed Permanent Representative of Afghanistan to the United Nations in Vienna. During the meeting, a number of issues were discussed, including drug control challenges, the importance of alternative livelihood programmes and the deteriorating security situation in Afghanistan, as well as the need to effectively implement the Board's recommendations following its high-level mission to Afghanistan in May 2016. In particular, the President reiterated the importance of the Board's decision to invoke article 14 bis of the 1961 Convention as amended with respect to Afghanistan, recalling that such action had been recommended following the aforementioned mission to Afghanistan, and sought the express agreement of the Government of Afghanistan to such invocation, in line with the provisions of article 14 bis.

305. In March 2018, the President of the Board met with the delegation of Afghanistan to the sixty-first session of the Commission on Narcotic Drugs, led by Javid Ahmad Qaem, Deputy Minister of the Ministry of Counter-Narcotics of Afghanistan. The meeting focused on the recent drug control and policy developments in the country, new drug legislation and follow-up actions that Afghanistan needed to take to implement the Board's recommendations, and the possibility of invoking article 14 bis of the 1961 Convention as amended.

306. On 28 March 2018, the Board received a letter from the Government of Afghanistan expressing its agreement to the invocation of article 14 bis of the 1961 Convention as amended, in addition to the measures already invoked by the Board under article 14. At its 122nd session, in May 2018, the Board decided to invoke article 14 bis with regard to Afghanistan.

307. Article 14 bis of the 1961 Convention as amended is concerned with the technical and financial assistance to be provided to a country for which the article has been invoked. It states that, in cases which it considers appropriate and either in addition or as an alternative to measures set forth in article 14, paragraphs 1 and 2, the Board, with the agreement of the Government concerned, may recommend to the competent United Nations organs and to the specialized agencies that technical or financial assistance, or both, be provided to the Government in support of its efforts to carry out its obligations under the Convention. The article thus explicitly authorizes the Board to address its recommendations regarding the need to provide such assistance, in this case to Afghanistan in the area of drug control, to the competent United Nations organs and to the specialized agencies.

United Nations action

308. On 8 March 2018, the Security Council adopted resolution 2405 (2018), extending the mandate of UNAMA until 17 March 2019. In the same resolution, the Security Council expressed its deep concern about the significant increase in the illicit cultivation and production of and trade and trafficking in drugs in Afghanistan, which significantly contributed to the financial resources of the Taliban and its associates and could also benefit Al-Qaida and ISIL and its affiliates, and encouraged the Government of Afghanistan, supported by the international community and regional partners, to intensify its efforts to address drug production and trafficking with a balanced and integrated approach, in accordance with the principle of common and shared responsibility.

Situation in Afghanistan

309. The security situation in Afghanistan continued to worsen and remains extremely volatile. The year 2017 saw the highest number of security-related incidents ever recorded by UNAMA, although the number was only slightly higher than that in 2016. In total, 23,744 incidents were registered in 2017, of which 63 per cent involved armed clashes. Targeted killings and abductions increased by 6 per cent and suicide attacks increased by 50 per cent. The eastern regions of Afghanistan suffered the highest number of incidents, followed by the southern regions.

310. There were many high-profile and large-scale bombing attacks in Afghanistan during the reporting period. All of the attacks were condemned by the Security Council in statements stressing the need to maintain the collective resolve to make progress on ending the conflict.

311. Some progress was made in the preparations for parliamentary and district council elections. In December 2017, the Independent Election Commission finalized and presented a voter registration system and an associated budget of $28 million, of which donors pledged to fund up to 90 per cent. In April 2018, the Commission set 20 October 2018 as the date on which the elections would be held. In the meantime, electoral preparations were affected by a series of violent attacks targeting election-related facilities, which resulted in a lower number of voter registrations than had been hoped for.

312. In November 2018, UNODC and the Afghan Ministry of Counter-Narcotics released the *Afghanistan Opium Survey 2018*. According to the survey, there was a 20 per cent decrease in the total area under opium poppy cultivation in Afghanistan in 2018 compared with 2017, which was mainly attributed to a drought, in particular in the northern and western regions of the country, as well as declining farm-gate prices of dry opium. The total area under opium poppy cultivation in Afghanistan in 2018 was estimated at 263,000 ha, compared with 328,000 ha in 2017. Potential opium production also saw a decrease, of 29 per cent, and was estimated at around 6,400 tons in 2018, compared with 9,000 tons in 2017. The Board notes that, despite the reported decreases in opium poppy cultivation and potential opium production, the levels of cultivation and production remained very high in 2018. The Board observes with concern that eradication of opium poppy declined in 2018 and amounted to only 406 ha in four provinces of the country, compared with the, still very low, 750 ha in 14 provinces in 2017.

313. As mentioned in the *Afghanistan Opium Survey 2018*, the main drivers of illicit cultivation continue to include political instability, lack of government control and security in the country, and the dependence of many Afghans on illicit cultivation of opium poppy, work on poppy fields or participation in the illicit drug trade for their livelihoods.

314. With the support of partners from the international community, Afghanistan continued to undertake efforts to tackle drug trafficking in the country on the basis of its National Drug Action Plan (2015–2019). Furthermore, law enforcement authorities in the country continued to seize substantial amounts of heroin, morphine, opium, methamphetamine, various synthetic drugs, cannabis resin and precursors during the reporting period. Opium prices dropped significantly, decreasing by 41 per cent from December 2016 to December 2017, while heroin prices saw a smaller decline, of 7 per cent.

315. As reported in chapter III, section C, of the present report, the Government of Afghanistan took some notable legislative measures to strengthen national responses to drug-related challenges in the country. It adopted a new counter-narcotics law in February 2018 that was aimed at further strengthening coordination of drug control activities in the country and harmonizing the provisions on drug offences with the newly adopted penal code. In the same month, the new penal code entered into force; it is aimed at improving the country's compliance with international human rights and criminal justice standards, as well as with the provisions of the United Nations Convention against Corruption[68] and the United Nations Convention against Transnational Organized Crime and the Protocols thereto.[69]

Cooperation with the international community

316. Afghanistan continued to intensify its multilateral and bilateral cooperation with the international community, including its neighbouring countries. Afghanistan and Pakistan finalized an agreement on the Afghanistan-Pakistan Action Plan for Peace and Solidarity, which included several commitments by both parties to building peaceful and mutually beneficial bilateral relations. The visit of the President of Afghanistan to Uzbekistan in December 2017 resulted in the conclusion of 20 bilateral agreements in the areas of security, intelligence-sharing, transit and trade. Trade relations with the Islamic Republic of Iran have improved markedly since early 2017 as a result of the intensification of trade at the ports of Bandar Abbas and Chabahar. In February 2018, work on the construction of the Afghan segment of the Turkmenistan-Afghanistan-Pakistan-India natural gas pipeline was officially launched.

317. In February 2018, the Government of Afghanistan hosted the second meeting of the Kabul Process for Peace and Security Cooperation. With the participation of 26 countries, the European Union, the North Atlantic Treaty Organization and United Nations entities, the event concluded with the adoption of a joint declaration calling for

[68] United Nations, *Treaty Series*, vol. 2349, No. 42146.

[69] Ibid., vols. 2225, 2237, 2241 and 2326, No. 39574.

greater regional and international cooperation on peace and reconciliation and counter-terrorism matters. The call for peace and reconciliation was further reiterated at a conference held in Tashkent in March 2018, at which 23 countries, the European Union and United Nations entities were represented. In their final declaration, the conference participants expressed their support for an Afghan-led and Afghan-owned peace process that would lead to a peace agreement between the Government and the Taliban.

318. A ministerial conference on Afghanistan, hosted jointly by Afghanistan and United Nations entities, was held in Geneva on 27 and 28 November 2018 to discuss the development and reform agendas for Afghanistan and provide an opportunity for the Government of Afghanistan to renew its commitments to reform, democratic processes and development. The conference provided an opportunity for the international community to pledge its support to such efforts and to measure achievements on the basis of the $15.3 billion committed by the donor community in support of Afghanistan in 2016.

Conclusions

319. During the reporting period, Afghanistan continued to face critical challenges to its security and peacebuilding efforts. Insurgencies and terrorist attacks continued on a regular basis, affecting both the local civilian populations and international cooperation partners. At the same time, the Government of Afghanistan, on several occasions, announced its renewed commitment to peace and reconciliation, including its engagement in peace talks with the Taliban.

320. Afghanistan continued to strengthen regional cooperation with neighbouring countries. There was a tangible improvement in relations between Afghanistan and Pakistan, which resulted in agreement on the Afghanistan-Pakistan Action Plan for Peace and Solidarity.

321. Afghanistan, with the support and cooperation of international partners, continued to carry out drug interdiction efforts resulting in substantial seizures of illicit substances, in particular opiates. Despite the reported decrease in opium poppy cultivation and potential opium production, the levels of cultivation and production remained very high in 2018. Owing to the increased availability of opium in the illicit market caused by the record harvests reported in 2017, opium prices dropped significantly. Several legislative initiatives in the area of drug control, including legislation on drugs and crime, were undertaken with a view to improving national responses to drug-related threats.

322. Tangible progress was made in the Board's consultations with the Government of Afghanistan regarding the implementation of recommendations emanating from its high-level mission to Afghanistan in May 2016, in particular the recommendation relating to article 14 bis of the 1961 Convention as amended. After sustained contacts with the Government of Afghanistan, the express agreement of the Government to the invocation of article 14 bis was communicated to the Board in March 2018.

323. The Board recognizes the extraordinary work carried out in Afghanistan over the last two decades and more by United Nations organs and specialized agencies as well as the donor community and non-governmental organizations in support of the counter-narcotics efforts of Afghanistan. Individuals working for those entities, non-governmental organizations and donors, frequently at great personal risk, have helped their Afghan counterparts through a broad range of counter-narcotics programmes related to education, prevention, demand reduction, interdiction and alternative livelihoods, and have provided technical and material assistance related to law enforcement.

324. To further encourage such efforts, with due recognition of the significant ongoing work as outlined above and on the basis of the provisions of article 14 bis of the 1961 Convention as amended, **the Board again wishes to call the attention of the competent United Nations organs and specialized agencies to the drug control situation in Afghanistan and to encourage them to provide, individually and collectively, further technical and financial assistance, within their respective mandates, to address the drug control challenges in the country, in line with the provisions of the 1961 Convention as amended. Such assistance may involve a multitude of measures, including, but not limited to, legislative and institutional capacity-building, provision of support for alternative livelihoods, direct financial assistance and the promotion of regional and international cooperation. The Board wishes to once again draw the attention of the international community to the challenges faced by Afghanistan and to stress that efforts to stabilize the country will not be sustainable if the country's illicit drug economy is not effectively controlled. Unless local, national, regional and international efforts to address those challenges are effectively pursued, poverty, insurgency, terrorism and obstacles to development are likely to remain unaddressed.**

F. Special topics

1. Extrajudicial responses to suspected drug-related offences

325. Under the international drug control conventions, States parties are required to act in a manner consistent with the rule of law in their responses to drug-related offences and in their treatment of suspected offenders. In the outcome document of the special session of the General Assembly on the world drug problem held in 2016, the international community reiterated its commitment to respecting, protecting and promoting human rights, fundamental freedoms and the inherent dignity of all individuals, and the rule of law in the development and implementation of drug policies.

326. The international drug control conventions require that criminal justice responses to suspected drug-related criminality include internationally recognized due process standards, which reject extrajudicial sanctions. With respect to drug abuse, the conventions commit to a humane and balanced approach, requiring the parties to give special attention to and take all practicable measures for the prevention of drug abuse and the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons affected.

327. The international drug control conventions require that drug-related crime be addressed through formal criminal justice responses, an approach consistent with the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, which require adherence to internationally recognized due process standards.

328. The Board notes with serious concern that in several countries, in particular in South and South-East Asia, extrajudicial acts of violence endorsed by senior officials of those countries continue against persons suspected of drug-related activities, frequently at the direct behest of senior political figures or with their active encouragement or tacit approval.

329. The Board has communicated with the Governments of the States in which extrajudicial acts of violence have been reported to seek clarification and to remind them of their obligations under the international drug control conventions, including the requirement to respect the rule of law and due process when carrying out their obligations under those conventions.

330. In the pursuit of its mandate, the Board will continue to monitor these developments and to draw the attention of the international community to them.

2. Ensuring the availability of narcotic drugs and psychotropic substances in emergency situations

331. During the period covered by the present report, the international community has been faced with a number of disasters, both natural and human-made. Those disasters, which have included earthquakes, floods, hurricanes, epidemics, conflicts and displacements of populations, have given rise to emergency situations. For example, emergency situations arose following the major earthquakes and aftershocks in Lombok, Indonesia, and the surrounding region in August 2018, and the devastating earthquake and tsunami in central Sulawesi, Indonesia, on 28 September 2018. The State of Kerala in India was also severely affected in August 2018 by the worst floods in nearly a century. In September 2017, the Secretary-General appealed to the international community to provide humanitarian assistance to persons displaced or affected by another major emergency in the Myanmar-Bangladesh border region, where refugee camps have been established for people in need of humanitarian assistance. According to United Nations estimates, 1.2 million people are in those camps. The need to provide medical treatment to the many victims in situations such as those has frequently resulted in acute shortages of essential medicines, leading to unnecessary human suffering.

332. In such acute situations, Governments, international organizations and non-governmental organizations are actively involved in the provision of humanitarian assistance, including the provision of vital medical supplies such as narcotic drugs and psychotropic substances, many of which are controlled under the international drug control treaties. However, they often face serious difficulties providing controlled medicines because of the regulatory requirements for their import and export.

333. The international drug control conventions established a control regime with the aim of preventing trafficking in and abuse of narcotic drugs and psychotropic substances. Under normal circumstances, the import and transport of medicines containing such drugs and substances are subject to strict regulatory requirements. However, in catastrophic situations, those regulations may delay the urgent delivery of medicines for emergency humanitarian relief.

334. In the light of the need for expediency in the delivery of relief efforts, including in the provision of medicines containing controlled narcotic drugs and psychotropic substances, the Board reminds all Governments that, in emergencies, it is possible to apply simplified control procedures for the export, transportation and provision of controlled medicines. Urgent deliveries of essential medicines need not be included in the estimates of the receiving countries. Under such circumstances, competent authorities may, therefore, allow the export of medicines containing controlled narcotic drugs and/or psychotropic substances to affected countries, even in the absence of the corresponding import authorizations and/or estimates. Further information on this subject is available in the Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care, developed by WHO in cooperation with INCB. The Guidelines are available on the INCB website (www.incb.org).

3. Challenges and opportunities in promoting paperless trade for internationally controlled substances: the International Import and Export Authorization System (I2ES)

335. Pursuant to the 1961 Convention as amended, the 1971 Convention and relevant resolutions of the Economic and Social Council, import and export authorizations are required for the international trade in narcotic drugs and psychotropic substances. In the light of the growing volume of licit trade in internationally controlled substances and the increasing workload of competent national authorities, modernizing the import and export authorization system is essential to reduce the risk of diversion while continuing to ensure the adequate availability of and access to those substances.

336. The International Import and Export Authorization System (I2ES), a web-based electronic system developed by the Board together with UNODC, with financial and technical support from Member States, was designed to promote paperless trade in internationally controlled substances by facilitating the online exchange of import and export authorizations.

337. Available to all Governments free of charge, I2ES serves as a secure platform for generating and exchanging import and export authorizations between trading countries while ensuring full compliance with all provisions of the 1961 Convention and the 1971 Convention. The System's user-friendly interface helps competent national authorities to reduce errors in data entry and to save time and communication costs, as they can issue their import and export authorizations through the System.

338. Unlike paper-based systems, in which authorizations can be further processed only after their physical delivery and receipt, the online exchange of import and export authorizations using I2ES enables the instantaneous transfer of data between trading countries, thus facilitating a much faster approval process. Authorities of the trading countries can also use the System to securely communicate and exchange information directly with each other, should a transaction request require further clarification.

339. More than three years after its launch, 53 Governments have registered with I2ES, and 40 Governments have activated their administrator accounts.[70] Among them, 10 countries (Australia, Bangladesh, Belgium, Brazil, Finland, Spain, Switzerland, Thailand, Turkey and the United States) have uploaded data to the System.

340. The Commission on Narcotic Drugs, in its resolution 61/5 of March 2018, welcomed the political and technical support provided by all Member States to further improve the implementation of I2ES and invited the secretariat of INCB to identify the obstacles that had prevented wider participation in the System and to make concrete proposals to increase the number of participating Member States.

341. Three user-group meetings on I2ES have been organized by the secretariat of INCB since the launch of the System, each of which was attended by representatives of about 30 to 40 Governments. The sharing of experiences and the discussions during those meetings allowed some of the challenges faced in the further implementation of I2ES to be highlighted. Information provided by Governments in two surveys also provided insight into some of the difficulties of participation in the System.[71]

[70] Those 40 countries are Australia, Austria, Bangladesh, Belgium, Brazil, Canada, Chile, China, Colombia, Comoros, Estonia, Finland, France, Germany, Hungary, India, Italy, Jordan, Kenya, Lithuania, Luxembourg, Malaysia, Mexico, Norway, Paraguay, Peru, Poland, Portugal, Qatar, Romania, Saint Lucia, Saudi Arabia, Singapore, Spain, Sweden, Switzerland, Thailand, Turkey, the United States and Uruguay.

[71] An online survey was sent to 75 competent national authorities in early 2017 in preparation for the user-group meeting held in March 2017. Questions concerning competent national authorities' awareness of the System were included in the latest version of the questionnaire, sent by INCB to Member States in April 2018.

342. According to the information available to INCB as of April 2018, 63 countries have no national electronic systems to process their import and export authorizations. While a number of Governments indicated their willingness to do so using I2ES, 10 countries were not aware of the functionalities of I2ES and how the System could help expedite their work. Even though I2ES is available to all Governments free of charge, five Governments considered it too expensive to use.

343. The limited usage of I2ES is partly explained by the propensity of Governments to maintain the status quo. Competent national authorities issuing only a small number of import and export authorizations each year perceived that using the System provided only limited benefits. Other authorities considered their existing paper-based system to be adequate and saw little incentive for change.

344. Some Governments reported that implementation of I2ES would not be feasible until certain legislative and institutional barriers were mitigated or removed. Measures to address those barriers included the repealing of legislation mandating the use of paper-based documents, the adoption of domestic legislation supporting electronic transactions and the upgrading of information technology and telecommunications infrastructure. The identification and removal of those barriers could add to the delay in implementing I2ES.

345. Technical challenges were another factor impeding wider participation in I2ES. For competent national authorities already processing significant volumes of authorizations using their national electronic systems, the prospect of transferring their data to I2ES while continuing to perform daily operations on their own system was a major drawback to implementation of I2ES, as it would be inefficient to duplicate work by using two systems. While the XML prototype for such data transfer is made available on I2ES, some investment is required by authorities to generate data compatible with I2ES and upload those data to I2ES. Unless more technical support and help can be provided to those authorities, such technical difficulties will continue to be a significant obstacle.

346. Another common obstacle is the lack of financial or human resources. For countries that have a national electronic system, the redesign and upgrade of or making of changes to existing national-level information technology structures in order to implement I2ES might require upfront investment and the prioritization of I2ES implementation. A number of Governments might face budgetary restraints affecting the availability of additional resources to implement the required structural changes to their information technology systems, even though only a relatively small amount of resources would be required. More significantly, some competent national authorities may be prevented from moving forward with the implementation of the System owing to a lack of staff with the necessary information technology know-how or because the authorities have difficulty accessing such know-how.

347. The I2ES user interface is currently available only in English, and the absence of a multilingual interface poses an operational challenge for some Governments and is thus another reason for non-implementation. Despite their expressed interest in using the System, countries with only a limited number of staff with sufficient knowledge of English would experience difficulties in using the platform.

348. The experiences of early adopters of I2ES, however, suggest that most of these challenges can be overcome relatively easily. The following three paragraphs provide information on the successful experiences of some early adopters and shed light on how they have capitalized on the opportunities made possible by I2ES and how other competent national authorities could do likewise.

349. The most critical factor for successful I2ES implementation is government commitment. Without strong political support from their management, competent national authorities would not be able to change the status quo, ensure the prioritization of I2ES implementation or secure the necessary financial and/or human resources to overcome the challenges.

350. Effective communication and coordination, both within the country and with relevant stakeholders, is another important element for enhancing I2ES implementation. While the processing and approval of authorizations might be carried out by different personnel within the same authority, only one I2ES administrator account can be granted to each requesting Government. Effective internal coordination to decide on the ownership of that account and the communication of that decision to INCB are imperative to attaining an active I2ES account; they are crucial first steps that are overlooked by some authorities.

351. Since the online exchange of authorizations cannot be completed without the approval of both the importing and exporting countries, coordination with trading partners to undertake simultaneous implementation of I2ES would enable authorities to maximize the benefits of their participation and realize the full potential of the System. Such simultaneous implementation of I2ES,

which offers the advantages of a greater network, not only enhances the benefits for existing users but also makes I2ES implementation more attractive for other countries.

352. In the light of the above-mentioned considerations, **the Board would like to encourage all existing users of I2ES to invite their trading partners to register with I2ES and to start utilizing the System as soon as possible**. Early adopters of I2ES can be powerful advocates by demonstrating the benefits of using the System and sharing their experiences in overcoming challenges. Their further implementation of I2ES and active use of the System also serve as a strong incentive for their trading partners to join, as data regarding their counterparts' import or export authorizations have already been uploaded to the System.

353. **The Board would also like to encourage all Governments to provide additional support, including extrabudgetary resources, to advance further implementation of I2ES, as well as its maintenance and updating.** While it has been possible to complete its development entirely from extrabudgetary resources, further funding is required to increase the number of participating Member States by promoting greater awareness of the System, facilitating the sharing of experiences among all, developing a multilingual interface and providing relevant technical support and training.

4. INCB Learning

354. Launched in 2016, INCB Learning is one of the Board's initiatives for promoting the implementation of the international drug control conventions and assisting Member States in following up on the commitment expressed during the special session of the General Assembly on the world drug problem held in 2016 to improving access to controlled substances for medical and scientific purposes. INCB Learning addresses barriers to the adequate availability of indispensable substances, in particular by raising awareness and building capacity.

355. INCB Learning provides training to enable Governments to accurately estimate their requirements for controlled substances and to monitor and control their licit trade in those substances. Timely reporting of estimated requirements and statistical data to the Board is essential to ensure that controlled substances are available for medical and scientific purposes. The estimates of annual legitimate requirements for precursors, provided on a voluntary basis, are essential for assessing the legitimacy of a proposed import and thus preventing the diversion of those substances.

356. As part of INCB Learning, regional training seminars are organized for officials of competent national authorities. Since April 2016, six regional seminars have been held, attended by over 180 officials from 79 countries and territories that are home to almost half of the world's population. Regional training seminars were held in Nairobi from 25 to 29 April 2016, for officials from countries in East Africa; in Bangkok from 12 to 15 July 2016, for officials from countries in South and East Asia and the Pacific; in Vienna from 4 to 6 July 2017, for officials from countries in Europe; in Sydney, Australia, from 28 to 30 November 2017, for officials from countries in Oceania; in Guatemala City from 11 to 13 December 2017, for officials from countries in Central America; and in Dakar from 10 to 12 September 2018, for officials from French-speaking countries in Africa.

357. National awareness-raising workshops were also conducted in Kenya and Thailand as part of INCB Learning. The workshops were aimed at promoting dialogue between Governments, international organizations and civil society to find common ground and allow for the proposal of suggestions for improving access to opioids for pain relief and psychotropic substances for the treatment of mental health and neurological conditions.

358. To complement the delivery of training seminars and awareness-raising workshops, three e-learning modules were launched as part of INCB Learning for use by competent national authorities. Developed in cooperation with UNODC, the modules provide interactive training on the estimates system for narcotic drugs, the assessment system for psychotropic substances and estimates of annual legitimate requirements for imports of precursors of amphetamine-type stimulants. Available on demand to staff of competent national authorities, the new e-learning tools assist authorities in building capacity and maintaining an institutional knowledge base, even at times of staff turnover or when faced with resource constraints.

359. The most recent training seminar implemented under INCB Learning was held in Dakar in September 2018. It brought together 29 drug control officials from Cameroon, the Central African Republic, the Congo, the Democratic Republic of the Congo, Gabon, Guinea, Mali, Mauritania, the Niger, Senegal and Togo. Specialized training was provided on treaty requirements relating to the regulatory control and monitoring of licit trade in narcotic drugs, psychotropic substances and precursors.

Participants were also introduced to the INCB online tools I2ES, PEN Online, PICS and IONICS. The seminar was organized together with the UNODC Regional Office for West and Central Africa. Experts from WHO and the African Palliative Care Association provided input to the segment of the seminar on the availability of controlled substances for medical and scientific purposes.

360. Preparations are under way for a follow-up seminar for Central America to be held in Vienna in January 2019. The first seminar for the region took place in Guatemala City in December 2017 and was attended by officials from Guatemala and Honduras. The follow-up seminar was to include a study visit to the INCB secretariat and UNODC headquarters in Vienna to further deepen the knowledge of participants. The seminar is part of an extended initiative in support of Central America, a region that, together with the Caribbean, continues to be used by transnational criminal organizations for the shipment of drugs from South America to drug markets in the United States and in Europe. The levels of consumption of opioid analgesics and psychotropic substances for medical and scientific purposes reported by some countries in Central America are also among the lowest in the world.

361. In the outcome document of the special session of the General Assembly on the world drug problem held in 2016, entitled "Our joint commitment to effectively addressing and countering the world drug problem", the international community recognized the importance of training and awareness-raising to improve the availability of controlled substances for medical and scientific purposes. Training provided through INCB Learning has effectively raised awareness of the importance of adequately estimating legitimate requirements and has strengthened participants' technical knowledge of monitoring and reporting, leading to improved submissions of data to the Board. Capacity-building, however, can only have a lasting impact when ongoing follow-up is provided and adequate resources are available. **The Board is grateful for the contributions to INCB Learning made by the Governments of Australia, Belgium, France and the United States. The Board calls upon Governments to provide further support to sustain and expand activities under INCB Learning.**

Chapter III.

Analysis of the world situation

Highlights

- Africa is increasingly being used as a transit region for trafficking in cocaine.
- Abuse of and trafficking in tramadol are of growing concern in North, Central and West Africa.
- The quantities of cannabis and cocaine seized in Central America increased in 2017.
- In 2017, a clandestine fentanyl laboratory was dismantled in the Dominican Republic.
- Central America and the Caribbean continue to be used for the trans-shipment of drugs from South America to the United States and Europe.
- In Canada, the Cannabis Act, on providing legal access to cannabis for non-medical purposes and controlling and regulating its production, distribution, sale and possession, came into force in October 2018.
- In the United States, the States of California and Vermont legalized the use of cannabis for non-medical purposes.
- The opioid overdose epidemic continued to worsen in the United States, with more than 70,000 reported drug overdose deaths in 2017, representing a 10 per cent increase over 2016. The United States continued to adopt various measures to tackle the situation.
- Coca bush cultivation and cocaine manufacture in Colombia reached an all-time high.
- Rising cocaine manufacture in South America appears to be having an impact on the European and North American markets.
- Illicit opium production in East and South-East Asia has scaled down; the area under illicit opium poppy cultivation in Myanmar dropped from 55,500 ha in 2015 to 41,000 ha in 2017.
- Trafficking in and abuse of methamphetamine have continued to increase and have reached alarming levels in many countries in East and South-East Asia.
- Several jurisdictions in South Asia are considering making greater use of the death penalty for drug-related offences. In addition, there have been reports of high-level public officials condoning extrajudicial killings in the name of a “war on drugs”.
- Increased amounts of narcotic drugs and psychotropic substances seized in countries in South Asia, in particular methamphetamine pills (“yaba”) in Bangladesh, indicate a rise in drug trafficking in the region.

- As a result of significant increases in potential opium production in Afghanistan in 2017, which almost doubled compared with the previous year, reaching 9,000 tons, the illicit opiate economy in 2017 substantially surpassed the level of the country's total licit exports of goods and services.
- Instability and armed conflicts across the Middle East continued to facilitate the trafficking in narcotic drugs and psychotropic substances in the subregion.
- South-West Asia had the highest prevalence of HIV among people who inject drugs, at 2.4 times the global average.
- In the European Union, the drug problem is evolving, with signs of high availability of drugs, which is facilitated in part by the use of online markets as platforms for the marketing and distribution of illicit drugs.
- More than a quarter of the population aged 15 to 64 in the European Union have consumed illicit drugs at least once in their lifetime.
- The European Union became a major source of acetic anhydride seized in both Europe and West Asia.
- The growing market for and increase in consumption of crystalline methamphetamine have become major concerns in Oceania.
- Several countries in Oceania are not yet parties to the international drug control conventions.

A. Africa

1. Major developments

362. In September 2018, the Constitutional Court of South Africa upheld a lower court ruling striking down certain provisions of the country's Drug and Drug Trafficking Act and the Medicines and Related Substances Act that criminalized the use, possession or cultivation of cannabis in a private place by an adult for his or her own personal consumption, on the grounds that those provisions violated an individual's constitutional right to privacy. The Court suspended its judgment for 24 months, during which time the Parliament of South Africa was ordered to revise the two acts to allow for the personal consumption and cultivation of cannabis in a private space by adults.

363. Africa is increasingly being used as a transit region for trafficking in cocaine. While West and Central Africa used to be the main transit areas in Africa for cocaine trafficking, the North African subregion accounted for 69 per cent of all cocaine seized in Africa in 2016, and the quantities of cocaine seized in Africa in 2016 doubled from the previous year.

364. Abuse of and trafficking in tramadol, a synthetic opioid not under international control, are of growing concern in parts of Africa. According to the UNODC *World Drug Report 2018*, North, Central and West Africa accounted for 87 per cent of pharmaceutical opioids seized worldwide, and that development was due almost entirely to trafficking in tramadol.

365. Lesotho has begun issuing licences to authorize the cultivation of cannabis for medical purposes. National authorities state that cultivation is intended solely for export to markets permitting the use of cannabis for medical purposes and that use of cannabis for medical or other purposes in Lesotho would not be permitted. Lesotho is the first country in the region to permit the cultivation of cannabis for medical purposes.

2. Regional cooperation

366. UNODC launched a project in December 2017 to assist the Gambia, Guinea-Bissau and Senegal in enhancing their national capacities to detect and investigate cross-border crime affecting those countries. The project began with a two-week training course on detection and interdiction on cross-border crime for law enforcement officials of the Gambia. Additional training courses were given for law enforcement officials of Guinea-Bissau and Senegal in the course of 2018.

367. In December 2017, the East African Community adopted its Second Regional Pharmaceutical Manufacturing Plan of Action for the period 2017–2027. The principal aim of the Plan of Action is to bolster regional production of pharmaceuticals in order to reduce dependence on imported pharmaceuticals, which currently account for 70 per cent of supply, and expand the regional product portfolio to cater to more than 90 per cent of health conditions.

368. The States members and secretariat of ECOWAS, with the support of UNODC and the European Union, undertook several drug control activities throughout 2018 as part of the ECOWAS Regional Action Plan on illicit drug trafficking, organized crime related to it and drug abuse in West Africa. Such activities included the establishment of the West African Network of Civil Society on Substance Abuse, to better coordinate drug prevention and treatment efforts, the carrying out of school surveys on health and substance use in Cabo Verde, Côte d'Ivoire and Liberia and the establishment of the West African Epidemiology Network on Drug Use, which will collect data for an upcoming regional drug use report.

369. In February 2018, the United States military Africa Command (AFRICOM) donated seven patrol boats – two to the Navy of Senegal and five to the Navy of Cabo Verde – in order to strengthen their capacity to counter drug trafficking in national and international waters. That was in addition to the five boats that AFRICOM had donated to Cabo Verde in December 2017. Along with the patrol craft, the United States also provided training and other equipment for the operation and maintenance of the vessels.

370. Twenty countries[72] in Africa, with the support of several countries in Europe, the United States and Canada, participated in the Obangame Express maritime exercise of 2018, organized by AFRICOM. The objective of the eight-day exercise held in late March 2018 was to develop the capacity and capability of countries of the Gulf of Guinea and West Africa to counter illicit sea-based activity, including drug trafficking.

371. At the Ministerial Conference on Maritime Security in the Western Indian Ocean held in April 2018, the

[72] Angola, Benin, Cabo Verde, Cameroon, Côte d'Ivoire, Congo, Democratic Republic of the Congo, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Morocco, Namibia, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone and Togo.

Comoros, Djibouti, Madagascar, Mauritius and Seychelles signed agreements on strengthening their cooperation on maritime security in the western Indian Ocean to combat drug trafficking, illegal fishing and other illicit activities. The agreements will improve the sharing of information between law enforcement and security services and enhance coordination in joint operations of those countries.

372. Ministers of Health of African Union countries adopted a treaty in May 2018 to establish the African Medicines Agency, whose purpose is to provide a common regulatory framework for medical products among African Union countries and regional organizations, including systems to assure the quality of medicines and other pharmaceuticals in order to combat the presence of counterfeit drugs across the region. The treaty establishing the Agency still requires formal endorsement, expected in early 2019, from the Heads of State and Government of the African Union before operations can begin.

373. In September 2018, INCB organized a training seminar, held in Senegal, for competent national authorities of francophone countries in Africa responsible for monitoring the licit international trade in controlled substances. The seminar was part of the global INCB Learning project to enable Member States to fulfil the commitments they had made at the special session of the General Assembly on the world drug problem held in 2016. At the seminar, participants enhanced their knowledge of the international drug control framework, the technical reporting required under the three international drug control conventions and the availability and use of the electronic tools developed by INCB, including I2ES, PEN Online, PICS and IONICS. Participants from Cameroon, the Central African Republic, the Congo, the Democratic Republic of the Congo, Gabon, Guinea, Mali, Mauritania, the Niger, Senegal and Togo attended the seminar. Input was also provided by UNODC, WHO and the African Palliative Care Association.

374. The Twenty-eighth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Dar es Salaam, United Republic of Tanzania, from 17 to 21 September 2018. In working groups, participants considered the following topics: *(a)* recent trends in drug trafficking in Africa and links to organized crime; *(b)* best practices in prison reform and alternatives to conviction or punishment; *(c)* practical measures to operationalize regional cooperation in drug law enforcement; and *(d)* awareness-raising on drug-related issues in educational settings.

3. National legislation, policy and action

375. In June 2018, the Parliament of Botswana passed the Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 2018. The Act imposes penalties for various drug-related offences and provides a legal basis for the establishment of drug rehabilitation centres and the Drug Enforcement Agency. The Drug Enforcement Agency has the following functions: *(a)* collecting, collating and disseminating information on the illegal use of narcotic drugs and psychotropic substances; *(b)* receiving and investigating any complaint of alleged or suspected breach of the Act and, subject to the directives of the Director of Public Prosecutions, prosecuting offences under the Act; *(c)* addressing and advising government ministries and departments, public bodies, companies, institutions, statutory bodies and corporations on ways and means of preventing prohibited activities relating to narcotic drugs and psychotropic substances, and suggesting measures, procedures or methods of work compatible with the proper performances of their duties that, in the opinion of the Agency, would reduce prohibited activities relating to narcotic drugs and psychotropic substances; *(d)* disseminating information intended to educate the public on the dangers and effects of drug abuse or psychotropic substance abuse; and *(e)* enlisting and fostering public support for countering drug abuse and psychotropic substance abuse.

376. In January and February 2018, Cameroon conducted a large-scale national media campaign to raise awareness of the dangers posed by the cultivation and consumption of cannabis and other narcotic drugs. The campaign sought to harmonize the overall national-level effort to combat drugs and overcome taboos that impede progress on drug issues. The campaign was organized by the government ministries for education, youth, health and social affairs, along with regional governors.

377. Cameroon has undertaken alternative development initiatives as a way of curbing the illicit cultivation of cannabis by young people. The initiatives focus on expanding existing national programmes supporting agricultural production to include young people by providing seeds, supplies, training and other services to promote self-employment in the agricultural sector.

378. The Commission of Inquiry on Drug Trafficking of Mauritius released its report on the drug situation in the country in July 2018. During its work, the Commission heard from many government, private sector and civil society stakeholders on issues related to drug use and trafficking in the country. The report summarizes the

drug situation in Mauritius and is intended to give the country's policymakers a better understanding of institutional and programmatic shortcomings. The Commission identified several issues, including the need to establish a central coordinating body for drug policy within the Government, the uneven administration of the country's opioid substitution therapy programme using methadone, the ability of drug traffickers to continue to conduct their operations from prison and the fragmentation and lack of coordination of anti-narcotic units within the national police and the customs authority.

379. In November 2017, the National Council on Health of Nigeria, at its sixtieth meeting, approved four policy documents, namely the national policy for controlled medicines and its implementation strategies, national guidelines for the quantification of narcotic medicines, national guidelines for the estimation of psychotropic substances and precursors, and national minimum standards of drug dependence treatment. The objective of those documents is to establish a legal framework to ensure the availability of and access to affordable controlled medicines for medical and scientific purposes, while preventing diversion, to provide guidance for evaluating drug dependence treatment facilities and to outline the process for obtaining accurate estimates of national requirements of controlled substances.

380. Nigeria banned the production, import and sale of cough syrups containing codeine in May 2018. The Ministry of Health reported that the ban was necessary because of the level of abuse of codeine in the country and advised that dextromethorphan should be used in its place.

381. Senegal conducted its thirty-first national Drug Awareness and Mobilization Week at the end of June 2018. The week-long event sought to raise awareness in the country of the danger of drug use and the steps that people could take to support the Government's drug control initiatives. Activities during the week included an opening ceremony led by the Minister of the Interior, football matches, a poetry contest, public roundtable discussions that included national drug control authorities and activities organized by civil society groups.

382. Zambia has launched the Seventh National Development Plan (for the period 2017–2021) in order to attain the Sustainable Development Goals. The Plan includes a broad-based drug, alcohol and substance policy to strengthen the prevention and treatment of substance abuse, including illicit drug consumption.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

383. Africa continues to be a major transit region for drug trafficking as well as a growing destination market for narcotic drugs. Trafficking in cocaine, heroin and cannabis is prevalent, although patterns vary for the different drugs. Cannabis continues to be illicitly cultivated in all subregions and is often intended for local markets as little is trafficked internationally, although some countries report that some of the cannabis cultivated is intended for export to Europe. On the other hand, the production of cannabis resin within Africa is limited to Morocco, with the trafficking flow of cannabis resin going through North Africa and Spain into the rest of Europe.

384. Cannabis is the narcotic drug most widely seized by law enforcement authorities in Africa, as reported by countries in the region. In 2017, Morocco reported seizing the largest amounts of cannabis (over 117 tons of cannabis resin and 283 tons of cannabis herb); seizures of large amounts of cannabis were also reported by Nigeria (approximately 191 tons of cannabis herb), Algeria (over 52 tons, nearly all of which was cannabis resin), Zambia (over 17 tons of cannabis herb), Madagascar (over 10 tons of cannabis herb), Kenya (8.6 tons of cannabis herb), Cameroon (6 tons of cannabis herb), Ghana (over 4.6 tons of cannabis herb) and Côte d'Ivoire (over 3 tons of cannabis herb). Ghana also reported that drug trafficking organizations brought individuals with cultivation expertise into the country in order to improve the quantity and quality of the cannabis being illicitly cultivated. Authorities in Algeria reported that trafficking patterns for cannabis in North Africa shifted in 2017, with new routes going through Mali and Mauritania in order to reach destination markets.

385. With regard to cocaine, there is minimal consumption in the region overall, as the drug is mostly trafficked to Europe. According to UNODC and reports from some countries, there is a change in the patterns of trafficking in cocaine from South America, continuing to shift from West Africa to North Africa, before proceeding to destination markets.

386. In February 2018, Moroccan authorities reported an exceptionally large seizure of 541 kg of cocaine, found in a container at the Port of Casablanca. In May 2018, the coastguard of Algeria effected an exceptionally large seizure, of 701 kg of cocaine hidden among frozen beef in a container ship in the Port of Oran. That amount is

in contrast to the total of 6.27 kg of cocaine seized by the country's authorities in all of 2017. With regard to other cocaine seizures in 2017, Morocco reported the largest total seizures in the region, at 2.8 tons, Angola reported 31 cases for a total of 153 kg of cocaine seized, Kenya seized 11.78 kg, Cameroon seized 5.2 kg, Ghana seized 8 kg and Madagascar seized less than 1 kg. Among countries of the Gulf of Guinea, Nigeria reported the largest total seizures, with 92 kg seized, and Zambia reported seizing 13 kg.

387. Heroin from Afghanistan continues to be trafficked through the region to destination markets worldwide although consumption has become a greater concern in some countries of the region. Although data are limited, trafficking in heroin in the region is not as prevalent as trafficking in some other drugs. In 2017, only a few countries in Africa reported seizures of heroin, namely Kenya (112.6 kg), Nigeria (85.4 kg), Morocco (11.47 kg), Algeria (2.1 kg), Côte d'Ivoire (approximately 1.7 kg) and Madagascar (1 kg). In almost all reported cases, Governments indicated that Afghanistan was the source of the heroin seized.

388. There is little other information or data regarding the seizure of other internationally controlled narcotic drugs. However, the authorities of Nigeria seized approximately 10 tons of cough syrups containing codeine as well as a total of 221 kg of pethidine and methadone during 2017.

(b) Psychotropic substances

389. While trafficking in psychotropic substances is not as great a concern for countries in Africa as trafficking in narcotic drugs, psychotropic substances are a growing concern in some countries. In particular, there is a growing prevalence of the use of amphetamine-type stimulants and other psychotropic substances in some countries in the Gulf of Guinea, including Cameroon and Nigeria. Some countries have reported that trafficking in MDMA is carried out by means of networks that source the drug from Europe.

390. Nigeria reported that just over 782 kg of amphetamine-type stimulants had been seized in 2017 and that one clandestine laboratory manufacturing such stimulants had been detected. In addition, Nigeria reported seizing nearly 1.8 tons of internationally controlled sedatives and tranquillizers, including methaqualone and GHB. Authorities in Cameroon seized 75 kg of methamphetamine in January 2017 alone. Authorities in Algeria reported seizures of over 1.2 million tablets of amphetamine-type stimulants, including 246,000 tablets of MDMA. In addition, authorities in Morocco reported seizures of nearly 550,000 tablets of MDMA trafficked from Europe.

391. Côte d'Ivoire reported diversions of some benzodiazepines from legitimate channels during 2017 and seizures by authorities of less than 30 g of clonazepam and 9.65 kg of diazepam.

(c) Precursors

392. During the reporting period, only a few countries in Africa, namely, Algeria, Benin, Egypt, Morocco and the Sudan, provided the mandatory information related to seizures of substances in Tables I and II of the 1988 Convention. This has a significant impact on the identification of emerging trends on the African continent.

393. However, the information that is available to the Board suggests that the African continent remains affected by trafficking in precursors. During the reporting period, the following countries in Africa were involved in precursor-related incidents, as countries of transit or destination: Benin, Mozambique, Nigeria, South Africa and Zambia. The substances seized were mostly ephedrine in its raw form and in the form of preparations. In 2018, for the second consecutive year, the Government of Benin reported seizures of ephedrine preparations in quantities far in excess of the country's reported annual legitimate requirements (1 kg). Those seizures amounted to nearly 300 kg in 2016 and to more than 150 kg in 2017.

394. Nigeria continued to report seizures of ephedrine destined for other countries in Africa. Similarly to previous years, the destinations included, in particular, Mozambique and South Africa. Those seizures also confirm that South Africa continues to be a key destination for trafficking in ephedrine. A number of other precursors were also reported by Nigeria in connection with illicit methamphetamine laboratories dismantled in the country in 2018. Reportedly, the substances had been diverted domestically.

395. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in Africa can be found in the report of the Board for 2018 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

396. Tramadol, a synthetic opioid not under international control, is a substance of growing concern, particularly in North, Central and West Africa. UNODC, in its *World Drug Report 2018*, noted that those subregions of Africa now account for 87 per cent of pharmaceutical opioids seized worldwide and that the recent rise is due almost entirely to trafficking in tramadol.

397. According to the National Drug Law Enforcement Agency of Nigeria, the trafficking of tramadol into the country has risen sharply in the past two years. Authorities reported that over 100 tons of the drug were seized between January 2017 and March 2018. In 2017, the country seized 96 tons, in comparison with 3 tons in 2016. Seizures of tramadol in Nigeria now exceed those of cocaine, heroin and methamphetamine combined. In fact, the quantity of tramadol seized in Nigeria in 2017 exceeded the overall quantities of tramadol seized in all of Africa in 2016 (over 64 tons). Authorities also noted the wide proliferation of tramadol tablets with unapproved dosages, ranging from 120 mg to 250 mg.

398. Côte d'Ivoire reported diversions of tramadol from legitimate channels in 2017, during which over 26 kg of the substance were seized by law enforcement authorities. In neighbouring Ghana, the Food and Drugs Authority reported that an investigation into pharmacies in the Region of Ashanti had determined that tramadol was being improperly sold over the counter contrary to national regulations requiring a prescription. Additionally, Ghana has seen a proliferation of high-dose tramadol tablets, with doses ranging from 120 mg to 250 mg, contributing to growing abuse of the drug across the country.

399. Large quantities of tramadol continue to be reported to be seized by the Government of Egypt, where the substance has been under national control since 2013. It is reported that most of the substance is intercepted, in the form of tablets, at the country's seaports. The national seizure totals increased from 217 million tablets in 2016 to more than 231 million tablets in 2017. An analysis of some of the tablets seized confirmed the presence of a range of impurities, indicating the illicit manufacture of those tablets. According to the reports of the Forensic Medicine Authority of the Ministry of Justice of Egypt, in 2017, there were 43 deaths related to tramadol abuse.

400. Morocco continues to see the proliferation of tramadol in the country, with authorities reporting the seizure of nearly 40 million tablets in 2017.

401. Zambia is the only country in Africa that officially reported seizures of khat, reporting seizures of over 200 kg in 2017.

402. Kenya reported seizing approximately 729 litres of various ketamine preparations in 2017.

403. Authorities in Mauritius reported a significant rise in the prevalence of new psychoactive substances in the country. The country's authorities reported total seizures of approximately 0.3 kg of new psychoactive substances in 2015 and 0.1 kg in 2016. In 2017, seizures of such substances rose to over 2.1 kg. As a result of that growing prevalence, new psychoactive substances have become the main drug-related reason for inpatient treatment in public health institutions in Mauritius.

5. Abuse and treatment

404. It is difficult to determine the true extent of the drug use situation in Africa because of the lack of available data in the region. Broadly, to judge by the available data, the drug use situation in the region has not improved. Countries report that cannabis remains the most prevalent drug of use among drug users. Studies from some countries suggest that use of other drugs is also on the rise.

405. In March 2018, the authorities of Algeria released a report on substance abuse among students in primary and secondary schools across Algeria based on data gathered from a survey conducted in 2016. The report found that students aged 18 years and older had the highest rates of prevalence of substance abuse, with 8 per cent having used cannabis in the previous 12 months, 5 per cent having used a controlled psychotropic substance, 2 per cent having used MDMA and 1 per cent having used cocaine. Among students aged 15 to 17, prevalence rates among boys greatly surpassed the rates among girls for all drugs. For example, the prevalence rate of cannabis use in the previous 12 months among boys was 7.42 per cent, in comparison with 0.23 per cent among girls. Likewise, the prevalence rate of MDMA use among boys stood at 2.23 per cent, in comparison with 0.08 per cent among girls. The study also noted that the most common reason given among students for why they used drugs was "escaping from reality".

406. A drug consumption study conducted in late 2017 of schoolchildren aged 14 to 18 in the Cameroon capital of Yaoundé found that 6.11 per cent of students consumed tramadol for non-medical purposes. The study also found that awareness of some drugs among students

was high, with more than 95 per cent of students being aware of tramadol and cocaine. Rates of awareness of other drugs including cannabis were lower, at 37.8 per cent. The study also found that a large majority of students were against drugs being sold to students, and the majority of students were against punishing drug users, depending on the nature of the sanction.

407. Following a heroin abuse crisis in late 2010, Kenya has been developing a programme of medically assisted therapy for people who inject drugs as part of a broader national AIDS strategic plan. The programme has provided services to 2,800 injecting drug users thus far, has carried out initiatives to reduce the stigmatization of people who inject drugs and has provided vocational and other opportunities following treatment. Kenya seeks to expand the programme to treat up to 9,000 people in the next three years and plans to introduce the use of buprenorphine and naltrexone to increase the available treatment options.

408. According to the *National Drug Observatory Report* of Mauritius, released in March 2018, approximately 5,000 persons inject drugs in the country. The report indicates that persons who inject drugs remain the primary driver of the high prevalence of HIV and hepatitis C in Mauritius. Among people who inject drugs, over 95 per cent are infected with hepatitis C and 44 per cent are co-infected with HIV and hepatitis C. The report also indicates that, as of June 2017, just over 4,000 persons were participating in the country's opioid substitution therapy programme.

409. In February 2018, the Agency for the Prevention of Drug Abuse and Rehabilitation of Seychelles published a study entitled *Seychelles Biological and Behavioural Surveillance of Heroin Users 2017*. The main objective of the study was to determine the size of the population of heroin users, including people who inject heroin and other drugs, and the demographic characteristics of heroin users in the country. The results of the study provided two different figures on the population of drug injecting users through the use of two different methodologies. The first method yielded an estimate of 4,000–4,800 people who inject drugs. The second method, based on rates of usage of drug treatment services, yielded an estimated population of 2,560 people who inject drugs. A previous study in 2011 utilizing the second method estimated a population of 1,671 people who inject drugs. The 2017 study noted that, regardless of which of the two methods was used, the population of people who inject drugs in Seychelles is high (about 3 per cent), given that the country's total population is 95,843.

410. In February 2018, a new methadone clinic was opened in Mwanza, in the Lake Zone of the United Republic of Tanzania. In the first six months of operation, the clinic served over 100 drug users. The methadone programme was first introduced in the country in 2011, at the Muhimbili National Hospital clinic, and in 2018 there were five such facilities in the country, and a total of about 6,000 clients had received methadone treatment. In addition, the Drug Control and Enforcement Authority was in the process of opening another methadone clinic in the capital city, Dodoma.

B. Americas

Central America and the Caribbean

1. Major developments

411. Central America and the Caribbean continue to be used by transnational organized criminal organizations for the trans-shipment of drugs from South America to the main drug markets in the United States and Europe. Cocaine and cannabis are the drugs most frequently trafficked in large quantities through the region, and the most abused as well. Similar trends have been reported with regard to cannabis herb and cocaine seizures in some countries, which may reflect the utilization of cannabis herb as partial payment for cocaine traffickers along the trafficking chain.

412. Central America accounted for 11 per cent of the cocaine seized worldwide in 2016, most of which was seized in Panama.

413. Overall, the quantities of cocaine seized in Central America increased in 2017 compared with 2016 and 2015. This is likely to be related to the sharp increases in the levels of illicit coca bush cultivation and cocaine production in Colombia, and the demand for cocaine in Europe and North America.

2. Regional cooperation

414. In August 2018, the Regional Commission on Marijuana of CARICOM issued a report entitled *Waiting to Exhale: Safeguarding our Future through Responsible Social-Legal Policy on Marijuana*. The Commission was established in 2014 by Heads of Government in the region in response to their concerns about rates of incarceration of young people for cannabis use and growing public

interest in the use of cannabis for medicinal purposes. The report contains reference to experiences with the establishment of regulated regimes for the medical and non-medical use of cannabis in neighbouring countries and states of the United States. In the report, the Commission recommended that the end goal of CARICOM should be to establish a regulated framework for cannabis, similar to that for alcohol and tobacco. It also recommended that CARICOM member States should not consider themselves bound by the international drug control conventions in making decisions on the way forward regarding cannabis legislation reform and that CARICOM member States should work together to formulate a formal, regional position on the need to amend the existing United Nations treaties governing the use and production of cannabis. **The Board reiterates that the 1961 Convention limits the use of cannabis exclusively to medical and scientific purposes, as a fundamental principle that lies at the heart of the international drug control legal framework and that cannot be derogated from. States parties to the Convention have the obligation to carry out the provisions of the Convention within their own territory. The Board encourages States to adopt proportionate responses for minor drug-related offences committed by drug users, including, where appropriate, alternatives to arrest and incarceration, and points out that such responses are provided for in the international drug control conventions.**

415. In December 2017, 24 officials from Guatemala and Honduras participated in a seminar organized by the Board under its INCB Learning project. The seminar took place in Guatemala City and was hosted by the Ministry of Foreign Affairs of Guatemala. Representatives of WHO and the UNODC-WCO Container Control Programme also contributed to the meeting. INCB Learning is the Board's global initiative to strengthen Governments' capacity in the regulatory control and monitoring of the licit trade in narcotic drugs, psychotropic substances and precursor chemicals (see section F of chapter II above for more details).

416. Countries in Central America and the Caribbean have been collaborating in countering organized crime and drug trafficking and in promoting an effective drug demand reduction approach, with the support of UNODC, through a number of strategic initiatives. Such initiatives include the Container Control Programme, AIRCOP, the Network of Prosecutors against Organized Crime, the UNODC project on strengthening criminal investigation and criminal justice cooperation along the cocaine route in Latin America, the Caribbean and West Africa, and the Office's drug demand reduction-oriented strong families and parenting skills programmes.

417. In December 2017, the secretariat of the Central American Integration System and the European Union signed an agreement in support of the region's efforts to combat transnational organized crime. The European Union has pledged 20 million euros to the project, entitled "Cooperation on criminal investigation in Central America to fight transnational crime and drug trafficking" (ICRIME). The initiative will be part of the broader framework of the Central American Security Strategy and will also receive contributions from Spain and the Central American Integration System secretariat.

418. In January and February 2018, the Financial Action Task Force published mutual evaluation reports for Panama and Barbados, respectively. The reports include analysis and recommendations related to the countries' progress in implementing measures to combat money-laundering, terrorist financing and other related threats, including drug trafficking. In July 2018, Panama hosted the thirty-seventh meeting of the Financial Action Task Force of Latin America.

3. National legislation, policy and action

419. In Costa Rica, an Organized Crime Section was established by the Judicial Investigative Police in 2017. Furthermore, the National Forensics Laboratory has collaborated with the United States to strengthen its investigatory capacity, and in 2017 received accreditation under the International Standards Organization standards 17020 and 17025 for chemical analysis, toxicology and biochemistry.

420. Honduras created the Sanitary Regulation Agency through Executive Decree PMC-032-2017, published in the official gazette in May 2017. The Agency is technically, financially and administratively independent from the Secretary of Health and is hosted at the Sectorial Cabinet for Development and Social Inclusion. The creation of the Agency is aimed at decentralizing and strengthening sanitary regulation activities. It will support the monitoring and control of movements of scheduled substances in the country, and act as the new competent national authority in Honduras for the international drug control conventions.

421. In 2017, the Ministry of National Security of Trinidad and Tobago established the Organized Crime Intelligence Unit within the Trinidad and Tobago Police Service. The Unit absorbed the Service's Organized Crime, Narcotics and Firearms Bureau and the Criminal Gang and Intelligence Unit. The objective of the reform is to

improve information-sharing and operational collaboration between national institutions.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

422. Sharing a border with Colombia and being located on the route used to traffic cannabis, cocaine and "crack" cocaine northwards from the Andean region to North America and Europe, Panama has been seizing the largest amounts of cocaine in the region for several years. Panama reported to INCB that, in 2017, 66.9 tons of cocaine had been seized, an increase of 12.7 per cent over the amount reported for 2016 (59.3 tons), and 35.9 per cent more than that reported for 2015 (49.2 tons). That increase is likely to be related to the sharp increases in the levels of illicit coca cultivation and cocaine production in Colombia in 2016 and 2017 that have led to increased amounts of cocaine being trafficked through most countries in Central America and the Caribbean.

423. A similar trend was observed in Costa Rica, which is also located on the northwards trafficking route. In 2017, the country reported seizing the second-highest amount of cocaine in the region, which was about half of the amount seized in neighbouring Panama. Cocaine originating in Colombia and destined for Mexico and the United States and Europe reaches Costa Rica through Panama. Costa Rica reported seizing 20.1 per cent more cocaine in 2017 (27.9 tons in total) than in 2016 (23.2 tons), and 63.9 per cent more than in 2015 (17 tons).

424. In Guatemala, the number of opium poppy and cannabis plants eradicated increased in 2017. The Government of Guatemala eradicated 417,004,278 opium poppy plants, most of it in the Department of San Marcos, and 6,033,345 cannabis plants, mainly in the Departments of Totonicapan and Petén. Cocaine seizures also continued to increase in the country, reaching 13.6 tons in 2017, a 6.5 per cent increase over 2016 (12.8 tons) and 121 per cent more than in 2015 (6.2 tons). The organized criminal groups involved in drug trafficking are composed of families that are mostly of Guatemalan origin. Nationals of Colombia, Ecuador and Mexico are also involved.

425. Among countries in Central America and the Caribbean reporting seizure data to the Board and UNODC, the Dominican Republic and Guatemala reported seizing the highest amounts of heroin, with similar trends over the period 2016–2018. Guatemala reported seizing 83.40 kg of heroin in 2015, 143.43 kg in 2016 and 47.94 kg in 2017, while the Dominican Republic seized 51.20 kg in 2015, 68.49 kg in 2016 and 27.57 kg in 2017. In 2017, the Dominican Republic reported dismantling a clandestine fentanyl laboratory in the city of Santiago.

426. In Honduras, 2017 marked the reversal of a declining trend in the amount of cocaine seized, which reached a low of 735 kg in 2016, but increased to 2.1 tons the following year, slightly above the 2015 level, but below the level in 2014, when 11.7 tons were seized. In a similar trend, cannabis herb seizures also increased sharply in 2017, to 5 tons, much higher than the low point in 2016 (155 kg), but lower than the total seized in 2014 (29.8 tons). On the other hand, seizures of "crack" cocaine have been on the rise since 2015.

427. Similar to most of its neighbours in Central America, Nicaragua reported to INCB that it had seized higher levels of cocaine in 2017 (5.5 tons) than in 2016 (4.5 tons) and 2015 (4.5 tons). Seizures of cannabis herb, however, were the lowest in 2017 since 2013, at 1.7 tons.

428. In September 2018, the United Nations Development Programme published a Human Development Report for El Salvador entitled *I'm young! Now what?* (*¡Soy joven! ¿Y ahora qué?*). The report highlights the challenges faced by those aged between 15 and 29 years in the country in terms of education, the labour market, public participation and social integration. The impact of violence, which is considered the main challenge for the country's society, on young people is also analysed, including in terms of their resilience and the cultural stigma they face owing to the association between young people and violent gangs, which affects their employment and education opportunities. The report presents the effects of the presence of drugs in young people's communities, schools and families. Of the main threats to young people in their communities, mugging (42.6 per cent) and the sale of and trafficking in drugs (39.5 per cent) were mentioned the most often by young people surveyed for the report. The report identifies five priority groups that should receive special support through public policies: young people outside of the education system and at risk of dropping out; young people transitioning into the labour market; young women not in education who provide care in their families; young people in rural areas; and young people at risk.

429. According to the Attorney General's office of El Salvador, between January and September 2018, the country recorded 1,360 deaths related to youth gang violence and 2,667 people were imprisoned for drug trafficking.

430. Unlike its neighbouring countries in Central America, Belize usually reports seizing larger amounts of cannabis than cocaine, a trend also observed in some islands of the Caribbean, including Saint Lucia. In 2018, Belize reported to INCB that 64.5 kg of cocaine had been seized in 2017, which was 347 per cent higher than the amount seized in 2016 (14.4 kg). The amount of cannabis seized in 2017 (958.2 kg) in the country was 6.2 per cent higher than that seized in 2016 (901.9 kg).

431. Colombia and Jamaica were the countries most frequently mentioned as a source of the cannabis herb seized by countries in Central America and the Caribbean. Other sources reported by countries in the region included Bolivia (Plurinational State of), Costa Rica, El Salvador, Guatemala and Peru.

432. In a working paper submitted to the third United Nations Conference to Review Progress Made in the Implementation of the Programme of Action to Prevent, Combat and Eradicate the Illicit Trade in Small Arms and Light Weapons in All Its Aspects, in June 2018, the impact of the proliferation of small arms in Jamaica was highlighted. Drugs are smuggled from Jamaica to Canada, the United Kingdom and the United States, and arms are smuggled into the country, mostly from Haiti and the United States. In the paper, it was estimated that approximately 274 active gangs, many transnational in scope, are responsible for about 80 per cent of major crimes in Jamaica. According to statistics from the Jamaica Constabulary Force, in 2017, 81.4 per cent of murders were committed using a gun, and the majority of the perpetrators and victims of violent crimes were young men.

433. Trafficking in firearms is also of increasing concern in the Eastern Caribbean region, namely Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines. Guns are reportedly entering countries in the subregion from the United States, Trinidad and Tobago, and Venezuela (Bolivarian Republic of). In 2017, homicide rates and drug-related violent and non-violent crimes increased; most homicides are believed to be the outcome of disputes for territory between organized criminal organizations involved in drug trafficking.

(b) Psychotropic substances

434. While Central America and the Caribbean is less affected by the manufacture of and trafficking in amphetamine-type stimulants than other regions, in the past five years, some countries have regularly reported seizing such substances, as well as LSD. Countries of origin mentioned by reporting countries include Colombia, the Dominican Republic, Guatemala and the Netherlands, as well as Curaçao.

435. In 2017, authorities in the Dominican Republic dismantled a clandestine laboratory producing "ecstasy" and ketamine in the city of Puerto Plata.

436. Also in 2017, Costa Rica reported the seizure of a total of 53,991 "doses" of "ecstasy". That was the largest amount of "ecstasy" reported seized by the country during the period 2010–2017.

(c) Precursors

437. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2018 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

438. In August 2017, the Sanitary Regulation Agency of Honduras published an updated list of substances under national control. The list includes, for the first time, 11 substances not under international control, including tramadol.

439. Panama reported seizures of ketamine in both 2017 and 2016.

5. Abuse and treatment

440. In June 2017, the Dominican Republic started an opioid substitution treatment programme in partnership with UNODC. As of September 2018, 45 heroin users were benefiting from the programme.

441. In August 2017, the Government of the Bahamas published the results of its national household drug prevalence survey. The survey contained data from individuals aged between 12 and 65 on their abuse of licit and controlled substances. The results showed a lifetime prevalence of cannabis herb use of 20 per cent for men and 7 per cent for women, compared with 14 per cent and 13 per cent, respectively, in 1991. The reported average age of first cannabis herb use was 17. Lifetime prevalence of cocaine use was 2 per cent for men and 0.4 per cent for

women, down from 6 per cent and 1 per cent, respectively, in 1991. The average age of first use of cocaine was 25 years.

442. According to the 2017 annual report of the National Drugs Observatory of the Executive Secretariat of the Commission against Addiction and Illicit Drug Trafficking (SECCATID) of Guatemala, the main drug for which 24.2 per cent of people sought treatment in 2017 was cannabis herb. Alcohol was the main substance for 29.3 per cent of those seeking treatment, inhalants for 2.5 per cent, cocaine and "crack" cocaine for 1.6 per cent each, and psychotropic substances for 0.96 per cent.

443. According to the *World Drug Report 2018*,[73] the highest annual prevalence of drug use in Central America and in the Caribbean in 2016 was for cannabis, with 2.8 per cent and 2.2 per cent, respectively. After cannabis, the highest prevalence in Central America was cocaine (0.7 per cent), amphetamines and prescription stimulants (0.2 per cent) and "ecstasy" (0.1 per cent). In the Caribbean, cannabis was followed by amphetamines and prescription stimulants (0.9 per cent), cocaine (0.6 per cent) and "ecstasy" (0.1 per cent).

North America

1. Major developments

444. Legislation and policy pertaining to cannabis continued to shift throughout North America in 2018. In Canada, Bill C-45, on providing legal access to cannabis and on controlling and regulating its production, distribution, sale and possession, came into effect in October 2018. Under the law, and subject to provincial or territorial restrictions, persons aged 18 or older are legally allowed to possess up to 30 g of cannabis, buy dried or fresh cannabis from a provincially or federally licensed retailer, grow up to four cannabis plants per residence for personal use and make cannabis products.

445. Also in October 2018, the Supreme Court of Mexico ruled that a prohibition of the use of cannabis for non-medical purposes was unconstitutional on the basis that adults had a "fundamental right to the free development of the personality" without interference from the State.

446. In the United States, the States of California and Vermont legalized the use of cannabis for non-medical purposes, and legislative developments also took place in the States of Maine and Massachusetts in that regard. In November 2018, during the United States congressional elections, voters in the States of Missouri and Utah approved ballot initiatives for the establishment of medical cannabis programmes. A proposal to legalize the possession and personal cultivation of cannabis by persons aged 21 or older and to license the commercial production and retail sale of the drug was adopted by voters in Michigan. In North Dakota, a ballot proposal aimed at legalizing the non-medical use of cannabis was rejected by the state's electorate.

447. In December 2017, the Ministry of Health of Mexico issued guidelines on the medical use of cannabis, whereby preparations containing a concentration of less than 1 per cent THC are considered as having broad therapeutic uses and as presenting a limited risk of abuse and dependence and of public health problems.

448. Given the need to coordinate, integrate and follow up on the objectives, strategies and lines of action to address the world drug problem, the Criminal Investigation Agency of Mexico proposed the creation of a national office on drug policies. The office would be attached to the Attorney General's Office, which is in charge of coordinating drug policy in the country.

449. Meanwhile, the opioid overdose epidemic continued to worsen in the United States, with provisional data showing that over 70,000 drug overdose deaths had been reported in the country in 2017. In 2016, 63,632 people died from drug overdoses, a 21.4 per cent increase compared with 2015. According to the Centers for Disease Control and Prevention, opioids accounted for 66.4 per cent (42,249) of those deaths, with increases across all age groups, racial and ethnic groups and urbanization levels and in many states. The largest increases occurred among deaths involving cocaine (52.4 per cent) and synthetic opioids (100 per cent), likely driven by illicitly manufactured fentanyl and its analogues.

450. Overdose deaths involving opioids contributed to a loss of 0.21 years in life expectancy for the entire population of the United States between 2000 and 2015. In addition, life expectancy declined from 78.7 in 2015 to 78.6 in 2016, owing in part to the increased number of deaths among younger people and deaths from unintentional injuries, including drug overdose. Similarly, during

[73] *Global Overview of Drug Demand and Supply Latest Trends, Cross-Cutting Issues* (United Nations publication, Sales No. E.18.XI.9 (Booklet 2)).

the period 2014–2016, life expectancy at birth in British Columbia, Canada, declined by a total of 0.38 years: drug overdose contributed a loss of 0.12 years to that decline.

451. In 2017, homicide rates in Mexico increased markedly. According to the National Institute of Statistics and Geography of Mexico, the average number of homicides between 2012 and 2016 was about 22,000 per year; in 2017, however, over 31,000 deaths were attributed to homicide in the country. The states with the highest number of homicides were Baja California, Chihuahua, Guanajuato, Guerrero and the State of Mexico. The highest rates of violence were also reported in those states and are attributed partly to the presence and operations of criminal organizations involved in drug production or trafficking or other drug-related activities.

2. Regional cooperation

452. Effective cooperation in law enforcement matters and in combating illicit drug manufacture and trafficking continued to be promoted through various regional mechanisms. In December 2017, representatives from Canada, Mexico and the United States met in Mexico City for the second meeting of the North American Drug Dialogue. Delegates from the three countries reviewed the progress made since the previous meeting in October 2016 on opioid policies and actions affecting the region. They also discussed the increase in synthetic drugs, diversion of chemical precursors from licit to illicit use and ongoing activities to reduce the demand for drugs and reaffirmed their commitment to achieving effective solutions to the challenges posed by the production and consumption of and trafficking in drugs in North America. To further broaden cooperation, in 2017, Mexico and the United States held two cabinet-level meetings of the Strategic Dialogue on Disrupting Transnational Criminal Organizations.

453. Regional cooperation between the three countries of the region includes initiatives and joint operations in the areas of law enforcement, intelligence-sharing and border control, as well as land and maritime activities.

3. National legislation, policy and action

454. In the United States, the 2018 Consolidated Appropriations Act, which came into force in March 2018, provided nearly $4 billion for the fiscal year 2018 to address the opioid crisis, including through funding for drug courts, treatment for prisoners, monitoring of prescription drugs and scheduled chemical products, the provision of resources for law enforcement agencies in states with high rates of primary treatment admissions for the use of heroin and other opioids, overdose prevention programmes and various research activities.

455. Also in March 2018, the President of the United States launched an initiative entitled “Stop opioid abuse and reduce drug supply and demand”. One of the key pillars of the initiative is aimed at reducing drug demand through education, increased awareness and preventing over-prescription, supporting research and implementing a safer prescribing plan. The initiative is to focus on combating the flow of illegal drugs into the country and illicit online sales of opioids, securing borders and detecting high-risk shipments, and strengthening criminal penalties for trafficking in opioids. Furthermore, under the initiative, emphasis is placed on expanding access to overdose-reversing drugs, such as naloxone, evidence-based treatment and addiction recovery services.

456. The United States Department of Justice announced a series of measures in January 2018, including the establishment of a joint criminal opioid darknet enforcement team as a Federal Bureau of Investigation-led initiative aimed at targeting drug trafficking, in particular fentanyl and other opioids, on the darknet. The team is to coordinate efforts across the Bureau’s offices around the world, bringing together Drug Enforcement Administration drug trafficking task forces and other assets to counter online drug trafficking. Also in January 2018, the Attorney General of the United States announced a 45-day Drug Enforcement Administration surge to focus on pharmacies and prescribers dispensing unusual or disproportionate amounts of drugs and to investigate and prosecute drug traffickers. One month later, the Department of Justice Prescription Interdiction and Litigation Task Force was formed to tackle the prescription opioid crisis at various levels of the distribution system. At the manufacturer level, the Task Force is to use all criminal and civil remedies available under federal law to hold opioid manufacturers accountable for unlawful practices. The Task Force is also to build on and strengthen existing Department of Justice initiatives to ensure that opioid manufacturers market their products truthfully and in accordance with the rules of the Food and Drug Administration.

457. In addition, a number of state attorneys general initiated legal action against manufacturers and distributors of medicinal opioids for fuelling the opioid epidemic and launching marketing campaigns with deceptive content regarding the effectiveness and low risk of addiction of their medicinal products containing opioids. Relief

sought in those lawsuits by the various states included damages, restitution, injunctive relief and civil penalties. In response, one company, Purdue Pharma, undertook a large-scale public relations campaign, involving full-page newspaper advertisements, expressing its concern about the overdose death epidemic that its products had contributed to.

458. In February 2018, the Drug Enforcement Administration placed all fentanyl analogues into schedule I of the Controlled Substance Act on a temporary basis (until February 2020), with the possibility of a one-year extension.

459. In addition, the Drug Enforcement Administration issued a final rule, effective as of 15 August 2018, on regulations to strengthen the process to prevent the diversion of controlled substances and making other improvements to the quota management regulatory system for the production, manufacturing and procurement of controlled substances in schedules I and II. If the Administration believes that a particular opioid or a particular company's opioids are being diverted for misuse, it is allowed to reduce the amount that can be produced in a given year. Those revised limits are to encourage vigilance on the part of opioid manufacturers and help the Administration respond to the changing drug threat environment, while ensuring the availability of those substances for medical, scientific, research and industrial needs.

460. In October 2018, the President of the United States signed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, or the SUPPORT for Patients and Communities Act. Pursuant to the Act, the Department of Health and Human Services will oversee a grant programme to expand the use of "comprehensive recovery centres", which provide job training, mental health services and housing alongside addiction treatment. In addition, the Act is aimed at improving coordination between Customs and Border Protection, the United States Postal Service and other entities to stop illicit shipments of drugs from entering the country. The Act also fast-tracks research projects undertaken by the National Institutes of Health related to the use of non-addictive drugs for the treatment of pain. Finally, the Act expands Medicare coverage for opioid treatment and increases screening for opioid use disorder. Under the Act, a state Medicaid programme would be required to suspend, rather than terminate, a minor's medical coverage upon incarceration.

461. According to government figures released in September 2018, there were nearly 4,000 apparent opioid-related deaths in 2017 in Canada, corresponding to an increase of 33 per cent compared with the number in 2016 (3,005). From January to March 2018, there were at least 1,000 apparent opioid-related deaths, 94 per cent of which were accidental (unintentional); 73 per cent of those accidental deaths involved fentanyl or fentanyl analogues. British Columbia remained the province hardest hit by the opioid crisis, with 1,399 deaths in 2017, an increase from the 974 recorded in 2016.

462. In response to the opioid crisis, the Minister of Health of Canada announced a series of measures to address the pharmaceutical industry's opioid marketing practices, including severely restricting most forms of prescription opioid marketing. Until new regulations are formally in place, the Minister called on opioid manufacturers and distributors to immediately cease marketing activities associated with opioids in Canada, on a voluntary basis. The Minister also announced the creation of a dedicated marketing compliance and enforcement team within Health Canada, supported by approximately $4 million in operational resources over five years. The team is to proactively monitor opioid marketing to enforce rules around improper advertising and to take action, including recommending criminal charges where appropriate. The Government has also been exploring the development of new enforcement tools, including administrative fines that could be levied rapidly in the case of less serious violations. At the same time, legal action against pharmaceutical companies manufacturing opioids has been launched by some provinces in Canada.

463. In November 2017, the National Commission against Addictions (CONADIC) of Mexico announced that it would begin research on the consumption of new psychoactive substances. A first workshop was held to identify strategies to strengthen the identification of the profiles and chemical composition of narcotics and new psychoactive substances, in order to implement an early warning system in the country. Furthermore, in June 2018, CONADIC signed an agreement to collaborate with the National Polytechnic Institute, as part of prevention efforts targeted at young people.

464. Under the Cannabis Act, which came into effect in Canada in October 2018, and subject to provincial or territorial restrictions, persons aged 18 or older are legally allowed to possess and share with other adults up to 30 g of cannabis, buy dried or fresh cannabis and cannabis oil from a provincially or federally licensed retailer, grow up to four cannabis plants per residence for personal use and make cannabis products, such as foods and drinks, at home. The federal Government is responsible for establishing the requirements for producers and industry-wide

rules and standards. The provinces and territories are responsible for developing, implementing, maintaining and enforcing systems to oversee distribution and sale. They are also able to add their own safety measures, such as increasing the minimum age, lowering the personal possession limit or placing restrictions on where adults can consume cannabis. The Cannabis Act further foresees several measures aimed at preventing young people from accessing cannabis, including restrictions on packaging or labelling, on promoting cannabis and on selling it through self-service displays or vending machines. The Act creates two new criminal offences for giving or selling cannabis to young people and for using a youth to commit a cannabis-related offence; both carry maximum penalties of 14 years in prison. On 21 June 2018, Bill C-46, which amended provisions of the Criminal Code dealing with offences and procedures related to drug-impaired driving, received royal assent.

465. A number of companies have been investing in research on the production of cannabis-infused non-alcoholic beverages and beer in Canada. While there seem to be a lack of scientific studies on the effects of such beverages on health, it is expected that these products will become available in the country once the relevant regulations take effect.

466. Following the adoption of the Cannabis Act, the Government of Canada approved the provision of approximately $700,000 over three years to the Centre for Addiction and Mental Health to study drug-impaired driving. The study is to explore how increased levels of THC in blood and oral fluids could impact a driver, including his or her ability to anticipate hazards; levels of risk-taking behaviour; reaction times; position and speed on the roads; and differences that may exist between drivers, depending on age, gender, THC levels and driving impairment. The study is to be completed by June 2020.

467. Health Canada announced an investment of approximately $170,000 for three organizations – the Centre for Addiction and Mental Health, the University of Western Ontario and Health Nexus – to support front-line workers in informing the public about health and safety-related issues pertaining to cannabis. Those organizations are to develop public education tools and resources for public health professionals, education sector stakeholders (such as educators, school counsellors, school and school board administrators) and community service providers. In the federal budget for 2018, approximately $48 million were committed over five years to support community-based and indigenous organizations in educating their communities about the risks associated with cannabis use. That was in addition to a previously announced investment of $35 million over five years to support public education, awareness and monitoring activities.

468. Following the amendment to its General Health Law in June 2017, by which Mexico legalized the use of cannabinoids for medical purposes, the Ministry of Health was tasked with designing and implementing public policies regulating the medicinal use of cannabis and research and national production. In December 2017, the Government announced guidelines permitting the import of pharmacological derivatives of cannabis, oils, pills and foods with less than 1 per cent THC, with higher potencies requiring special government approval for individual patients.

469. In January 2018, the Attorney General of the United States issued a memorandum to all district-level United States Attorneys on the enforcement of cannabis-related legislation. The memorandum stated that previous nationwide guidance on the issue had been rescinded, and the Attorneys were instructed to use previously established principles that governed all federal prosecutions. When deciding which cases to prosecute, the seriousness of the crime, the deterrent effect of criminal prosecution and the cumulative impact of particular crimes on the community were to be taken into account. Also in the memorandum, the Attorney General recalled federal law and Congress' determination that cannabis was a dangerous drug and that related activities were serious crimes.

470. California became the eighth state in the United States (after Alaska, Colorado, Maine, Massachusetts, Nevada, Oregon and Washington)[74] to legalize and regulate the sale of cannabis for non-medical purposes. According to the regulatory scheme established in California, adults over the age of 21 may possess up to 28 g of cannabis and can grow up to six plants at home. Cannabis may also be sold in retail outlets licensed by the California Bureau of Cannabis Control. As at 1 July 2018, cannabis goods must meet a number of statutory and regulatory requirements, including as regards laboratory testing, packaging and labelling, established by the Bureau. According to the California Department of Tax and Fee Administration report of 11 May 2018, the tax revenue from the cannabis industry in the first quarter of 2018 totalled $60.9 million, which included state cultivation, excise and sales taxes. It did not include local tax revenue collected by cities or counties.

[74] The use of cannabis for non-medical purposes has been legalized in the District of Columbia, but commercial sales of cannabis are not regulated and remain illegal.

471. Vermont became the first state to legalize the use of cannabis for non-medical purposes through an act of the state legislature, without the issues first being approved by popular vote. Since July 2018, persons aged 21 and older are allowed to possess up to 1 ounce of cannabis (28.3 g) and two mature and four immature plants. However, the legislation does not create a framework for the production, distribution and sale of the drug. The Governor's Marijuana Advisory Commission was directed to prepare a study on the implementation of a legal market in which cannabis is taxed and regulated, which is to be presented in December 2018.

472. In May 2018, the Legislature of the State of Maine overrode the Governor's veto of April 2018 on the Act to Implement a Regulatory Structure for Adult-Use Marijuana. The Act facilitates the development and administration of a regulated market in Maine and the regulation of personal use and home cultivation for non-medical purposes. While possession for personal use of 2.5 ounces (71 g) of cannabis and growing three mature plants became legal in January 2017 in Maine, there was a moratorium in effect on the implementation of parts of the state law related to retail sales and taxation.

473. Following a vote in November 2016 to legalize the non-medical use of cannabis, the State of Massachusetts established the Cannabis Control Commission, mandated to draft related regulations. The approved Adult-Use Cannabis Regulations entered into force in March 2018. The final regulations include nine licence categories for cannabis establishments: cultivator, craft marijuana cooperative, microbusiness, product manufacturer, independent testing laboratory, storefront retailer, third-party transporter, existing licensee transporter, and research facility.

474. In February 2018, the New Hampshire House of Representatives voted in favour of Bill 656, on legalizing and regulating the use of cannabis for non-medical purposes; however, the Bill was referred for interim study on the potential impact of the legislation in the State.

475. **The Board wishes to reiterate that article 4 *(c)* of the 1961 Convention restricts the use of controlled narcotic drugs to medical and scientific purposes and that measures providing for non-medical use are in contravention of that Convention.**

476. Statistics Canada conducted a survey of the country's licensed cannabis producers under the Access to Cannabis for Medical Purposes Regulations in the fourth quarter of 2017 and in early 2018. Revenue from the sale of cannabis products was approximately $190 million in 2016 and expenses were approximately $230 million. The 55 producers licensed at the time of the study reported that 8.7 ha of cultivation area were in active use in 2016 and about 10 times that amount (85.7 ha) were available for future production. Those producers were intending to invest approximately $600 million in new structures, land, equipment and inventories in 2017, roughly doubling their stock of capital compared with the end of 2016. As of July 2018, 114 producers had been licensed by Health Canada to produce and sell dried cannabis, fresh cannabis and cannabis oil to the public or starting materials to eligible persons.

477. According to Statistics Canada, cannabis prices remained unchanged in the first two quarters of 2018. The average price in the second quarter was $5.18 per gram, down slightly from the first quarter ($5.21 per gram). In 2018, the average price for cannabis was $5.20 per gram, down 25 per cent from 2012, when it was $6.98 per gram. The highest prices for cannabis in the first six months of 2018 were in the three territories (Northwest Territories, Yukon and Nunavut) and in Ontario.

478. On 25 June 2018, the Food and Drug Administration of the United States approved a CBD oral solution for the treatment of seizures associated with two rare and severe forms of epilepsy, Lennox-Gastaut and Dravet syndromes, in patients aged 2 years and older. This is the first drug approved by the Administration that contains a purified drug substance derived from cannabis.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

479. In the fiscal year 2017/18, the Canadian Border Services Agency seized a total of almost 500 kg of cannabis, 3 tons of cocaine, 190 kg of heroin and 15 kg of fentanyl. During the same period, the United States Customs and Border Control agency seized more than 970 tons of narcotics, including over 680 kg of fentanyl.

480. In 2017, Mexico reported seizures of 400 tons of cannabis herb, 34,600 cannabis plants, 321 kg of heroin and almost 12 tons of cocaine. Seizures of cocaine and cannabis represented a decrease of 8 per cent and 56 per cent, respectively, compared with the quantities seized in 2016.

481. In Mexico, 28,830 ha of opium poppy were eradicated in 2017, an increase of 28 per cent over 2016

(22,437 ha). With regard to cannabis, 4,193.34 ha were eradicated in 2017, which was 23 per cent less than in 2016 (5,477 ha). The United States reported the eradication of 4,940,569 cannabis plants at 5,513 sites in 2016. While the United States continued to report the largest quantity of cannabis herb seized worldwide in 2016, followed by Mexico, seizures were at their lowest level since 2000 and 1995, respectively.

(b) Psychotropic substances

482. Methamphetamine is reportedly manufactured in Mexico in clandestine laboratories, with chemical precursors trafficked mostly by sea. The Government of Mexico reported the discovery of 92 such laboratories and the seizure of nearly 1.2 kg of amphetamine and over 10 tons of methamphetamine in 2017. In August 2018, the Secretariat of the Navy (SEMAR) dismantled a number of clandestine laboratories and underground warehouses in various parts of Mexico, having seized methamphetamine and precursor chemicals weighing approximately 76 tons.

483. In 2016, over 87 tons of methamphetamine were seized in North America overall. According to the *World Drug Report 2018*, availability of methamphetamine in the region was reported to have increased between 2013 and 2016; in 2016, the drug was reported to be the second greatest drug threat in the United States after heroin.[75]

(c) Precursors

484. Reports of seizures of precursors from countries in the region came mainly from Mexico. Canada and the United States reported seizures of low amounts, the majority involving substances listed in Table II of the 1988 Convention. An increasing number of non-scheduled chemicals are being reported, providing further evidence that access to internationally controlled precursors for the illicit manufacture of drugs has become more difficult, leading traffickers to source alternative or substitute chemicals to replace them.

485. A detailed analysis of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2018 on the implementation of article 12 of the 1988 Convention.

[75] *World Drug Report 2018: Analysis of Drug Markets. Opiates, Cocaine, Cannabis, Synthetic Drugs* (United Nations publication, Sales No. E.18.XI.9 (Booklet 3), pp. 9 and 55.

(d) Substances not under international control

486. In June 2018, Health Canada issued a notice on its proposal to add tramadol and its salts, isomers and derivatives to schedule I of the Controlled Drugs and Substances Act and the schedule of the Narcotic Control Regulations. Tramadol, an opioid analgesic used to treat moderate to moderately severe pain, has been marketed in Canada since 2005, and is available on prescription. In its notice, Health Canada stated that placing tramadol under national control would help to prevent its diversion and protect the population from the health risks associated with unauthorized use, while maintaining its availability for legitimate medical and scientific use. Pharmacists would continue to be authorized to dispense tramadol to patients with a written prescription.

487. According to the *World Drug Report 2018*, some opioid users in the United States have reported using kratom (Mitragyna speciosa) products for the self-management of withdrawal symptoms. Some 500 tons of kratom were seized during 2016, triple the amount of the previous year, suggesting an increase in use. In May 2018, the Food and Drug Administration of the United States issued warning letters to three marketers and distributors for illegally selling unapproved drug products containing kratom and making claims about their ability to help in the treatment of opioid addiction and withdrawal.

5. Abuse and treatment

488. Following the adoption of the Cannabis Act in Canada, the Government announced a series of measures to monitor cannabis consumption before and after the legislative change to legalize and regulate cannabis use for non-medical purposes. To that end, Statistics Canada launched the National Cannabis Survey, to be undertaken quarterly throughout 2018. Based on data collected during the second quarter of 2018, about 16 per cent of those aged 15 years and older (4.6 million people) reported some use of cannabis products for medical or non-medical use in the previous three months. The proportion was similar to that reported in the first quarter. About 14 per cent of cannabis users with a driver's licence reported driving within two hours of using cannabis.

489. During an address to the sixty-third regular session of CICAD, a representative of CONADIC Mexico stressed the harmful effects that the legalization of cannabis for non-medical purposes could have on individuals and on society as a whole. Negative effects related to mental and physical health, threats to public health and impact

on care service capacity were presented. Illicit drug use by persons aged 12 to 65 has significantly increased in Mexico, from 1.5 per cent in 2011 to 2.7 per cent in 2016. Illicit drug use by women aged 12 to 17 increased by 175 per cent. According to the Ministry of Health, cannabis was the most used drug in that period, followed by cocaine. Consumption of amphetamine-type stimulants remained stable, as did lifetime use of heroin.

490. In comparison, according to the results from the 2016 National Survey on Drug Use and Health in the United States, approximately 28.6 million people aged 12 and above (10.6 per cent of that population group) were current drug users in 2016. Overall, the percentage was higher in 2016 than the percentages from 2002 to 2015. With regard to specific substances, cannabis was the drug that was most commonly illicitly used, followed by misused prescription opioids. Although cannabis use increased among persons aged 18 and above, use among adolescents aged 12 to 17 was lower in 2016 than in most years from 2009 to 2014, and similar to that in 2015. In contrast, the percentages of people aged 12 and above have shown little change since 2007 for current use of cocaine and since 2014 for heroin.

491. In November 2017, the Council of Economic Advisers, an agency within the Executive Office of the President of the United States, published a report on the underestimated cost of the opioid crisis in the country. The Council estimated that, in 2015, the economic cost of the opioid crisis had been $504 billion, or 2.8 per cent of gross domestic product that year. The estimation included economic evaluations related to fatalities and the non-fatal costs of misuse, as well as underreported overdose fatalities, and took into account prescription opioids and illicitly produced opioids, including heroin. It was the first such report issued by the Council and it was aimed at providing policymakers with economic analysis to review and assess potential policy options.

492. The Centres for Disease Control and Prevention reported that, between July 2016 and September 2017, visits to the emergency department in hospitals by those aged 11 and above as a result of opioid overdoses increased 29.7 per cent overall, and 34.5 per cent in 16 states with a high prevalence of overdose mortality. Significant increases were found in the States of Wisconsin (109 per cent), Delaware (105 per cent) and North Carolina (31 per cent). A decrease of 15 per cent was noted in Kentucky. Substantial increases were seen among men and women and in all age groups.

493. There are currently three approved medication-assisted treatments for opioid use disorders in the United States, namely, methadone, buprenorphine and naltrexone. To encourage and support the development of treatment options for people with opioid use disorder, the Food and Drugs Administration released draft guidance in April 2018 focusing on ways that drug companies could more efficiently explore innovations in buprenorphine products.

494. The Drug Enforcement Administration amended its regulations to incorporate statutory and regulatory changes regarding the categories of practitioners who may, under certain conditions and on a temporary basis, dispense a narcotic drug in schedule III, IV, or V of the Controlled Substances Act for the purpose of maintenance or detoxification treatment. Those changes entered into force in January 2018. Nurse practitioners and physician assistants can now become qualifying practitioners, which gives them the authority to prescribe and dispense buprenorphine from their offices. Prior to the enactment of the Drug Abuse Treatment Act of 2000, only physicians could treat people with opioid dependence and had to register with the Administration as both physicians and operators of narcotic treatment programmes. Waiving that second registration prompted more physicians to offer treatment services.

495. Similarly, the Government of Canada amended the Narcotic Control Regulations and the New Classes of Practitioners Regulations to remove restrictions on the prescription of diacetylmorphine (prescription-grade heroin) to allow doctors to prescribe and administer and nurse practitioners to administer the drug for opioid-substitution purposes outside hospital settings under the special access programme of Health Canada. The amendment also removed the obligation for practitioners to obtain an exemption from Health Canada before they could prescribe, sell, provide or administer methadone. The regulatory changes came into effect in May 2018.

496. In Quebec, naloxone is available free of charge and without prescription at pharmacies and in some health-care settings. Similarly, free naloxone kits have been available in pharmacies in almost 15 cities in Ontario since March 2018. Furthermore, to address a lack of youth-focused treatment programmes, the British Columbia Centre on Substance Use developed new guidelines aimed at improving treatment for young people with opioid dependence.

497. The Canadian Centre on Substance Use and Addiction and the Canadian Institute for Substance Use Research at the University of Victoria estimated that the overall cost of opioid use in Canada had been approximately $2.6 billion in 2014. In its 2018 budget, the Government of Canada committed more than

$175 million over five years to address the opioid crisis. That funding included $110 million for a cost-shared Emergency Treatment Fund. On 28 June 2018, the Government of Canada and the government of Newfoundland and Labrador signed a bilateral agreement under the Emergency Treatment Fund to improve access to opioid dependence treatment in the Province. Newfoundland and Labrador is the first province to sign a bilateral agreement under the Fund.

498. Public health officials in the Provinces of Alberta and Manitoba have raised concerns about the significant rise in amphetamine and methamphetamine use. The number of people reporting crystalline methamphetamine use nearly tripled between 2014 and 2018 in Alberta, and the number of confirmed deaths resulting from fentanyl that had methamphetamine listed as an additional substance doubled in 2017 compared with 2015. Reported past-year usage of amphetamine increased by 48 per cent among young people and 104 per cent among adults between the periods 2014–2015 and 2016–2017. The number of monthly emergency room visits for which amphetamine and methamphetamine were reported as the cause of admission also increased in the province, from 10 visits in January 2013 to 180 visits in December 2017, representing an increase of 1,700 per cent.

499. Following an amendment to the Canadian Controlled Drugs and Substances Act in May 2017, the number of conditions that applications for supervised "drug consumption rooms" must meet decreased from 26 to 5, and the number of such rooms in the country expanded. In 2018 alone, 18 additional rooms were approved and went into operation in Alberta, British Columbia, Ontario and Quebec. On 2 April 2018, Royal Alexandra hospital in Edmonton, Alberta, opened the first hospital-based supervised "drug consumption room" in North America.

500. Pilot study results from on-site testing conducted in November 2017 at two supervised "drug consumption rooms" in Vancouver found that only 19 per cent of substances purchased as opioids contained the expected substance and that 88 per cent contained fentanyl. The Minister of Health announced that Health Canada would authorize additional drug-checking services at such rooms. New programmes would use on-site technologies, and partnerships would be developed between front-line agencies and laboratories for off-site analysis.

501. As part of its overdose prevention strategy, implemented by the Mayor's task force, in January 2018, the city of Philadelphia announced its intent to open one or more comprehensive user engagement sites, also known as supervised "drug consumption rooms". The facilities would be funded, built and run by Philadelphia community-based organizations. The Mayor of Philadelphia recalled that the city's fatal overdose rate was the worst among large cities in the United States and that the comprehensive user engagement sites were part of a broader strategy to address the opioid crisis and a recommended action from the Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia. Other major cities in the United States, including Denver, New York, San Francisco and Seattle, are reported to also be considering opening such sites.

502. **The Board wishes to remind Governments that, in order for the operation of supervised injection sites to be consistent with the international drug control conventions, certain objectives must be advanced. The objective of such sites should be to reduce the adverse consequences of drug abuse through the provision of or active referral to treatment and rehabilitation services and social reintegration measures. Supervised injection sites should not replace demand reduction programmes, particularly prevention and treatment activities. While recognizing that such sites may reduce the adverse consequences of drug abuse through treatment, rehabilitation and reintegration, due consideration must be given to preventing inadvertent encouragement of drug abuse and to preventing drug trafficking in and around the sites.**

503. The Government of Mexico has been promoting a series of measures to expedite and ensure the availability of controlled substances for pain management. As part of the National Strategy for Pain Control and Palliative Care, a rapid action group was created, which facilitates the issuance of special prescriptions that guarantee patients the availability of controlled medicines. Furthermore, the Federal Ministry of Health of Mexico, together with the Federal Commission for Protection against Health Risks (COFEPRIS), the Mexico Foundation for Health (FUNSALUD) and the Secretary of Health of Mexico launched a project on access to controlled substances for medical purposes, in cooperation with UNODC. The aim of the project is to contribute to the design of an evidence-based plan to strengthen national and state-level efforts to improve the availability of pain medication through collecting information from each of the pain clinics, palliative care units and in-hospital and private pharmacies in Mexico City.

504. The Food and Drug Administration of the United States established a new drug shortages task force to implement long-term solutions to prevent shortages of opioids and other required medication in hospitals in the

United States. According to the 2017 annual report to Congress on drug shortages, the drugs in question included injectable opioid analgesics (pain medications), hydromorphone, morphine and fentanyl.

505. In January 2018, the Food and Drug Administration finalized and published a draft opioid analgesic risk evaluation and mitigation strategy education blueprint for health-care providers involved in the treatment and monitoring of patients with pain. It modified the 2012 strategy and included all immediate-release opioids used in outpatient settings. The blueprint is aimed at educating health-care providers on safe opioid practices, as well as on current federal and state regulations, national guidelines and professional organization and medical society guidelines on treating pain and prescribing opioids.

506. In addition to the measures described above, public health and law enforcement authorities continued their efforts to dispose of prescription drugs that are no longer needed in order to prevent their diversion and illicit use. During its sixteenth National Prescription Drug Take Back Day, on 27 October 2018, nearly 460 tons of potentially dangerous expired, unused and unwanted prescription drugs were collected by the Drug Enforcement Administration at almost 6,000 sites across the United States that had been set up together with a record-setting amount of local, state and federal partners. The largest quantities were collected in California, Texas and Wisconsin. Similar initiatives are also organized in Canada.

South America

1. Major developments

507. In South America, illicit cocaine manufacture increased, impacting the European market, where evidence of increased availability and use is a cause for concern. In Colombia, both illicit coca bush cultivation and cocaine manufacture increased in 2017, by 17 per cent and 31 per cent, respectively, reaching an all-time high. In the Plurinational State of Bolivia, the area under coca cultivation increased by 6 per cent in 2017, compared with 2016, according to the UNODC/Government of Bolivia coca cultivation survey for 2017.

508. Most cocaine continued to be trafficked from the Andean countries, in particular from Colombia, to the main consumer markets in North America and Europe, according to seizure data. Cocaine shipments intercepted in South America were mainly destined for the United States.

509. In order to address this development, in March 2018, the Governments of Colombia and the United States agreed to formulate a five-year plan to reduce illicit crop cultivation by 50 per cent by 2023 in relation to the level of illicit coca bush cultivation in 2018. In that connection, on 14 June 2018, the Minister of Defence of Colombia presented a white paper on the eradication of illicit crops in Colombia, which contained a five-year plan for the period 2018–2023; the main objective of the plan is to reverse the trend of the increase in crops since 2013. In addition, the plan is intended to ensure the continuity of current efforts aimed at eradication and interdiction and strengthening cooperation with the United States.

510. On 4 May 2018, the Minister of Government of the Plurinational State of Bolivia inaugurated the Regional Anti-Narcotics Intelligence Centre (CERIAN), which is intended to coordinate actions against drug trafficking among its five bordering countries, Argentina, Brazil, Chile, Paraguay and Peru. The Centre is expected to enable countries of the region to process information on the modus operandi, composition and operation of criminal organizations in port, airport and land movements, and implement joint coordinated efforts.

511. In 2018, Paraguay and Peru took steps towards legalizing the use of cannabis and its derivatives for medical purposes.

2. Regional cooperation

512. In 2017, countries in South America strengthened their cooperation efforts at the bilateral, regional and interregional levels to better address the challenges posed by illicit drugs. Countries in the region continued to exchange information and experiences on technological and operational aspects and to engage in policy dialogue. Discussions in the region addressed trends in relation to new psychoactive substances, women and drug policy, new legislative approaches and alternative development, among others. With regard to capacity-building, government officials attended specialized training events and workshops on the topics of precursor chemicals, new psychoactive substances and early warning systems, property confiscation and financial crimes. In addition, Governments worked to coordinate action along common borders, including by creating the above-mentioned Regional Anti-Narcotics Intelligence Centre in the Plurinational State of Bolivia.

513. Under the auspices of the second phase of the Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies II (COPOLAD II), the second Annual Meeting of National Drugs Observatories was held in Lisbon from 13 to 17 November 2017, with the participation of representatives of national drug observatories from 32 countries in the Latin American and Caribbean region. COPOLAD, a cooperation programme implemented jointly by CELAC and the European Union, pursues its objectives through four components: *(a)* consolidation of national drug observatories through the provision of technical assistance; *(b)* strengthening capacities in demand reduction; *(c)* strengthening capacities in supply reduction; and *(d)* supporting the policy dialogue and consolidation of the European Union-CELAC Coordination and Cooperation Mechanism on Drugs. The meeting was attended by representatives of authorities from 18 countries in Latin America, 14 countries in the Caribbean and 6 European Union member States, with the objectives of analysing the role of the national drugs observatories in shaping public policy and improving the dissemination of good practices. The meeting included training on early warning systems and the production of national reports on drugs.

514. Within the framework of efforts to strengthen international cooperation in the fight against drug trafficking, the fifth meeting of the Argentina-Paraguay Joint Commission on the Prevention of the Illegal Use of and Illicit Trafficking in Narcotic Drugs and Psychotropic Substances was held in Buenos Aires from 31 October to 1 November 2017. The meeting agenda was focused on the control of precursor chemicals, strategies for reducing the supply of narcotic drugs and combating organized crime involving drug trafficking and related crimes in the border areas. The promotion of joint training and operations and the exchange of information were among the issues discussed.

515. The Peruvian National Commission for Development and Life without Drugs (DEVIDA) and the German Agency for International Cooperation (GIZ) organized the third Forum for Intra-regional Dialogue on Alternative Development, held in Lima from 27 February to 1 March 2018. At the Forum, national authorities from seven countries of Latin America and the Caribbean and representatives from CICAD and UNODC exchanged experiences and lessons learned in implementing their respective alternative development programmes, with a focus on value chains and the marketing of products.

516. In March 2018, Colombian experts in the areas of property confiscation, money-laundering and financial crimes delivered a specialized workshop in the Plurinational State of Bolivia. Aimed at supporting and enhancing the implementation of confiscation of assets seized in drug trafficking cases, the workshop bolstered effective regional cooperation. The workshop was attended by officials from the Ministry of the Interior, including its Directorate of Social Defence, Directorate of Controlled Substances and Directorate for the Registry, Control and Administration of Seized Assets, the judiciary, the Office of the Attorney General, the Special Force to Combat Drug Trafficking (FELCN) and the Financial Investigations Unit, as well as by officials from INTERPOL and police attachés from Brazil, Colombia and Peru.

517. On 11 June 2018, the National Health Surveillance Agency of Brazil (ANVISA) hosted the second regional meeting on new psychoactive substances in the western hemisphere, which was attended by experts in the fields of forensic science, public health and law enforcement from more than 20 countries. The participants, from regional and international organizations, including EMCDDA, INTERPOL, WHO, CICAD, WCO and the WCO Regional Intelligence Liaison Office for Asia and the Pacific, addressed, among other topics, trends in relation to new psychoactive substances, the detection and identification of substances, new legislative approaches and early warning systems.

518. From 13 to 15 June 2018, a workshop on regional coordination of land borders was held in the Plurinational State of Bolivia. Officials from Argentina, Brazil, Chile and Paraguay also took part. The workshop, developed within the framework of cooperation with the European Union and in support of the Bolivian strategy to counter drug trafficking, was aimed at strengthening the work of the National Border Directorate of the Plurinational State of Bolivia (Dinafron), the agency responsible for responding to cross-border crimes and drug trafficking. The outcomes of the workshop included proposals to collaborate on a system of regional operational cooperation, improve border information exchanges and facilitate joint actions in border control. In addition, the Government of the Plurinational State of Bolivia expressed its intention to strengthen the organizational and structural aspects of the work of Dinafron. Dinafron was established on 20 June 2017 and started operating on 4 October 2017.

519. At the third Annual Conference of COPOLAD II, held in Sofia, policymakers from the European Union and CELAC working in the area of drugs held a discussion on the theme of the conference, namely, "Women and drugs policy: progress and challenges in the implementation of the gender approach and the empowerment of women as a cross-cutting matter". At the conference, which was held on 19 and 20 June 2018, participants

explored the inclusion of the gender perspective and the empowerment of women as indispensable elements in the design and implementation of public policies, an effort that continues to pose challenges in the field of drugs. The conference, organized by the International and Ibero-American Foundation for Administration and Public Policy (FIIAPP), along with the Government Delegation for the National Plan on Drugs of Spain, served as a biregional cooperation framework for discussing the need to include the gender perspective in drug policies and to agree on cooperative action.

520. At the sixth meeting of the Bolivia (Plurinational State of)-Peru Joint Commission on Drug Control, held in Lima on 26 and 27 June 2018, the two Governments agreed to strengthen joint actions to combat drug trafficking along their common border and intensify the exchange of information on criminal organizations involved in drug trafficking, with a focus on actions addressing air traffic.

3. National legislation, policy and action

521. In recent years, several countries in the region have taken steps towards the legalization of cannabis for medical purposes. During the period under review, the Governments of Paraguay and Peru adopted legislation permitting the medical use of cannabis; the Governments of Argentina, Brazil, Chile, Colombia and Uruguay had already permitted the medical use of cannabis through legislation or juridical decisions.

522. Through its Ministerial Resolution No. 435-2018/MINSA of 14 May 2018, the Ministry of Health of Peru published draft regulations aimed at implementing Law No. 30681, which regulates the medical and therapeutic use of cannabis and its derivatives. The draft regulations were opened for public consultation for a period of 90 days. They contain provisions on regulating aspects of the research, production, import and sale of cannabis and its derivatives intended solely for medical and therapeutic purposes, in accordance with the provisions of Law No. 30681. They set out provisions on competent control authorities; types of licences, including those for scientific research, production, import and/or trading; medical prescription; and purchase, warehousing, custody, distribution, and control of derivatives and end products of cannabis. They also call for the creation of a national registry of patients who use cannabis and its derivatives for medical or therapeutic purposes, as well as national registries of natural and legal entities in relation to import and/or trade, institutions authorized to conduct research on cannabis and derivatives, and public entities and laboratories registered and certified for production. Furthermore, the draft regulations contain a series of measures to be undertaken by the authorities to monitor activities and aspects relating to the cultivation of cannabis plants and parts thereof, including seeds, for medical and therapeutic purposes. Those measures cover planting, handling, harvesting, post-harvest processes, extracting derivatives, manufacturing, packaging and the final products, among others. As of September 2018, the process of gathering opinions and contributions with a view to adopting a consolidated regulation was still ongoing.

523. On 9 January 2018, the President of Paraguay enacted a law to regulate the legal framework governing the production and use of cannabis and its derivatives for medical and scientific purposes. The law establishes the National Programme for Medical and Scientific Research on the Medical Use of the Cannabis Plant and Its Derivatives (PROINCUMEC) and provides for the promotion of medical and scientific research on the medical and therapeutic use of cannabis for the treatment of human diseases and conditions. Under the law, the National Anti-Drug Secretariat of Paraguay (SENAD) is responsible for overseeing all cultivation and production of cannabis, as well as imports of cannabis plants and seeds, and the National Plant and Seed Quality and Health Service (SENAVE) is responsible for authorizing the trade in cannabis products and determining which seeds are appropriate for cultivating medical cannabis crops. Decree No. 9303 of 6 August 2018 establishes the National Agency for the Monitoring of Health (DNVS), under the Ministry of Health, as the authority responsible for the administration and implementation of PROINCUMEC, including the granting of a maximum of five licences for the production and industrialization of cannabis, in line with the law, to national private laboratories, the establishment of medical conditions approved for the purposes of implementing the law, and the establishment of the geographical zones within the Central Department in which licences for production and industrialization may be authorized. In addition, the Decree establishes the requirements for the registration in the national register of users of products derived from cannabis, restricting it to patients in treatment, including those participating in a research protocol.

524. In Colombia, the legal framework provides for the issuance of four types of licences for medical cannabis and its derivatives, depending on the kind of activity involving cannabis. As at 19 July 2018, the Government of Colombia had issued a total of 162 licences. Of those, the Ministry of Justice had issued 9 licences for the use

of cannabis seeds for planting, 45 licences for the cultivation of psychoactive cannabis plants and 60 licences for the cultivation of non-psychoactive cannabis plants, and the Ministry of Health had issued 48 licences for the manufacture of cannabis derivatives.

525. In Uruguay, in accordance with Law No. 19172, the planting, growing, harvesting and marketing of cannabis in the country must be authorized by the Institute for the Regulation and Control of Cannabis (IRCCA), which is also the authority responsible for issuing licences for the production, processing, collection, distribution and sale of industrial and psychoactive cannabis. Furthermore, under Decree No. 120/014, there are three mutually exclusive methods for obtaining psychoactive cannabis for non-medical use: purchase in pharmacies; home cultivation; and membership of clubs. In accordance with the regulations, it is only possible to use one of these three methods, and the limit for personal use is set at a maximum of 40 g per month. Thus, adults may purchase up to 10 g per week at pharmacies upon confirmation of their identity, or they may grow up to six flowering female cannabis plants per household for their own consumption, provided that they register the plants with the authorities in advance and the total annual production does not exceed 480 g. Alternatively, adults may join so-called "cannabis clubs". The clubs, which must be registered with IRCCA, may plant up to 99 plants per club and have between 15 and 45 members. The clubs are allowed to collectivize the cultivation, production and use of cannabis among their members, but cannot dispense more than 480 g of the drug per member per year. As regards the varieties of cannabis products and content limits, Uruguayan law allows citizens and permanent residents of Uruguay to purchase cannabis products with a THC content of up to 9 per cent and a minimum CBD content of 3 per cent. As at 4 October 2018, 28,470 persons had registered as purchasers at pharmacies, 6,819 persons had registered as home-growers and 107 clubs were operating.

526. On 26 June 2018, the Government of Paraguay presented its National Policy on Drugs for the period 2017–2022. It contains policy and strategic guidelines and an action plan for the reduction of demand and supply. It was approved by Decree No. 7979 of 30 October 2017.

527. On 24 May 2018, the National Secretariat for the Administration of Seized and Commissioned Property (SENABICO) and the Supreme Court of Paraguay signed a cooperation agreement to establish the procedures for the reception, identification, valuation, inventory, registration, maintenance, preservation and disposal of seized goods. On 28 May 2018, SENABICO held a training course jointly with UNODC on seizure and confiscation at the Office of the Public Prosecutor. The course was aimed at improving the results obtained in efforts to seize goods derived from organized crime.

528. As a key element in support of the implementation of the final agreement on the termination of the conflict and the building of a stable and durable peace in the country, in February 2018, the Government of Colombia acted to regulate its crop substitution programme through Decree No. 362, thus enabling the consolidation of actions by the National Comprehensive Programme for the Voluntary Substitution of Illicit Crops. The Programme was established through Decree No. 896 of 2017, which provides the legal basis for the reduction in illicit crops, facilitates inter-institutional coordination and provides for financial and technical support for small-scale farmers. According to the authorities, 54,027 families had been enrolled in the Programme in 2017. By June 2018, the number of families enrolled had increased to 77,659.

529. In July 2018, the Government of Argentina adopted Decree No. 683/2018, which enables the armed forces to participate in and support strategic activities, such as those carried out in close proximity to international borders, including in relation to strategic objectives of national defence. In particular, the Decree enables the armed forces to provide support to drug control operations and other security interests within the national territory from which they were previously precluded.

530. On 19 June 2018, the Government of Peru adopted Law No. 30796, amending Legislative Decree No. 1241. The Law is aimed at strengthening efforts to counter drug trafficking, and in particular enables the country's armed forces, in compliance with their constitutionally established function of guaranteeing the independence, sovereignty and territorial integrity of Peru, to carry out terrestrial, aquatic and aerial interdiction actions against drug traffickers in areas declared to be in a state of emergency. The Law states that the army is to collaborate with the national police during the execution of police interdiction operations involving drug trafficking, at the request of the police and when the circumstances exceed the operational capacity of the police.

531. Through its Executive Decree No. 376 of 23 April 2018, Ecuador dissolved the Technical Secretariat for Comprehensive Drug Prevention (SETED), transferring responsibility for regulating, coordinating, articulating, facilitating and monitoring the implementation of cross-sectoral processes to prevent drug trafficking and consumption to the Ministry of Health and the Ministry of Interior.

532. The Government of Guyana, supported by the Inter-American Development Bank, initiated a project to support its criminal justice system. The project is intended to reduce the number of pretrial detentions of prisoners accused of minor, non-violent offences by promoting the use of restorative justice and alternative sentencing.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

533. The Government of Argentina reported the seizure of 174.95 tons of cannabis herb and 22,330 cannabis plants in 2017. The authorities reported the seizure of almost 9 kg of heroin and 15.79 tons of cocaine (salts and base paste) in the same year.

534. As stated in the coca survey for the Plurinational State of Bolivia for 2017, published by the Government of the Plurinational State of Bolivia and UNODC in August 2018, the area under coca bush cultivation in the country increased from 23,100 ha in 2016 to 24,500 ha in 2017, representing an increase of 1,400 ha, or 6 per cent. According to the survey, the regions of Yungas de La Paz, Trópico de Cochabamba and the north of the Department of La Paz represented 65, 34 and 1 per cent, respectively, of the area under cultivation in the country in 2017. In comparison with 2016, the first two regions reported an increase of 200 ha and 1,200 ha, respectively, while the third region reported a decrease of 20 ha.

535. In the estimates submitted to the Board by the Government of the Plurinational State of Bolivia, it was projected that, in 2018, an area of 17,160 ha would be cultivated with coca bush destined for use under the provisions of the reservation entered in respect of the 1961 Convention. The General Law on Coca (Law No. 906) established that an area of up to 22,000 ha may be devoted to the cultivation of coca bush destined for the purposes envisaged in that reservation. The Board reiterates the concern expressed in its annual report for 2017[76] about the decision of the Government of the Plurinational State of Bolivia to nearly double, in relation to the 12,000 ha that had been set under Law No. 1008, the area permitted for cultivating coca leaf for the purposes set out in the reservation.

536. In January 2018, the Government of the Plurinational State of Bolivia reported 533 acts of incineration or destruction of illegal drugs seized during 2017 by FELCN and the Public Prosecution Service. In 2017, a total of 36,321 kg of drugs were seized jointly by FELCN and the Public Prosecution Service, as follows: 13,745 kg of cocaine base paste, 3,884 kg of cocaine hydrochloride and 18,692 kg of cannabis. On 23 July 2018, the report for the first half of 2018 on the destruction or incineration of seized illegal drugs in the Plurinational State of Bolivia was presented by UNODC. According to the report, FELCN and the Public Prosecution Service carried out 287 acts of incineration or destruction of controlled substances from January to June 2018, representing an increase of 8 per cent compared with the same period in 2017, when 266 such acts were carried out.

537. The Government of the Plurinational State of Bolivia also reported that seizures of coca leaf had increased by 5 per cent, from 353 tons in 2016 to 370 tons in 2017. The department where most coca leaf had been seized was La Paz, with 67 per cent of total seizures, followed by Cochabamba, with 20 per cent.

538. On 23 March 2018, the Government of Brazil reported the seizure in the Port of Santos of nearly 2 tons of cocaine hidden inside three containers of coffee, soy and sugar destined for export. According to the authorities, it was the largest seizure of cocaine in the Port's history and the sixth significant seizure in the Port in 2018. Santos was the second busiest port in South America in 2017, as reported by the Economic Commission for Latin America and the Caribbean.

539. According to figures reported by the Amazon Military Command of the Brazilian Army, the Armed Forces of Brazil seized 6,674 kg of illicit drugs from January to May 2018 in the Amazon region, in the course of 170 operations. The operations were conducted in partnership with governmental agencies of the five States bordering the Amazon region, namely, Bolivia (Plurinational State of), Colombia, Guyana, Peru and Venezuela (Bolivarian Republic of).

540. The Government of Chile reported the following seizures in the period from 1 November 2017 to 20 July 2018: 6,842 kg of cocaine hydrochloride, 6,339 kg of freebase cocaine, 14,830 kg of cannabis, 132,001 cannabis plants, 4,872 tablets of "ecstasy", 2,530 g of "ecstasy", 1,792 units of NBOMe, 628 units of LSD, 21.5 litres of hydrochloric acid and 7.3 litres of sulphuric acid. Authorities in Chile reported that quantities of cocaine base paste seized between 1 January and 18 July 2018 had increased by 102.3 per cent relative to the same period in 2017, i.e., from 4,047 kg to 8,187 kg.

[76] E/INCB/2017/1, para. 533.

541. Compared with 2016, in 2017, illicit coca bush cultivation and cocaine production in Colombia increased by 17 per cent and 31 per cent, respectively. As stated in the UNODC *World Drug Report 2018*, in 2016, almost 69 per cent of the total area under coca cultivation worldwide was in Colombia. The area under illicit coca bush cultivation has been increasing constantly since 2013, from 48,000 ha in 2013 to 171,000 ha in 2017. Sixty-four per cent of the increased area was concentrated in the Departments of Antioquia, Putumayo, Norte de Santander and Cauca. Nariño continued to be the department with the largest coca cultivation area. As reported by the Ministry of National Defence of Colombia, 52,000 ha were eradicated in 2017.

542. Although efforts to eradicate coca crops in Colombia were increased in 2017, the concomitant increase in cocaine production in the country, from 1,053 metric tons in 2016 to 1,379 metric tons in 2017, appears to have resulted in the increased availability and use of cocaine in the United States. In March 2018, the Governments of the two countries agreed to develop a plan to reduce cultivation and production by half in relation to the levels estimated for 2018 over the next five years. For 2018, the outgoing Colombian authorities set as an objective the manual eradication of 70,000 ha of coca bush, to be reviewed in 2019. According to the Ministry of National Defence of Colombia, as at June 2018, 42,000 ha had been replaced voluntarily with licit crops, of which 14,000 ha had been certified by UNODC as having been replaced.

543. In 2017, cocaine seizures in Colombia increased by 20 per cent, compared with 2016. On 26 June 2018, the outgoing President of Colombia announced that, after a series of pilot tests, the Ministry of Health and Social Protection and the Ministry of Environment and Sustainable Development had authorized the use of drones for the spraying of glyphosate at a concentration level 50 per cent lower than that used previously; aerial spraying of glyphosate on coca crops had been suspended since October 2015. According to the Presidential statement, drones flying at low altitude were akin to the current practice in which ground-based eradication crews sprayed glyphosate herbicide from tanks mounted on their backs.

544. The Ministry of National Defence of Colombia reported the seizure of 78.6 tons of cocaine between January and March 2018, 31 per cent less than the 113.5 tons seized in the same period in 2017. Cannabis seizures decreased by 25 per cent, from 78.9 tons in the period from January to March 2017 to 59.4 tons in the same period in 2018. Heroin seizures increased by 30 per cent, from 100 kg in the period from January to March 2017 to 130 kg in the same period in 2018.

545. According to data from the Drug Observatory of Colombia, in 2017, 435 tons of cocaine, 52 tons of cocaine base paste, 240 tons of cannabis and 521 kg of heroin were seized. In addition, 321 cocaine crystallization laboratories were dismantled.

546. Information provided by the national authorities of Ecuador indicated that 14,713 kg of cannabis herb, 381 kg of heroin and 81,713 kg of cocaine salts had been seized in Ecuador in 2017. The Government of Ecuador reported that 100 per cent of the drugs seized had originated in Colombia. The cannabis herb had been destined for Ecuador (85 per cent), Chile (10 per cent) and Peru (5 per cent). A total of 80 per cent of the seized heroin had been destined for the United States. Compared with 2016, seizures of heroin had increased by 171 per cent in 2017, while seizures of cannabis had increased by 18 per cent.

547. Paraguay remains the main source of illicitly produced cannabis in South America. According to SENAD, 80 per cent of the illicitly produced cannabis is smuggled into Brazil and there is a constant flow of drugs to Argentina, Bolivia (Plurinational State of), Chile and Uruguay. The Government of Uruguay reported that, in 2017, almost 100 per cent of the cannabis herb seized in the country had originated in Paraguay and had been trafficked overland through Argentina (53 per cent) and Brazil (46 per cent). The Plurinational State of Bolivia also reported that its territory continued to be used to traffic cannabis originating in Paraguay. SENAD reported the eradication of 1,456 ha of cannabis crops in 2017, 1,298 ha in 2016 and 1,995 ha in 2015, and an increase in cannabis seizures, from 276.379 tons in 2016 to 1,070.9 tons in 2017.

548. On 2 February 2018, the Ministry of the Interior of Peru announced the eradication of almost 26,000 ha of illicit coca bush; almost 23,000 ha had been eradicated in 2017 and approximately 3,000 ha in January 2018. In the context of the annual plan for the reduction of the illegal coca growing area for 2017, which ended on 31 January 2018, the Special Project for the Control and Reduction of Illegal Crops in Alto Huallaga (CORAH) of the National Police reported having met its eradication target for 2017 with the destruction of 25,784 ha of coca bush, equivalent to an estimated production of

approximately 238 tons of cocaine. During the operations, 113 cocaine base paste laboratories were destroyed.

549. CORAH reported the eradication of a further 14,115 ha of illicit coca bush between 1 February and 24 June 2018. According to the information provided by the Ministry of the Interior of Peru, 5,298 ha were eradicated in Tocache, 1,056 ha in Puerto Inca, 6,745 ha in Oxapampa and 1,015 ha in Padre Abad. In addition, 32 clandestine drug laboratories were destroyed in those same provinces. All the eradication efforts were carried out within the framework of the annual plan for the reduction of the illegal coca growing area for 2018, under the National Strategy to Combat Drugs.

550. The Government of the Plurinational State of Bolivia reported that its territory continued to be used for the transit of cocaine originating in Peru and that remote areas with difficult access in the east of the country were used for the establishment of clandestine cocaine crystallization laboratories.

551. The Government of Uruguay reported the seizure of 1,894 kg of cannabis herb and 1,926 cannabis plants, as well as 144 kg of cocaine and 32 kg of cocaine base paste, in 2017. The Government also reported that the cocaine seized in the country in 2017 had originated in Bolivia (Plurinational State of), Colombia and Peru, had entered the country through Argentina and Brazil, and had been destined mainly for Uruguay (85.67 per cent) and, to a lesser extent, for Australia (3.48 per cent) and China (2.58 per cent). Furthermore, the trafficking in all illicit drugs had mostly been done by land (85 per cent) and by post (15 per cent). All of the heroin seized in Uruguay in 2017 had originated in the Netherlands.

(b) Psychotropic substances

552. In South America, synthetic drugs are typically not produced locally but rather are trafficked into the region from other parts of the world. According to the data on seizures, most of the synthetic drugs found in South America originate in Europe.

553. Governments in South America have issued public warnings about drugs sold as LSD that may not always contain the expected psychoactive substance, thus representing an additional danger for users. In Colombia, there were three reported deaths associated with the consumption of new psychoactive substances, according to reports from the National Institute of Legal Medicine. On 30 December 2017, the Ministry of Justice of Colombia published crime laboratory findings on samples of drugs sold in four Colombian cities, finding that seven new psychoactive substances had been sold as LSD. As a result, the early warning system of the Drug Observatory of Colombia issued a warning in that regard.

554. A particular characteristic of the region is the comparatively high prevalence of use of hallucinogenic drugs, as evidenced in surveys of the general population and university students. A drug use survey conducted among university students in Bolivia (Plurinational State of), Colombia, Ecuador and Peru published in November 2017 showed a rise in the annual prevalence of LSD use in those countries. In South America, new psychoactive substances with hallucinogenic effects emerged on the markets for LSD and 4-bromo-2,5-dimethoxyphenethylamine (2C-B).

555. All of the methamphetamines seized in Uruguay in 2017 originated in the Netherlands, having been trafficked through France. It was reported that, in Uruguay, synthetic drugs were acquired through the Internet from producers in Europe, who dispatched the drugs through mail delivery services.

(c) Precursors

556. According to official data from the Government of the Plurinational State of Bolivia, the Departments of Santa Cruz and Cochabamba recorded the highest percentages of cocaine base paste seized nationwide in 2017, accounting for 43 per cent and 28 per cent of the total seized, respectively, followed by the Department of La Paz (8 per cent). The highest percentage of seizures of cocaine hydrochloride were made in Santa Cruz (46 per cent) and Beni (28 per cent).

557. In July 2018, the National Police of Colombia reported the seizure of 40 tons of controlled chemical substances destined for use in the production of 50 tons of cocaine hydrochloride. The seizure operation took place in the Departments of Putumayo and Caquetá and was carried out under the country's comprehensive strategy against drug trafficking.

558. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in South America can be found in the report of the Board for 2018 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

559. In December 2017, the Government of Argentina requested the scheduling of hydriodic acid, *alpha*-phenylacetoacetamide (APAA) and PMK-glycidate under the 1988 Convention. As indicated by the Government, the request responds to the need to establish more effective controls on these substances, given, in its view, their extensive use in the manufacture of some synthetic drugs. INCB has conducted a technical review of the request and has relayed its recommendation to the Commission on Narcotic Drugs for consideration at its sixty-second session, in March 2019.

560. Analyses carried out by laboratories in Colombia of samples obtained in drug seizures by the national police confirmed the discovery of two new psychoactive substances, namely, AMB-FUBINACA and allylescaline. Allylescaline is a new psychedelic substance with effects similar to those caused by the consumption of substances such as "ecstasy", including depressant effects on the central nervous system.

561. In order to address the problem of new psychoactive substances, DEVIDA commissioned the design of a national early warning system on new psychoactive substances. The system is expected to generate alerts on emerging drugs and new psychoactive substances in Peru and to periodically report them to the UNODC early warning advisory on new psychoactive substances.

5. Abuse and treatment

562. In January 2018, the Government of Ecuador presented its national plan on drug prevention. The plan is focused on children and adolescents and has four objectives: *(a)* preventing the use and consumption of drugs; *(b)* providing comprehensive and cross-sectoral care for people with problematic consumption of drugs; *(c)* decreasing the supply of drugs intended for domestic consumption; and *(d)* preventing the illicit production of drugs. It was developed with the participation of more than 1,500 social actors and involved the signing of more than 300 agreements with educational institutions, private treatment centres, institutes of art and culture, media outlets, sports clubs and federations, and driving schools, among others. Involving the participation of the police and other agencies, the plan is aimed at strengthening controls to prevent drugs from reaching stockpiling centres set up by drug traffickers in towns near the seaports and coastal areas. To contribute to the plan, the national police have developed different strategies to prevent the entry of drugs through the country's borders. The plan was developed on the basis of a preventive approach as a social strategy aimed at assisting vulnerable groups, one in which the police are expected to actively participate, in addition to their responsibility for tackling the criminal organizations that supply drugs for local consumption and organize shipments of drugs to international markets.

563. The Ministry of Health of Guyana launched a substance abuse prevention programme on 30 May 2018. The programme is aimed at reducing the abuse and misuse of drugs by raising awareness of the harmful effects of such abuse and misuse among the school-aged population and other young people.

564. The Demand Reduction Expert Group of CICAD held its nineteenth meeting in Santiago on 24 and 25 July 2018 to address recommendations on drug use prevention and treatment. At the meeting, national experts in the area of drug demand reduction discussed the implementation of specific policies, with an emphasis on trauma treatment, prevention among adolescents at risk and social vulnerability, and treatment outcome indicators.

565. The Government of Uruguay reported that, in 2017, 1,786 persons had received treatment for drug use disorders, of which 1,446 had received treatment for cocaine use. Other treatments for drug abuse disorders involved cannabis (316 persons) and, in far fewer cases, painkillers and LSD. As reported, in 2017, 75 per cent of the people receiving treatment for drug abuse were receiving it for the first time, and only 18 per cent of them were female.

566. During the first half of 2018, the UNODC support project on reduction of demand for illegal drugs in the Andean Community (PREDEM) launched two concluding activities, one that was technical in nature and one involving decision makers, aimed at establishing activities to ensure the future sustainability of the project. As a result, officials of the prevention programme Strong Families (*Familias Fuertes*) and the international network of drug dependence treatment and rehabilitation resource centres (Treatnet) agreed to continue to train professionals in the development of activities focused on demand reduction in the Andean countries. Although the PREDEM project ended in June 2018, the Andean countries of Bolivia (Plurinational State of), Colombia, Ecuador, and Peru committed to continuing its activities, under the leadership of Ecuador as of July 2018.

C. Asia

East and South-East Asia

1. Major developments

567. The illicit production of opium in the Golden Triangle seems to have reduced over the reporting period, as has trafficking in the substance from the Golden Triangle to other parts of East and South-East Asia. In particular, the total area under illicit opium poppy cultivation in Myanmar decreased from 55,500 ha in 2015 to 41,000 ha in 2017, the first considerable reduction since 2012. The amount of heroin and morphine originating in the Golden Triangle that was seized in the region also went down. Such developments, together with declining opium prices and the diminishing popularity of heroin as a drug of abuse, all signify the shrinking dominance of opium in the region.

568. The unprecedented amount of methamphetamine seized in some countries in East and South-East Asia in 2017 and 2018 suggests the further expansion of the illicit manufacture of and trafficking in the drug in the region. Exploiting the ongoing insecurity in some countries and better transport links within the region, transnational organized criminal groups have extended their control over the illicit manufacture of and trafficking in methamphetamine. The situation is particularly alarming and worrisome given the already huge and growing popularity of methamphetamine as a drug of abuse.

569. The shift from opium to synthetic drugs, especially methamphetamine, within the region poses serious challenges to the effectiveness of law enforcement policies and practices and raises considerable public health concerns. The relative ease of relocating illicit manufacturing facilities, coupled with more diversified trafficking routes (made feasible by greater regional integration), has heightened the need for multilateral cooperation and effective border control. Similarly, greater effort is required at the regional level to systematically assess and monitor the abuse of synthetic drugs, so as to facilitate the provision of relevant treatment programmes.

2. Regional cooperation

570. The Forty-first Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, was held in Bangkok from 27 to 30 November 2017. Officials from law enforcement and public security agencies and representatives of relevant international organizations assessed the latest drug situation, discussed related strategic and operational responses, and considered the progress made in implementing the recommendations contained in the outcome document of the special session of the General Assembly on the world drug problem held in 2016.

571. As closer economic integration among ASEAN countries accelerates, transnational organized criminal groups are further expanding their illicit activities, taking advantage of better infrastructure and transport links within the region, while exploiting vulnerable borders. Jointly organized by the Government of Thailand and UNODC, a high-level conference was held in May 2018 to discuss major cross-border challenges and identify practical solutions for strengthening border management capacities. About 200 senior government officials and representatives from various international organizations attended the meeting.

572. Together with representatives of UNODC, senior drug policy officials from the six countries in the Greater Mekong subregion (Cambodia, China, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam) met in Myanmar in May 2018 to discuss the latest illicit drug situation, review the implementation of the most recent Mekong strategy and negotiate a new strategic plan. Serving as a platform for senior management to share their priorities and concerns, the conference was instrumental in the harmonization of standard operating procedures for law enforcement operations and in the translation of standards into community-based drug treatment among participating countries.

573. The first meeting of the ASEAN Inter-Parliamentary Assembly Advisory Council on Dangerous Drugs was held in Singapore on 19 and 20 June 2018. Delegates from the 10 ASEAN Inter-Parliamentary Assembly member States (Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam) exchanged information on their national situations and discussed strategies to support the commitment of ASEAN to a drug-free region.

574. The ASEAN Plus Three workshop for narcotics law enforcement officers on countering amphetamine-type stimulants and other narcotic substances was held in Bangkok in July 2018. About 30 narcotics law enforcement officers from the ASEAN Plus Three States participated in the workshop, which was designed to develop their skills and allow them to exchange experiences in countering drug smuggling.

575. The tenth global SMART programme regional workshop for East and South-East Asia was held from 28 to 30 August 2018 in Chiang Rai, Thailand. Experts from China and 10 countries in South-East Asia discussed the feasibility of developing drug demand indicators in order to foster systematic approaches to assessing and monitoring drug use in the region. Participants in the workshop also came from Australia, Japan, the Republic of Korea, the Russian Federation and the United States. The workshop was the first attempt at the regional level to address the lack, in most countries of East and South-East Asia, of quantitative data on drug abuse among the general population.

576. The tenth annual meeting and symposium of the Asian Forensic Sciences Network was held in Beijing from 4 to 8 September 2018, on the theme "New technologies, new methods, new challenges". The event was attended by forensic scientists, academics and researchers from countries in Asia. It provided an opportunity for the participants to communicate and share knowledge and keep abreast of state-of-the-art forensic analytical methods.

3. National legislation, policy and action

577. The period under review was characterized by significant legislative and policy initiatives aimed at addressing State responses to drug-related criminality.

578. From the outset, it must be noted that all State responses to drug-related criminality must be based on the rule of law and respect for human rights, as well as on the principle of proportionality. The Board is aware of the continuing reports of extrajudicial action taking place in Cambodia, Indonesia and the Philippines in relation to purported drug-related activities and/or crimes.

579. In February 2018, the Prosecutor of the International Criminal Court issued a statement announcing her decision to open a preliminary examination into allegations that crimes falling within the Court's jurisdiction had been committed on the territory of the Philippines in the context of the so-called "war on drugs" launched by the Government of the Philippines. According to the statement, the preliminary examination is aimed at analysing available information to determine whether there are sufficient grounds to proceed with an investigation pursuant to the criteria established by the Rome Statute of the International Criminal Court.[77]

[77] United Nations, *Treaty Series*, vol. 2187, No. 38544.

580. The Board reiterates that any State response, whether official or sanctioned by State actors, to drug-related criminality that is not based on the rule of law, respect for human rights and the principle of proportionality is a clear violation of the international drug control conventions and internationally recognized human rights norms.

581. The Government of Myanmar announced a new national drug control policy in February 2018. The policy was developed in partnership with UNODC and adopts, at the national level, the framework set out in the outcome document of the special session of the General Assembly on the world drug problem held in 2016. A defining feature of the new policy is that it represents a shift from an approach based primarily on punitive responses to drug use to one centred on public health. The new policy contains five focus areas: *(a)* supply reduction and alternative development; *(b)* demand and harm reduction; *(c)* international cooperation; *(d)* research and analysis; and *(e)* compliance with human rights standards.

582. Reflecting the shift to a health-based approach to drug abuse and dependence, in February 2018, Myanmar also amended its 1993 Narcotic Drugs and Psychotropic Substances Law in order to address the drug issue while supporting health-care structures and providing treatment to drug users, funding for sustainable projects such as civic education programmes and creating job opportunities for victims.

583. Several amendments were made to the Narcotics Act of Thailand that became effective in January 2017. The changes mainly concern reductions in penalties for the possession, import, export and production of drugs and can be regarded as moving in the direction of more proportionate sentencing. Importantly, the revised Act amends the punishment for the sale of drugs from the mandatory death penalty to either life imprisonment and a fine or the death penalty.

584. New rules relating to drug concentration levels and drug testing for drivers were released and implemented by the Government of China in May 2018. The rules specify the threshold values for drug levels in the blood or saliva of drivers, and the related methods of testing.

585. Hong Kong, China, published a three-year plan on drug treatment and rehabilitation services (2018–2020) in March 2018. The plan sets out the strategic direction for drug treatment and rehabilitation services in Hong Kong, China, and focuses on the main challenges of the drug situation. To deter trafficking in and abuse of new

psychoactive substances, in July 2018, the Government added five new psychoactive substances (EPH, MPA, MDME-CHMICA, 5F-APINCA and U-47700) to schedule 1 of the Dangerous Drugs Ordinance and two substances (ANPP and NPP) to schedule 2 of the Control of Chemicals Ordinance. Anyone prosecuted for trafficking or manufacturing those substances will be subject to a maximum penalty of life imprisonment and a fine of 5 million Hong Kong dollars.

586. On 29 August 2018, China placed 32 new psychoactive substances under national control. The newly scheduled new psychoactive substances comprise 20 synthetic cathinones, 8 synthetic cannabinoids and other substances, including the recently internationally controlled fentanyl analogues 4-FIBF and THF-F.

587. In March 2017, the Government of Mongolia approved a national programme on combating the illegal sale of narcotic drugs and psychotropic substances, so as to improve State policy and the legal environment on combating the illegal sale of drugs, provide coordinated management among government agencies, implement comprehensive education and health services, identify the causes and conditions of drug-related offences, train relevant officers and introduce modern technology.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

588. While Myanmar continued to have the world's second largest area under illicit opium poppy cultivation, the total area under cultivation in the country went down from 55,500 ha in 2015 to 41,000 ha in 2017. Reductions in cultivation were mainly found in the East Shan and South Shan States. Only minor reductions, of 600 ha in total, were recorded in North Shan and Kachin States, owing to continued instability and conflict among powerful ethnic militias.

589. Total opium production in Myanmar decreased by 14 per cent over the period 2015–2017, from 647 tons in 2015 to 550 tons in 2017, and accounted for 5 per cent of the global opium production estimate in that year. With a fairly stable cultivation area and rising yield in opium production, South Shan remains the biggest producer in Myanmar and supplies close to half of the total estimated amount of opium produced in the country.

590. According to UNODC, opiates produced in Myanmar are mostly trafficked to China and Thailand; the country also remains a source of heroin trafficked to Oceania (mostly Australia). Total heroin and morphine seized in East and South-East Asia dropped by 6 per cent in 2016, to about 11 tons.

591. The reductions in opium poppy cultivation and the decreasing volume of opiates seized, together with lower opium prices and the declining popularity of heroin as a drug of abuse, seem to suggest the shrinking dominance of opium within the region over the past two years.

592. With an estimated total area under opium poppy cultivation of less than 300 ha, authorities in Thailand no longer consider such cultivation a major threat. The country, however, remains one of the main transit countries in the region for heroin trafficking. The total amount of heroin seized fluctuated between 200 kg and 400 kg over the period 2014–2016, and rose to almost 600 kg in 2017, mainly because of a relatively large seizure (165 kg) from a shipment detected in the northern region.

593. Compared with other substances, the illicit manufacturing of and trafficking in cocaine remain limited within the region, with the majority of the cocaine being trafficked from South America. The annual volume of cocaine seized in Thailand fluctuates around 50 kg and has never exceeded 70 kg. On the other hand, authorities in China have suggested that an increasing amount of cocaine, mostly transported in bulk from South America, through the south-eastern coastal areas of the continent, was trafficked into the country in 2017. The drug was then distributed to and sold in other regions, such as Oceania.

(b) Psychotropic substances

594. The latest global seizure data suggest that East and South-East Asia and North America remain the two main regions for methamphetamine trafficking. Most of the methamphetamine trafficked between regions is destined for countries in those two regions. Considerable increases in crystalline methamphetamine seizures were reported by many countries in East and South-East Asia over the past two years, including Japan, Myanmar and the Philippines.

595. Although complete seizure data on methamphetamine for 2017 were not available at the time of writing, a number of media reports on record-breaking methamphetamine seizures in Indonesia, Malaysia and Thailand warrant alarm. While the modi operandi vary, the most common seems to be the packaging of methamphetamine

pills and crystalline methamphetamine into packages of tea for trafficking to their final destinations.

596. A number of significant methamphetamine seizure cases were reported by Thailand in 2017. Shipments involving several million tablets of methamphetamine have become common, and two shipments, each involving 10 million tablets, were confiscated in the last quarter of the year. The total amount of methamphetamine pills seized reached 240 million tablets in 2017, almost double that seized the year before. Seizures of crystalline methamphetamine also tripled, surging to 7.6 tons in 2017. The majority of crystalline methamphetamine was trafficked into Thailand through the country's border with Myanmar, using different channels. Authorities attributed the significant increases to a number of reasons, including greater production within the region, new market strategies of organized criminal groups and higher demand from other regions, most notably Oceania.

597. Exploiting the vulnerabilities of the long coastline in Indonesia, organized criminal groups traffic the bulk of the methamphetamine brought into the country by sea. Joint operations among the police, the navy and the competent national authorities prevented the smuggling of huge quantities of methamphetamine in two major shipments (each involving more than 1 ton of methamphetamine) in 2017 and 2018.

598. According to UNODC, the total number of dismantled clandestine synthetic drug manufacturing facilities in East and South-East Asia almost doubled during the period 2012–2015. The fact that methamphetamine was being manufactured in the majority of those facilities suggests the continued growth in methamphetamine manufacturing capacity within the region. In 2017, authorities in Malaysia and the Philippines reported the detection of nine and two clandestine methamphetamine manufacture laboratories, respectively.

599. In comparison with methamphetamine, the illicit manufacture of and trafficking in "ecstasy" seemed to remain stable. Only a small number of countries (mainly China and Malaysia) have reported the illicit manufacture of "ecstasy" over the past few years. Authorities in Thailand indicated that a relatively high retail price of the substance limited its usage to wealthy individuals. About 84,000 "ecstasy" tablets were seized in 2017, slightly less than the year before.

(c) Precursors

600. The total amount of ephedrine and pseudoephedrine reported seized in East and South-East Asia continues to be far lower than the amount of methamphetamine seized. This, together with the limited number of reports of seizures of other methamphetamine precursors, points to a considerable knowledge gap regarding the illicit manufacture of methamphetamine within the region.

601. The amount of ephedrine seized in East and South-East Asia continues to represent a large share of global ephedrine seizures, with China accounting for the largest share of the regional total. Authorities in China reported an expansion of the illicit manufacture of ephedrine north of the Yangtze River and dismantled 27 clandestine ephedrine laboratories and warehouses in 2016. Meanwhile, law enforcement agencies in the Philippines continued to dismantle illicit methamphetamine laboratories and perceived a switch from large- to small-scale manufacture and the splitting of manufacturing into different stages in different locations. Malaysia also reported seizing a considerable amount of ephedrine in 2017.

602. Countries in the region accounted for more than half of the pseudoephedrine preparations seized globally during the period 2012–2016, mainly because of the huge quantities seized in Myanmar and Thailand. Together, those two countries accounted for almost 90 per cent of the pseudoephedrine preparations seized in East and South-East Asia. Detailed information regarding the sources of the preparations and the methods of diversion, however, has not been submitted by most countries in the region.

603. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2018 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

604. Countries in East and South-East Asia continue to report the emergence and considerable seizures of new psychoactive substances. In 2017, authorities in China identified 34 new psychoactive substances, in addition to the 230 new psychoactive substances seized in various parts of the country that year that were mainly being used by young people at entertainment venues. Information available to the Viet Nam Border Guard also pointed to a sevenfold increase in the amount of synthetic drugs seized at the border between Viet Nam and the Lao People's Democratic Republic in 2017.

605. As a plant indigenous to Malaysia, Myanmar and Thailand, kratom (*Mitragyna speciosa*) has long been used by rural populations in South-East Asia as a traditional remedy for minor ailments, to counter fatigue and as a drink in social gatherings. Its popularity as a plant-based new psychoactive substance has grown considerably over the past two years, possibly as a result of some commercial claims regarding its ability to treat opioid addiction and withdrawal. Total worldwide seizures of kratom surged to more than 400 tons in 2016, surpassing that of all other plant-based new psychoactive substances. In South-East Asia, a recent study[78] suggested that kratom is being used to ease withdrawal from opioid dependence in rural areas and is being consumed in adulterated kratom cocktails to induce euphoria by young people in urban areas. **In this regard, the Board encourages all Governments to take practical measures to prevent the abuse of new psychoactive substances and related consequences for individuals and society**.

606. Although widely used as an anaesthetic in medical and veterinary practice, ketamine has been placed under national control by many countries in East and South-East Asia, mainly because of its potential for abuse and its popularity as a party drug. Compared with other regions, high levels of ketamine abuse and the significant quantities of ketamine seized remain a major concern for many countries in the region. Worldwide seizures of ketamine rose from 10 tons in 2012 to 22 tons in 2015 as a result of the significant increases in the amounts seized in the region. A considerable decline in the amount seized as reported by the authorities in China, from close to 20 tons in 2015 to about 10 tons in 2016, brought down the total global amount of ketamine seized to about 13 tons in 2016.

5. Abuse and treatment

607. UNODC has estimated that about 34.2 million people (0.7 per cent of the population aged between 15 and 64) used amphetamines worldwide in 2016. Despite the lack of systematic estimates regarding the use of amphetamines among the general population in East and South-East Asia, many countries consider methamphetamine use to be a major threat. Specifically, the use of crystalline methamphetamine, which is usually of higher purity than that of methamphetamine tablets, has become a key concern for most countries within the region over the past few years.

608. According to the information available to UNODC, declines in heroin use in 2016 were reported by experts in countries in East and South-East Asia, including Indonesia, the Republic of Korea and Thailand, as well as Hong Kong, China.

609. There is a higher proportion of treatment for the use of amphetamine-type stimulants in Asia and Oceania, compared with other regions. Out of the seven countries and territories in the region that provided such information to UNODC, five of them reported that the largest share of people receiving treatment for drug use were receiving treatment for the use of amphetamines. Some countries, such as Indonesia and the Philippines, as well as Hong Kong, China, observed an increasing number of people receiving treatment for methamphetamine abuse. In Malaysia, crystalline methamphetamine users accounted for 80 per cent of amphetamine-type stimulant users receiving treatment in 2015.

610. Authorities in China reported that there were about 2.5 million registered drug users in the country at the end of 2017, equivalent to 0.18 per cent of the total population. While the total number of registered drug users only rose by 1.9 per cent over the previous year, the number of new drug users fell by almost one third, suggesting that drug use is continuing to grow, although the rate of expansion has declined. Those aged between 18 and 35 represented the majority, followed by those aged between 36 and 59 (43 per cent). In contrast to the situation some years ago, synthetic drugs are now the most commonly abused substance (60 per cent), ahead of opioids (38 per cent). The types of drugs abused became more diversified in 2017.

611. In Singapore, about 3,000 drug users were arrested in 2017, slightly fewer than the year before. The majority of the new drug users were under 30 years old; 64 per cent of those arrested for drug use in 2017 used methamphetamine.

612. The authorities in Malaysia indicated that about 26,000 drug users were arrested in 2017. People aged between 19 and 39 accounted for the majority (about 70 per cent). Among those arrested for drug use, crystalline methamphetamine was the most commonly used drug (40 per cent), followed by heroin and morphine (39 per cent) and methamphetamine pills (20 per cent). A fairly significant increase in the abuse of methamphetamine pills was noted, contrasting with the stable trends in the abuse of other substances.

613. A study by UNODC, WHO, UNAIDS and the World Bank estimated that 3.2 million people injected

[78] Darshan Singh and others, "Changing trends in the use of kratom (*Mitragyna speciosa*) in Southeast Asia", *Human Psychopharmacology: Clinical and Experimental*, vol. 32, No. 2 (May 2017).

drugs in East and South-East Asia in 2016, equivalent to 30 per cent of the worldwide population of people who inject drugs. The prevalence of injecting drug use in the region, however, is relatively low (0.2 per cent) and is below the global average (0.22 per cent). Although the prevalence of HIV among people who inject drugs in East and South-East Asia (9.6 per cent) is below the global average (11.8 per cent), 24 per cent of the global total of people who inject drugs living with HIV reside in the region.

614. Following efforts by a number of countries in the region to adopt a community-based treatment approach to deal with the drug abuse problem, the Narcotics Control Bureau of Brunei Darussalam took over the management of the Rumah Al-Islah treatment and rehabilitation centre from the prison department in February 2018. It is the only approved treatment and rehabilitation centre in the country focusing on behaviour changes through a therapeutic community programme.

South Asia

1. Major developments

615. South Asia continues to face a multitude of drug control challenges that are exacerbated, in part, by its geographical location between the two main illicit opiate-producing and trafficking regions of the world, namely the Golden Triangle in South-East Asia (between the Lao People's Democratic Republic, Myanmar and Thailand) and the Golden Crescent in South-West Asia (covering Afghanistan, Iran (Islamic Republic of) and Pakistan). Against that backdrop, South Asia remains a target for traffickers smuggling illicitly produced opiates from Afghanistan to Europe and North America along the "alternate" southern route. In contrast to the Balkan and southern routes, the alternate southern route bypasses the Gulf countries and runs through South Asia to North America (in particular Canada), sometimes through East Africa, by air. In addition, coastal States in South Asia are vulnerable to maritime trafficking as a result of their exposure to trafficking routes across the Indian Ocean.

616. Opiates, cannabis and amphetamine-type stimulants remain the main substances of concern in the region, with record levels of cannabis herb seized in Bangladesh and India during 2017. There has been a thirtyfold increase in seizures of methamphetamine pills (known as "yaba" in countries in South Asia) in Bangladesh since 2011, and the amounts of illicitly produced opiates seized throughout the region have been increasing. The diversion of controlled substances, particularly ephedrine and pseudoephedrine, from licit to illicit channels has continued, as has the smuggling of pharmaceutical preparations containing narcotic drugs and psychotropic substances, notably codeine-based cough syrups, which remain a considerable challenge in Bangladesh, Bhutan and India, and of synthetic opioids such as tramadol, which has been encountered in significant quantities across the region and has been scheduled as a narcotic drug in some countries of the region as of 2018.

617. There is also growing evidence of an emerging modus operandi of drug trafficking in the region that involves the use of the Internet as a marketplace for drugs and precursors, with mail or courier services being used for delivery. Authorities in India and Maldives have seized a comparatively large number of parcels containing controlled substances. However, little is known about the extent of regulations applicable to Internet pharmacies and business-to-business platforms acting as intermediaries between buyers and sellers (by offering access to various substances that may be abused) or about the role that express courier service providers play in the cross-border movement of controlled and non-scheduled substances.

618. In South Asia, the death penalty for drug-related offences is provided for in the laws of several countries, but death sentences are passed infrequently and have reportedly never been enforced for this type of offence. However, during the reporting period, several jurisdictions announced their intention to start executing people who have been sentenced to death for drug-related offences. In addition, there have been reports of extrajudicial killings of alleged drug offenders by law enforcement officials in Bangladesh. Such killings, if the reports are confirmed to be true, would be in contravention of international law.

2. Regional cooperation

619. Countries in the region continue to cooperate on drug-control issues through a number of regional initiatives. The Forty-first Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, held in Bangkok from 27 to 30 November 2017, was focused, among other issues, on the role of the Internet in drug trafficking and abuse, which is an issue of concern to the region.

620. In March 2018, senior law enforcement and ministry officials from Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka finalized the agreement documents related to the establishment of the South Asian Regional Intelligence and Coordination Centre, to be based in Colombo. The legal framework for the operation of the Centre has been submitted to the participating Governments for endorsement. Drug trafficking will be one of the focus areas for cross-border cooperation against transnational organized crime through the Centre.

621. The fifth meeting of the Sub-Group on Prevention of Illicit Trafficking in Narcotic Drugs, Psychotropic Substances and Precursor Chemicals of the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation was held in Kathmandu on 23 May 2018. Delegates from the seven States members of the Initiative, including the five States from South Asia (Bangladesh, Bhutan, India, Nepal and Sri Lanka) discussed, among other matters, the possible association of the Initiative with the South Asian Regional Intelligence and Coordination Centre.

622. The tenth Recovery Symposium was held in Hanoi from 8 to 12 October 2018, hosted by the Drug Advisory Programme of the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific. The Symposium brought together 174 participants, including policymakers, resource persons, persons recovering from drug dependence, family members, service providers and other relevant stakeholders from 26 countries to exchange experiences on treating drug addiction.

3. National legislation, policy and action

623. Over the reporting period, Governments in the region continued to take legislative and other measures affecting the control of substances under their national legal regimes. India placed tramadol, a synthetic opioid not controlled at the international level, under national control in April 2018 and granted licensed manufacturers, importers and exporters of tramadol a period of 120 days to clear their existing stocks. Another nine substances, namely 4-methylethcathinone, ethylone, pentedrone, ethylphenidate, methiopropamine, MDMB-CHMICA, 5F-APINACA, XLR-11 and khat (*Catha edulis*), were placed under national control in February 2018.

624. Bhutan amended its 2015 Narcotic Drugs, Psychotropic Substances and Substance Abuse Act in 2018. Among other changes, as a result of the amendment, Bhutan: *(a)* criminalizes the possession of cannabis exceeding 50 g as a trafficking offence (unless certain mitigating circumstances, such as the absence of a criminal record, are present), thereby subjecting such possession to stricter sanctions; *(b)* employs a generic definition of new psychoactive substances to bring substances of a similar nature, effect, group or properties to those already listed under schedules I to VI of the Act within the purview of the Act; *(c)* has scheduled 30 new substances under the Act, among them tramadol; and *(d)* has transferred the competence to amend those schedules from the Parliament to the Narcotics Control Authority, with the Parliament retaining the right to be informed of changes in the scope of national control. The amendment came into effect on 8 January 2018.

625. Furthermore, the Bhutan Narcotics Control Authority published rules and regulations setting out the referral process and treatment interventions associated with compulsory treatment for persons charged with the offence of substance abuse. Aftercare and follow-up interventions, including drug testing, are key components for successfully completing treatment under the new framework. The rules and regulations entered into force on 2 July 2018.

626. Following a judgment rendered by the Calcutta High Court in November 2017, Phensedyl, a codeine-based cough syrup used to treat common cold symptoms and known to be abused in Bangladesh and, to a lesser degree, in Bhutan and Nepal, will henceforth be considered a narcotic drug falling within the purview of the Narcotic Drugs and Psychotropic Substances Act of 1985 in India. As a result, persons implicated in its non-medical use or illicit distribution could be tried for the commission of a drug-related offence. The judgment represents a precedent for the state in which the ruling was made and may be considered authoritative case law by other state courts in future, but it has no binding force in India as a whole. Phensedyl and similar preparations are banned in several countries in the region as a result of their potential for abuse.

627. In India, where capital punishment for drug-related offences is an option for repeat offenders under section 31A of the Narcotic Drugs and Psychotropic Substances Act of 1985, but has never been carried out in practice, the State of Punjab has reportedly submitted an official proposal to amend the Act to extend the death penalty to first-time drug offenders. Similarly, Sri Lanka has announced its intention to cease the commutation of death sentences to life imprisonment for repeat offenders of drug trafficking. The announcement was made by the President of Sri Lanka and contradicts the de facto abolitionist stance on capital punishment taken by the

Government for the last 40 years. The last judge-ordered execution of the death penalty in Sri Lanka took place in 1976. The Board is also aware of reports that Bangladesh is planning to reinstate the enforcement of death sentences for drug-related offences, which in that country have been provided for in law since 1990, but considered optional since the Supreme Court ruled their mandatory application unconstitutional in 2015. In October 2018, Bangladesh extended the application of the death penalty to drug-related offences involving more than 200 g of methamphetamine ("yaba"), which is widely abused in the country, and reclassified the substance as a class-A narcotic drug. **Although the determination of sanctions is a prerogative of States, the Board continues to encourage all States that retain the death penalty for drug-related offences to commute sentences that have already been handed down and to consider abolishing the death sentence for drug-related offences**.

628. In May 2018, Bangladesh declared a "war on drugs", which has reportedly resulted in the deaths, at the hands of law enforcement officials, of hundreds of people suspected of drug trafficking. Summary trials of drug offenders through "mobile drug courts", in which suspects are prosecuted and sentenced on the spot, have been operational for a number of years, with conviction rates of close to 100 per cent (in 2016, for example, there were 6,591 convictions and 1 acquittal). However, targeted drug law enforcement operations with large numbers of suspects reportedly killed as a result is an unprecedented development in the country. **The Board stresses, as it did in its annual report for 2017,[79] that extrajudicial responses to drug-related criminality are in clear violation of the international drug control conventions. Under the conventions, drug-related crime must be addressed through formal criminal justice responses, including internationally recognized due process standards.**

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

629. Illicit crop cultivation remains an issue of concern in some countries in South Asia, in particular with regard to illicit opium poppy cultivation in India, where it coexists with a sizeable area under licit opium poppy cultivation, and in Nepal. Illicit cannabis cultivation is an issue of concern in Bangladesh, India and Sri Lanka.

630. In Sri Lanka, cannabis is the only plant-based narcotic drug illicitly cultivated in the country, with an estimated area under illicit cannabis cultivation in 2016 of about 500 ha. That estimate remained unchanged during the three-year period 2014–2016, with no information available about related eradication efforts undertaken by the Government, including for 2017. At the same time, cannabis is commonly used in the preparation of traditional ayurvedic medicines in Sri Lanka. The Ministry of Health in Sri Lanka announced its intention to begin cultivating cannabis for medicinal purposes, partly destined for export to North America. Cultivation was to start in late 2018, with a limited area of about 40 ha, which should yield 25 tons of cannabis herb yearly.

631. During 2017, India's law enforcement agencies intensified their efforts to eradicate illicitly cultivated cannabis in the country. In that year alone, illicitly cultivated cannabis plant covering an area of more than 3,400 ha was eradicated in India, the largest area subjected to eradication in the period 2013–2017. Nevertheless, illicit cannabis cultivation remains a challenge in the country. Bangladesh eradicated 69,989 illicitly cultivated cannabis plants in 2017, the highest number of such plants eradicated in the last seven years in the country, and almost double the number of plants eradicated in 2013.

632. Cannabis remains the most frequently seized narcotic drug in South Asia; cannabis herb was the drug seized in the largest quantities across the region in 2017. India alone carried out 6 per cent of the world's cannabis herb ("*ganja*") seizures in 2016 (nearly 300 tons), and reported seizing even higher quantities in 2017 (353 tons, representing a 20 per cent increase compared with 2016). The figures for 2017 are the highest in India during the period 2013–2018.

633. In comparison, seizures of cannabis resin ("*charas*") have remained relatively stable in India over the years, fluctuating between a considerable 2 to 4 tons during the period 2013–2017, with 3.2 tons seized in 2017. Cannabis resin is reportedly trafficked from Nepal to India and, within India, from illicit cultivation sites located in southern Kashmir to other parts of the country.

634. In order of magnitude, Bangladesh recorded the next-largest quantity of cannabis herb seized in the region, with close to 70 tons seized in 2017. While seizures of cannabis herb have not fallen below 10 tons since the beginning of the decade, the amount seized in 2017 was by far the highest since 2010. Following a steady increase since 2014, the amount seized in 2017 was more than triple the amount seized in that year (17 tons in 2014, 42 tons in 2015 and 47 tons in 2016). In most cases,

[79] E/INCB/2017/1, para. 256.

cannabis herb is trafficked into Bangladesh from neighbouring India and Nepal.

635. Sri Lanka seized almost 5 tons of cannabis herb in 2017. This represents a 20 per cent increase compared with 2016, when 4.1 tons of cannabis herb were seized, making cannabis herb the narcotic drug seized in the largest quantity in the country during the period 2012–2017. However, with the exception of 2017, seizures of cannabis herb have been steadily declining since 2013, when a record 81.9 tons were seized. Cannabis herb used in Sri Lanka is reportedly grown locally or trafficked into the country from Kerala State in India. With regard to cannabis resin, the trend in Sri Lanka points in the opposite direction, with limited but increasing amounts seized over the past five years (from less than 500 g seized in 2012 to more than 40 kg seized in 2016). Conversely, in 2017, a slight decrease in cannabis resin seizures was noted in Sri Lanka, with 38 kg seized by police.

636. In Nepal in 2017, cannabis herb was also the drug seized in the largest quantity, with 3.7 tons, followed closely by cannabis resin, with 1.3 tons. The figures for 2018 (based on available data until September 2018) suggest no significant change in this regard compared with 2017. In Bhutan, although cannabis herb was the drug seized in the largest amount in 2017 (not counting tablets and capsules of pharmaceutical preparations containing controlled substances), the total amount seized was relatively small, totalling 166.4 kg in 2017 and 184.84 kg as of the end of October 2018. In 2018 in Maldives, the largest single seizures made by customs authorities involved cannabis and heroin (amounting to less than 5.5 kg each).

637. Except for India, where both licit and illicit opium poppy cultivation continue to take place, no data regarding cultivation or eradication efforts in countries in South Asia have been reported since 2009. Notably, the area under illicit opium poppy cultivation eradicated in India in 2017 exceeded the area under licit cultivation during the same crop year: the authorities eradicated an area under illicit opium poppy cultivation covering more than 3,000 ha, the largest for the last five years, while opium poppy was grown legally on 2,322.5 ha of land licensed for cultivation by the Central Bureau of Narcotics. In comparison, in 2016, more than 2,600 ha of illicitly cultivated opium poppy were destroyed. By the end of August 2018, opium poppy illicitly cultivated on an area covering more than 3,200 ha had been eradicated.

638. Trafficking in opiates increased significantly in at least half of the countries in the region from 2016 to 2017. For example, seizures of illicitly produced heroin continued to rise in India in 2017, from 1.7 tons in 2016 to 2.1 tons in 2017; they have been rising steadily since 2014. According to the Narcotics Control Bureau, almost half of all seized heroin in India originated in countries in South-West Asia. Seizures of opium in the country have continued to increase since 2015, with more than 2.5 tons seized in 2017 alone. That figure had already been surpassed in mid-2018, with more than 4 tons of opium seized by 30 June. In 2017, India seized 449 kg of morphine, the origin of which was unknown, which was 15 times more than in 2016 (28 kg) and was the highest amount during the period 2013–2017. Significantly, in September 2018, authorities in India raided a clandestine drug laboratory in Indore, a city in central-west India, seizing 9 kg of fentanyl. It was the first reported instance of a clandestine fentanyl-synthesizing laboratory being dismantled in the region.

639. India is also a transit country for illicitly produced opiates, in particular heroin, which originate in Afghanistan and are trafficked through the country via Pakistan en route to Europe and North America (mainly Canada). The route used by traffickers to smuggle opiates through South Asia is an alternative part of the so-called "southern route", which typically runs through Pakistan (or the Islamic Republic of Iran) and, via the Gulf countries, continues to East Africa and on to the destination countries. The "alternate" southern route bypasses the Gulf countries and uses South Asia as a stopover for opiates being supplied directly to the Canadian market by air, or through Africa to Europe.

640. Bangladesh seized 401 kg of heroin in 2017, the highest amount of heroin seized in the last eight years, following significant year-on-year increases since 2014 (30 kg in 2014, 110 kg in 2015 and 267 kg in 2016). The amounts of other illicitly produced opiates seized over the same period were very small. Seizures of pharmaceutical opioids, which caused serious problems at the beginning of the decade (more than 4.1 tons were seized in 2010), have been in decline, with only a nominal amount seized in 2017.

641. The overall picture of opiate trafficking in Sri Lanka is less clear. In 2017, nearly 315 kg of heroin were seized (compared with 207 kg in 2016) and less than 1 kg of opium was seized (compared with 15 kg seized in 2016). Seizures carried out in the years prior do not allow for a conclusive assessment to be made as to a particular trend, given significant year-to-year fluctuations. At the same time, in July 2018 alone, the country's Police Narcotics Bureau seized 103.9 kg of heroin in one of the department's biggest drug seizures ever. Most opiates are reportedly trafficked into Sri Lanka from India and Pakistan.

642. Codeine-based cough syrups sold under different trade names (e.g., Phensedyl and Corex) have continued to be seized in considerable quantities in Bangladesh, Bhutan and India and are reportedly trafficked mainly along the border between India and Bangladesh. These pharmaceutical preparations are mostly produced in India, often transported by road in trucks and trains and then trafficked across the border into Bangladesh. In the first six months of 2018, the Narcotics Control Bureau in India reported seizing 91,000 bottles of cough syrup.

643. Following an apparent peak in cocaine trafficking in South Asia in 2016, seizures of cocaine in the region in 2017 were less common and involved far lower amounts. In Sri Lanka, for example, some 221 kg of cocaine were seized in 2017, significantly less than the nearly 1.6 tons seized in 2016, a year that appears to have been the exception, with seizures in preceding years well below the 10 kg mark (5.7 kg in 2015, 26 g in 2014, no seizures in 2013 and 7.5 kg in 2012). For 2016, the main transit country from which cocaine arrived in Sri Lanka was reportedly the Bolivarian Republic of Venezuela.

644. Similarly, the amount of cocaine seized in India fluctuated during the period 2013–2017, between 15 kg (in 2014) and 113 kg (in 2015), with no clearly discernible trend. In 2017, 69 kg were seized in India, mostly at airports. In Bangladesh, seizures of cocaine have only been reported since 2015, with relatively low amounts, ranging from 0.6 kg (in 2016) to 5.7 kg (in 2015). In 2017, 5 kg were seized. A similar amount was seized in Nepal in the same year.

645. In recent years, there appears to have been a noticeable growth in drug trafficking by sea in the Indian Ocean region. In India, several sizeable seizures of heroin were carried out at sea in 2017 (6 tons in January and some 1.5 tons in July). In 2018, several vessels carrying large shipments of tramadol from India were intercepted by Sri Lankan authorities, while, in 2016, police in Sri Lanka reportedly detected 900 kg of cocaine on a ship bound for India, representing one of the largest cocaine seizures recorded in South Asia to date. The Forty-first Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, highlighted the need for closer cooperation among the heads of the coastguard agencies and anti-narcotics forces of the countries in the Indian Ocean coastal regions.

(b) Psychotropic substances

646. Amphetamine-type stimulants remain drugs of considerable concern for some countries in the region, notably Bangladesh, where "yaba" (methamphetamine) tablets have been seized in increasing numbers, although trends in the region as a whole have proved unpredictable over the past few years. At the global level, unprecedented quantities have been seized; at the regional level, however, the predicted development of new synthetic drug markets in South Asia has not materialized.

647. Following a tenfold increase in the amount of amphetamine-type stimulants seized in India, from 166 kg in 2015 to 1,687 kg in 2016 in practically the same number of cases, in 2017, only 95 kg were seized in a comparable number of seizures. Indications for 2018 seem to show that this inconclusive trend has continued: by August 2018, 253 kg of amphetamine-type stimulants had been seized. India has reportedly also been named as a country of origin or transit for methamphetamine seized in Singapore and Spain, as well as Hong Kong, China, over the period 2012–2016.

648. In Bangladesh, methamphetamine was the second most seized drug in 2017 after cannabis herb, with 3.6 tons seized. This represents the highest quantity of methamphetamine seized in the past eight years in Bangladesh and a more than tenfold increase over the amount seized in 2016 (355 kg). In 2016, the Department of Narcotics Control in Bangladesh reported seizing close to 30 million "yaba" pills, noting a significant year-on-year increase since 2011 (almost thirtyfold between 2011 and 2017). "Yaba" tablets, the methamphetamine-caffeine compound associated with the drug abuse crisis in Bangladesh, are reportedly entering the country from Myanmar.

649. In Maldives, synthetic drugs, in particular, amphetamine, methamphetamine and "ecstasy", were among the drugs most often seized by customs officials over the reporting period. However, amounts were typically small, ranging from a few grams to a little under 300 g. In Sri Lanka, the amounts of psychotropic substances seized in 2016 and 2017 were also very small. For 2016, Sri Lanka reported seizing 0.5 kg of "ecstasy"-type substances and 1.23 kg of LSD-type hallucinogens. There were no reports of amphetamine or methamphetamine being seized in the country in 2016 or 2017.

650. India seized a total of 170 kg of mephedrone in 2017; 110 kg of the substance, along with a range of other substances, was found in a single clandestine drug manufacturing facility. Mephedrone has also been encountered in Maldives, where 330 g of the substance were seized in four cases, all of them involving parcels sent through the mail. Seizures of methaqualone also continued in India. In 2017, authorities in India seized 124 kg of methaqualone, a significant decrease from the exceptionally high amount

of 24.1 tons seized in 2016 during the dismantling of a clandestine laboratory.

651. There is also evidence in South Asia of trafficking in prescription medicines containing psychotropic substances, in particular, tranquillizers such as diazepam (large quantities were seized in India between 2010 and 2015, including from a clandestine laboratory dismantled in 2016), alprazolam (several hundred thousand tablets were seized in India in 2017), clonazepam, lorazepam and benzodiazepine. One of the primary ways of accessing such substances in India is reportedly through illicit Internet pharmacies.

652. The vast majority of drug seizures carried out by customs officials in Maldives involved parcels sent through the mail, which appears to be a recent, yet increasingly well-established modus operandi for drug traffickers. Examples of the trend of ordering substances online and using courier or mail services for delivery could also be found in India, where the practice has been noted by authorities as one of the emerging means of trafficking psychotropic substances, in particular methaqualone, ketamine (scheduled at the national level), precursor chemicals and narcotic drugs such as cocaine, heroin or cannabis. For example, in February 2018, authorities in India seized 200 tablets of nitrazepam, a benzodiazepine-class drug, concealed in a courier parcel originating in the United States.

653. The global trend of purchasing drugs over the Internet, particularly on darknet trading platforms using cryptocurrencies, has already spread to the region, including India. One recent study of the global Internet-facilitated illicit drug trade identified some online vendors of drugs over the darknet who appear to be operating from South Asia. More specifically, the study identified more than 1,000 drug listings from India published across 50 online cryptomarket platforms. In 2017, authorities in India dismantled two illicit pharmacies selling drugs over the Internet, seizing close to 130,000 tablets containing psychotropic substances and arresting 15 people in the process.

(c) Precursors

654. In India, precursor chemicals continued to be diverted from licit to illicit channels in 2017. They were trafficked most frequently to Malaysia, Myanmar and some countries in Southern Africa. Acetic anhydride, one of the main precursors of heroin, is widely used for legitimate purposes by the pharmaceutical and textile industries in India. After an unprecedented peak in seizures of acetic anhydride in 2016 (2.7 tons), authorities in India seized about 25 kg of the substance in 2017.

655. There is reportedly a trend of trafficking in ephedrine and pseudoephedrine across the border from India to Myanmar and reverse trafficking of methamphetamine back into India. In 2017, authorities in India seized almost 3 tons of ephedrine and pseudoephedrine, almost 500 kg of which were seized at clandestine laboratories used for the illicit manufacture of amphetamine-type stimulants. By August 2018, authorities in India reported having seized 127 kg of ephedrine.

656. Since 2017, the Government of Bangladesh has severely restricted the distribution of pseudoephedrine preparations in the country. Pseudoephedrine is the prime precursor for the illicit manufacture of "yaba" and is mainly imported into Bangladesh from India.

657. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in South Asia can be found in the report of the Board for 2018 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

658. As more and more new psychoactive substances are scheduled, both at the international and national levels, reported seizures of substances that continue to fall within the category of new psychoactive substances have declined in the region. However, seizures of a number of unspecified new psychoactive substances have continued to be reported by individual countries.

659. Ketamine has been seized only intermittently over the last few years in South Asia, although India was frequently named as the country of origin in seizures of ketamine in 2017 and 2018. In 2017, Indian authorities seized a total of 161 kg of ketamine. Significantly, in June 2018, as part of "Operation Vitamin", conducted at the national level all over India, officials dismantled four illicit ketamine manufacturing facilities and seized 308 kg of ketamine, along with 2 tons of raw material that could reportedly yield another 250 kg of the substance.

660. In addition to widespread abuse of tramadol in countries in West Africa, North Africa and the Middle East, the abuse of tramadol is also of considerable concern

in countries in South Asia. According to UNODC, most of the tramadol seized worldwide in the five years to 2016 originated in India and, to a lesser extent, in China.

661. In addition, significant quantities of tramadol were seized in 2016, 2017 and 2018 throughout the region. In India, more than 66 million packaged tablets, 2.2 tons of loose tablets and a further 670 kg of tramadol powder were seized, along with tableting equipment, in one operation in May 2018. In Sri Lanka, 23 out of 28 major cases of non-medical use of pharmaceutical preparations (ranging from the sale or possession of 6 to 70,000 capsules per case) detected by the National Medicines Regulatory Authority in 2017 involved tramadol (the other 5 were related to pregabalin). In two cases, reported in April and September 2018, customs authorities in Sri Lanka intercepted 200,000 and more than 15 million tablets of tramadol, respectively, that had been shipped by sea from India.

662. In Bhutan, 130,316 capsules containing tramadol, marketed under the trade name "spasmo proxyvon plus" ("SP+"), were seized in 2017. Seizures of the drug continued in 2018 and, as of the end of October 2018, authorities in Bhutan had seized close to 70,000 capsules, reflecting the continued influx of the drug into the country.

5. Abuse and treatment

663. There are no comprehensive prevalence data on drug use across the South Asia region for 2016 or 2017. Stigma associated with drug abuse has frequently been cited by countries in the region as an obstacle to the collection of reliable data and is a decisive factor in affected populations' ability to access health care and treatment.

664. Based on available information, the most frequently used drug in South Asia varies from country to country, although cannabis tends to rank at the top, in particular in India and Sri Lanka. In Bangladesh, however, statistics maintained by the Department of Narcotics Control with regard to patients of national treatment centres showed that, in 2016, for the first time in three years, heroin ranked first among the drugs in respect of which treatment had primarily been provided: a little over a third of patients were primarily treated for heroin abuse, about a third of patients for abuse of "yaba" and less than a fifth of patients for cannabis abuse. Figures have fluctuated over the period 2012–2016 in Bangladesh, with only one consistently discernible trend concerning the use of "yaba": in 2012, close to 6 per cent of patients were treated primarily for methamphetamine abuse, a proportion that had increased fivefold by 2016.

665. The non-medical use of pharmaceutical drugs containing controlled substances continues to be prevalent in virtually all countries of South Asia. The preparations in question include codeine-based cough syrups sold under different trade names, such as Corex (in Bhutan and India) and Phensedyl (in Bangladesh and India); synthetic opioids such as tramadol (identified in the vast majority of abuse cases in Sri Lanka, along with pregabalin, a medicine with anti-convulsant properties used to treat epilepsy, neuropathic pain and anxiety, which is frequently encountered in Bhutan and India); ayurvedic tablets containing opium; and tranquillizers such as alprazolam, diazepam, clonazepam, lorazepam and benzodiazepine.

666. South Asia is the region with the lowest estimated percentage of people injecting drugs worldwide. In terms of core interventions to prevent the spreading of HIV and hepatitis C among people who inject drugs, South Asia has the highest coverage worldwide of opioid substitution therapy: more than 80 per cent of persons who inject drugs in the region are being treated with opioid substitution therapy. Regular HIV testing and needle-syringe distribution programmes are available to a far lesser extent. About 10 per cent of people who inject drugs are reportedly living with HIV.

667. Drug abuse has become a major concern in India in recent years, in particular in the State of Punjab, where an estimated 230,000 people were considered dependent on opioids and around 860,000 people were estimated as opioid users in 2015, according to a study commissioned by the Punjab Ministry of Social Justice and Empowerment and supported by the Department of Health, Punjab. The data further suggested that, among men aged 18 to 35, about 4 per cent were dependent on opioids. The majority of those men (53 per cent) reportedly used heroin, about 33 per cent used opium and some 14 per cent used a variety of pharmaceutical opioids. Some reports estimate that more than two thirds of all households in the State of Punjab have at least one family member who is dependent on drugs.

668. In Sri Lanka, residential care, treatment and rehabilitation services are offered by four governmental and nine non-governmental service providers. The primary drug of abuse for which patients received treatment across providers operating in Sri Lanka was heroin (92 per cent of all patients), followed by cannabis (69 per cent of patients), indicating a significant level of poly-drug use.

669. In Maldives, a 24-hour support hotline for drug-dependent persons seeking access to treatment services was established in 2018 by the non-governmental organization "Journey", based in Male. "Journey", which has

been operational since 2005, carried out a rapid assessment survey on drug use and a national drug use survey in Maldives in 2006 and 2011/2012, respectively, and cooperates closely with the National Drug Agency in offering counselling to drug users and their families, as well as training and house calls throughout the atoll.

West Asia

1. Major developments

670. Despite substantial increases in annual opium poppy cultivation in Afghanistan in recent years, in particular during the period 2015–2017, the heroin supply from Afghanistan to destination markets in Europe and beyond appears to have remained stable. According to UNODC, this may be due to an effort by traffickers to keep supply smooth and stable, or heroin may have been manufactured with opium from different harvests.

671. Despite a decrease of 20 per cent, the level of opium poppy cultivation in Afghanistan remained high in 2018. The decrease was attributed mainly to the drought in the country and to declining farm-gate prices of dry opium. Potential opium production also saw a decrease, of 29 per cent, and was estimated at about 6,400 tons in 2018, compared with 9,000 tons in 2017.

672. The so-called "Balkan route", which passes through the Islamic Republic of Iran, Turkey and the Balkan countries towards destination markets in Western and Central Europe, remains the main path for trafficking in opiates originating in Afghanistan. Countries along the Balkan route account for about 37 per cent of global heroin seizures. At the same time, in 2017, Afghan opiates continued to be trafficked via a sub-branch of the Balkan route passing from the Islamic Republic of Iran to the countries of the Southern Caucasus and then onward to Ukraine via the Black Sea into Eastern Europe.

673. The so-called "northern route" also continues to be used for trafficking in Afghan opiates to markets in Belarus, Lithuania and the Russian Federation, via Central Asian States.[80] However, most countries in Central Asia witnessed either a stable or a declining trend in trafficking in opiates through their territories. The so-called "southern route", which accounts for about 9 per cent of opiates trafficked to Europe, runs from Afghanistan to Pakistan for eventual trafficking through Gulf countries and East Africa to markets in Europe. In addition, drugs continue to be trafficked from Afghanistan to India and other countries in South Asia, with the final destination being markets in Europe and North America.

674. With the significant increases in opium production until 2017, the illicit opiate economy substantially surpassed the level of the entire licit exports of goods and services of Afghanistan. Not only did the Taliban and anti-government, insurgent and powerful local power-holders continue to benefit from the illicit opium economy, but many communities in Afghanistan that engage in cultivation, work on poppy fields or play a role in the illicit drug trade became further dependent on opium poppy cultivation for their livelihoods.

675. There has been an increase in the production of cannabis resin in Afghanistan. The country was identified as the source of seized cannabis resin in 19 per cent of countries that reported the sources of seized cannabis resin in the period 2012–2016, in particular countries in Central Asia, the Southern Caucasus and Europe. In 2017, Afghanistan also continued to see increases in methamphetamine seizures, in addition to detecting new clandestine laboratories manufacturing that substance on its territory.

676. In 2018, Afghanistan began to develop the new Afghan-led counter-narcotics strategy, intended to provide a comprehensive, coordinated and results-based shared approach to tackling the drug problem through enhanced regional efforts, and adopted new counter-narcotics legislation. The Board reiterates that, while it understands the challenges faced in the country and acknowledges the efforts made by the Government and the people of Afghanistan, curtailing the country's illicit drug economy should be prioritized as part of the efforts to achieve sustainable development in the country, and acknowledges that it is a global shared responsibility to address that challenge through local, national, regional and international efforts.

677. Instability and armed conflicts across the Middle East continued to facilitate trafficking in narcotic drugs and psychotropic substances in the subregion. Counterfeit "captagon" has become a drug of choice in war zones in the Middle East and potentially serves as a source of income for terrorist and insurgency groups. Lebanon continues to be a source of cannabis resin seized globally, and its production continued to increase. There are indications that Iraq is also gaining importance for illicit drug cultivation and production, including heroin manufacture and opium poppy and cannabis plant cultivation. In

[80] The Central Asian subregion as referred to in this report comprises Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

addition, drug trafficking and abuse in the Basra region of Iraq, which borders Iran (Islamic Republic of) and Kuwait, has seen substantial increases in recent years. Many countries in the Middle East also continued to observe trafficking and abuse of the prescription drug tramadol, a synthetic opioid not under international control, and there are indications that terrorist groups may also be involved in its trafficking in that subregion.

678. Most countries in Central Asia reported the emergence of a growing number of new psychoactive substances. The countries in the subregion are taking legislative and institutional measures to address that problem, but those efforts remain piecemeal and uneven across the whole subregion, leaving loopholes in the control mechanisms that are exploited by traffickers. Some countries in the subregion are facing increased abuse of synthetic cannabinoids, which are gradually replacing heroin and opium as the main drugs of choice, especially among young people.

2. Regional cooperation

679. The 10th Review Meeting of the Memorandum of Understanding on Subregional Drug Control Cooperation, a meeting of ministers and senior officials from the five Central Asian States (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan), as well as Azerbaijan and the Russian Federation and the Aga Khan Development Network, took place in Astana on 31 October 2017. As an outcome of the meeting, a declaration was adopted underlining the threats posed by trafficking in and the abuse of illicit substances, in particular for children and young people, and noting with concern that an increased level of illicit cultivation and production of drugs in Afghanistan represented an immediate threat to the subregion and required enhanced cooperation and comprehensive measures. The parties to the Memorandum of Understanding underlined the important role played by CARICC in strengthening regional cooperation on drug control, including by facilitating intelligence-sharing and joint operational activities to address drug trafficking.

680. The International Conference on Security and Sustainable Development in Central Asia was organized by the Government of Uzbekistan under the auspices of the United Nations and in cooperation with the United Nations Regional Centre for Preventive Diplomacy for Central Asia and UNODC, and held in Samarkand, Uzbekistan, on 10 and 11 November 2017. The Conference brought together high-level representatives of the United Nations, the European Union, the Organization for Security and Cooperation in Europe, SCO, the Commonwealth of Independent States, the Central Asian States, Afghanistan, China, India, Iran (Islamic Republic of), Japan, Pakistan, the Russian Federation, the Republic of Korea, Turkey and the United States, as well as scientists, public figures and representatives of the mass media. The Conference adopted a communiqué encouraging the Heads of the Central Asian States to hold regular consultative meetings to maintain an open dialogue and develop mutually acceptable approaches on contemporary regional issues, including drug trafficking and abuse, and called for increased cooperation between the Central Asian States, UNODC and INTERPOL to counter drug trafficking.

681. In December 2017, the meeting of the Council of CARICC adopted the CARICC Strategy for 2018–2022. In 2017, CARICC facilitated several joint operations, including counter-narcotics operations, and long-term multilateral subregional operations such as Operation Reflex, a subregional operation for countering new psychoactive substances, and Operation Substitute, a subregional operation for countering precursors. Additionally, a joint multilateral container control operation was successfully completed. As a result, the activities of two transnational criminal groups engaged in the distribution of synthetic drugs over the Internet were interdicted, a number of persons were arrested and various illicit substances such as heroin, opium, cannabis resin and synthetic drugs were seized.

682. The States members of the Collective Security Treaty Organization, namely Armenia, Belarus, Kazakhstan, Kyrgyzstan, the Russian Federation and Tajikistan, carried out two large-scale joint operations in 2017 to counter drug trafficking and associated money-laundering. As a result of those subregional operations, more than 20 tons of controlled substances were seized, including 16 tons of opium and 1.5 tons of cannabis resin, as well as a substantial number of firearms and ammunition.

683. In May 2018, the Secretariat of SCO held a Meeting of the Senior Officials of the SCO Member States' Counter-Narcotics Agencies in Beijing. At the event, which involved all eight member States, participants discussed the drug control situation in the subregion and avenues for streamlining practical measures for counter-narcotics cooperation.

684. On 8 March 2018, the Security Council adopted resolution 2405 (2018), extending the mandate of UNAMA until 17 March 2019. In the same resolution, the Council expressed its deep concern about the significant increase in the illicit cultivation and production of

and trade and trafficking in drugs in Afghanistan, which significantly contributed to the financial resources of the Taliban and its associates and could also benefit Al-Qaida and ISIL and its affiliates, and encouraged the Government of Afghanistan, supported by the international community and regional partners, to intensify its efforts to address drug production and trafficking with a balanced and integrated approach, in accordance with the principle of common and shared responsibility.

3. National legislation, policy and action

685. In 2017, Saudi Arabia adopted executive regulations on the chemical import and management system, which divided chemicals into seven lists, with a view to bringing those substances under control in line with international instruments.

686. With a view to further strengthening the drug control system through an integrated and balanced approach in line with the outcome document of the special session of the General Assembly on the world drug problem held in 2016, Turkey adopted a new national strategy document and action plan on the fight against drugs for the period 2018–2023. The strategy covers areas such as the provision of services for the treatment of drug use disorders, rehabilitation, social reintegration and drug use monitoring, as well as a wide range of measures related to justice and law enforcement.

687. In 2017, Kyrgyzstan adopted legislation decriminalizing certain minor drug-related offences, strengthened judicial oversight of investigations, moved the criminal justice system from an inquisitorial to a more adversarial model and promoted the social reintegration of offenders through the establishment of a new, socially oriented probation service to manage and oversee the application of alternatives to incarceration.

688. An interministerial working group was established in Afghanistan, led by the Ministry of Counter-Narcotics, on the development of a new counter-narcotics strategy with a strong component to promote regional cooperation. In parallel to that initiative, UNODC, in close coordination with the Government of Afghanistan, developed the document "Strategic actions to respond to the global threats of opiates", to step up regional and interregional responses to counter illicit opium poppy cultivation and production, and address the connection between drugs, crime and terrorism.

689. Amendments to the Anti-Narcotics Act were adopted by the Parliament of the Islamic Republic of Iran in August 2017 and approved by the Guardian Council in October of the same year. They replaced the punishment for some drug-related offences that had previously carried the death penalty or life in prison, with a prison term of 25 to 30 years and fines. The amendments also raised the threshold for the quantity of drugs that would lead to the imposition of the death penalty, namely possession of 50 kg of opium or 2 kg of heroin, compared with the previous threshold of 5 kg of opium or 30 g of heroin. Capital punishment was retained for serious drug-related offences, including those involving weapons or organized criminal groups, or if the offenders involved minors or mentally ill persons in the commission of the offences, as well as for repeat offences. The amendments have retroactive applicability, and in January 2018, a judicial order was issued by the country's Chief Justice that would allow for the commuting of the sentences of those on death row, based on their application.

690. The Government of Afghanistan adopted a new counter-narcotics law in February 2018. The law initiated a long-planned restructuring of the country's drug control infrastructure, the goal of which is to give higher priority to drug control matters by associating them even more closely with the Office of the President of Afghanistan in order to improve coordination. The law is also more streamlined, as the offences contained in the recently adopted Penal Code of Afghanistan eliminate any duplication.

691. In February 2018, the new Penal Code of Afghanistan, which had been adopted in March 2017, came into force, replacing the Penal Code of 1976. According to UNAMA, for the first time, Afghanistan has a comprehensive criminal code complying with international treaty obligations in criminal justice and incorporating modern best practices in criminology. UNODC and UNAMA were among the international agencies that provided assistance to Afghanistan in drafting the new Penal Code. The new Code is aimed at improving Afghanistan's compliance with international human rights and criminal justice standards, as well as with provisions of the United Nations Convention against Corruption and the United Nations Convention against Transnational Organized Crime and its three protocols. The new Code also incorporates the requirements of the Rome Statute of the International Criminal Court covering war crimes, crimes against humanity and genocide, and establishes

command responsibility for those who fail to prevent or punish subordinates who commit crimes covered by the Rome Statute.

692. UNODC, jointly with the Ministry of Agriculture, Irrigation and Livestock and the Ministry of Counter-Narcotics of Afghanistan and the Bureau of International Narcotics and Law Enforcement Affairs of the United States, non-governmental organizations and various ministries, launched a new alternative development programme (Boost Alternative Development Interventions through Licit Livelihoods (BADILL)) in November 2017. The project is being implemented in 13 provinces of Afghanistan and aims to reach 50,000 households in four years, focusing on increasing sustainable production and the income of Afghan farmers.

693. In June 2018, six mobile inter-agency teams for countering trafficking in drugs were launched in Uzbekistan. The teams comprise officers from the Ministry of Internal Affairs, the State Security Service and the State Customs Committee. UNODC handed over 30 vehicles and a range of specialized equipment to national authorities to support the mobile teams. The initiative has been supported at the highest level, through the resolution of the President of Uzbekistan adopted in June 2017 dedicated to implementation of the activities.

694. On 30 July 2018, the Constitutional Court of Georgia ruled that imposition of administrative punishment for non-medical consumption of cannabis was unconstitutional, as it would violate the right of the person to "free development". The Court ruled that the consumption of cannabis would still be illegal if it presented "a threat to third persons", including consumption in schools, certain public spaces and public transportation, or in the proximity of children and minors. The Inter-Agency Coordinating Council for Combating Drug Abuse, chaired by the Minister of Justice, is working on the legislative amendments to implement the decision of the Constitutional Court.

695. In October 2017, Azerbaijan adopted changes to its criminal legislation removing criminal penalties for minor drug offences committed by drug-dependent persons who had not committed any other offences and were prepared to undergo treatment. In addition, in November 2017, the country revised its administrative code to strengthen sanctions for trafficking in precursors.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

696. Heroin supply from Afghanistan to destination markets seems to have remained stable over recent years through the end of 2016, despite the substantial fluctuations in the annual amounts of opium poppy cultivation in Afghanistan. This could be observed on the basis of heroin seizures along the major trafficking routes as well as the prices of heroin and its use in destination markets during that period. According to UNODC, in order to ensure the stability of supply, heroin may have been manufactured using opium from different harvests, depending on the existence of opium inventories and market strategies. More recent price data (up to June 2018) showed significant declines in opium prices in Afghanistan as opium production in the country soared in 2017. Heroin prices in Afghanistan, in contrast, remained largely stable in 2017 and in the first half of 2018. This suggests that increased opium production has not yet resulted in massive increases in heroin manufacture in Afghanistan.

697. The main trafficking route for opiates originating in Afghanistan remains the Balkan route, accounting for 37 per cent of global heroin seizures in 2016, which runs through the Islamic Republic of Iran, Turkey and the Balkan countries to destination markets in Western and Central Europe. Authorities in Turkey believe that significant increases in heroin seizures, coupled with an increase in acetic anhydride seizures on its territory, may indicate that increased amounts of heroin could have been entering European drug markets in the period 2017–2018. Turkey seized 17.7 tons of heroin in 2017 and 5.5 tons in 2016. Almost 9.5 tons of heroin were seized between January and June 2018. Turkey also seized 933 kg of opium in 2017 and 337 kg in 2016. In 2017 and early 2018, Turkey reported increased use of trucks with Iranian number plates arriving from the Islamic Republic of Iran to traffic substantial amounts of heroin into Turkey in transit to destination markets in Europe. In addition, according to its analysis, Turkey concluded that the opium seized on its territory was destined for illicit markets in Australia, Canada and the United States.

698. Some of the heroin seized in Europe transited Pakistan, trafficked directly from that country by air or sea to Europe. At the same time, opiates are being trafficked from Pakistan to the Islamic Republic of Iran for trafficking to European markets along the Balkan route. The vast majority of morphine and heroin seized in the

Islamic Republic of Iran entered the country from Pakistan. Pakistan seized 24.4 tons of heroin in 2017 compared with 23.1 tons in 2016, and it saw a reduction in opium seizures, from 64.6 tons in 2016 to 40 tons in 2017. Seizures of opium and heroin in the Islamic Republic of Iran in 2017 saw a slight increase relative to 2016 levels (436.6 tons of opium seized in 2017 compared with 475 tons seized in 2016; and 23.7 tons of heroin seized in 2017 compared with 21 tons seized in 2016).

699. In 2017, Afghan opiates continued to be trafficked along a sub-branch of the Balkan route, going from the Islamic Republic of Iran to the Southern Caucasus, then to Ukraine via the Black Sea towards Eastern Europe.

700. There has been an increase in the use of air routes to smuggle heroin out of Afghanistan. In response to that development, the Government of Afghanistan established the Airport Interdiction Unit at Hamid Karzai International Airport. The Unit reported that in 2017, 191 smugglers had been arrested at the country's international airports, with seizures of heroin totalling 140 kg. The smugglers were bound almost exclusively for New Delhi.

701. Central Asian States located along the northern route continued to be used for heroin trafficking from Afghanistan to the markets in the Russian Federation and, to a more limited extent, in Belarus and Lithuania. There were individual incidents in China of seizures of heroin trafficked from Central Asian countries.

702. The main modes of transportation used in smuggling heroin from Central Asia into the Russian Federation remain road, rail and air traffic. Increased economic integration through the Eurasian Customs Union could potentially create a risk of increased drug trafficking among Belarus, Kazakhstan, Kyrgyzstan and the Russian Federation. The simplification of customs requirements and the easing of border control measures would enable the increased movement of goods and services but may also create additional risks of drug trafficking in that subregion.

703. At the same time, most countries in Central Asia report either stable or declining levels of trafficking in opiates through their territories, and those reports are supported by the overall decline in seizures of opiates and a reduction in heroin use in recent years. However, it is unclear whether this means that the flow through the northern route has diminished, because there are only limited data on average heroin purity, prices and daily consumption and insufficient estimates of opiate users and assessments of trafficking methods.

704. Opiate seizures in Central Asia are concentrated in Tajikistan, where, it is assumed, most of the drugs cross the border from Afghanistan through the northern route, destined for markets in the Russian Federation and elsewhere in Europe. The average annual heroin seizure in the period 2013–2017 was highest in Kazakhstan (391 kg), followed by Tajikistan (338 kg) and Kyrgyzstan (229 kg), while Uzbekistan (99 kg) and Turkmenistan (3 kg) had lower averages, which could indicate that drug traffickers prefer the branch of the drug trafficking route that runs through Tajikistan, Kyrgyzstan and Kazakhstan. Annual heroin seizures in the subregion decreased by 34 per cent in 2017 compared with 2016. Opium seizures were stable at around 2.3 tons in Central Asia between 2013 and 2017.

705. There is limited opium poppy cultivation and production in Central Asia, as over 99 per cent of opiates in the subregion originate in Afghanistan. The law enforcement agencies of the Central Asian countries reported that there were no production facilities in the subregion for converting opium into heroin and that all opiates transiting Central Asia were processed in Afghanistan or elsewhere.

706. Another route for trafficking in Afghan opiates, which accounts for about 9 per cent of opiates trafficked to Europe, is the southern route, which runs from Afghanistan to Pakistan for trafficking onward by air and sea through Gulf countries and East Africa to markets in Europe. At the same time, illicit drugs are being trafficked from Afghanistan to India and other countries in South Asia, destined for markets in Europe and North America.

707. In May 2018, the Ministry of Counter-Narcotics of Afghanistan and UNODC released the report devoted to sustainable development, peace and security of the *Afghanistan Opium Survey 2017*. According to that report, a substantial increase in potential opium production in 2017, of almost 87 per cent, reaching a record 9,000 tons, resulted in the growth of the illicit opiate economy. The total gross value of the opiate economy in 2017 was estimated at between $4.1 billion and $6.6 billion, which is the equivalent of 20–32 per cent of the country's gross domestic product, and the farm-gate value of opium production was $1.4 billion. The value of the opiate economy[81] was much higher than the value of the country's licit exports of goods and services in 2016. Political

[81] The value of the opiate economy (gross) is the sum of the value of the domestic market and the value of opiates believed to be exported, including the value of the imported precursor substance acetic anhydride (see UNODC and Ministry of Counter-Narcotics of Afghanistan, *Afghanistan Opium Survey 2017: Challenges to Sustainable Development, Peace and Security* (Kabul, 2018), p. 5).

instability, lack of government control and poor security have been found to be the main drivers of illicit cultivation. It is believed that the Taliban and anti-government, insurgent and powerful local power-holders have continued to benefit from "opium taxes" on the farm-gate value of opium production, amounting to an estimated total of $74 million in 2017. At the same time, opium poppy has become a substantial component of the livelihoods not only of farmers but also of the people of many communities in Afghanistan who engage in cultivation, work in poppy fields or play a role in the illicit drug trade.

708. According to the above-mentioned report, the reduction of illicit crop cultivation depends on the achievement of broader development goals, such as well-established and strong State institutions for effective governance, and functioning social protection mechanisms. The report concludes that addressing the opiate problem in Afghanistan remains a shared responsibility requiring a global approach that targets all stages of the supply chain of opiates, from source to destination.

709. Saudi Arabia reported that, in 2017, it had witnessed an increase in the smuggling of illicit substances through express mail. The country attributes this trend to the weakness of the procedures of inspection and verification in the countries of origin. In addition, the country reported the continuation of the trend of people hiding drugs inside their bodies. The country also witnessed an increase in trafficking in heroin through its territory, with 106 kg of the substance seized in 2017 and 60 kg seized in 2016.

710. There is small-scale illicit cannabis plant cultivation and large areas of wild cannabis growth in Central Asia. Cannabis is produced primarily for local consumption, with a lesser portion trafficked to markets in Europe and the Russian Federation. Central Asian law enforcement agencies seized over 36 tons of cannabis and more than 4 tons of cannabis resin in 2017. Since only limited information is available on seizures of cannabis and cannabis resin of Afghanistan, it is not possible to accurately estimate the full scale of trafficking in these substances along the northern route. Tajikistan was responsible for 55 per cent of total cannabis resin seizures in the subregion in 2017.[82] In 2017, as in the previous year, the portion of cannabis and cannabis resin seizures in the total volume of seized drugs was highest in Kazakhstan, Kyrgyzstan and Tajikistan, while most of the seized drugs in Turkmenistan and Uzbekistan were opiates.

711. In the Southern Caucasus, comprising Azerbaijan, Armenia and Georgia, cannabis seizures continued to increase over the period 2013–2017, while cannabis resin seizures for the same period continued to decline. Both those trends have been driven mainly by the drug seizure statistics reported by Azerbaijan.

712. The production of cannabis resin in Afghanistan is on the rise. Afghanistan has been reported to UNODC as the source of seized cannabis resin by 19 per cent of countries that reported the source of seized cannabis resin in the period 2012–2016, in particular in Central Asia, the Southern Caucasus and Europe. For 2016, Afghanistan reported a doubling of cannabis resin seizures, to 352 tons, and, thus, for the first time ever, was the country with the largest total cannabis resin seizures worldwide. In December 2017, the NATO Special Operations Command issued a press release that reported the seizure of 34 tons of raw cannabis resin and 300 kg of processed cannabis resin in Afghanistan during a raid carried out jointly with the National Interdiction Unit of the Afghan National Police. According to NATO, those raids were aimed at addressing the sources of income of the Taliban; the confiscated cannabis resin would have represented $5.6 million in potential revenue for the Taliban.

713. Lebanon also continues to be a source of cannabis resin seized globally, with 7 per cent of reporting countries identifying Lebanon as the source of cannabis resin seized on their territory. Prolonged conflict in the Middle East has contributed to the continued increase in production in Lebanon. Farmers reported that their trade has grown by 50 per cent since 2012, because Lebanese authorities have had to focus their efforts on ensuring border security. Lebanese authorities seized 15 tons of cannabis resin in June 2018, which was intended for smuggling from Lebanon to Libya and then to Egypt. As far as cannabis is concerned, official data available to the Board suggest a partial reduction in seizures of cannabis in Lebanon, from 7.6 tons in 2016 to 6.3 tons in 2017.

714. The reporting period has seen more reports of trafficking in and, more importantly, the illicit production of drugs in Iraq, further confirming earlier indications of a shift towards illicit drug production in the country. There have been reports of illicit opium poppy and cannabis plant cultivation in the country. There have also been indications that heroin is being produced in northern Iraq, indications that are supported by the increase observed in the amount of seized heroin being moved in the direction of Turkey and the considerable amounts of

[82] Domestic cannabis resin production is much less in Tajikistan than in Kyrgyzstan and Kazakhstan.

acetic anhydride destined for Iraq seized in the western border region of Turkey.

715. Drug trafficking and abuse in the Basra region of Iraq, which borders Iran (Islamic Republic of) and Kuwait, have increased substantially in recent years. Since late 2014, arrests for drug trafficking and drug use have nearly doubled in Basra as compared with the period 2011–2014. Large amounts of drugs are being seized in containers at Basra ports and border crossings.

716. Kuwait witnessed substantial increases in cannabis trafficking into or through its territory, as evidenced by the seizure of 4 tons of cannabis in 2017, compared with the 1.2 tons seized in 2016. The same trend was observed in Bahrain, where 324 kg of cannabis was seized in 2017, compared with the 134 kg seized in the country in 2016. Turkey saw substantial increases in trafficking in cannabis resin, seizing 81 tons in 2017, compared with 36 tons in 2016. At the same time, Turkey seized less cannabis in 2017, namely 94 tons, whereas in 2016 it had seized 110 tons. Turkey witnessed a significant increase in trafficking in "skunk", a highly potent form of cannabis, resulting in 6.5 tons of that substance being seized in 2017, a fourfold increase from the previous year. The quantities of "skunk" seized in Turkey originated in Europe (mostly the Netherlands) and had been smuggled from Central and South-Eastern European countries, in particular Greece.

717. According to UNODC, the quantity of cocaine seized in West Asia doubled in 2016. Most cocaine seized in the region seems to have departed from or transited through Brazil. There were also some major incidents of cocaine trafficking in the period 2017–2018. In January 2018, customs officers at Hamad International Airport in Doha seized 7.25 kg of cocaine from a passenger arriving on a direct flight from Latin America. Reports relating to another incident of a seizure of cocaine at the international airport in Bali, Indonesia, in March 2018 suggest that Hamad International Airport in Doha was used as a transit point for the smuggling of that drug from Colombia. The United Arab Emirates has also been often used as a transit point for trafficking in cocaine in the region; countries in Asia, including Israel, were cited as the main destinations. Saudi Arabia witnessed a partial reduction in seizures of cocaine on its territory, from 842 kg in 2016 to 520 kg in 2017.

718. Turkey saw a substantial increase in seizures of cocaine in its territory: 1.5 tons of cocaine were seized in 2017, compared with 845 kg in 2016. Turkey reported that Istanbul Atatürk Airport had frequently been used for trafficking in cocaine that had arrived directly from South American countries, such as Brazil, Colombia and Venezuela (Bolivarian Republic of), or that had transited through African countries, such as Nigeria and South Africa. Similarly, Pakistan saw a substantial increase in seizures of cocaine, equalling 415 kg in 2017 compared with 231 kg in 2016.

719. The total area under opium poppy cultivation in Afghanistan in 2018 was estimated at 263,000 ha, representing a 20 per cent decrease from 2017, when 328,000 ha had been used for opium poppy cultivation. According to the *Afghanistan Opium Survey 2018*, that decrease could be attributed to the severe drought that has affected Afghanistan, especially in the northern and western regions of the country. The survey suggests that, following a fall in the farm-gate prices of dry opium in 2017, there was a substantial drop in such prices in 2018, which hit their lowest level since 2004. In addition, it was estimated that potential opium production was about 6,400 tons in 2018, compared with 9,000 tons in 2017, representing a decrease of 29 per cent.

720. Most (69 per cent) of opium poppy cultivation continued to take place in the southern region of the country, followed by the western region (12 per cent). The eastern and northern regions accounted for 8 per cent and 7 per cent of total cultivation, respectively. Despite the decrease in 2018, the area under opium poppy cultivation remained at very high levels in 2018, and was in fact at the second highest level since 1994, when the monitoring of illicit crop cultivation began.

(b) Psychotropic substances

721. According to the UNODC "Central Asia synthetic drugs situation assessment 2017", seizures of amphetamine-type stimulants in Central Asia have remained at relatively low levels compared with other drugs. "Ecstasy" appears to be the most prevalent amphetamine-type stimulant appearing in use and trafficking data, and there have been sporadic reports of methamphetamine trafficking and manufacture over the years. It appears that the countries of the subregion do not have local illicit manufacture of amphetamine-type stimulants. It also appears that the subregion is used mainly as a transit point for trafficking in such stimulants, for example, from the Islamic Republic of Iran and from European countries (Germany, in particular) to Asia. Amphetamine-type stimulants are also being trafficked between the Russian Federation and Central Asian countries, such as Kazakhstan and Uzbekistan. Finally, the collection of data on amphetamine-type stimulants in the subregion is not comprehensive and remains sporadic due to the limited analytical capacities and varying drug control priorities in the subregion.

722. In a reverse of the trend reported the previous year, the Islamic Republic of Iran witnessed a 30 per cent increase in methamphetamine seizures in 2017, a total of 2.3 tons, compared with 1.7 tons in 2016. Armenia continued to seize increasing amounts of methamphetamine, reported to have been trafficked into the country mainly from the Islamic Republic of Iran.

723. Instability and conflicts in the Middle East, coupled with a lack of effective interdiction capacities, continued to contribute to trafficking in counterfeit "captagon"[83] in the subregion. According to various reports, including from the scientific community, it has become a drug of choice in war zones in the Middle East, given its use in combat situations. In addition, the lack of control and monitoring has led to an increase in the manufacture of "captagon" tablets in certain countries in the Middle East, potentially serving as a source of income for the terrorist and insurgency groups in the subregion.

724. Although official data on trafficking in "captagon" remain scarce, there has been some media coverage of certain notable seizures. In two separate incidents, in January and March 2018, customs authorities of Saudi Arabia foiled attempts to smuggle "captagon" tablets into the country. A total of about 6.3 million tablets of the substance were recovered during those operations at the border with Jordan. Jordan, for the first time, dismantled a clandestine laboratory manufacturing "captagon", and 95 per cent of the substance manufactured was destined for markets in neighbouring countries. Saudi Arabia also reported that "captagon" seized in 2017 originated in India and had transited Egypt with Saudi Arabia as its destination. Saudi Arabia has also seen an increase in trafficking in methamphetamine into its territory. In 2017, the United Arab Emirates seized 45 million tablets of "captagon". Turkey reported that it continued to be used as a transit country for trafficking in "captagon" manufactured or marketed in the Middle East, particularly in the Syrian Arab Republic, including by terrorist and insurgency groups. Some 599 bags of "captagon" were seized by law enforcement officers in the Basra region of Iraq, near the Kuwaiti border, in November 2017, from what is believed to be one of the largest smuggling operations in recent years.

[83] Captagon was originally the official trade name of a pharmaceutical preparation containing the substance fenetylline, a synthetic stimulant. As encountered in seizures across West Asia today and referred to in the present report, "captagon" is a counterfeit drug compressed into pills or tablets that are similar in appearance but distinct in composition from the earlier pharmaceutical preparation Captagon. The active ingredient in counterfeit "captagon" is amphetamine, which is typically cut with multiple adulterants such as caffeine and other substances.

725. The amounts of methamphetamine seized have continued to increase in Afghanistan, with 121 kg seized in 2017. In addition, three methamphetamine manufacturing laboratories were dismantled in 2017. Afghanistan also seized 2,322 MDMA tablets in 2017. Tajikistan reported that, in 2017, it had seized 7.5 kg of powdery methamphetamine (no seizure of such substance had been recorded in the country since 2012), believed to have been smuggled into the country from Afghanistan.

(c) Precursor chemicals

726. Central Asian country borders with China and Afghanistan make the subregion particularly vulnerable to trafficking in precursors. Because of the substantial amounts of precursors needed for opium processing, especially in the recent years of record cultivation levels in Afghanistan, the precursors must be shipped in large volumes. Since large consignments of precursors cannot be moved over many mountainous borders, they must instead be trafficked by established roads and railways, in order to be shipped in large volumes. However, information available on precursor trafficking in Central Asia is insufficient to estimate the scale of that trafficking, since no movements have been detected in the past decade.

727. Central Asian countries and Azerbaijan continued to carry out seizures of precursors on their territories, not all of which were intended for the manufacture of illicit drugs but which were used or imported for other purposes without appropriate authorization. Azerbaijan seized 5.5 kg of potassium permanganate in eight separate seizures in 2017, mostly smuggled from the Islamic Republic of Iran. The precursors were packed in plastic bags or put in glass bottles. Also in 2017, Kazakhstan seized 5.48 litres of precursors, while Kyrgyzstan seized more than 1.1 tons of hydrochloric acid and 1.7 tons of sulfuric acid. In the same year, Tajikistan carried out 10 seizures of sulfuric acid, totalling 876 kg, which were in production shops and intended for the refuelling of car batteries and not for the illicit manufacture of drugs. Uzbekistan seized 23 litres of acetone and 3.6 kg of potassium permanganate in 2017.

728. The Counter-Narcotics Police of Afghanistan continue to emphasize that precursors were mainly trafficked through Iran (Islamic Republic of) and Pakistan. Smugglers were also developing new methods of transporting precursors into Afghanistan, such as concealing them among consumer goods or among other licit chemicals (engine oil and antifreeze). At the same time, Turkey reported a significant increase in seizures of acetic anhydride, a key precursor used to produce heroin, totalling

over 23,000 litres in 2017, compared with 1,588 litres in 2016. Between January and June 2018, over 34,000 litres of acetic anhydride were seized, indicating a further surge in trafficking in that precursor. The authorities in Turkey reported that acetic anhydride seized in the country mostly originated in Central and Western Europe (mostly Germany and the Netherlands) and transited Turkey on the way to Iran (Islamic Republic of) and Iraq.

729. Seizures of precursors in Afghanistan continued to increase, as the country seized 53,046 kg of solid precursor chemicals and 77,272 litres of liquid precursor chemicals in 2017. The operations also resulted in the dismantling of 50 heroin laboratories. This could be another explanation of the steady heroin prices in 2017 despite the record opium poppy cultivation in Afghanistan. A comprehensive review of the situation with respect to the control of precursors in the region can be found in the report of the Board for 2018 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

730. There is still relatively limited information available on trafficking in and abuse of new psychoactive substances in most countries of West Asia owing to the lack of monitoring and analysis capacities in the countries of the region.

731. The "Central Asia synthetic drugs situation assessment 2017", published by UNODC in December 2017 provides some of the latest available information on synthetic drugs in Central Asia, including new psychoactive substances. Almost all countries in the subregion reported the emergence of a growing number of new psychoactive substances, indicating that the subregion is linked to international trafficking in these substances.

732. Between 2013 and 2016, a total of 58 new psychoactive substances were reported by the authorities of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. More than 43 per cent of reported new psychoactive substances were synthetic cathinones, with synthetic cannabinoids accounting for 38 per cent and phenethylamines making up 10 per cent of the total new psychoactive substances reported. Ketamine and phencyclidine-type substances, tryptamines, piperazines, aminoindanes and other new psychoactive substances were reported only once by countries in the subregion. While only one new psychoactive substance was reported in the subregion (by Tajikistan) in 2013 and another (by Kazakhstan) in 2014, the number of new psychoactive substances reported increased to 31 in 2015 and to 48 in 2016. The trend is mainly dictated by dynamics in Kazakhstan, which reported an increase from 1 new psychoactive substances in 2014, to 21 in 2015 and 38 in 2016. Uzbekistan also observed an increase, from 3 new psychoactive substances in 2015 to 8 reported in 2016. Kyrgyzstan reported the emergence of new psychoactive substances for the first time in 2015. Tajikistan has reported the emergence of two or fewer new psychoactive substances annually since 2013.

733. The Central Asian subregion borders countries with dynamic markets for synthetic drugs, such as China, Iran (Islamic Republic of) and the Russian Federation, which could further stimulate the growth of this market in the subregion. For example, between 2013 and 2014, Kazakhstan reported seizures of synthetic cannabinoids smuggled by post, which were believed to have originated in China. The Russian Federation reported seizing new psychoactive substances that had been trafficked from or were to be trafficked to Kazakhstan and Uzbekistan. Although the countries in the subregion are taking steps and legislative measures and are improving their forensic capabilities to address new psychoactive substances, these efforts remain uneven across the whole subregion. This development argues in favour of the adoption of a comprehensive regional approach to the issue by strengthening regional cooperation and information exchange, including through the possible establishment of a subregional early warning mechanism.

734. In 2017, Jordan put the following substances under control; AB-FUBINACA, *N*-ethylpentylone and pregabalin and its preparations. Saudi Arabia put carfentanil under control. Armenia put pregabalin under national control in 2017. In May 2017, Turkey put 138 central nervous system depressants under national control owing to a recent increase in the number of those new psychoactive substances, and in August of the same year a further 31 new substances were put under control in the country.

735. Many countries in the Middle East continued to observe trafficking in and abuse of tramadol, a synthetic opioid not under international control. In February 2018, law enforcement authorities in Saudi Arabia dismantled an operation to smuggle 35,600 tramadol tablets. In November 2017, authorities in Italy seized 24 million tramadol tablets worth about €50 million euros in the Calabrian port of Gioia Tauro, en route to Libya from India, which were suspected of being destined for sale by ISIL to its fighters in North Africa and the Middle East. Increased misuse of and trafficking in tramadol have also been observed in Iraq, especially in the Basra region. There are also reports of tramadol that has possibly been adulterated

to produce a stronger psychoactive effect being smuggled alongside other drugs to the Gaza Strip, in the State of Palestine, through the tunnels that had been dug along the Egyptian border, leading to widespread abuse of and addiction to that substance among young people. Despite reporting a drop in 2017 in overall trafficking in drugs into or through its territory, possibly owing to a blockage enforced by some countries in the subregion, Qatar intercepted a boat that was coming from the United Arab Emirates carrying 1.8 million tramadol tablets. There have been many reports of smuggling and abuse of tramadol in the Syrian Arab Republic, and of unregulated pharmacies in some parts of the country that are contributing to the widespread abuse of the substance.

5. Abuse and treatment

736. Most countries in the region continue to face problems with the availability of resources for conducting comprehensive and regular drug abuse surveys, making it difficult to assess the extent and trends in drug abuse in the region.

737. Only a few individual country reports provide information on the drug abuse situation, and even that information is limited. Increased use of crystalline methamphetamine was reported in Iraq for 2017. Kazakhstan reported that there is a growing trend of referrals to medical treatment of persons, mainly below 30 years of age, for abuse of synthetic cannabinoids, especially in its largest cities. Uzbekistan witnessed increased cases of consumption of synthetic cannabinoids and pharmaceutical preparations, such as tramadol, nalbuphine (an opioid analgesic), zopiclone (a non-benzodiazepine hypnotic agent), tropicamide (a medication used to dilate the pupil and help with the examination of the eye, but prone to abuse by injection as a recreational drug), baclofen (a medication used to treat spasticity) and pregabalin in 2017 among men aged 25 to 39 years old. Saudi Arabia reported an increase in the spread and abuse of methamphetamine, pregabalin and cannabis in the country in 2017.

738. According to media reports, the Ministry of Health of Afghanistan estimated that there were between 900,000 and 1 million female drug addicts in the country, out of a total female population of 14.4 million, a prevalence rate that is three times that in 2010. According to statements from female drug users themselves, they have become addicted to illicit substances because of the influence of their spouses. They return to their drug use behaviour when they reunite with their families after treatment in rehabilitation/treatment centres in Afghanistan. One of the reasons for the consumption of and addiction to opium is the use of the substance as an unprescribed medicine for pain or small injuries, a practice that has been ongoing for centuries in the country. Opium is sometimes also given to children as a sedative.

739. UNODC observed that the highest prevalence of HIV among people who inject drugs is in South-West Asia, which has a rate that is 2.4 times the global average. South-West Asia, together with Eastern and South-Eastern Europe, account for 49 per cent of the total number of people who inject drugs worldwide living with HIV.

740. In November 2017, an assessment of illicit drug use (non-prescription drugs) was released in the State of Palestine, updating the previous 11-year-old data on drug abuse. In addition, UNODC is supporting the Ministry of Health of the State of Palestine in developing a comprehensive drug dependence treatment and care system and facilitating the establishment of the National Rehabilitation Centre of the State of Palestine. The problem of drug use has in recent years been mainly spreading among young people and women, especially among family members of current drug users.

741. That assessment estimated that 1.8 per cent of the male population aged 15 years and older were high-risk drug users. Most of these high-risk drug users were living in the northern and southern parts of the West Bank, as well as the Gaza Strip. In the Gaza Strip, tramadol was the most commonly used substance, followed by benzodiazepines and methamphetamine. In the study sample of high-risk users, 97 per cent of respondents in the Gaza Strip reported the non-medical use of tramadol, while in the West Bank, amphetamines were the most consumed substances, followed by cannabis, anticonvulsants (mainly pregabalin) and benzodiazepines. Of the 26,500 high-risk drug users, 1,188 inject drugs, of which 81 per cent had started using drugs before turning 18 years old. Among the high-risk drug users, 4.2 per cent were people who inject drugs. In Gaza, cocaine was mostly injected by the high-risk drug users, while in the southern and central parts of the West Bank, heroin was the main drug injected. There was also found to be a significant prevalence of cannabis and cannabis resin use, as well as use of antidepressants and painkillers in high doses (methadone, morphine, phencyclidine, barbiturates, benzodiazepines, etc.) in the West Bank and East Jerusalem.

742. According to UNODC, Central Asian countries, as well as Armenia, Azerbaijan and Georgia, have high prevalence rates of past-year use of opiates (heroin and opium) (0.9 per cent of the population aged 15 to 64 years) among opioid users, while misuse of pharmaceutical opioids such as tramadol is more prevalent in the Middle

East, as reflected in the number of people in treatment for abuse of tramadol and the number of tramadol overdose deaths. There is also concern about the increasing number of countries reporting methamphetamine use, especially among opioid users in West Asia. Several countries in the region reported increases in heroin use in 2016, in particular Iran (Islamic Republic of), Iraq, Qatar and the United Arab Emirates, which could be due to an increase in trafficking in heroin from Afghanistan to those countries. In some other countries, including Israel, Jordan and Saudi Arabia, heroin use stabilized, and stimulants abuse has been more prevalent. At the same time, based on available data for 2016, most countries in Central Asia have not yet been affected by the increase in Afghan heroin manufacture.

743. In general, synthetic drug use is not widespread in Central Asia, primarily due to economic factors, but is becoming more common because of the heroin deficit (i.e., more demand than supply) and the improvement of economic conditions in the subregion. Although a thorough assessment of this matter is required, the improvement of economic conditions, a developed licit chemical industry in the subregion and the availability of the *Ephedra* plant, containing ephedrine, which is a precursor to methamphetamine that grows in the wild across the Central Asian region, might all potentially stimulate the illicit manufacture of methamphetamine in the subregion.

D. Europe

1. Major developments

744. The European drug problem is increasingly influenced by developments in the drug control situation in countries bordering the region and worldwide. In the global context, Europe is a producing region for cannabis (mostly for local consumption) and synthetic drugs (for both local consumption and onward trafficking to other parts of the world). The region continues to be a major market for drugs originating in and trafficked from other parts of the world, including South America, West Asia and North Africa.

745. A wide range of new psychoactive substances that emerged on the European market more than a decade ago continues to be supplied mainly from China. There have, however, also been reports of the manufacture and tableting of such substances within the region. In 2017, more than 670 new psychoactive substances were being monitored under the European Union Early Warning System. With a view to responding to the public health and social threats posed by new psychoactive substances, in 2017, the European Parliament and the Council of the European Union passed new legislation that brought such substances into the official definition of a "drug" at the European Union level and streamlined the procedures for responding to them.

746. Seizures of illicit drugs are an important indicator of the size of drug markets. According to EMCDDA, the number of drug seizures in the European Union exceeded 1 million in 2016. Seizures of cannabis, by number, accounted for 71 per cent of all seizures, followed by cocaine (9 per cent), amphetamines (5 per cent), heroin (4 per cent), "ecstasy" (3 per cent) and other drugs (8 per cent). Most reported seizures involved small quantities of drugs seized from drug users.

747. The importance of online markets as platforms for the marketing and distribution of illicit drugs continued to grow in recent years. It is estimated that about two thirds of all purchases on over 100 global darknet markets identified by EMCDDA and Europol were drug-related. The suppliers of illicit drugs operating in European Union member States, in particular Germany, the Netherlands and the United Kingdom, accounted for almost one half of all drugs sold worldwide on 16 selected darknet markets that were monitored from 2011 to 2015.

748. In the period 2016–2018, countries in the European Union became a major source of acetic anhydride seized within the region and in West Asia. The wider availability of acetic anhydride on the European black market could be one of the drivers of an emergence of illicit heroin laboratories, where morphine is converted into heroin, detected in several European Union member States.

749. Continued developments in drug use patterns and the need to provide treatment to drug-dependent persons increased the burden on national health systems in Europe. It is estimated that, in the European Union alone, over 1 million people receive treatment for drug-related problems every year. According to EMCDDA, in the last 10 years, more than half of countries in the European Union reported comprehensive estimates for drug-related public expenditure, including costs of drug treatment. Total drug-related public expenditure was estimated to range from 0.01 to 0.5 per cent of gross domestic product, with health expenditure accounting for 15–53 per cent of total drug-related expenditure.

2. Regional cooperation

750. The European Union supported countries in Central Asia in the fight against drugs through a trans-regional programme entitled "EU Action against Drugs and Organised Crime (EU-ACT)" and the Central Asia Drug Action Programme. In 2017 and 2018, EMCDDA continued its support of that programme, the overall objective of which is the gradual adoption by the five countries in Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) of European Union and international good practice on drug policy, in order to contribute to the reduction of drug problems. The beneficiaries of the programme include policymakers, drug control experts, corrections and hospital staff and the general public.

751. In November 2017, a memorandum of understanding was signed between the Government of Belarus and the Government of Georgia on the establishment of a mechanism for the sharing of information to prevent trafficking in and the illicit movement of narcotic drugs and psychotropic substances.

752. A workshop on joint investigation teams and controlled deliveries was held in Tbilisi from 26 February to 2 March 2018. Representatives of law enforcement and customs authorities and prosecutor's offices of Afghanistan, Armenia, Azerbaijan, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Romania, Pakistan and Ukraine shared their experiences in combating drug trafficking and discussed measures to enhance future cooperation in drug control matters.

753. In June 2018, Bulgaria hosted the twentieth high-level meeting of the Coordination and Cooperation Mechanism on Drugs of the European Union and CELAC. During the discussions, a particular focus was placed on joint measures to counteract drug trafficking over the darknet. Discussions were also held on measures to develop and implement programmes aiming at reducing demand for illicit drugs.

3. National legislation, policy and action

754. During the reporting period, EMCDDA published a number of publications, technical reports, surveys and overviews that covered a wide range of drug control-related topics, including a European guide on responding to drug problems, a report on European environmental prevention measures to limit unhealthy and risky substance use behaviours, an analysis of drug-related homicide in Europe, a policy briefing on cannabis and driving and a report on the growing threat of drugs and the darknet to health and security.

755. In October 2017, EMCDDA released a report on new developments in national drug strategies in Europe. The report, prepared in consultation with experts and based on an analysis of national drug policies and scientific literature, gives an overview of recent developments in key tools used to manage national drug policies, such as strategies, coordination mechanisms and evaluations. Among other things, the report points to a gradual change in national drug strategies towards a broader scope that goes beyond controlled substances and covers other substances and, to a lesser extent, other addictions.

756. On 15 November 2017, the relevant European Union institutions passed legislation that, while retaining the current three-step approach to responding to new psychoactive substances (namely, early warning, risk assessment and control measures), allowed for the significant strengthening of existing processes through the streamlining and accelerating of data-collection and assessment procedures. Pursuant to the new legislation, national authorities will have six months to place a substance under control on their territory once the decision of the Council of the European Union and the European Parliament on the substance enters into force. The legislation will be applicable as of 23 November 2018.

757. In 2017, Estonia added the following 11 new psychoactive substances to schedule I of its national list of narcotic drugs and psychotropic substances: meclonazepam; nifoxipam; ephenidine; 1-naphthalenyl(1-pentyl-1H-indazol-3-yl)-methanone; 4-fluoroethylphenidate; metizolam; 1-propionyl-lysergic acid diethylamide; dimethylamylamine; CUMYL-4CN-BINACA; 6-ethyl-6-nor-lysergic acid diethylamide (ETH-LAD); and 4-fluoromethylphenidate (4F-MPH).

758. In December 2017, a new national strategy on serious and organized crime threat assessment was adopted in Montenegro. In the policy, the following six priority areas for the period 2018–2019 were identified: terrorism and religious extremism; drug trafficking; illegal migration; serious criminal offences arising from conflicts between organized crime organizations; unregulated and high-interest moneylending; and high-level corruption.

759. In April 2018, the Government of the Russian Federation adopted a resolution enforcing tighter controls over the movement of narcotic drugs, psychotropic substances and their precursors, to bring the regulatory acts into line with relevant international legislation. The

resolution was adopted for the purpose, among others, of exercising stricter controls over the circulation of the precursor 1-phenyl-2-nitropropene and of rescheduling the precursor diphenylacetonitrile from table III of catalogue IV to table II of catalogue IV of the list of precursors under control in the Russian Federation.

760. In May 2018, the Council of the European Union decided to place two new synthetic cannabinoids, ADB-CHMINACA and CUMYL-4CN-BINACA, under control in the 28 European Union member States. The substances had been available on the European drug market since at least 2014 and 2015, respectively.

761. In March 2018, the Justice and Home Affairs Council adopted the European Council conclusions on alternatives to coercive sanctions for drug-using offenders, with a view to preventing crime, reducing recidivism, enhancing the efficiency of the criminal justice system and minimizing social risks. Those alternative measures include education, suspension of investigation or prosecution, suspension of sentence with treatment, rehabilitation and recovery and aftercare and social reintegration.

762. In 2017, the Cannabis as Medicine Act, which regulates the import, domestic production and prescription of cannabis-based pharmaceutical products, including herbal cannabis, came into force in Germany. In the Netherlands, where new psychoactive substances are regulated through amendments to schedules of the Opium Act, 4-fluoroamphetamine (4-FA), was listed in 2017, as a list I drug, because of reports of deaths related to use of the substance. The substance was placed in Schedule II of the 1971 Convention by the Commission on Narcotic Drugs in its decision 61/12 of 14 March 2018. In October 2017, the Government of Luxembourg amended its drug control regulations by adding several psychoactive substances to the lists of narcotic drugs and psychotropic substances. Furthermore, in 2018, the Government of Luxembourg passed a bill allowing for the medical use of cannabis. In 2017, new legislation allowing control of synthetic cannabinoids came into force in France. In Czechia, 60 new psychoactive substances were added to the list of controlled substances. In 2018, 43 new psychoactive substances were added to the lists of controlled substances in Sweden.

763. The royal decree on controlled substances that entered into force in Belgium on 26 September 2017 enabled the classification of controlled substances according to generic group definitions. The decree, among other things, introduced an exemption to the export authorization requirement for psychotropic substances in case of humanitarian urgency by requiring only an a posteriori notification to the Federal Agency for Medicines and Health Products.

764. A number of countries in Europe evaluate their drug policy and strategy through ongoing indicator monitoring and specific research projects. In 2017, Croatia evaluated its National Strategy on Combating Narcotic Drugs Abuse for the period 2012–2017. The results of the evaluation assisted the Government in developing a new drug strategy for the period beyond 2017.

765. In 2017, Ireland launched its national drug strategy, entitled "Reducing harm, supporting recovery: a health-led response to drug and alcohol use in Ireland 2017–2025". The goals of the strategy include promotion and protection of health and well-being, minimization of the harms caused by substance abuse and promotion of rehabilitation and recovery, restriction of access to illicit drugs and development of comprehensive evidence-based policies and actions.

766. The 2017 drug strategy of the United Kingdom, launched in July 2017, is aimed at reducing illicit and other harmful drug use and increasing the rates of people recovering from dependency. In 2018, the Government of the United Kingdom announced a review of the scheduling of cannabis. The review will cover the medicinal and therapeutic benefits of cannabis and cannabis-based medicinal products, and will allow for an assessment to be made that balances harms and public health needs. The review will not cover the classification of cannabis as a class B drug, or any of the penalties for offences involving cannabis.

767. In the Netherlands, cannabis is sold openly in more than 500 so-called "coffee shops" operating in about a quarter of the 380 municipalities in the country. While the sale of cannabis under certain conditions in those outlets is tolerated, the supply of cannabis to the "coffee shops" is not permitted. This has created an illicit market in cannabis production and wholesale distribution. In October 2017, the Government of the Netherlands declared its intention to permit an experiment on the legal supply of cannabis to "coffee shops" in up to 10 municipalities. In March 2018, the Ministry of Justice and Security and the Ministry of Health, Welfare and Sport provided the country's Parliament with details of the experiment, which will, among other things, require amendments to the drug control legislation, the designation of municipalities and cannabis growers and the establishment of a research consortium in order to facilitate a four-year period of cannabis production and supply of the substance to "coffee shops". Following the completion of the experiment, the current regulations

governing the control of cannabis will be reinstated. The experiment, according to the authorities, is expected to allow for an evaluation of the impact of supplying cannabis to "coffee shops" on public health, crime and public safety in the municipalities concerned.

768. **The Board reiterates that the 1961 Convention, as amended, establishes in article 4 that the parties to the Convention are to take such legislative and administrative measures as may be necessary to give effect to and carry out the provisions of the Convention within their own territories and to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in and use and possession of drugs.**

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

769. Cannabis remains the most widely used drug in Europe. The drug accounts for the largest share (38 per cent) of the illicit drug retail market in the European Union, which in 2013 was estimated to be worth 24 billion euros. Herbal cannabis is both cultivated within Europe, mostly indoors, and trafficked from third countries. Cannabis resin is mostly trafficked from Morocco but is increasingly produced in Europe itself.

770. In 2016, 763,000 seizures of cannabis products were reported in the European Union, including 420,000 seizures of herbal cannabis, 317,000 seizures of cannabis resin and 22,000 seizures of cannabis plants. Spain, as a major point of entry for cannabis resin produced in Morocco, continued to account for most of the quantity of cannabis resin seized in the European Union in 2016. The countries in Europe that reported seizing more than 1 ton of cannabis resin in 2017 were Spain (334.9 tons), France (57.4 tons), Italy (18.7 tons), Portugal (14.8 tons), Greece (6.3 tons), the United Kingdom (6.3 tons), Sweden (3.2 tons), Lithuania (2.1 tons), Norway (2.0 tons), Poland (1.2 tons) and the Russian Federation (1.1 tons). Seizure data for 2017 for some countries in Europe that have repeatedly reported cannabis resin seizures exceeding 1 ton, notably Denmark and the Netherlands, were not available at the time of drafting the present report.

771. Seizures of cannabis plants may indicate its cultivation within a country. In 2017, seizures and eradication of cannabis plants illicitly cultivated outdoors and/or indoors were reported in most countries in the region, including a number of States members of the European Union, as well as Albania, Andorra, Bosnia and Herzegovina, Montenegro, the Russian Federation and Ukraine.

772. In Slovakia, both illicit outdoor and indoor cannabis cultivation for local use and trafficking abroad increased by 40 per cent during the reporting year. In Sweden, illicit cultivation has significantly decreased since its peak in 2014. That decrease is possibly a result of interdiction efforts taken by law enforcement authorities and of an increase in trafficking in cannabis products purchased on the Internet into the country.

773. Montenegro has emerged as an entry point and transit country for drugs being trafficked towards Western European markets. Despite having a small domestic market, a slight increase in cannabis use was reported in Montenegro in 2017 owing to trafficking from neighbouring Albania — a major cannabis producer in Eastern Europe — and also to small-scale local production. In 2017, a new record of cannabis seizures was reached in the country, totalling 2.65 tons. The seizures were mainly of cannabis herb originating in Albania.

774. In Belarus, the total amount of narcotic drugs and psychotropic substances seized by customs authorities in 2017 increased by 60 times compared with 2016, according to the Chair of the State Customs Committee.

775. The potency of both herbal cannabis and cannabis resin has largely increased in countries of the European Union since 2006. While the content of THC in herbal cannabis stabilized at about 9–12 per cent in around 2013, THC content in cannabis resin continued to increase, to 14–21 per cent in 2016. In 2016, the black-market price of both drugs was almost the same, in the range of 8–12 euros and 9–13 euros per gram, respectively.

776. Owing to the wide availability of heroin, primarily sourced in Afghanistan, the illicit manufacture of opioids in Europe has until recently been limited to home-made opium poppy products manufactured in some countries in Eastern Europe. The identification of several laboratories converting morphine to heroin in Czechia, the Netherlands and Spain in recent years suggests that some heroin is now manufactured in Europe. The total amount of heroin seized in the European Union was 4.3 tons in 2016 and 4.5 tons in 2015. In 2017, seizures of heroin larger than 100 kg were reported by the United Kingdom (845 kg), Bulgaria (698 kg), Italy (610 kg), Spain (524 kg), Greece (359 kg), Germany (298 kg) and Ukraine (110 kg). Bulgaria also reported seizures of sizeable amounts of morphine (221 kg).

According to authorities in Portugal, Mozambique might have become a new transit point for heroin being trafficked into the country.

777. Other opioids available on the illicit European market include opium, medicinal morphine, methadone, buprenorphine, tramadol, fentanyl and fentanyl-related substances. Some opioids may have been diverted from legitimate pharmaceutical sources, while others may have been illegally manufactured. In 2017, seizures of diverted and/or illicitly manufactured substances of both types of origin were reported by Estonia, Finland, Norway, Portugal, Romania, Slovakia and Sweden, among others.

778. According to EMCDDA, the increase in cocaine manufacture in South America may have had an impact on the European Union market. While cocaine prices in countries of the European Union have remained stable, the purity of the drug is at its highest level in over a decade; also of concern is the increased availability and use of "crack" cocaine. Wastewater analyses show increases in cocaine consumption in some locations in Europe over the period 2011–2017, notably in 2016 and 2017.

779. Cocaine is transported to Europe by various means, including passenger flights, air freight, postal consignments, private aircraft, yachts and maritime containers. The total amount of cocaine reported seized within the European Union in 2016 was 70.9 tons. Given that Belgium (30 tons) surpassed Spain (15.6 tons) as the country with the largest amount of cocaine seized in the European Union in 2016, the importance of cocaine trafficking routes to Europe through the Iberian Peninsula may have slightly declined in favour of ports in other European countries. In 2017, the countries reporting seizures of cocaine hydrochloride of 1 ton or greater were Belgium (44.8 tons), Spain (41 tons), France (17.5 tons), Germany (8.2 tons), the United Kingdom (5.7 tons), Italy (4.1 tons) and Portugal (2.7 tons). However, seizure data for several European countries, including the Netherlands, were not available at the time of drafting the present report.

(b) Psychotropic substances

780. Amphetamine and methamphetamine are among the synthetic stimulant drugs illicitly manufactured in the European Union for the local illicit market, although some amphetamine in the region is also destined for markets in the Middle East, East and South-East Asia and Oceania. Most amphetamine manufacture is reported from Belgium, the Netherlands and Poland, and to a lesser extent Germany and the Baltic countries. In 2016, seizures of amphetamine reported by the European Union member States amounted to 5.7 tons. Overall, the quantity of amphetamine seized in the European Union has been stable since 2010, fluctuating around 5 to 6 tons per year. Germany (1,669 kg), the United Kingdom (1,356 kg), Sweden (892 kg), Poland (582 kg), France (439 kg), Norway (427 kg), Bulgaria (400 kg), the Russian Federation (393 kg), Finland (203 kg) and Belgium (128 kg) were among the countries in Europe that reported seizures of amphetamine higher than 100 kg in 2017.

781. Although the availability of methamphetamine has increased over the last decade in the European Union, it is still much lower than that of amphetamine. Most of the illicit manufacture of methamphetamine in the region takes place in Czechia, and to some extent at the border areas of its neighbouring countries. In 2016, of the 291 illicit methamphetamine laboratories reported dismantled in the European Union, 261 were in Czechia. The predominant precursor chemical used in those laboratories was pseudoephedrine, extracted from medicinal products trafficked mainly from or through Poland. While the manufacture of methamphetamine was mostly confined to small-scale laboratories, large-scale manufacture of the drug destined for other countries in the region was also reported. In 2016, seizures of methamphetamine reported within the European Union amounted to 0.5 tons. In 2017, seizures of methamphetamine larger than 50 kg were reported by the Russian Federation (1,131 kg), France (123 kg), Germany (114 kg), Czechia (93 kg), Norway (76 kg), Italy (57 kg), Finland (56 kg) and Slovakia (51 kg).

782. In Czechia, the illicit manufacture of methamphetamine remained stable, and 264 methamphetamine laboratories were identified in 2017. Of those, 19 were considered medium-large-scale laboratories that could yield between 0.5 to 50 kg of drugs per typical manufacture cycle. In 2017, authorities in Slovakia dismantled a total of 11 laboratories manufacturing methamphetamine: 8 were small kitchen laboratories, mostly producing the drug from pharmaceutical preparations containing pseudoephedrine, and the remaining 3 were medium-scale laboratories capable of yielding up to 10 kg of the drug per manufacturing cycle. In 2017, five illicit methamphetamine laboratories were dismantled in Poland, two in Germany and one in Spain. One clandestine laboratory in which methamphetamine was being produced from 1-phenyl-2-propanone was also dismantled in Lithuania.

783. The apparent recent revival of the illicit market for "ecstasy" in the European Union has manifested itself in the increased number of drug production sites, increased

seizures of the drug and the increasing content of MDMA as the active ingredient in "ecstasy" tablets. In 2016, the member States of the European Union reported 24,000 seizures of MDMA (295 kg of the substance), along with 5.3 million tablets containing the substance. In addition, 1.2 tons of MDMA, originating in Europe, were reported seized by Australia. In 2016, 11 illicit MDMA laboratories were dismantled in the European Union (10 in the Netherlands and 1 in Belgium), which was more than double the number dismantled in 2015. In 2017, three illicit MDMA laboratories were identified in Sweden, one in Belgium and one in Poland.

784. In 2017, among the countries in Europe that reported seizures of synthetic drugs other than amphetamine-type stimulants, Estonia, Lithuania, Luxembourg, Slovakia and the United Kingdom reported seizures of LSD; seizures of GHB were reported by Estonia, Luxembourg and Norway, among others. According to EMCDDA, the number of LSD seizures (about 1,800) almost doubled in the European Union during the period 2010–2016, although the quantity of the drug seized fluctuated.

785. According to the Police Academy in the Netherlands, in its study entitled *The Netherlands and Synthetic Drugs: An Inconvenient Truth*, which was published in 2018, revenue from the illicit synthetic drug market in the Netherlands amounted to at least 18.9 billion euros in 2017. That estimated revenue excludes the revenue from the manufacture of amphetamines and MDMA by Dutch nationals abroad, and the revenue generated from the production of drugs other than synthetic ones.

(c) Precursors

786. For several years, countries in Europe have continued seizing both internationally controlled and non-scheduled substances used for the illicit manufacture of synthetic drugs in the region, in particular amphetamine, methamphetamine and MDMA. Those substances included 3,4-MDP-2-P and 3,4-MDP-2 glycidic acid derivatives that can be used in the illicit manufacture of MDMA and ephedrines; 1-phenyl-2-propanone (P-2-P), including methyl glycidic acid derivatives of the substance; and APAAN and APAA, which can be used in the illicit manufacture of amphetamines. For example, in 2017, a seizure of sizeable amount of APAAN (1.3 tons) was reported by Albania.

787. Since 2016, countries in the European Union have been increasingly targeted by traffickers seeking new sources of acetic anhydride. Attempts to divert the substance continued until about mid-2017, when the number of identified diversion attempts started declining, although did not disappear completely. In contrast to that decline in diversion attempts, the trafficking of previously diverted acetic anhydride continued throughout 2017 and 2018, as evidenced by a number of seizures of the substance of suspected European origin both within and outside the region. It appears that the diversion of acetic anhydride and the subsequent trafficking in the substance from the region might have been facilitated by the different approaches taken by the States members of the European Union with regard to the implementation of particular provisions of European Union precursor control legislation.

788. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2018 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

789. New psychoactive substances, in particular highly potent synthetic opioids and synthetic cannabinoids, have continued to cause public health problems in Europe.

790. In 2017, 51 new psychoactive substances were detected for the first time on the European market: about one new substance every week. That number is lower compared with the previous five years, in particular 2014 and 2015, when new identifications reached about 100 annually. The reasons for that decrease in new detections are not clear, but they may include efforts to schedule new psychoactive substances at the international and national levels, and measures taken by the Government of China, in particular law enforcement operations targeting laboratories producing new psychoactive substances in that country.

791. Synthetic cannabinoids have continued to be the largest group of new psychoactive substances monitored by EMCDDA: in 2017, 10 new synthetic cannabinoids were reported to the agency. Synthetic cannabinoids were also the most frequently seized new psychoactive substances, accounting for 45 per cent (32,000 seizures) out of a total of 71,000 seizures of new psychoactive substances reported in Norway, Turkey and the European Union in 2016. Those synthetic cannabinoids were trafficked to Europe from outside the region and then mixed with dried plant material and packaged in processing

facilities in the region. The five most commonly seized synthetic cannabinoids in 2016 were MDMB-CHMICA, 5F-AKB-48, AB-CHMINACA, UR-144 and AMB-FUBINACA, all but the last of which were listed in Schedule II of the 1971 Convention by the Commission on Narcotic Drugs in March 2017 or March 2018.

792. The second-largest group of new psychoactive substances monitored by EMCDDA was synthetic cathinones. In 2017, 12 synthetic cathinones were detected for the first time, bringing the total number found on the European market to 130. With over 23,000 seizures, synthetic cathinones accounted for 33 per cent of the total number of seizures of new psychoactive substances in 2016; a minor decrease compared with the previous year. The five most commonly seized cathinones in 2016 were α-PVP, 4-CMC, 3-CMC, 4-methyl-*N*,*N*-dimethylcathinone and 3-MMC; α-PVP was brought under international control and placed in Schedule II of the 1971 Convention in March 2016.

793. In 2017, 13 new synthetic opioids, including 10 fentanyl derivatives, were detected on the European illicit drug market. Although new fentanyl derivatives do not currently play a major role in that market, their high potency and availability on the market in diverse forms including nasal sprays or in mixtures with other drugs, such as heroin, cocaine or counterfeit medicines, pose a serious health risk not only for users but also for health and law enforcement personnel.

794. In 2016, the number of seizures of new synthetic opioids tripled compared with 2015, and accounted for 2.3 per cent of all new psychoactive substances seized in that year. Fentanyl derivatives accounted for about three quarters of the approximately 1,600 seizures of new synthetic opioids made in 2016.

795. Since 2015, 14 new benzodiazepines have been reported to the European Union Early Warning System. The increasing availability of both established and new benzodiazepines on the illicit drug market in some countries in Europe is of concern because of possible links between their use and opioid overdose deaths.

796. By the end of 2017, EMCDDA was monitoring 23 new benzodiazepines, of which 3 had been detected for the first time in Europe in that year. While the number of seizures of benzodiazepines decreased in 2016, when compared with 2015, the amount of the substances seized increased significantly. Other new psychoactive substances seized in 2016 included arylcyclohexylamines, phenethylamines, tryptamines, piperidines, pyrrolidines and arylalkylamines.

797. Reports of increasing manufacture of new psychoactive substances in Europe can be further corroborated by the identification of laboratories manufacturing or processing flunitrazolam, an internationally non-controlled benzodiazepine derivative, and cyclopropylfentanyl, an internationally non-controlled opioid analgesic, in Sweden in 2017.

5. Abuse and treatment

798. More than 92 million people in the European Union, or over a quarter of the population aged 15 to 64, are estimated to have tried illicit drugs at least once in their lives. The prevalence of drug use in the European Union is higher among males (56.0 million) than females (36.3 million). Drug use in Europe encompasses a wide range of substances; polydrug use is common. Individual patterns of drug use range from experimental to more regular and harmful patterns of use.

799. According to the EMCDDA report "Preventing overdose deaths in Europe", published in 2017 as part of the Perspectives on Drugs series, at least 9,000 people in Norway, Turkey and the countries of the European Union died as a result of drug overdoses in 2016. Evidence shows that educational and training interventions for peers and family members, complemented by the implementation of take-home naloxone projects, can help decrease overdose-related mortality rates.

800. The prevalence of cannabis use in the European Union is about five times that of other substances: about 87.6 million persons aged 15 to 64, or 26.3 per cent of that age group, have tried cannabis in their lives. It is estimated that about 1 per cent of adults in Europe use cannabis daily or almost daily (20 days or more in the past month). Around three quarters of cannabis users are males aged 35 to 64. The most recent EMCDDA drug abuse survey indicates a stable or increasing trend in last-year cannabis use among those aged 15 to 34.

801. Heroin remains the most commonly used illicit opioid in Europe. Other opioids being abused in the region include methadone, buprenorphine, fentanyl, codeine, morphine, tramadol and oxycodone. Eighty per cent of first-time entrants into treatment in the European Union for opioids as the primary drug of abuse cited heroin as the primary drug of abuse, followed by methadone (8 per cent), buprenorphine (5 per cent), fentanyl (0.3 per cent) and other opioids (about 7 per cent). In the European Union, 23 is the mean age of initiation of heroin use and 34 is the mean age of heroin users seeking treatment for drug dependence for the first time.

802. It is estimated that about 5.1 per cent of the population of European Union member States aged 15 to 64 have tried cocaine in their lives. The highest last-year prevalence of cocaine use among young adults was reported by the United Kingdom (4.0 per cent), Denmark (3.9 per cent), the Netherlands (3.7 per cent), Spain (3.0 per cent) and Ireland (2.9 per cent). In 2017, some increase in cocaine use was reported by Albania, Croatia, Lithuania, Slovakia and Switzerland.

803. The available data suggest that, since around 2000, there has been a relatively stable situation in the use of amphetamines in countries in Europe. It is estimated that 11.9 million of those aged 15 to 64 in the European Union, or 3.6 per cent of that age group, have tried amphetamines during their lives. In 2017, decreased use of amphetamine in Europe was reported by Bulgaria, Italy and the United Kingdom. In Norway, the use of amphetamine has increased.

804. Methamphetamine use, which in Europe has been generally low and historically concentrated in Czechia and Slovakia, is now also present in the areas of Germany that border with Czechia and in Cyprus, Spain and countries in Northern Europe, including Finland and Sweden.

805. Approximately 35,000 drug users who entered specialized drug treatment in the European Union in 2016 reported amphetamines as their primary drug; about 15,000 of them were first-time clients. In Germany, Finland, Latvia and Poland, primary amphetamine users accounted for more than 15 per cent of all first-time treatment entrants. Almost 90 per cent of the 9,200 drug users who entered specialized treatment in the European Union and who reported methamphetamine as their primary drug of abuse were from Czechia or Slovakia.

806. The mean age of initiation of use of amphetamines among drug users in the European Union is 20; 29 is the mean age of users of amphetamines entering treatment for drug dependence for the first time. Problems related to long-term, chronic and injecting amphetamine use are most evident in countries in Northern Europe; methamphetamine problems have been more noticeable in Czechia and Slovakia.

807. Until recently, the prevalence of "ecstasy" use had been on the decline from the peak levels reached in many countries in the early to mid-2000s. It is estimated that 4.1 per cent (13.5 million) of persons aged 15 to 64 in the European Union have tried "ecstasy" in their lives. Consumption of "ecstasy" is highest among those aged 15 to 34; about 2.2 million (1.8 per cent) of that age group have used "ecstasy" in the last year. In that age group, the last-year prevalence of "ecstasy" use ranged from 0.2 per cent in Portugal and Romania to 7.4 per cent in the Netherlands. It is worth noting that use of "ecstasy" is only rarely cited as a reason for entering specialized drug treatment.

808. Although data on the availability of new psychoactive substances in the European Union are gradually improving, estimating the demand for those substances remains a challenge for the region. Since 2011, 13 European countries have provided EMCDDA with national estimates of the use of new psychoactive substances; however, the use of different methods and survey questions limits the comparison of the outcomes of the surveys.

809. The French Monitoring Centre for Drugs and Drug Addiction (OFDT), in a report from March 2018 concerning users of and markets for psychoactive substances, indicated that the habitual use of new psychoactive substances during the period 2016–2017 was confined to particular population groups, such as high-school students aged 15 to 17 and adults who were using cannabis regularly. According to the report, the use of new psychoactive substances also includes inhalation of synthetic cannabinoids, advertised as "e-liquids". The users of new psychoactive substances in France perceived that purchasing such substances online was a guarantee of their quality; such a perception could motivate them to further use the substances.

810. Although use of new psychoactive substances in the European Union is low overall, their use by high-risk drug users is of particular concern. A number of countries reported the smoking of synthetic cannabinoids within marginalized communities, such as homeless people and prisoners. For example, a survey conducted in prisons in the United Kingdom in 2016 found that 33 per cent of the 625 prison inmates surveyed reported use of synthetic cannabinoids (known as "Spice") within the last month, whereas 14 per cent reported use of cannabis in the previous month. Use of new psychoactive substances does not, however, account for a sizeable proportion of drug treatment cases in Europe.

811. According to the statistical bulletin of the Office for National Statistics of the United Kingdom, released in August 2018, 61 deaths in 2017 were reported as related to new psychoactive substance poisoning in England and Wales; a significant decrease from the 123 such deaths reported in 2016 following the Government's approval of the Psychoactive Substances Act in 2016, which established a blanket ban on the import, production and supply of most psychoactive substances not already covered by law.

812. The prevalence of LSD and hallucinogenic mushroom (containing psilocybin) use has been generally low and stable in Europe for many years. In 2017, Croatia, Greece, Norway, Lithuania and Portugal were among the countries that reported abuse of LSD or hallucinogenic mushrooms.

813. In the European Union, injecting drug use is mostly associated with opioids, although the injecting of stimulants such as amphetamines or cocaine has also been reported in a few countries. Since 2011, use of heroin by injection was reported by 13 out of 16 countries from which such estimates of injecting drug use were available. Among the first-time entrants into treatment who reported heroin as their primary drug of abuse when entering specialized drug treatment in 2016, 27 per cent reported injecting as their main route of administration, down from 43 per cent in 2006. With regard to other drugs, abuse of buprenorphine by injecting was reported by, among others, Finland, synthetic cathinones by Hungary, cocaine by France, amphetamine by Latvia and methamphetamine by Czechia.

E. Oceania

1. Major developments

814. Oceania continues to be vulnerable to drug manufacturing and drug and precursor trafficking. Countries in Oceania reported seizures of considerable amounts of various drugs, including crystalline methamphetamine, the increase in manufacturing capacity and growing market for which have become a significant concern in the region. National wastewater drug monitoring has shown that Australia has become a major consumer of methamphetamine, cocaine and "ecstasy". Australia's lucrative illicit market for drugs continues to attract transnational organized criminal groups.

815. In recent years, seizures of large amounts of cocaine have been reported in a number of countries in the region. The general annual prevalence rate of cocaine abuse in Oceania is high, with Australia having a 2.5 per cent prevalence rate among the population aged 14 years and older in 2016. The weight of cocaine seized in Australia also exceeded the total estimated weight of cocaine that would be required to meet the estimated size of the national demand of the substance for abuse. The significant amount of cocaine seized in Tonga indicates that, in addition to being used as a transit point, cocaine abuse has spread to the country.

816. The lack of data related to drug trafficking and abuse in the region, other than for Australia and New Zealand, coupled with the fact that many countries have not yet become parties to the drug control treaties, is a matter of great concern to the Board. The Board has conducted bilateral meetings with the Governments of Papua New Guinea and Solomon Islands to address those issues and has followed up with the Governments of all non-States parties to one or more of the international drug control conventions in the region. In that connection, the Board was informed that the authorities of Papua New Guinea were to commence the national process of adhering to the 1988 Convention in September 2018.

2. Regional cooperation

817. The Oceania Customs Organization[84] held its twentieth annual conference, on the theme "Strengthening regional connections to support a safe and prosperous Pacific", in Melbourne, Australia, from 11 to 14 June 2018. During the meeting, customs administrations from the 23 members signed a memorandum of understanding on customs cooperation to facilitate the exchange of information between relevant border security agencies. Members endorsed the re-establishment of the Information Working Group and the progression of the Small Craft Mobile Application Project, developed by Australia, to phase 3 as of July 2018. The members also endorsed the signing the Declaration of Partnership between the Pacific Islands Chiefs of Police, the Pacific Immigration Development Community and the Oceania Customs Organization in March 2018.

818. Under the UNODC global SMART programme, two national technical workshops were organized for the Governments of Solomon Islands and Vanuatu. The workshops brought together representatives of various national authorities and civil society organizations involved in countering the drug problem. They were composed of training and discussion sessions on enhancing illicit drug data collection in the countries. The workshops were held in Port Vila from 26 to 27 July 2018 and in Honiara on 1 and 2 August 2018. Also under the global SMART programme, UNODC provided support to the Government of Fiji, in particular by contributing to the third National Narcotic Committee meeting, held in Suva on 30 July 2018.

[84] Customs administrations from the following countries and territories are members of the Oceania Customs Organization: American Samoa, Australia, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, New Caledonia, New Zealand, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Timor-Leste, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna Islands.

819. In April 2018, the Marshall Islands, Micronesia (Federated States of) and Palau signed an agreement establishing the Micronesian Regional Transnational Crime Unit. Attorneys general from each of those countries were assigned to develop, create and establish a binding framework that could strengthen the Unit. It is anticipated that the Unit will strengthen mutual assistance in the national jurisdictions of each country by fostering stronger regional collaboration in areas including the prevention, investigation and prosecution of drug trafficking and drug smuggling, cybercrime detection and prevention, and information-sharing concerning national and regional criminal activity trends.

820. The Nauru Police Force, in collaboration with the Australian Border Force and the Australian Federal Police, conducted training for police and border control officers and health-care staff on detecting illicit drugs from 4 to 6 July 2017. The training focused on the use of the narcotic identification kits to identify a variety of substances. It also covered detection and search principles such as examination procedures for bags and cargo, safety during examination of substances and post-detection procedures. Drug seizures have taken place recently in Nauru, but the country had a lack of technical capacity to detect and test the drugs.

821. The second standing meeting of Pacific Islands Forum Foreign Ministers was held in Suva on 11 August 2017. The foreign ministers discussed a wide range of issues affecting the political and security environment of the Pacific, including the increased incidence of transnational organized crime. The increasing incidence of such crime in the region, including the rise in drug trafficking, is a concern.

3. National legislation, policy and action

822. Several countries in Oceania are not yet parties to the international drug control conventions.[85] This is a specific concern to INCB as it increases the vulnerability of those countries to drug and precursor trafficking and to being used as transit points for drug trafficking from other regions. **The Board calls upon all States that are not yet parties to one or more of the international drug control conventions to accede to them without delay and reiterates its readiness and willingness to support them in that undertaking in any way possible.**

823. Australia introduced an instrument, the Narcotic Drugs Amendment (Cannabis) Regulations 2018, in February 2018. The purpose of the instrument is to amend the Narcotic Drugs Regulation 2016 to permit the export of medicinal cannabis products and allow medical cannabis products and raw cannabis and cannabis resin to be supplied directly to the holder of a manufacturing licence under the Therapeutic Goods Act 1989 for subsequent supply to patients in Australia or for export.

824. The Misuse of Drugs (Medical Cannabis) Amendment Bill was introduced in the New Zealand Parliament in December 2017. The Bill would amend the Misuse of Drugs Act 1975 to improve access to medical cannabis for terminally ill people and those in chronic pain, with the intention of improving access to affordable cannabis products that meet quality standards. According to the amendment, the Bill would also include a regulation-making power to enable the setting of quality standards for medicinal cannabis products available on prescription and the de-scheduling of CBD as a controlled substance. The Bill would provide an exception and a statutory defence for the possession and use of cannabis by people who have less than 12 months to live. The changes are expected to come into force in 2019.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

825. The amount of cannabis herb seized in 2016 (the latest year for which data are available) increased by 6 per cent in Oceania compared with 2015. Cannabis herb seizures in Oceania accounted for 0.2 per cent of total global seizures. Most of the cannabis trafficked to the Pacific island States is cultivated within the region. However, in Australia, the main cannabis market in the region, illicit imports of cannabis were detected from different countries during the 12-month reporting period 2015/16.

826. In New Zealand, the quantity of cannabis seized was 538.8 kg in 2017, which was comparable to the 524.2 kg seized in 2016. However, the number of cannabis plants seized declined to 40,481 in 2017, from 78,358 in 2016. The number of outdoor cannabis plants eradicated decreased significantly, to 19,559 plants in 2017 from 104,725 plants in 2016. The number of indoor cannabis

[85] Kiribati and Tuvalu have not adhered to any of the three international drug control conventions; the Cook Islands, Nauru, Niue, Samoa and Vanuatu are not parties to either the 1961 Convention or the 1971 Convention; Solomon Islands is not a party to either the 1971 Convention or the 1988 Convention; and Palau and Papua New Guinea are not parties to the 1988 Convention.

plants eradicated increased slightly to 19,992 in 2017, from 18,903 in 2016. The quantity of cannabis herb seized in Australia increased substantially, to 19,200 kg in 2017, from 11,174 kg in 2016.

827. The latest available data show that the quantity of cocaine seized in Oceania increased by more than 75 per cent between 2015 and 2016, reaching a record high level in the region, with Australia accounting for 98 per cent of all cocaine intercepted. The Australian Federal Police also reported making the largest cocaine seizures in the Pacific through different operations conducted in the country during the 12-month reporting period 2016/17. Another major cocaine seizure was of 1.28 tons of the drug, intercepted through Operation Amorgos in January 2018 in collaboration with the New Zealand Police. Australia reported that the amount of cocaine seized doubled in 2017, to 4,140 kg, compared with 2,159 kg in 2016.

828. In Tonga, 58 kg of cocaine were seized by police in the Ha'apai group of islands in June 2018, with the help of the country's naval forces. Considering the size and population of Tonga (109,008 in 2018), it was a very large seizure to be made in one operation. The final destination of the cocaine was thought to be New Zealand or Australia. However, the seizure might also indicate the existence of local abuse of the drug.

829. In New Zealand, the amount of cocaine seized tripled, to 108 kg in 2017, from 36 kg in 2016, as reported by the country's police and customs authorities. That was supported by data on drug interceptions from the New Zealand Customs Service, which indicated a significant increase of cocaine seizures in 2017 compared with previous years. The number of seizures also increased, to 199 in 2017, from 132 in 2016. The much smaller increase in the number of seizures compared with the amount seized between 2016 and 2017 indicates that drug traffickers are trying to smuggle a larger amount of cocaine at a time. The joint police and customs Operation Heracles saw a single seizure of 46 kg of cocaine in November 2017, the largest ever in New Zealand.

830. According to the Australian Federal Police, 196.9 kg of heroin were intercepted in 2016/17, which was substantially lower than the amount seized in 2015/16 (282.1 kg). About 30 kg of heroin destined for Australia had been intercepted in Fiji as part of Operation Okesi during the period 2016/17. East and South-East Asia remained the main source of heroin in Oceania, although there were indications of a decrease in heroin trafficking in the region. The amount of heroin seized in New Zealand increased significantly, from 49.27 g in 2016 to 829 g in 2017.

(b) Psychotropic substances

831. The increasing amount of methamphetamine seizures in Oceania might indicate the existence of a growing market in the region. Both the tablet and crystalline forms of methamphetamine are available in Oceania; however, crystalline methamphetamine is increasingly becoming a concern given the growing market for the substance and an increase in the amount of consumption, manufacturing capacity and seizures in the region.

832. Australian Federal Police reported seizing 3.5 tons of methamphetamine in the 12-month period 2016/17, which was lower than in the previous 12 months (3.9 tons). The seizures were a result of the different task forces and operations working in collaboration with the Australian Border Force. For example, through Taskforce Blaze, the Australian Federal Police and the National Narcotics Bureau of China jointly targeted a syndicate and seized 64 litres of liquid methamphetamine that had been trafficked from China. In December 2017, a record amount of methamphetamine, 1.2 tons, was seized in Australia through a multi-agency investigation involving the Australian Federal Police, the Australian Border Force, the Australian Criminal Intelligence Commission and other regional offices.

833. The quantity of methamphetamine seized in New Zealand decreased by half, to 477.5 kg in 2017, from 927.3 kg in 2016. However, the amount of the liquid form of methamphetamine seized in 2017 was 160.6 litres, significantly higher than the 31 litres seized the previous year. The price of methamphetamine decreased to 500 New Zealand dollars per gram in 2017, from 600 New Zealand dollars per gram in 2016, indicating a high availability of methamphetamine, despite a decrease in seizures. Annual surveys in New Zealand have found that increasing methamphetamine supply and lower prices are consistent with the record amounts of methamphetamine seized in the past two years. Police in Tonga intercepted 297 g of methamphetamine in April 2018: this and other recent seizures in Tonga indicate that the country is becoming a target of drug traffickers and indicates the potential spread of drug abuse among residents of the country.

834. In Australia, seizures of amphetamine-type stimulants by the Federal Police increased slightly, to 7.3 tons in 2016/17, compared with 7.2 tons in 2015/16. Methamphetamine accounted for the highest share (47 per cent) of the total amount of such substances seized in 2016/17. That growth was mainly a result of the significant increase in seizures of "ecstasy" in 2016/17 (1.3 tons) compared with the previous year (0.2 tons).

835. The amount of "ecstasy" seized in New Zealand increased from 11.4 kg in 2016 to 39.5 kg in 2017. By contrast, 1.18 kg of amphetamine were seized in 2017, which was a considerable decrease from 2016 (27.3 kg). Smaller amounts of "ecstasy" mimics such as α-PVP were seized in 2017 compared with previous years; however, a large amount of cathinone *N*-ethylpentylone was seized.

(c) Precursors

836. The quantity of precursors seized in Australia in 2016/17 was 2.3 tons, a considerable increase from the 0.3 tons seized during the previous 12 months. The Australian Border Force also reported seizing a sizable amount of ephedrine, including a single seizure, in October 2017, of 3.9 tons that had been intended for the manufacture of methamphetamine. This indicates that the strong demand for methamphetamine in the country continues.

837. Seizures of methamphetamine precursors (the majority being ephedrine) by customs and police authorities in New Zealand decreased to 723.8 kg in 2017, from 1,237.9 kg in 2016. That was the lowest amount seized since 2012 (498 kg), when pseudoephedrine was the most prevalent imported precursor. In contrast, the amounts of finished methamphetamine seized remained high, supporting intelligence that suppliers and users are choosing to import the end product.

(d) Substances not under international control

838. According to the Australian Federal Police, a considerable amount (1.32 tons) of sedatives, including GBL and GHB, were seized during the 12-month period 2016/17. That was more than three times the amount seized in the previous year (364.2 kg). A significant amount (2.52 tons) of other stimulants, including cathinone analogues, amphetamine analogues, khat, methylphenidate, phentermine, ethylphenidate and methiopropamine, was also seized during the reporting period.

839. In New Zealand, *N*-ethylpentylone, a synthetic cathinone, was seized in large volumes both at the border and within the country in 2017. *N*-ethylpentylone is sold as a form of "ecstasy" and has a similar form and appearance to "ecstasy", in both powder and crystalline form. In 2017, benzodiazepine seizures decreased to 18,309 tablets, from 23,619 tablets in 2016. Benzodiazepine abuse is believed to be widespread, despite the decreasing trend reported in New Zealand. Seizures of methylphenidate remained stable, with 2,817 tablets seized in 2017 and 2,700 tablets in 2016.

5. Abuse and treatment

840. Cannabis continued to be the most widely abused drug globally in 2016, with 192.2 million past-year users among the population aged between 15 and 64. Oceania falls among the top three regions in terms of rates of cannabis use, with an 11 per cent prevalence rate, after West and Central Africa (13.2 per cent) and North America (12.9 per cent).

841. The annual prevalence rate of cannabis use among the general population in New Zealand is 11.6 per cent, with an estimated 445,000 users. The annual prevalence rate among young people in the country is higher, at 22.2 per cent. The number of drug-related deaths in New Zealand increased from 178 in 2013 to 254 in 2015, as a result of an increase in abuse of cannabis, which might include synthetic cannabis. However, amphetamine is the number one cause for deaths resulting from drug overdose.

842. According to data collected in October and December 2017 and covering over half of the country's population, methamphetamine continued to be the most abused drug of the substances measured as part of the National Wastewater Drug Monitoring Program (namely, amphetamine-type stimulants, cocaine and opioids) in all regions of Australia. Estimated average cocaine abuse had doubled in the capital city and increased threefold in regional sites since August 2016. Estimated consumption of other stimulants, including "ecstasy", was lower, and overall consumption of heroin in Australia may have slightly decreased from August 2017 to December 2017. Similar to previous findings, mephedrone and methylone were detected at a number of sites, but in negligible amounts. However, the number of detections of mephedrone more than doubled between August 2017 and December 2017.

843. In the *Drug Use Monitoring in Australia: 2015 and 2016 report on drug use among police detainees*, published by the Australian Institute of Criminology, the use of drugs by 1,896 detainees in Australia in the 12-month period 2015/16 was analysed together with that of the 1,551 detainees assessed for the same study in 2013/14. According to the report, the proportion of prison detainees testing positive for methamphetamine increased significantly, from 34 per cent in 2013/14 to 48 per cent in 2015/16, making methamphetamine the most-frequently abused drug. The number of detainees testing

positive for cannabis was 831 (44 per cent) in 2015/16 and 708 (46 per cent) in 2013/14. There were 116 detainees (6 per cent) testing positive for heroin in 2015/16 and 117 (8 per cent) in 2013/14; 20 detainees (1 per cent) tested positive for cocaine in 2015/16 and 31 (2 per cent) in 2013/14. Regarding "ecstasy", the test showed an increase from 1.3 per cent in 2013/14 to 2.3 per cent in 2015/16. In 2015/16, the proportion of self-reported drug abuse in the last 30 days for heroin, methamphetamine and cocaine was 73 per cent, 78 per cent and 65 per cent, respectively, of the total number of detainees who tested positive for those drugs. Those figures show that self-reported use of those drugs was underreported by 22–35 per cent of detainees.

844. In its report entitled *Alcohol and Other Drug Treatment Services in Australia 2016–17*, the Australian Institute of Health and Welfare indicated that amphetamines (i.e., methamphetamine and amphetamine), cannabis and heroin were the three principal illicit drugs of concern for patients seeking treatment for drug use in Australia in 2016/17, with 26 per cent, 22 per cent and 5 per cent, respectively. The proportion of persons seeking treatment for amphetamines increased from 23 per cent in 2015/16 to 26 per cent in 2016/17, meaning that amphetamines replaced cannabis as the second-most common drug of concern after alcohol. Counselling was the most common type of treatment that was provided, followed by assessment only and support and case management only. The rate of drug-induced deaths in Australia has been increasing since 2007 and reached 1,808 deaths in 2016, which was the highest on record since the late 1990s. The deaths were mainly a result of the non-medical use of benzodiazepines and oxycodone; deaths resulting from the use of other controlled substances have also been increasing.

845. In New Zealand, the proportion of persons detained by the police who had used methamphetamine in the previous year increased from 26 per cent in 2010 to 38 per cent in 2016. That could be attributed to the increase in reported availability, coupled with the decrease in price. However, abuse of cannabis in the previous year by detainees declined from 76 per cent in 2011 to 68 per cent in 2016, as a result of cannabis being considered to be very difficult to find and of the effectiveness of police cannabis crop eradication operations. Likewise, the proportion of those who had abused "ecstasy" in the previous year decreased from 28 per cent in 2011 to 14 per cent in 2016. The percentage of detainees who had tried opioids in their lifetime was 17 per cent in 2016, with no change from previous years. However, the percentage of detainees who had tried cocaine in their lifetime increased from 17 per cent in 2010 to 26 per cent in 2016, despite cocaine being reported as difficult to procure. The proportion of detainees who had used synthetic cannabinoids in the previous 12 months declined from 47 per cent in 2013 to 20 per cent in 2016 and the proportion of detainees who had tried a drug for the first time declined from 32 per cent in 2013 to 17 per cent in 2016: 19 per cent cited the new drug they had tried as methamphetamine, 14 per cent cited "ecstasy", 13 per cent cited synthetic cannabinoids and 9 per cent cited cocaine.

846. The 2016/17 annual health survey in New Zealand showed that 1.0 per cent of the population aged between 16 to 64 abused amphetamine, which was slightly lower than the 2015/16 survey result (1.1 per cent). In general, the level of abuse had been stable over the previous six years. According to the survey, 11.6 per cent of the population aged 15 and above had used cannabis. The trend of cannabis use showed an increase from year to year since 2011/12 (8.0 per cent), with the exception of 2014/15.

847. Oceania is the region with the second-highest rate of use of amphetamines among those aged between 15 and 64 in the past year. The abuse of "ecstasy" continued to be high in Oceania, and the estimated past-year prevalence rates for "ecstasy" abuse in the region are among the highest in the world. In a number of pilot testing areas in New Zealand, wastewater testing exhibited higher-than-anticipated levels of MDMA, showing that "ecstasy" use is still prevalent in the country.

Chapter IV.

Recommendations to Governments, the United Nations and other relevant international and national organizations

848. Following its review of the implementation of the international drug control conventions, the Board would like to present to Governments, the United Nations and relevant international and regional organizations its main conclusions and recommendations, as shown below.

Cannabis and cannabinoids for medical, scientific and "recreational" use

849. Cannabis is controlled under the 1961 Convention as it produces dependence and has adverse public health consequences. Under the 1961 Convention, the medical use of cannabinoids is possible if such use is medically supervised, safe and effective, and provided that the control measures envisaged in the Convention are in place. The Board notes that, while a number of medicinal products containing cannabinoids have been licensed in a number of countries for medical use in the treatment of specific conditions, cannabis and its derivatives are not a first-line treatment for medical conditions. Furthermore, the Board notes that the smoking of cannabis for medical purposes is not a medically accepted way to obtain standardized doses of cannabis or its derivatives.

850. Poorly regulated and poorly administered programmes for the medicinal use of cannabinoids can potentially have adverse effects on public health. Moreover, such programmes, and the associated perception of lower risk of the use of cannabis that they may convey, may also contribute to the legalization of non-medical cannabis use, which is contrary to the international drug control treaties.

Recommendation 1: **The Board reiterates that:**

- ***(a)*** **Governments that wish to establish special-access schemes to allow for the medical use of cannabinoids should do so only where there is evidence of efficacy and safety, should limit the use of such preparations to approved medicinal cannabinoids and should monitor their prescription and use to minimize any risk of diversion and abuse;**
- ***(b)*** **Governments should ensure that such programmes do not result in the de facto legalization of cannabis for non-medical purposes;**
- ***(c)*** **Medical use of cannabinoids should be regulated and supervised in a manner that meets the requirements set out in the drug control treaties. The integrity of the pharmaceutical regulatory system must be maintained, in particular by ensuring that cannabinoids are used in medical practice only where there is evidence of their equal or superior effectiveness relative to other medicinal products, and evidence of their safety;**
- ***(d)*** **Governments that allow the medicinal use of cannabinoids should monitor and evaluate the medicinal effectiveness as well as any unintended impact of those programmes.**

851. The universal adherence to the three international drug control treaties and the commitment to their implementation reaffirmed by Member States at the special session of the General Assembly on the world drug problem held in 2016 are undermined by the developments in a few countries that have legalized or permitted the use of cannabis for non-medical purposes or that have tolerated its legalization at the subnational level.

852. The Board reiterates that the 1961 and the 1988 Conventions limit the use of cannabis exclusively to medical and scientific purposes.

853. The above developments will reduce the perception of risk associated with the non-medical use of cannabis and will likely increase the adverse effects of cannabis on public health, such as higher rates of cannabis-related motor vehicle accidents and injuries, cannabis dependence and abuse, physical and mental health conditions and poor medical and psychosocial outcomes among young people.

Recommendation 2: **Recalling the limitation of use of narcotic drugs and psychotropic substances to medical and scientific purposes as well as the health and welfare objectives of the treaties, the Board reiterates that the three international drug control treaties limit the use of cannabis exclusively to medical and scientific purposes. The Board calls upon the Governments of countries in which the use of cannabis or cannabis derivatives for non-medical, "recreational" purposes has been permitted to take steps to bring the entirety of their territories back into compliance with the international drug control conventions and their obligations thereunder.**

854. For detailed information on cannabis and cannabinoids for medical, scientific and "recreational" use, see chapter I of the present report.

Fifty years of promoting the consistent application of the international drug control treaties

855. 2018 marked the fiftieth anniversary of the establishment of INCB. Today, the three United Nations drug control conventions are among the most widely ratified international instruments in existence. As with other international treaties, the choice of policy, legislative and administrative measures to implement them is left to the discretion of Governments, within the limits set in the conventions.

Recommendation 3: **INCB calls upon all States to respect their legal obligations under the conventions and recalls that treaties are binding and must be performed by parties in good faith, that the provisions of internal law cannot be used as justification for failure to meet the requirements of a treaty, unless so provided for in the concerned treaty, and that this is applicable to the general objective of the international drug control conventions limiting the use of narcotic drugs and psychotropic substances to medical and scientific purposes.**

Recommendation 4: **INCB urges all Governments to cooperate with the Board in fulfilling its mandate, which is to monitor the compliance of States with the international drug control conventions. The Board will continue to work with all States to facilitate the implementation of the international drug control treaties to ensure that their objectives, provisions and potential are fully realized for the benefit of the health and welfare of humankind.**

International drug control conventions and human rights

856. The fundamental goal of the international drug control conventions, to safeguard the health and welfare of humanity, includes the full enjoyment of human rights. State actions that violate human rights in the name of drug control policy are inconsistent with the international drug control conventions. Such actions include extrajudicial responses to suspected drug-related criminality, which cannot be justified under the international drug control conventions.

Recommendation 5: **The Board reiterates its appeal to all States to address drug-related crime through formal criminal justice responses, in accordance with the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, and in adherence to internationally recognized due process standards.**

857. In addressing suspected drug-related crime, States should also be proportionate in their responses and in their treatment of suspected offenders. According to the principle of proportionality, offences of lesser relative gravity do not require States to subject those who have committed them to criminal sanction or punishment, including incarceration.

Recommendation 6: **States parties should consider applying the various alternatives to conviction, punishment and incarceration, including measures of treatment, education, aftercare, rehabilitation and social reintegration, provided for in the international drug control conventions.**

Recommendation 7: **The Board reiterates recommendation 8 contained in its annual report for 2017, namely that the principle of proportionality must continue to be a guiding principle in drug-related matters. Although the determination of sanctions applicable to drug-related crime remains the prerogative of States parties to the conventions, INCB reiterates its position on the**

issue of capital punishment for drug-related offences and encourages States that retain capital punishment for drug-related offences to consider the abolition of the death penalty for that category of offence.

Prevention and treatment

858. An area in which the implementation of the international drug control conventions has not been fully realized is the provision of prevention and treatment. These provisions do not mandate a specific approach, leaving States to determine which approaches are most suitable to their situation. The lack of adequate epidemiological data on drug use remains a barrier to the development of evidence-based drug policy to support the development, formulation and provision of targeted and effective prevention and treatment interventions and to the effective utilization of resources. In many parts of the world, prevention initiatives are non-existent or insufficient and the provision of treatment services is inadequate, while insufficient mechanisms exist to combat stigma and foster social reintegration.

Recommendation 8: **States should look at existing best practices and develop effective strategies for the prevention of drug use, as well as mechanisms to address dependence through evidence-based treatment, rehabilitation, aftercare and social reintegration. In that regard, Governments are encouraged to refer to chapter I of the Board's annual report for 2017, entitled "Treatment, rehabilitation and social reintegration for drug use disorders: essential components of drug demand reduction".**

Availability

859. The lack of availability of controlled narcotic drugs and psychotropic substances for legitimate medical use continues to represent a pressing public health problem in many regions of the world today, a situation that has often been falsely attributed to the control requirements of the international drug control framework. In many States, access to and availability of controlled medicines have been hindered by the lack of capacity and training of national officials, weak and underresourced health-care systems, a lack of know-how on accurately evaluating the needs of the population, inadequate regulation and too few and insufficiently trained health-care professionals.

Recommendation 9: **Governments must foster access to and the availability of narcotic drugs and psychotropic substances for medical use through improved access to health services and effective systems of administrative controls that regulate the production, manufacture, import and export of such drugs and substances, keeping in mind that States themselves must adequately evaluate their domestic requirements and report them to INCB. Such effective regulatory frameworks should allow the legitimate medical needs of the populations to be met.**

Recommendation 10: **Governments urgently need to address capacity and resource constraints in the health-care field, especially in the field of pain management, including by increasing the availability and know-how of health-care professionals (including doctors, nurses, pharmacists and regulators). Medical practitioners should be adequately trained in the prescription of medicines to those who genuinely need them and should be able to prescribe medicines without fear of sanction or prosecution.**

860. Further information and recommendations on the availability of controlled substances for medical purposes is contained in the supplement to the present report.

Narcotic drugs

861. The cultivation of opium poppy for the production of opium and opiate raw material is a matter of major international importance in relation to drug control and public health. While recognizing the challenge posed by existing disparities in access to opioid analgesics, for several years the amount of opiate raw material available globally for the manufacture of narcotic drugs for medical purposes, including for pain management, has been more than sufficient to satisfy the current and anticipated levels of demand, as estimated by Governments, with both production and stocks continuing to increase.

Recommendation 11: **The Board recommends to all parties that they prevent the accumulation of stocks of poppy straw in excess of the quantities required for the normal conduct of business, taking into account the prevailing market conditions.**

Recommendation 12: **The Board recalls that the 1961 Convention sets out a number of mandatory control measures for the licit cultivation of opium poppy and the production of opiate raw materials to ensure that these are limited to licit medical and scientific purposes. Therefore, the Board urges countries that are considering or are intending to commence the licit cultivation of opium poppy for medical and scientific purposes to consider the importance of the principle of non-proliferation. This objective is emphasized in relevant**

Economic and Social Council and Commission on Narcotic Drugs resolutions on the supply of and demand for opiates, in which the Council and Commission urged all Governments to cooperate in preventing the proliferation of sources of production of opiate raw materials and also urged all Governments of countries where opium poppy was not being cultivated for the licit production of opiate raw materials to refrain from engaging in the commercial cultivation of opium poppy, in the spirit of collective responsibility.

862. INCB would like to remind all States parties of the definition of cannabis and cannabis plant, as contained in the 1961 Convention, and would also like to remind all States parties that cannabis, cannabis resin and extracts and tinctures of cannabis are subject to international control by virtue of their inclusion in Schedule I of the 1961 Convention. In addition, cannabis and cannabis resin are included in Schedule IV of the same Convention. Both the flowering and fruiting tops of the cannabis plants are controlled under the 1961 Convention, regardless of whether they are dried or not.

863. According to article 28 of the 1961 Convention, States parties may permit the cultivation of cannabis for authorized medical and scientific purposes. Parties that permit such cultivation have an obligation to establish control measures in accordance with the Convention. Such measures include the establishment of an agency responsible for designating areas and issuing licences for cultivation, purchasing and taking physical possession of such crops as soon as possible and having the exclusive right of importing, exporting and wholesale trading and maintaining stocks other than those held by manufacturers.

864. In addition, the 1961 Convention limits the cultivation of cannabis for industrial purposes to fibre and seed. The cultivation of the cannabis plant for industrial purposes other than those explicitly indicated in article 28, paragraph 2, should not be considered licit.

Recommendation 13: **The Board urges States parties to ensure that the cultivation of cannabis for industrial purposes in their territories is undertaken in line with the requirements outlined above and is not used for purposes other than those explicitly indicated in the 1961 Convention.**

Psychotropic substances

865. Diversion from licit domestic channels remains a major source of psychotropic substances used for illicit purposes; however, there are limited reports to the Board from Governments on their interdiction efforts. On the other hand, the number of countries submitting consumption data on psychotropic substances continues to increase.

Recommendation 14: **The Board encourages all Governments to provide to the Board regular and timely reports on diversions or attempted diversions of psychotropic substances from licit trade.**

*Recommendation 15: T*he **Board welcomes the increasing number of countries that submit data on consumption of psychotropic substances and calls upon more Governments to do so, pursuant to Commission on Narcotic Drugs resolution 54/6, as these data are essential for the evaluation of the availability of psychotropic substances for medical and scientific purposes, and in order to ensure adequate availability for meeting medical requirements.**

Electronic tools and training

866. The Board notes the challenges faced by some Governments in the further implementation of I2ES and acknowledges the reported obstacles that have prevented wider participation in the system (see chapter II, section F, of the present report).

Recommendation 16: **The Board encourages all Governments to utilize I2ES, which is provided free of charge. Specifically, the Board encourages existing users of I2ES to invite their trading partners to register with the system and to start using it as soon as possible.**

Precursors – 30 years of chemical control

867. 2018 marks the thirtieth anniversary of the adoption of the 1988 Convention; significant results have been achieved during those 30 years. Nonetheless, non-scheduled chemicals, alternates, substitute chemicals and pre-precursors pose challenges to international drug control and cooperation. In particular, the prevention of their diversion, as stipulated in article 12 of the Convention, and investigation and prosecution of trafficking are not possible at the international level given that they are not under international control. The fact that scheduled precursors can be substituted by a large number of substances not under international control, including many that have no legitimate uses and are designed purely to circumvent controls, are strong incentives for scheduling those substances and establishing additional control

mechanisms. However, scheduling an ever-growing number of chemicals has practical implications, not least an ongoing "catch-up" game.

Recommendation 17: **INCB considers that there is a need for a broader policy discussion about the options available to address the proliferation of non-scheduled chemicals and "designer" precursors at the international level. Such a policy discussion should complement and expand proven concepts in precursor control that have yielded results in the past and will continue to do so in most cases involving internationally controlled precursors.**

Recommendation 18: **The Board urges the international community to continue its efforts to prevent scheduled precursors from being used in the illicit manufacture of narcotic drugs and psychotropic substances by using the tools available, such as PEN Online, PICS and Projects Prism and Cohesion, building upon the achievements of the past 30 years of precursor control.**

Recommendation 19: **With regard to "designer" and non-scheduled precursors and new psychoactive substances, the Board calls upon Governments and regional and international organizations to build on existing precursor control mechanisms and initiatives to address new psychoactive substances, with a view to exploring and identifying legal and operational options for rapidly addressing the proliferation of such chemicals and substances and preventing them from reaching illicit markets and end users.**

Recommendation 20: **Efforts should focus on enabling authorities worldwide to disrupt the supply of non-scheduled chemicals to illicit drug manufacturers without creating an unnecessary regulatory burden. To that end, Member States could explore ways and means of addressing series of chemical relatives and supporting the prosecution of relevant criminal cases. It should also be feasible to establish a separate category of precursor chemicals that do not have any currently recognized legitimate uses. INCB encourages Governments to consider all available options and to work with the Board within the framework of the international precursor control system to more effectively respond to current challenges.**

Non-medical synthetic opioids and fentanyl-related substances

868. The illicit manufacture and abuse of and trafficking in non-medical synthetic opioids present a growing challenge. Online vendors use the Internet, the darknet and social media sites to offer fentanyl analogues. Shipments are trafficked among the billions of letters and express parcels shipped around the world every year through international mail and express courier services. The Board recognized the problem and initiated activities under its new global Operational Partnerships to Interdict Opioids' Illicit Distribution and Sales (OPIOIDS) Project. Those activities focus on partnerships between Governments, international organizations and the private sector as an effective means of preventing and interdicting sales and the distribution of non-medical synthetic opioids.

Recommendation 21: **Governments should work with INCB to expand partnerships with relevant industries to effectively identify and counter the manufacture, sale and distribution of and financial gain derived from the trafficking in non-medical synthetic opioids. Partnerships should expand on successful approaches and work to establish sector-relevant guidelines, training, codes of conduct and ongoing monitoring across a broader range of geographical regions and sectors.**

Recommendation 22: **Details from online sales, suspicious shipments, drug or illicit laboratory seizures concerning non-controlled substances represent valuable intelligence, when shared with agencies in a position to act. Governments should nominate focal points in relevant national police, customs, postal, regulatory, health, forensic and toxicology authorities in a position to share information on the manufacture, sale or distribution of non-medical synthetic opioids using IONICS.**

Improved submission of information to the International Narcotics Control Board

869. The regular submission of comprehensive and reliable statistical data from Governments to the Board is vital for the proper overall functioning of the international drug control system and the analysis of global trends. Good-quality data also provide essential information that is necessary to uncover diversions of controlled substances for illicit purposes. Deficiencies may reflect problems in the implementation of treaty provisions, for instance, gaps in national legislation, shortcomings in administrative regulations or a lack of training for staff of competent national authorities.

Recommendation 23: **Governments should strengthen national mechanisms to monitor the licit cultivation, production and manufacture of and trade in controlled substances. This may be achieved, in part, by**

improving and developing national data-collection systems, training staff of the competent national authorities and ensuring that companies licensed to trade in internationally controlled substances fulfil the legal requirements associated with their licences.

Recommendation 24: **The Board urges all Governments concerned to identify the causes of deficiencies in the regular submission of comprehensive and reliable statistical data relating to estimates for narcotic drugs and assessments of psychotropic substances and related information on international trade and consumption, and invites them to make full use of existing INCB tools, kits and guidelines, including I2ES, which are available on the INCB website free of charge and include training materials and the *Guide on Estimating Requirements for Substances under International Control*, which is available in the six official languages of the United Nations.**

Specific countries and regions

870. As a result of significant increases in illicit opium production in Afghanistan, the illicit opiate economy in 2017 substantially surpassed the level of the country's total licit exports of goods and services. The Board remains very concerned by those developments and their impact on the health and welfare of people in Afghanistan and beyond its borders.

Recommendation 25: **On the basis of the provisions of article 14 bis of the 1961 Convention as amended, the Board calls the attention of the competent United Nations organs and specialized agencies to the drug control situation in Afghanistan and calls upon them to provide, individually and collectively, further technical and financial assistance, within their respective mandates, to address the drug control challenges in the country, in line with the provisions of the 1961 Convention as amended. Such assistance may involve a multitude of measures, including, but not limited to, legislative and institutional capacity-building, provision of support for alternative livelihoods, direct financial assistance and the promotion of regional and international cooperation.**

871. The Board has repeatedly drawn attention to the lack of systematic and regular data collection in several parts of the world, especially with regard to the prevalence of drug abuse, trends and patterns of abuse and available or necessary treatment, which hampers the formulation of effective responses to challenges at the country level. In particular, countries in Oceania, South Asia, West Asia, Central America and the Caribbean, and Africa are not able to sufficiently assess the extent and nature of the drug abuse problems prevailing in their jurisdictions.

Recommendation 26: **The Board calls upon Governments to address the need for more reliable data on drug abuse in order to devise policies, programmes and prevention and treatment services that are evidence-based and tailored to the needs of their populations.**

(*Signed*)
Viroj Sumyai, President

(*Signed*)
Bernard Leroy, Rapporteur

(*Signed*)
Andrés Finguerut, Secretary

Vienna, 16 November 2018

Annex I

Regional and subregional groupings used in the report of the International Narcotics Control Board for 2018

The regional and subregional groupings used in the report of INCB for 2018, together with the States in each of those groupings, are listed below.

Africa

Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Cabo Verde
Central African Republic
Chad
Comoros
Congo
Côte d'Ivoire
Democratic Republic of the Congo
Djibouti
Egypt
Equatorial Guinea
Eritrea
Eswatini[86]
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Libya
Madagascar
Malawi
Mali
Mauritania
Mauritius
Morocco
Mozambique
Namibia
Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Seychelles
Sierra Leone
Somalia
South Africa

[86] Since 19 April 2018, "Eswatini" has replaced "Swaziland" as the short name used in the United Nations.

South Sudan
Sudan
Togo
Tunisia
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

Central America and the Caribbean

Antigua and Barbuda
Bahamas
Barbados
Belize
Costa Rica
Cuba
Dominica
Dominican Republic
El Salvador
Grenada
Guatemala
Haiti
Honduras
Jamaica
Nicaragua
Panama
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Trinidad and Tobago

North America

Canada
Mexico
United States of America

South America

Argentina
Bolivia (Plurinational State of)
Brazil
Chile
Colombia
Ecuador
Guyana
Paraguay
Peru
Suriname
Uruguay
Venezuela (Bolivarian Republic of)

East and South-East Asia

Brunei Darussalam
Cambodia
China
Democratic People's Republic of Korea
Indonesia
Japan
Lao People's Democratic Republic
Malaysia
Mongolia
Myanmar
Philippines
Republic of Korea
Singapore
Thailand
Timor-Leste
Viet Nam

South Asia

Bangladesh
Bhutan
India
Maldives
Nepal
Sri Lanka

West Asia

Afghanistan
Armenia
Azerbaijan
Bahrain
Georgia
Iran (Islamic Republic of)
Iraq
Israel
Jordan
Kazakhstan
Kuwait
Kyrgyzstan
Lebanon
Oman
Pakistan
Qatar
Saudi Arabia
State of Palestine
Syrian Arab Republic
Tajikistan
Turkey
Turkmenistan
United Arab Emirates
Uzbekistan
Yemen

Europe

Eastern Europe

Belarus
Republic of Moldova
Russian Federation
Ukraine

South-Eastern Europe

Albania
Bosnia and Herzegovina
Bulgaria
Croatia
Montenegro
Romania
Serbia
The former Yugoslav Republic of Macedonia

Western and Central Europe

Andorra
Austria
Belgium
Cyprus
Czechia
Denmark
Estonia
Finland
France
Germany
Greece
Holy See
Hungary
Iceland
Ireland
Italy

Latvia
Liechtenstein
Lithuania
Luxembourg
Malta
Monaco
Netherlands
Norway
Poland
Portugal
San Marino
Slovakia
Slovenia
Spain
Sweden
Switzerland
United Kingdom of Great Britain and Northern Ireland

Oceania

Australia
Cook Islands
Fiji
Kiribati
Marshall Islands
Micronesia (Federated States of)
Nauru
New Zealand
Niue
Palau
Papua New Guinea
Samoa
Solomon Islands
Tonga
Tuvalu
Vanuatu

Annex II

Current membership of the International Narcotics Control Board

Sevil Atasoy

Born in 1949. National of Turkey. Professor of Biochemistry and Forensic Science, Vice-Rector and Director, Institute of Addiction and Forensic Science; Head, Department of Forensic Science; Director, Center for Violence and Crime Prevention, Uskudar University, Istanbul. Director, Institute of Forensic Science, Istanbul University (1988–2010). Director, Department of Narcotics and Toxicology, Ministry of Justice of Turkey (1980–1993). Expert witness in civil and criminal courts (since 1980).

Bachelor of Science in Chemistry (1972), Master of Science in Biochemistry (1976), Doctor of Philosophy (PhD) in Biochemistry (1979), Istanbul University.

Lecturer in biochemistry, criminalistics and crime scene investigation (since 1982); supervisor of more than 50 master's and doctoral theses in the area of biochemistry and forensic science. Author of over 130 scientific papers, including papers on drug testing, drug chemistry, drug markets, drug-related and drug-induced crime, drug abuse prevention, clinical and forensic toxicology, crime scene investigation and DNA analysis.

Hubert H. Humphrey Fellow, United States of America Information Agency (1995–1996); Guest Scientist at the School of Public Health, Department of Forensic Science, University of California, Berkeley, and the Drug Abuse Research Center, University of California, Los Angeles; Department of Genetics, Stanford University; Department of Human Genetics, Emory University; California Criminalistics Institute; Federal Bureau of Investigation, Virginia; Crime Laboratories, Los Angeles Sheriff's Department, United States; Federal Criminal Police Office (BKA), Wiesbaden; Ludwig-Maximilian University, Munich Institute for Physical Biochemistry and Institute of Legal Medicine; Center of Human Genetics, Bremen University; Institute of Legal Medicine, Muenster University, Germany; United Nations Drug Laboratory, Vienna; Central Bureau of Investigation, New Delhi.

Member, special commission on preventing drug abuse, Office of the Prime Minister (since 2014). Founding editor, *Turkish Journal of Legal Medicine* (1982–1993). Member of the scientific board of the *International Criminal Justice Review*. Founding President, Turkish Society of Forensic Sciences; Honorary Member of the Mediterranean Academy of Forensic Sciences. Member of the International Society of Forensic Toxicology; the Indo-Pacific Association of Law, Medicine and Science; the International Association of Forensic Toxicologists; the American Academy of Forensic Sciences; the American Society of Crime Laboratory Directors; and the American Society of Criminology.

Member of INCB (2005–2010 and since 2017). Member (2006 and 2018) and Chair (2017) of the Committee on Finance and Administration. Member of the Standing Committee on Estimates (2007). Second Vice-President and Chair of the Standing Committee on Estimates (2006). Rapporteur (2007). First Vice-President of the Board (2008). President of the Board (2009).

Cornelis de Joncheere

Born in 1954. National of the Netherlands. Currently Chair of the Netherlands Antibiotics Development Platform, Vice-Chair of the Expert Advisory Group of the

Medicines Patent Pool in Geneva and a consultant to WHO on pharmaceutical policies.

Doctor of Pharmacy (PharmD) and Master of Science (MSc) in Pharmacy, University of Groningen and University of Amsterdam, the Netherlands (1975–1981); Master's in Business Administration, University of San Diego, United States/San José, Costa Rica; Bachelor of Science (BSc). Pharmacy, cum Laude (Honorary student), University of Groningen, the Netherlands (1972–1975).

Previously held positions as Director, Department of Essential Medicines and Health Products at WHO in Geneva (2012–2016), which included work on access to controlled medicines, and the WHO Expert Committee on Drug Dependence; WHO Representative, Kyiv (2011–2012); WHO Regional Adviser for Pharmaceuticals and Health Technologies, WHO Regional Office for Europe, Copenhagen (1996–2010); National Essential Drugs Programme Coordinator, Pan American Health Organization (PAHO)/WHO, Brazil (1994–1996); Pharmacist, Essential Drugs Projects Coordinator, PAHO/WHO, Costa Rica (1988–1993); Pharmaceutical expert, PAHO/WHO, Panama (1986–1988); Pharmaceutical supply expert in Yemen, Ministry of Foreign Affairs, Directorate for International Cooperation, the Netherlands (1982–1985); hospital and community pharmacy in Amsterdam, the Netherlands (1981–1982).

President of the WHO Europe Staff Association (2006–2010); Member of the WHO Guidelines Review Committee (2007–2011); Member of the Royal Dutch Pharmaceutical Society; author and co-author of numerous publications in the fields of pharmaceutical and health sciences.

Member of INCB (since 2017). Rapporteur (2017). Member of the Standing Committee on Estimates (2017–2018). Member of the Committee on Finance and Administration (2017–2018).

Wei Hao

Born in 1957. National of China. Professor of Psychiatry and Deputy Director of the Mental Health Institute, Central South University, Changsha, China. Director of WHO Collaborating Centre for Psychosocial Factors, Substance Abuse and Health. Currently serving as Chair, Education Committee of the Asian-Pacific Society for Alcohol and Addiction Research, and as President, Chinese Association of Drug Abuse Prevention and Treatment and Chinese Association of Addiction Medicine.

Bachelor of Medicine, Anhui Medical University; Master's and Doctoral degrees in Psychiatry, Hunan Medical University.

Previously held positions as Scientist, Substance Abuse Department, WHO, Geneva (1999–2000); Medical Officer, Department of Mental Health and Substance Abuse, WHO, Western Pacific Region (2004–2005), and President, Chinese Psychiatrist Association (2008–2011). Currently holding membership of the Expert Advisory Panel on Drug Dependence and Alcohol Problems, WHO (since 2006); and member of the Working Group on the Classification of Substance Abuse for the eleventh revision of the International Classification of Diseases (ICD-11), WHO (since 2011).

Recipient of research support from various bodies at the national level (Ministry of Health, Ministry of Science and Technology, National Natural Science Foundation) and at the international level (WHO and the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism of the United States). Coordinator of a series of WHO/China workshops on addictive behaviour. Member of the Expert Committee of the national project on mental health services in communities in China. Consultant for the development, implementation and evaluation of China's mental health law, and for the development of the anti-drug law and regulations in China.

Published over 400 academic articles and 60 books on alcohol and drug dependence. Selected recent publications in peer-reviewed journals include the following: "Longitudinal surveys of prevalence rates and use patterns of illicit drugs at selected high-prevalence areas in China from 1993 to 2000", *Addiction* (2004); "Drug policy in China: progress and challenges", *Lancet* (2014); "Alcohol and the sustainable development goals", *Lancet* (2016); "Transition of China's drug policy: problems in practice" *Addiction* (2015); "Improving drug addiction treatment in China", *Addiction* (2007); "Stigmatization of people with drug dependence in China: a community-based study in Hunan province", *Drug Alcohol Dependence* (2013); and "Drinking and drinking patterns and health status in the general population of five areas of China", *Alcohol & Alcoholism* (2004).

Member of INCB (since 2015). Member of the Committee on Finance and Administration (2015–2016). Member of the Standing Committee on Estimates (since 2015). Vice-Chair of the Standing Committee on Estimates (2016). Second Vice-President and Chair of the Standing Committee on Estimates (2018). First-Vice President of the Board (2017).

David T. Johnson

Born in 1954. National of the United States. President, SwanJohnson LLC; retired diplomat. Bachelor's degree in economics from Emory University; graduate of the National Defence College of Canada.

United States Foreign Service officer (1977–2011). Assistant Secretary for the Bureau of International Narcotics and Law Enforcement Affairs, United States Department of State (2007–2011). Deputy Chief of Mission (2005–2007) and Chargé d'affaires, a.i. (2003–2005), United States Embassy, London. Afghan Coordinator for the United States (2002–2003). United States Ambassador to the Organization for Security and Cooperation in Europe (1998–2001). Deputy Press Secretary at the White House and Spokesman for the National Security Council (1995–1997). Deputy Spokesman at the State Department (1995) and Director of the State Department Press Office (1993–1995). United States Consul General, Vancouver (1990–1993). Assistant National Trust Examiner, Office of the Comptroller of the Currency, United States Treasury (1976–1977).

Member of INCB (since 2012). Member of the Committee on Finance and Administration (since 2012). Chair of the Committee on Finance and Administration (2014 and 2018).

Galina Korchagina

Born in 1953. National of the Russian Federation. Professor, Deputy Director of the National Centre for Research on Drug Addiction (since 2010).

Graduate of the Leningrad Paediatric Medical Institute, Russian Federation (1976); doctor of medicine (2001). Thesis based on clinical and epidemiological research dealing with new ways of looking at management of drug abuse in a time of change.

Previously held positions as paediatrician at the Central District Hospital of Gatchina, Leningrad region, and doctor at a boarding school (1976–1979). Head of the Organizational and Policy Division, Leningrad Regional Drug Clinic (1981–1989); Lecturer, Leningrad Regional Medical Academy (1981–1989); Head Doctor, City Drug Clinic, St. Petersburg (1989–1994); Assistant Lecturer (1991–1996) and Professor (2000–2001), Department of Social Technologies, State Institute for Services and Economics; Assistant Lecturer (1994–2000), Associate Professor (2001–2002) and Professor (2002–2008), Department for Research on Drug Addiction, St. Petersburg Medical Academy of Postgraduate Studies; Chief Professor and Head of the Department for Medical Research and Healthy Lifestyles, Herzen State Pedagogical University of Russia (2000–2008); Professor, Department for Conflict Studies, Faculty of Philosophy, St. Petersburg State University (2004–2008).

Member of many associations and societies, including the Association of Psychiatrists and Drug Addiction Specialists of the Russian Federation and St. Petersburg, the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, the International Council on Alcohol and Addictions and the International Society of Addiction Medicine. Head of the sociology of science aspects of medical and biological research section of the Research Council on the Sociology of Science and the Organization of Scientific Research, St. Petersburg Scientific Centre of the Russian Academy of Sciences (2002–2008).

Author of more than 100 publications, including more than 70 works published in the Russian Federation, chapters in monographs and several practical guides. Award for excellence in health protection from the Ministry of Health of the Union of Soviet Socialist Republics (1987). Consultant, Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (since 2006).

Expert on the epidemiology of drug addiction, Pompidou Group of the Council of Europe (1994–2003); participation in the WHO cocaine project (1993–1994) as leading researcher; WHO Healthy Cities project (1992–1998) as leading coordinator in St. Petersburg; WHO alcohol action plan, realization on the basis of the city treatment centre, St. Petersburg (1992–1998). Co-trainer, WHO programmes "Helping people change" (since 1992) and "Skills for change" (since 1995); and temporary adviser, WHO (1992–2008). Participant in meetings of the Commission on Narcotic Drugs (2002–2008).

Member of INCB (2010–2015 and since 2017). Member (2018) and Vice-Chair of the Standing Committee on Estimates (2011–2012 and 2017). First Vice-President of the Board (2013).

Bernard Leroy

Born in 1948. National of France. Honorary Deputy Prosecutor General and Director of the International Institute of Research against Counterfeit Medicines.

Degrees in Law from the University of Caen, Institute of European Studies of Saarbrucken, Germany, and University Paris X. Graduate of the French National School for the Judiciary (1979).

Previously held positions of Deputy General Prosecutor, Versailles Court of Appeal (2010–2013). Senior Legal Adviser, UNODC (1990–2010). Adviser in charge of international, legislative and legal affairs in the French National Drug Coordination office (1988–1990). Investigating judge specializing in drug cases, Evry High Court (1979–1988). Head of the Legal Assistance Programme, UNODC, and Coordinator of the decentralized team of legal experts, Bogotá, Tashkent and Bangkok (1990–2010). Leader of the legal assistance team assisting the Government of Afghanistan in the drafting process of the new drug control law, 2004. Co-author of the preparatory study for the law introducing community service sentencing as an alternative to imprisonment in France (1981). Co-founder of "Essonne Accueil", a non-governmental organization providing treatment services for drug addicts (1982). Member of the French delegation for the final negotiations of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Chair of the study group on cocaine trafficking in Europe, Council of Europe (1989). Author of the report resulting in the first European political coordinating committee to combat drugs (1989). Chair of the World Bank and UNODC joint team (the Stolen Asset Recovery (StAR) Initiative) which organized the freezing and subsequent recovery in Switzerland of the assets stolen by the former dictator Jean-Claude Duvalier in Haiti (2008).

Organizer of the lifelong learning programme on combating drug trafficking and addiction for members of the French judiciary, French National School for the Judiciary (1984–1994). Lecturer for medical graduates in psychiatry in the field of forensic expertise and responsibility, Faculty of Medicine, Paris-Sud University (1983–1990). Lecturer in the field of social work, University of Paris 13 (1984–1988). Lecturer for second-year Master's courses in Security and Public International Law, Jean Moulin Lyon 3 University (2005–2013).

Member of the Executive Board of the international section of the National Association of Drug Court Professionals (2006). External member of the Management Board of the French Monitoring Centre for Drugs and Drug Addiction (2013). Member of the committee of the Reynaud report (2013). Honours: Chevalier of the Legion of Honour.

Selected publications include "Le travail au profit de la communauté, substitut aux courtes peines d'emprisonnement", *Revue de science criminelle et de droit comparé*, No. 1 (Sirey, 1983); *Drogues et drogués*, École nationale de la magistrature, studies and research (1983); *Étude comparative des législations et des pratiques judiciaires européennes face à la drogue* (Commission of the European Communities, 1991); *Ecstasy*, Inserm Collective Expertise series (Editions Inserm, 1997); *The International Drug Control System*, in cooperation with Cherif Bassiouni and J.F. Thony, in *International Criminal Law: Sources, Subjects and Contents* (Martinus Nijhoff Publishers, 2007); *Routledge Handbook of Transnational Criminal Law*, Neil Boister and Robert Curie, eds. (Routledge, 2014).

Member of INCB (since 2015). Rapporteur (2015 and 2018). Member of the Standing Committee on Estimates (2016).

Raúl Martín del Campo Sánchez

Born in 1975. National of Mexico. Director General of the National Commission against Addictions (May 2013–December 2016).

Bachelor's Degree in Psychology; Honourable Mention, Autonomous University of Aguascalientes, 1998. Master's Degree in Health Psychology, Faculty of Psychology, National Autonomous University of Mexico, with residency in Addictions, 2002. Specialization in Drug Dependence and Related Crisis Situations, Drug Dependence Treatment Centre, Health Institute of the State of Mexico, 2010.

Director of Coordination of National Programmes against Addictions, Mexican Observatory on Tobacco, Alcohol and Drugs, National Commission against Addictions (2012–2013); Director, Mexican Institute against Addictions (IMCA), State of Mexico (2007–2011); Head of the Indicator Monitoring Department, National Commission against Addictions (2003–2007); Head of the Psychology Unit (treatment of drug users), Drug Abuse Treatment Centre, Municipality of Aguascalientes (1999–2000); residential therapist for drug users and psychiatric patients, Addiction Treatment and Rehabilitation Centre (CAPRA) and Neuropsychiatric Centre of Aguascalientes (1999–2000); volunteer providing social services and support to the technical team, youth integration centres, Aguascalientes (1997–2000).

Author and co-author of, and contributor to, numerous publications on drug abuse prevention, treatment, surveys and related subjects, including: *National Survey on Drug Use Among Students, 2014* (INPRFM, National Commission against Addictions, Ministry of Health of Mexico, 2015); "Is the medical use of cannabis supported by science?" (National Commission against Addictions, National Centre for the Prevention and Control of Addictions,

2014); "The treatment model used by the 'Centros Nueva Vida' addiction treatment centres and its relationship to primary health-care services" and "Addiction treatment based on models for the State of Mexico: cases in the study of risk factors and prevention through the Chimalli model", *Actualidades en adicciones 2012*, vol. II (National Commission against Addictions, 2012); "Is alcohol an isolated problem in children and adolescents?", in *Actualidades en adicciones 2012*, vol. IV (National Commission against Addictions, 2012); "*Alcohol in primary care mental health clinics*", in *Alcohol use disorder* (World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians, 2010); *State of Mexico Survey on Alcohol, Tobacco and Drug Use among Students* (INPRFM, Mexican Institute against Addictions (IMCA), 2009).

Member of INCB (since 2016). Member of the Standing Committee on Estimates (since 2017).

Richard P. Mattick

Born in 1955. National of Australia. Professor of Drug and Alcohol Studies at the National Drug and Alcohol Research Centre, Faculty of Medicine, University of New South Wales; Professor of Brain Sciences, University of New South Wales; Principal Research Fellow, Australian Government National Health and Medical Research Council (2013–2017), and Registered Clinical Psychologist.

Bachelor of Science (Psychology), Honours, Class 1, University of New South Wales, 1982; Master of Psychology (Clinical), University of New South Wales, 1989; Doctor of Philosophy, University of New South Wales, 1988; and Certificate in Neuroanatomy, Anatomy, University of New South Wales, 1992.

Director of Research, Australian National Drug and Alcohol Research Centre (1995–2001), and Executive Director, Australian National Drug and Alcohol Research Centre, Faculty of Medicine, University of New South Wales (2001–2009). Member, Australian National Expert Advisory Committee on Illicit Drugs (2002–2004), Australian National Expert Advisory Group on Sustained Release Naltrexone (2002–2004), Monitoring Committee of the Medically Supervised Injecting Centre for the New South Wales Government Cabinet Office (2003–2004), Australian Ministerial Council on Drug Strategy Working Party on Performance and Image Enhancing Drugs (2003–2005), Australian Government Department of Health and Ageing Expert Advisory Committee on Cannabis and Health (2005–2006), New South Wales Expert Advisory Group on Drugs and Alcohol for the New South Wales Minister of Health (2004–2013), Australian National Council on Drugs advising the Prime Minister (2004–2010), WHO/UNODC Technical Guidelines Development Group on Pharmacotherapy of Opioid Dependence (2004–2008), Australian Research Alliance for Children and Youth (2005–2015).

Served on the editorial and executive boards of *Drug and Alcohol Review* (1994–2005), and as Deputy Editor (1995–2000) and Executive Editor (2000–2005). Assistant Editor of the international peer-reviewed journal *Addiction* (1995–2005). Editor, Cochrane Review Group on Drugs and Alcohol (1998–2003). Authored over 300 books, chapters in edited volumes on substance abuse, addiction and treatment, and peer-reviewed academic journal articles on those subjects. Recent articles include "Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence", "Young adult sequelae of adolescent cannabis use" and "The Pain and Opioids IN Treatment study: characteristics of a cohort using opioids to manage chronic non-cancer pain".

Recipient of academic and research support from the Australian Government Department of Health; the New South Wales Government Department of Health; the Australian National Drug Law Enforcement Research Fund; the Alcohol Education and Rehabilitation Foundation; UNODC; the National Institute on Drug Abuse of the United States; the Australian Research Council; and the Australian Government National Health and Medical Research Council.

Member of INCB (since 2015). Member of the Standing Committee on Estimates (2015–2016).

Luis Alberto Otárola Peñaranda

Born in 1967. National of Peru. Lawyer. Postgraduate degree in Public Policy and Public Management from the Pontifical Catholic University of Peru.

Executive Director of the National Commission for Development and Life without Drugs (2014–2016). President of the Inter-American Drug Abuse Control Commission of OAS (November 2015–September 2016). Minister of Defence (2012), Deputy Minister of the Interior (2011), Deputy Minister of Defence (2003), Officer of the Peruvian State before the Inter-American Court of Human Rights (2001), Professor of Constitutional Law and Human Rights.

Author or co-author of the following works: *Compendio sobre Tráfico Ilícito de Drogas y Desarrollo Alternativo*

(2015); *La Constitución Explicada* (2011); *La Constitución de 1993: Estudio y Reforma a Quince Años de su Vigencia* (2009); *Modernización Democrática de las Fuerzas Armadas* (2002); *Parlamento y Ciudadanía* (2001); *La Constitución de 1993: Análisis Comparado* (1999).

Order of Merit for Distinguished Services at the level of Grand Cross (decoration awarded by the Constitutional President of the Republic). Also received the Order of Ayacucho (highest distinction awarded by the Peruvian Army).

Presenter at the workshop entitled "Responding to the evolving drug challenge", Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), London (2015); presenter on alternative development at the Economic and Social Council, New York (2015); Head of the Peruvian delegation to the seventh meeting of the Peruvian Colombian Joint Committee on Drugs (2014); Head of the Peruvian delegation to the Twenty-fourth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean (2014); speaker at the second Latin American Seminar on Democracy and Corruption, Montevideo (2014); Head of the Peruvian delegation to the eighth meeting of the Peruvian-Brazilian Joint Committee on Drugs (2014); speaker at the Latin American Seminar on Youth and Democratic Governance, Cartagena de Indias, Colombia (2012); speaker at the Latin American Seminar on Youth, Violence and Culture of Peace, Antigua, Guatemala (2009).

Member of INCB (since 2017). Member of the Standing Committee on Estimates (since 2017).

Jagjit Pavadia

Born in 1954. National of India. Graduate in English Honours (1974), Dhaka University, LLB from Delhi University (1988), Master's Diploma in Public Administration, Indian Institute of Public Administration (1996). Completed dissertation "Forfeiture of Property under the Narcotics Drugs and Psychotropic Substances Act, 1985" towards completion of Master's Diploma.

Held several senior positions in the Indian Revenue Service for 35 years in the Government of India, including Narcotics Commissioner of India, Central Bureau of Narcotics (2006–2012); Commissioner, Legal Affairs (2001–2005); Chief Vigilance Officer, Power Finance Corporation (1996–2001); Customs Training Adviser Maldives, deputed by the Commonwealth Secretariat (1994–1995); Deputy Director, Narcotics Control Bureau (1990–1994); and retired as Chief Commissioner, Customs, Central Excise and Service Tax, Nagpur, in 2014.

Recipient of Presidential Appreciation Certificate for Specially Distinguished Record of Service on the occasion of Republic Day (2005), published in the *Gazette of India Extraordinary*.

Member of the Indian delegation to the Commission on Narcotic Drugs, Vienna (2007–2012); introduced resolutions 51/15 (2008) and 53/12 (2010), adopted by the Commission on Narcotic Drugs, and organized a side event on the margins of the Commission's 2011 session, presenting issues involved in the illegal movement of opium poppy seeds to producing, importing and exporting countries. As representative of the competent national authority, attended Project Prism and Project Cohesion task force meetings (2006–2012), and coordinated and organized the Project Prism and Project Cohesion meeting in New Delhi (2008). Participated in the Thirtieth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, held in Bangkok (2006), and organized the Thirty-fifth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, held in Agra, India (2011). Member of the INCB advisory expert group on the scheduling of substances (2006), and member of the advisory group finalizing the INCB *Guidelines for a Voluntary Code of Practice for the Chemical Industry* (2008). Rapporteur of the forty-first session of the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East, held in Amman (2006); Chair of the forty-second session of the Subcommission, held in Accra, India (2007); organized the meeting of the Paris Pact Initiative Expert Working Group on Precursors, held in New Delhi (2011), and participated in the International Drug Enforcement Conferences hosted by the United States Drug Enforcement Agency, held in Istanbul, Turkey (2008) and Cancún, Mexico (2011).

Member of INCB (since 2015). Second Vice-President and Chair of the Standing Committee on Estimates (2015 and 2017). Vice-Chair of the Standing Committee on Estimates (2018). Member of the Committee on Finance and Administration (2016–2017). First Vice-President of the Board (2016).

Viroj Sumyai

Born in 1953. National of Thailand. Retired Assistant Secretary-General of the Food and Drug Administration, Ministry of Public Health of Thailand, and clinical pharmacologist specializing in drug epidemiology. Professor, Mahidol University (since 2001).

Bachelor of Science degree in chemistry (1976), Chiang Mai University. Bachelor's degree in pharmacy (1979), Manila Central University. Master's degree in clinical pharmacology (1983), Chulalongkorn University. Apprenticeship in narcotic drugs epidemiology at St. George's University of London (1989). Doctor of Philosophy, Health Policy and Administration (2009), National Institute of Administration. Member of the Pharmaceutical Association of Thailand. Member of the Pharmacological and Therapeutic Society of Thailand. Member of the Thai Society of Toxicology. Author of nine books in the field of drug prevention and control, including *Drugging Drinks: Handbook for Predatory Drugs Prevention* and *Déjà vu: A Complete Handbook for Clandestine Chemistry, Pharmacology and Epidemiology of LSD*. Columnist, *Food and Drug Administration Journal*. Recipient, Prime Minister's Award for Drug Education and Prevention (2005).

Member of INCB (since 2010). Member (2010–2016) and Chair (2012, 2014 and 2016) of the Standing Committee on Estimates. Chair of the Committee on Finance and Administration (2011 and 2013). Second Vice-President of the Board (2012, 2014 and 2016). President of the Board (since 2017).

Francisco E. Thoumi

Born in 1943. National of Colombia and the United States. Bachelor of Arts and Doctor of Philosophy in Economics. Senior Member of the Colombian Academy of Economic Sciences and Corresponding Member of the Royal Academy of Moral and Political Sciences (Spain).

Tinker Visiting Professor at the University of Texas, Professor at Rosario University and Universidad de Los Andes (Bogotá) and California State University, Chico. Worked for 15 years in the research departments of the World Bank and the Inter-American Development Bank. Founder and Director, Research and Monitoring Center on Drugs and Crime, Rosario University (August 2004–December 2007); Research Coordinator, Global Programme against Money-Laundering, Proceeds of Crime and the Financing of Terrorism; Coordinator for the *World Drug Report*, UNODC (August 1999–September 2000); Researcher, Comparative Study of Illegal Drugs in Six Countries, United Nations Research Institute for Social Development, Geneva (June 1991–December 1992); Fellow, Woodrow Wilson International Center for Scholars (August 1996–July 1997); Research Coordinator, Research Programme on the Economic Impact of Illegal Drugs in the Andean Countries, United Nations Development Programme, Bogotá (November 1993–January 1996).

Author of three books and co-author of one book on illegal drugs in Colombia and the Andean region. Editor of three volumes and author of over 70 academic journal articles and book chapters on those subjects. Also authored one book, co-authored two books and published 50 articles and book chapters on economic development, industrialization and international trade issues before focusing on drug issues.

Member of the Friedrich Ebert Foundation Observatory of Organized Crime in Latin America and the Caribbean (since 2008) and the World Economic Forum's Global Agenda Council on Organized Crime (2012–2014).

Member of INCB (since 2012). Rapporteur (2012). Member of the Committee on Finance and Administration (2014–2015 and 2018). Member of the Standing Committee on Estimates (2013, 2016 and since 2017).

Jallal Toufiq

Born in 1963. National of Morocco. Head of the National Centre for Drug Abuse Prevention and Research; Director of the Moroccan National Observatory on Drugs and Addictions; Director of the Ar-razi University Psychiatric Hospital and Professor of Psychiatry at the Rabat Faculty of Medicine.

Medical Doctor, Rabat Faculty of Medicine (1989); Diploma of Specialization in Psychiatry (1994); and lecturer at the Rabat Faculty of Medicine (since 1995). Undertook specialized training in Paris at the Sainte-Anne Psychiatric Hospital and Marmottan Centre (1990–1991); and at Johns Hopkins University as a National Institute on Drug Abuse research fellow and Clinical Observer (1994–1995). Conducted research at the University of Pittsburgh (1995); and gained Clinical Drug Research certificates at the Vienna School of Clinical Research (2001 and 2002).

Currently holding positions in Morocco as Head of the Harm Reduction Programme, National Centre for Drug Abuse Prevention and Research; teaching and residency training coordinator, Ar-razi Hospital; Director of the National Diploma Programme on Treatment and Prevention of Drug Abuse, Rabat Faculty of Medicine; Director of the National Diploma Programme on Child Psychiatry, Rabat Faculty of Medicine and Member of the Ministry of Health Commission on Drug Abuse.

At the international level, Representative of the Mediterranean Network (MedNET) for Morocco (MedNET/Pompidou Group/Council of Europe); former

permanent correspondent of the Pompidou Group for Morocco (Council of Europe) on drug abuse prevention and research and former member of the Reference Group to the United Nations on HIV and Injecting Drug Use. Founding member and steering committee member, Middle East and North Africa Harm Reduction Association (MENAHRA); Director of Knowledge Hub Ar-razi for North Africa, MENAHRA; Member, Mentor International Scientific Advisory Network (drug abuse prevention in youth); former focal point/expert on prevention, United Nations Office on Drug Control and Crime Prevention (local network for North Africa); founding member, MedNET (advisory group on AIDS and drug abuse policies) of the Council of Europe, and member of the Reference Group to the United Nations on HIV and Injecting Drug Use.

Held consultancy roles with the WHO Regional Office for the Eastern Mediterranean, UNODC and other international institutions, research fellowships and the National Institute on Drug Abuse of the United States. Published widely in the field of psychiatry, alcohol and drug abuse.

Member of INCB (since 2015). Member of the Standing Committee on Estimates (2015). Member of the Committee on Finance and Administration (2016). First Vice-President of the Board (2018).

About the International Narcotics Control Board

INCB is an independent and quasi-judicial control organ, established by treaty, for monitoring the implementation of the international drug control treaties. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

Composition

INCB consists of 13 members who are elected by the Economic and Social Council and who serve in their personal capacity, not as government representatives. Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by WHO and 10 members are elected from a list of persons nominated by Governments. Members of the Board are persons who, by their competence, impartiality and disinterestedness, command general confidence. The Council, in consultation with INCB, makes all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. INCB has a secretariat that assists it in the exercise of its treaty-related functions. The INCB secretariat is an administrative entity of UNODC, but it reports solely to the Board on matters of substance. INCB closely collaborates with UNODC in the framework of arrangements approved by the Council in its resolution 1991/48. INCB also cooperates with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly WHO. It also cooperates with bodies outside the United Nations system, especially INTERPOL and WCO.

Functions

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

(a) As regards the licit manufacture of, trade in and use of drugs, INCB endeavours, in cooperation with Governments, to ensure that adequate supplies of drugs are available for medical and scientific uses and that the diversion of drugs from licit sources to illicit channels does not occur. INCB also monitors Governments' control over chemicals used in the illicit manufacture of drugs and assists them in preventing the diversion of those chemicals into the illicit traffic;

(b) As regards the illicit manufacture of, trafficking in and use of drugs, INCB identifies weaknesses in national and international control systems and contributes to correcting such situations. INCB is also responsible for assessing chemicals used in the illicit manufacture of drugs, in order to determine whether they should be placed under international control.

In the discharge of its responsibilities, INCB:

(a) Administers a system of estimates for narcotic drugs and a voluntary assessment system for psychotropic substances and monitors licit activities involving drugs through a statistical returns system, with a view to assisting Governments in achieving, inter alia, a balance between supply and demand;

(b) Monitors and promotes measures taken by Governments to prevent the diversion of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances and assesses such substances to determine whether there is a need for changes in the scope of control of Tables I and II of the 1988 Convention;

(c) Analyses information provided by Governments, United Nations bodies, specialized agencies or other competent international organizations, with a view to ensuring that the provisions of the international drug control treaties are adequately carried out by Governments, and recommends remedial measures;

(d) Maintains a permanent dialogue with Governments to assist them in complying with their obligations under the international drug control treaties and, to that end, recommends, where appropriate, technical or financial assistance to be provided.

INCB is called upon to ask for explanations in the event of apparent violations of the treaties, to propose appropriate remedial measures to Governments that are not fully applying the provisions of the treaties or are encountering difficulties in applying them and, where necessary, to assist Governments in overcoming such difficulties. If, however, INCB notes that the measures necessary to remedy a serious situation have not been taken, it may call the matter to the attention of the parties concerned, the Commission on Narcotic Drugs and the Economic and Social Council. As a last resort, the treaties empower INCB to recommend to parties that they stop importing

drugs from a defaulting country, exporting drugs to it or both. In all cases, INCB acts in close cooperation with Governments.

INCB assists national administrations in meeting their obligations under the conventions. To that end, it proposes and participates in regional training seminars and programmes for drug control administrators.

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 worldwide so that Governments are kept aware of existing and potential situations that may endanger the objectives of the international drug control treaties. INCB draws the attention of Governments to gaps and weaknesses in national control and in treaty compliance; it also makes suggestions and recommendations for improvements at both the national and international levels. The annual report is based on information provided by Governments to INCB, United Nations entities and other organizations. It also uses information provided through other international organizations, such as INTERPOL and WCO, as well as regional organizations.

The annual report of INCB is supplemented by detailed technical reports. They contain data on the licit movement of narcotic drugs and psychotropic substances required for medical and scientific purposes, together with an analysis of those data by INCB. Those data are required for the proper functioning of the system of control over the licit movement of narcotic drugs and psychotropic substances, including preventing their diversion to illicit channels. Moreover, under the provisions of article 12 of the 1988 Convention, INCB reports annually to the Commission on Narcotic Drugs on the implementation of that article. That report, which gives an account of the results of the monitoring of precursors and of the chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, is also published as a supplement to the annual report.

Since 1992, the first chapter of the annual report has been devoted to a specific drug control issue on which INCB presents its conclusions and recommendations in order to contribute to policy-related discussions and decisions in national, regional and international drug control. The following topics were covered in past annual reports:

1992: Legalization of the non-medical use of drugs

1993: The importance of demand reduction

1994: Evaluation of the effectiveness of the international drug control treaties

1995: Giving more priority to combating money-laundering

1996: Drug abuse and the criminal justice system

1997: Preventing drug abuse in an environment of illicit drug promotion

1998: International control of drugs: past, present and future

1999: Freedom from pain and suffering

2000: Overconsumption of internationally controlled drugs

2001: Globalization and new technologies: challenges to drug law enforcement in the twenty-first century

2002: Illicit drugs and economic development

2003: Drugs, crime and violence: the microlevel impact

2004: Integration of supply and demand reduction strategies: moving beyond a balanced approach

2005: Alternative development and legitimate livelihoods

2006: Internationally controlled drugs and the unregulated market

2007: The principle of proportionality and drug-related offences

2008: The international drug control conventions: history, achievements and challenges

2009: Primary prevention of drug abuse

2010: Drugs and corruption

2011: Social cohesion, social disorganization and illegal drugs

2012: Shared responsibility in international drug control

2013: Economic consequences of drug abuse

2014: Implementation of a comprehensive, integrated and balanced approach to addressing the world drug problem

2015: The health and welfare of mankind: challenges and opportunities for the international control of drugs

2016: Women and drugs

2017: Treatment, rehabilitation and social reintegration for drug use disorders: essential components of drug demand reduction

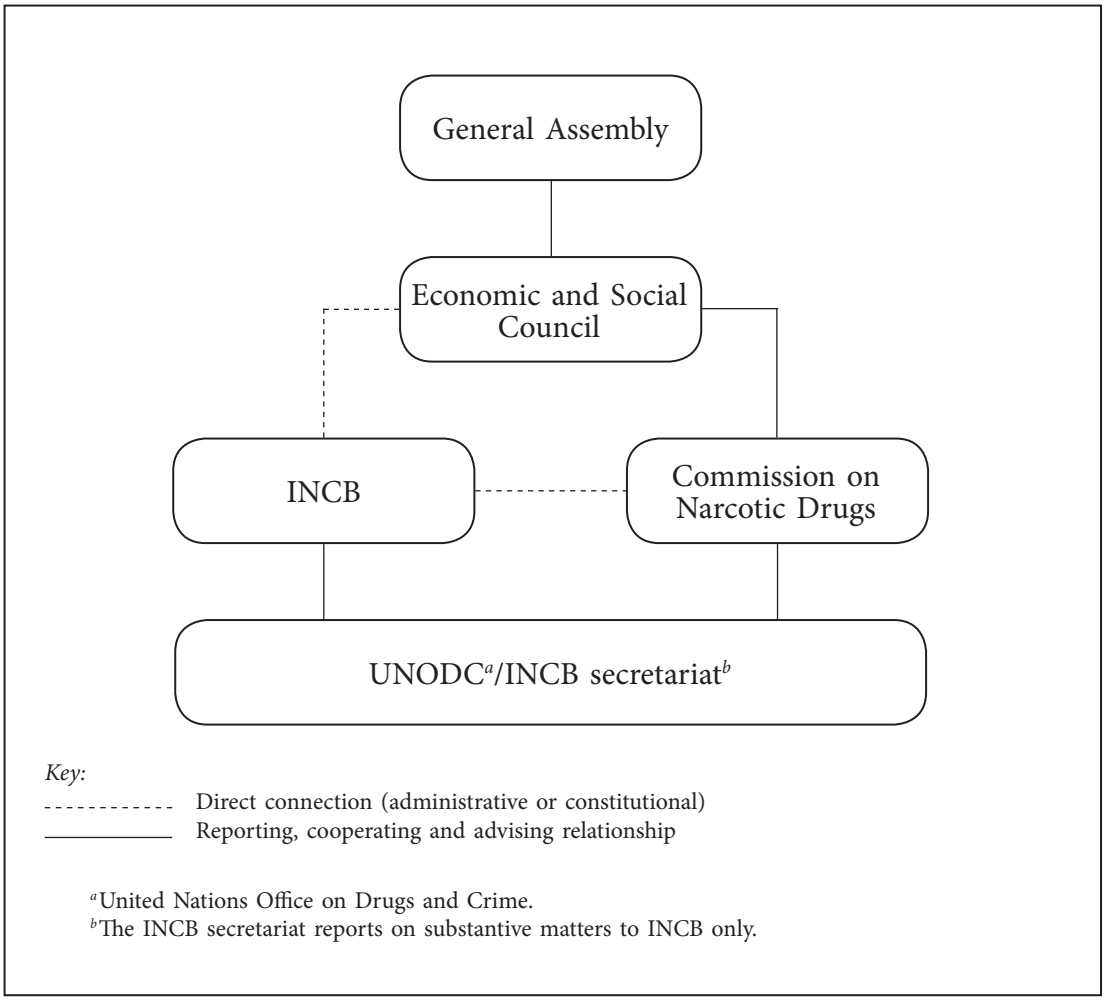
Chapter I of the report of the Board for 2018 is entitled "Cannabis and cannabinoids for medical, scientific and "recreational" use: risks and benefits".

Chapter II presents an analysis of the operation of the international drug control system based primarily on information that Governments are required to submit directly to INCB in accordance with the international drug control treaties. Its focus is on the worldwide control of all licit activities related to narcotic drugs and psychotropic substances, as well as chemicals used in the illicit manufacture of such drugs.

Chapter III presents some of the major developments in drug abuse and trafficking and measures by Governments to implement the international drug control treaties by addressing those problems.

Chapter IV presents the main recommendations addressed by INCB to Governments, UNODC, WHO and other relevant international and regional organizations.

United Nations system and drug control organs and their secretariat



INTERNATIONAL NARCOTICS CONTROL BOARD

The International Narcotics Control Board (INCB) is the independent monitoring body for the implementation of 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.

Based on its activities, INCB publishes an annual report that is submitted to the United Nations Economic and Social Council through the Commission on Narcotic Drugs. The report provides a comprehensive survey of the drug control situation in various parts of the world. As an impartial body, INCB tries to identify and predict dangerous trends and suggests necessary measures to be taken.

ISBN 978-92-1-148308-6

V.18-08363