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The *Report of the International Narcotics Control Board for 2019* (E/INCB/2019/1) is supplemented by the following reports:

Narcotic Drugs: Estimated World Requirements for 2020 — Statistics for 2018 (E/INCB/2019/2)

Psychotropic Substances: Statistics for 2018 — 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/2019/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2019 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2019/4)

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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INTERNATIONAL NARCOTICS CONTROL BOARD

Report

of the International Narcotics Control Board
for 2019



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Foreword

The thematic chapter of the INCB annual report for 2019 focuses on improving prevention and treatment services for young people. The year 2019 marked the thirtieth anniversary of the Convention on the Rights of the Child. In article 33 of that Convention, States parties committed to taking measures to protect children from the illicit use of narcotic drugs and psychotropic substances and prevent the use of children in the illicit production and trafficking of drugs. Sadly, substance use and the associated health consequences are greatest among young people, especially those between the ages of 18 and 25. The Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol and the 1971 Convention on Psychotropic Substances set out requirements for parties to take all practicable measures to prevent and treat drug dependence. That obligation was reaffirmed in the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 and in numerous resolutions and declarations of the Commission on Narcotic Drugs, the Economic and Social Council and the General Assembly in its special sessions on the world drug problem. This year's thematic chapter is aimed at improving understanding of the complexity of the problem and provides a way forward for Member States and civil society to promote the safe and healthy development of children, young people, families and communities through the effective prevention and treatment of drug use. It is our shared duty to safeguard the well-being of young people.

INCB is committed to continuing to support Member States in achieving the health and welfare aims of the three drug control conventions and Sustainable Development Goal 3, on health and well-being. At its 126th session, in November 2019, the Board held an open dialogue with Member States to discuss their experiences in implementing measures to forge the way ahead as presented in the INCB report on availability of 2018.¹ Challenges remain: we see overprescription of controlled medicines in some countries on the one hand, and the ongoing lack of availability in very many countries and regions on the other. Despite the overall global increase in the availability of controlled medicines for consumption, global inequity and imbalance remain evident, which has serious health consequences for patients and their families. The present report contains a number of recommendations to address this imbalance, for example, with regard to the availability of affordable medicines containing controlled substances, raising awareness among health personnel and patients and their families, and curbing promotional activities by the pharmaceutical industry for high-cost formulations, including synthetic opioids. INCB is also supporting efforts to improve the availability of controlled substances for medical and scientific purposes through the International Import and Export Authorization System (I2ES), which is increasingly being used by Member States and which is facilitating international trade in narcotic drugs and psychotropic substances, and INCB Learning, through which 237 officials from 88 countries and territories have received training. That training is resulting in improved reporting to the Board, which should in turn lead to improved access to hospitals and doctors and to the medicines that patients need.

Drug abuse, illicit manufacture, trafficking and the continued emergence of new psychoactive substances, non-medical synthetic opioids and non-scheduled precursors and their impact on public health are among the challenges highlighted in the global issues and regional analysis contained in chapter III. Of special concern is the growing trend in manufacture, trafficking and use of methamphetamine in many parts of the world. INCB is working to assist Governments in addressing these challenges through a number of initiatives.

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

Our long-standing project to carry out activities mandated by article 12 of the 1988 Convention monitors the international trade in precursor chemicals in order to prevent illicit manufacture and supports international cooperation in precursor control through the Board's Pre-Export Notification Online (PEN Online) system and the Precursors Incident Communication System (PICS) system. A detailed analysis of the challenges faced in addressing designer precursors and pre-precursors is covered in the Board's report on precursors for 2019.² In November 2019, INCB decided to propose the international control of methyl *alpha*-phenylacetoacetate, a pre-precursor used in the illicit manufacture of amphetamine and methamphetamine. The Board's Project Ion, the Project Ion Incident Communication System (IONICS) platform and the global Operational Partnerships to Interdict Opioids' Illicit Distribution and Sales (OPIOIDS) project are assisting national authorities in addressing the emergence of new psychoactive substances and non-medical synthetic opioids in order to safeguard public health.

Human rights are inalienable and can never be relinquished. In our examination of the global issue of human rights, in chapter III, we note with great concern the continued reports of grave human rights violations perpetrated in the name of drug control. The conventions provide States with the possibility of applying alternative measures to conviction, punishment and incarceration, including education, rehabilitation or social reintegration. If the drug control measures adopted by States violate internationally recognized human rights standards, they also violate the international drug control conventions. INCB once again calls for a halt to extrajudicial responses to drug-related offences and urges States that retain capital punishment for drug-related offences to consider its abolition.

INCB remains concerned at the legislative developments permitting the use of cannabis for "recreational" uses. Not only are these developments in contravention of the drug control conventions and the commitments made by States parties, the consequences for health and well-being, in particular of young people, are of serious concern.

We remain in dialogue with all countries for the full implementation of the three drug control conventions and to achieve their aims of safeguarding health and welfare. To that end, we count on the continued cooperation of Governments in meeting their reporting obligations to INCB, accepting INCB missions and participating in and supporting INCB activities and projects. Without the cooperation of Governments, the Board would be unable 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 signed the conventions.

We stand at a challenging point in drug control. Much has been achieved, yet more remains to be done. States need to ensure that national policy and practice are directed towards full implementation of the three conventions, which enjoy almost universal adherence and to which Member States recently reaffirmed their commitment at the thirtieth special session of the General Assembly, on the world drug problem, held in 2016, and in the 2019 Ministerial Declaration adopted at the sixty-second session of the Commission on Narcotic Drugs. This year, the Board was pleased to welcome Palau as the newest State party to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

²*Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2019 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2019/4).*

The community of nations faces many challenges that have severe implications for the health and well-being of people. By fully implementing the drug control conventions, Member States, civil society and the international community as a whole can build upon the significant improvements achieved over the past years. I urge you to carefully study the Board's recommendations set out in this report and to implement them in good faith. INCB remains committed to monitoring and promoting compliance with the drug control treaties and to supporting Member States as they implement their drug control obligations, for the benefit of all.

A handwritten signature in black ink, consisting of a large, stylized 'C' followed by several vertical strokes, all resting on a horizontal line.

Cornelis P. de Joncheere
President
International Narcotics Control Board

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Explanatory notes

Data reported later than 1 November 2019 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:

ASEAN	Association of Southeast Asian Nations
CARICC	Central Asian Regional Information and Coordination Centre
CBD	cannabidiol
CICAD	Inter-American Drug Abuse Control Commission of the Organization of American States
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
Europol	European Union Agency for Law Enforcement Cooperation
GBL	<i>gamma</i> -butyrolactone
GHB	<i>gamma</i> -hydroxybutyric acid
I2ES	International Import and Export Authorization System
ICRC	International Committee of the Red Cross
INCB	International Narcotics Control Board
INTERPOL	International Criminal Police Organization
IONICS	Project Ion Incident Communication System
LSD	lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine
OAS	Organization of American States
OECD	Organization for Economic Cooperation and Development
OPIOIDS	global Operational Partnerships to Interdict Opioids' Illicit Distribution and Sales project
OSCE	Organization for Security and Cooperation in Europe
PEN Online	Pre-Export Notification Online system
PICP	Pacific Islands Chiefs of Police
PICS	Precursors Incident Communication System
SCO	Shanghai Cooperation Organization

S-DDD	defined daily doses for statistical purposes
SENAPRED	National Secretariat for Drug Care and Prevention of Brazil
THC	tetrahydrocannabinol
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAMA	United Nations Assistance Mission in Afghanistan
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNIOGBIS	United Nations Integrated Peacebuilding Office in Guinea-Bissau
UNODC	United Nations Office on Drugs and Crime
UPU	Universal Postal Union
WCO	World Customs Organization
WHO	World Health Organization

Chapter I.

Improving substance use prevention and treatment services for young people

1. According to the UNODC *World Drug Report 2018*, it is estimated that over 31 million people who use drugs suffer from drug use disorders, and many of them are young people.³ Drug use has a significant economic and social impact for countries, families and communities, in particular the impact it has on the future opportunities of young people.⁴ The situation calls for renewed efforts to support the prevention of substance use and the treatment of drug use disorders, including services aimed at reducing the adverse health consequences of drug use. Through the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem” and Sustainable Development Goal 1 (reducing poverty), Goal 3 (good health and well-being), Goal 4 (quality education) and Goal 10 (reducing inequality), among other Sustainable Development Goals, Member States have reaffirmed their commitment to

³The United Nations uses the terms “youth” and “young people” interchangeably and defines “youth” as meaning those persons aged 15–24, without prejudice to other definitions used by Member States and other entities. Although the age of initiation of drug use tends to correspond to that age group, it is important to start prevention interventions early in life, including at the prenatal stage and in early and middle childhood.

⁴For the purposes of the present report, the term “the prevention of the use of psychoactive substances” refers to efforts to avoid or delay the initiation of the use of psychoactive substances, or, if use has started, to avert the development of substance use disorders (harmful substance use or dependence). The much broader aim of prevention is the healthy and safe development of children and youth so that they can realize their talents and potential and become contributing members of their community and society. Effective prevention significantly contributes to the positive engagement of children, youth and adults with their families, schools, workplace and community. “Treatment” is defined as the management of substance use disorders of individuals in order to reduce their drug use and cravings for drug use, treat co-morbidity, improve the health, well-being and social functioning of the affected individual, and prevent future harms by decreasing the risk of complications and relapse.

adopting a balanced and health-centred approach to substance use prevention and treatment.

2. Article 38 of the Single Convention on Narcotic Drugs of 1961⁵ underscores the importance of measures to prevent and treat drug dependence. That article, as contained in the 1961 Convention as amended by the 1972 Protocol,⁶ and article 20 of the Convention on Psychotropic Substances of 1971⁷ both state that the parties shall give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved and shall coordinate their efforts to those ends.

3. Further, the conventions also state that parties shall as far as possible promote the training of personnel in the treatment, aftercare, rehabilitation and social reintegration of abusers of psychotropic substances, as well as assist persons whose work so requires to gain an understanding of the problems of abuse of drugs.

4. The drafters of the conventions, however, did not prescribe particular approaches or methods to achieve those objectives, particularly in consideration of the different conditions in the diverse countries. They may have also considered that over the course of time there would be scientific advances that would enhance understanding of the problem of drug dependence, accompanied by the development of new methods to prevent and treat this problem. The conventions leave it to Governments to

⁵United Nations, *Treaty Series*, vol. 520, No. 7515.

⁶*Ibid.*, vol. 976, No. 14152.

⁷*Ibid.*, vol. 1019, No. 14956.

identify the “practicable measures” to be developed to prevent and treat drug dependence, but they also underscore the importance of having trained personnel in the area of prevention and treatment, who would receive further training as new knowledge and skills become available.

5. At the time of the drafting of the conventions, there was only limited scientific research on the physiological and psychological effects of psychoactive substance use on young people and on the most effective methods for the prevention and treatment of such use among young people. However, over the past 40 years, that knowledge base has grown considerably. Prevention strategies based on that scientific evidence indicate the effective ways to work with families, schools and communities and to implement treatment approaches specifically designed for the needs of adolescent substance users. Those prevention strategies ensure that children and young people, especially the most marginalized and poor, have opportunities to grow and stay healthy and safe into adulthood and old age.

6. Apart from the international drug control conventions, the importance of protecting children from drug use and dependence is also reiterated in article 33 of the Convention on the Rights of the Child,⁸ in which States parties undertake to “take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances”.

7. In addition, the need to address drug use and dependence, in particular among young people, has been the subject of numerous resolutions and declarations of the Commission on Narcotic Drugs, the Economic and Social Council, and the General Assembly in its special sessions on the world drug problem held in 1998 and 2016.

8. Chapter I of the INCB annual report for 2009⁹ focused on prevention, summarizing the accumulated scientific advances in prevention for young people and made the following recommendations:

- Governments should establish a clear focal point for primary prevention, develop a national drug control strategy and a public health framework, and build capacity for collaboration and working

together with organizations and institutions to achieve prevention aims.

- Governments should establish mechanisms to improve understanding of drug use and the factors that influence drug use, build and disseminate knowledge of best practices, evaluate their efforts and develop the primary prevention workforce.
- UNODC should collaborate with others to develop standards against which Governments may measure their efforts in primary prevention. Specifically, UNODC should collaborate with the United Nations Children’s Fund, the International Labour Organization, UNESCO, WHO, relevant non-governmental organizations and the private sector to develop, promote and disseminate resources to help Governments strengthen the quality of their primary prevention work.

9. More recently, in the INCB annual report for 2017,¹⁰ chapter I (Treatment, rehabilitation and social reintegration for drug use disorders: essential components of drug demand reduction) addressed the treatment needs of special populations including adolescents. In that chapter, the many challenges in addressing those needs were noted, and it was underscored that there was a need for more research on the effects that medications used in the treatment of adults had on children and adolescents and for more research on effective psychosocial interventions for adolescents.

10. The present chapter of the annual report for 2019 focuses on the use of psychoactive substances among young people and on improving the implementation of evidence-based prevention and treatment services, and it builds on and expands the findings and recommendations of the INCB annual reports for 2009 and 2017. In the 10 years since the publication of the INCB annual report for 2009, Governments have made progress in the implementation of prevention programmes, but only recently has it been recognized that the results of science and their application to policy and practice could make a significant difference in the worldwide response to substance use.

11. A series of UNODC publications on drug prevention, treatment, care and rehabilitation respond to the need to support Member States in meeting their commitments to “promote, develop, review or strengthen effective, comprehensive, integrated drug demand reduction programmes, based on scientific evidence and covering a range of measures, including primary prevention, early

⁸Ibid., vol. 1577, No. 27531.

⁹E/INCB/2009/1.

¹⁰E/INCB/2017/1.

intervention, treatment, care, rehabilitation, social reintegration and related support services”.¹¹ Some of those publications discussed, in particular, the issues of interventions and services targeting children and youth, including the UNODC *International Standards on Drug Use Prevention*, first published in 2013 and revised jointly with WHO in 2018; the *International Standards for the Treatment of Drug Use Disorders* of 2017; and *Booklet 10: Education Sector Responses to the Use of Alcohol, Tobacco and Drugs* of the Good Policy and Practice in Health Education Series, published by UNESCO, WHO and UNODC in 2017. Those publications reflect the current state of the research and evidence in these fields, but they will need to be updated as future, additional evidence becomes available.

12. While there is often widespread awareness and concern among policymakers and the public about substance use, in particular substance use among young people, there may not be an awareness of the evidence-based prevention and treatment strategies currently available to intervene effectively at any point to prevent the initiation and progression of substance use, and of the kind of treatment that can be implemented for those who need it. These effective strategies, which are the result of more than 30 years of research and field testing, are currently being implemented in various parts of the world. It is important for government experts and civil society to recognize these strategies and develop policies incorporating the most effective ways to support and deliver evidence-based substance use prevention and treatment services for young people.

13. In many countries, great attention has been given to the issue of substance use among young people, and that attention can lead to the impression among young people themselves that substance use is normal – that is, that “everyone is doing it”. For example, the recent adoption of legislation supporting medical use – and recently, non-medical or “recreational” use – of cannabis in some countries, the decriminalization of cannabis use in some other countries and the easy access to a number of psychoactive substances may decrease the perceived risk among young people regarding the social, emotional or physical consequences of substance use.¹² There is

¹¹ Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C).

¹² Charlotte Skoglund and others, “Public opinion on alcohol consumption and intoxication at Swedish professional football events”, *Substance Abuse Treatment and Prevention Policy*, vol. 12, No. 21 (May 2017); Tina Van Haverre and others, “Drug use and nightlife: more than just dance music”, *Substance Abuse Treatment and Prevention Policy*, vol. 6, No. 18 (July 2011).

evidence that such misperceptions can lead to the initiation of use among young people.¹³ Governments and society have learned from the history of tobacco use how important it is to protect children and young people from initiating use of these psychoactive substances through the implementation of evidence-based prevention interventions and policies.

14. In spite of the concerns, available research shows that worldwide, substance use among the general population is not actually as prevalent as it may seem at first glance. For example, the international epidemiological data available show that among young people (under the age of 24), the majority (over 80 per cent) do not use any controlled substance.¹⁴ Nevertheless, there is also evidence that some young people are made particularly vulnerable due to poverty and extreme social conditions. Evidence-based drug prevention and treatment targeting youth have a demonstrated effect on substance use and substance use disorders, their health and social consequences, as well as on aggressiveness, youth violence and – in the case of family skills training – child maltreatment. Therefore, there is a strong mandate for evidence-based prevention and treatment under several targets of the Sustainable Development Goals, most notably target 3.5, on strengthening the prevention and treatment of substance abuse, but also target 3.3, on ending the epidemic of AIDS and combating hepatitis, target 3.4, which includes promoting mental health and well-being, target 16.1, on significantly reducing all forms of violence, and target 16.2, on ending all forms of violence against children. In addition, evidence-based substance use prevention and treatment contribute to the reduction of poverty (Sustainable Development Goal 1) and the reduction of gender inequality and socioeconomic inequality (Goals 5 and 10), as well as contributing to making cities safe and resilient (Goal 11).

15. The INCB annual reports for 2009 and 2017 addressed the scientific advances made to date in the prevention and treatment of substance use disorders. The present chapter provides an update on those advances and the resulting improved understanding of use of psychoactive substances, the nature and extent of use among young people, how initial use during adolescence can lead to substance use dependency and disorders and, in

¹³ Sarah-Jeanne Salvy and others, “Proximal and distal social influence on alcohol consumption and marijuana use among middle school adolescents”, *Drug and Alcohol Dependence*, vol. 144 (November 2014), pp. 93–101; Megan S. Schuler and others, “Relative influence of perceived peer and family substance use on adolescent alcohol, cigarette, and marijuana use across middle and high school”, *Addictive Behaviors*, vol. 88 (January 2019), pp. 99–105.

¹⁴ *World Drug Report 2018* (United Nations publication, Sales No. E.18.XI.9).

particular, the effective prevention and treatment strategies identified by science to address drug use and drug use disorders among young people.

16. Several important areas should be noted:

- Improved international epidemiological data that heighten concerns about, and advance our understanding of, substance use among adolescents and young adults, specifically those aged 15–24
- The defining of the field of prevention science and the potential for its practical application
- The reconceptualization of the aetiology of substance use and vulnerability to progression from substance use to substance use disorders
- The reframing of substance use prevention within a public health context to incorporate prevention interventions that address the level of risk and vulnerability (i.e., universal, selected and indicated interventions) and the treatment needs of young people, who require an array of services that differ from those needed by adults
- The UNODC-WHO *International Standards on Drug Use Prevention* (revised 2nd ed., 2018) and the *International Standards for the Treatment of Drug Use Disorders* (2017), mentioned above, which summarize the research literature and present evidence-based prevention and treatment principles and strategies, including the components of a national drug prevention and treatment service system

Epidemiology of psychoactive substance use by young people

17. There are considerable differences from region to region in the trends and patterns of substance use, in general and for young people in particular, that are related to different issues and different cultural and social circumstances. For example, there is a higher prevalence of use of amphetamine-type stimulants in Asia, while in Latin America coca paste and cocaine are widely used in addition to cannabis. Similarly, between North America and Europe there are significant differences in the patterns of substance use.

18. The most recent available epidemiological data on substance use among young people (aged 15–24 years) are provided in the UNODC *World Drug Report 2018*,

which contains in its booklet 4, on drugs and age, key findings pertaining to young people:

- Substance use and associated health consequences are highest among young people (in particular those aged 18–25).
- Global estimates of substance use among young people under the age of 18 are difficult to obtain due to the limited number of surveys carried out in some regions, and due to the different ways of measuring prevalence and categories for age groups used in the various surveys available.
- In general, it has been found that males have higher rates of use than do females, although it has been noted that the gender difference has been narrowing in some regions.
- Cannabis is widely used by young people. Based on data from 130 countries, the UNODC global estimate of cannabis use in 2016 was that 13.8 million, or 5.6 per cent of young people aged 15–16, had used cannabis at least once in the year prior to the survey. In Oceania, the past-year prevalence rate for that age group was 11.4 per cent; in the Americas, 11.6 per cent; in Africa, 6.6 per cent; in Europe, 13.9 per cent; and in Asia, 2.7 per cent.
- Although collecting and harmonizing data on the cause of death for different countries is challenging, the WHO Global Health Estimates 2015 show that while deaths of young people aged 15–29 from all causes accounted for only 4.8 per cent of all deaths in 2015, that age group accounted for 23.1 per cent of all deaths attributed to drug use disorders that year.¹⁵
- Owing to the pharmacology of these psychoactive substances and the physiology of the developing brains of young people, use eventually comes to be driven by the desire for the effects of the psychoactive substance, regardless of the social and psychological factors that had originally played a role in initiation and early use.
- The paths that lead young people to substance use disorders are complex. Many factors play a role in the progression from substance use to substance use disorder. Although many who initiate use of psychoactive substances eventually discontinue

¹⁵WHO, Global Health Estimates 2015: Deaths by Cause, Age and Sex and by Country and Region, 2000–2015 (Geneva, 2016).

use, those who are most vulnerable because of physiological, social, emotional and developmental factors may progress to the use of multiple substances and/or an increased frequency of use.

- Many young people are involved in the drug supply chain, among other reasons, due to poverty and a lack of opportunities for social and economic advancement. Such involvement puts them at risk of further involvement in criminal behaviours, violence, incarceration and premature death.

19. The age of onset of substance use is of greatest global concern because research shows that the earlier the age of onset, the greater the likelihood of developing substance use disorders due to the effects of these substances on the developing brain.¹⁶ Degenhart and others¹⁷ have presented comparisons of age of onset of use for alcohol, tobacco, cannabis and cocaine for the 17 countries that participated in the World Mental Health Survey Initiative. The authors show that the median age of onset of use for these substances is similar in those countries: 16–19 years for alcohol and tobacco, 18–19 years for cannabis and 21–24 years for cocaine. The information suggests that children and adolescents should be targeted long before they reach the age of first use, by means of evidence-based prevention interventions and policies.

20. Longitudinal studies that have followed children into adulthood indicate that the earlier the age of onset for alcohol, tobacco and cannabis use, the greater the likelihood of use of drugs such as opiates and cocaine.¹⁸ Epidemiological and laboratory research has explored this relationship and has shown that genetic, biological and societal factors are associated with this progression.¹⁹

¹⁶Ibid.

¹⁷Louisa Degenhardt and others, “Toward a global view of alcohol, tobacco, cannabis, and cocaine use: findings from the WHO World Mental Health Surveys”, *PLoS Medicine*, vol. 5, No. 7 (July 2008).

¹⁸Denise Kandel, “Stages in adolescent involvement in drug use”, *Science*, vol. 190, No. 4217 (November 1975), pp. 912–914. Michael T. Lynskey and others, “Escalation of drug use in early-onset cannabis users vs. co-twin controls”, *Journal of the American Medical Association*, vol. 289, No. 4 (January 2003), pp. 427–433.

¹⁹Arpana Agrawal, Carol A. Prescott and Kenneth S. Kendler, “Forms of cannabis and cocaine: a twin study”, *American Journal of Medical Genetics, Part B Neuropsychiatric Genetics*, vol. 129B, No. 1 (May 2004), pp. 125–128; Denise Kandel and Eric Kandel, “The gateway hypothesis of substance abuse: developmental, biological and societal perspectives”, *Acta Paediatrica*, vol. 104, No. 2 (February 2015), pp. 130–137; Stephen Nkansah-Amankra and Mark Minelli, “Gateway hypothesis’ and early drug use: additional findings from tracking a population-based sample of adolescents to adulthood”, *Preventive Medicine Reports*, vol. 4 (May 2016), pp. 134–141; and Michael M. Vanyukov and others, “Common liability to addiction and ‘gateway hypothesis’”: theoretical, empirical and evolutionary perspective, *Drug and Alcohol Dependence*, vol. 123, Suppl. 1 (June 2012), pp. S3–S17.

21. Research indicates that adolescents begin use of alcohol, tobacco and cannabis due to their positive perceptions of availability and the social approval or the normative nature of substance use, and their lack of awareness of the risks associated with substance use.²⁰ Effective prevention interventions address the misconceptions held by adolescents. Interventions that change their misperceptions, in particular their perception of the normative nature of substance use, are associated with positive outcomes.²¹

22. Young people from families with high socioeconomic status try cannabis (episodic experimentation) more often than young people from lower socioeconomic status. However, the risk of developing cannabis use disorders is more closely associated with a lower socioeconomic status, lower academic achievement and early school leaving. That is because young people from families with high socioeconomic status dispose of greater sociocultural resources to master and regulate their consumption.²²

23. The strong evidence of the link between alcohol and tobacco use and the use of other psychoactive substances that are the primary concern of the international conventions underlines the need to also address the use of tobacco and alcohol in the implementation of programmes for preventing substance use.

24. The impact on children of their parents’ substance use can be significant and may result in long-term emotional and physical morbidity among children that will manifest itself in early adulthood. These effects include the direct health effects of maternal substance use,

²⁰Lloyd D. Johnston and others, *Monitoring the Future National Survey Results on Drug Use, 1975–2012*, vol. I: *Secondary School Students* (Ann Arbor, Institute for Social Research, University of Michigan, 2013); Katherine M. Keyes and others, “The social norms of birth cohorts and adolescent marijuana use in the United States, 1976–2007”, *Addiction*, vol. 106, No. 10 (October 2011), pp. 1790–1800; and Yvonne M. Terry-McElrath and others, “Risk is still relevant: time-varying associations between perceived risk and marijuana use among US 12th grade students from 1991 to 2016”, *Addictive Behaviors*, vol. 74 (November 2017), pp. 13–19.

²¹Kenneth W. Griffin and Gilbert J. Botvin, “Evidence-based interventions for preventing substance use disorders in adolescents”, *Child and Adolescent Psychiatric Clinics of North America*, vol. 19, No. 3 (July 2010), pp. 505–526; Li C. Liu, Brian R. Flay and Aban Aya Investigators, “Evaluating mediation in longitudinal multivariate data: mediation effects for the Aban Aya Youth Project Drug Prevention Program”, *Prevention Science*, vol. 10, No. 3 (September 2009), pp. 197–207; and Catherine J. Lillohoj, Linda Trudeau and Richard Spoth, “Longitudinal modeling of adolescent normative beliefs and substance initiation”, *Journal of Alcohol and Drug Education*, vol. 49, No. 2 (June 2005).

²²François Beck, Romain Guignard and Jean-Baptiste Richard, “Actualités épidémiologiques du cannabis”, *La Revue du Practicien*, vol. 63, No. 10 (December 2013), pp. 1420–1424.

including low birthweight, fetal alcohol syndrome,²³ respiratory problems due to second-hand smoke,²⁴ increased child abuse and neglect,²⁵ other health issues²⁶ and long-term developmental issues,²⁷ as well as the increased possibility of substance use among children.²⁸ These effects are far-reaching and have both social and economic implications in all countries.²⁹ Therefore, for these age groups – infancy through late adolescence – it is important to address not only the effects of the child's or adolescent's own substance use but also the effects of parental/family use, which can affect both children and adolescents who use substances and those who do not.

Understanding the progression from use to abuse

25. Epidemiological research in the 1970s paved the way for understanding the determinants of the initiation of substance use and the progression to deeper involvement with substances. Two studies, published in 1992 and 1993, summarized those findings. The first study, by authors

²³Sylvia Roozen and others, "Worldwide prevalence of fetal alcohol spectrum disorders: a systematic literature review including meta-analysis", *Alcoholism: Clinical and Experimental Research*, vol. 40, No. 1 (June 2016), pp. 18–32; and Thitnart Sithisarn, Don T. Granger and Henrietta S. Bada, "Consequences of prenatal substance use", *International Journal of Adolescent Medicine and Health*, vol. 24, No. 2 (December 2012), pp. 105–112.

²⁴United States, Department of Health and Human Services, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General* (Atlanta, Georgia, 2006).

²⁵Brad Donohue and others, "Contribution of illicit/non prescribed marijuana and hard-drug use to child abuse and neglect potential while considering social desirability", *British Journal of Social Work*, vol. 49, No. 1 (January 2019), pp. 77–95.

²⁶Tessa L. Crume and others, "Cannabis use during the perinatal period in a State with legalized recreational and medical marijuana: the association between maternal characteristics, breastfeeding patterns, and neonatal outcome", *Journal of Pediatrics*, vol. 197 (June 2018), pp. 90–96.

²⁷Peter A. Fried, "Conceptual issues in behavioral teratology and their application in determining long-term sequelae of prenatal marijuana exposure", *Journal of Child Psychology and Psychiatry*, vol. 43, No. 1 (March 2002), pp. 81–102.

²⁸Pamela C. Griesler and others, "Nonmedical prescription opioid use by parents and adolescents in the US", *Pediatrics*, vol. 143, No. 3 (March 2019); Kimberly L. Henry, "Fathers' alcohol and cannabis use disorder and early onset of drug use by their children", *Journal of Studies of Alcohol and Drugs*, vol. 78, No. 3 (May 2017), pp. 458–462; and Shulamith Straussner and Christine Fewell, "A review of recent literature on the impact of parental substance use disorders on children and provision of effective services", *Current Opinion in Psychiatry*, vol. 31, No. 4 (July 2018), pp. 363–367.

²⁹Henrick Harwood, Douglas Fountain and Gina Livermore, *The Economic Costs of Alcohol and Drug Abuse in the United States, 1992* (Rockville, Maryland, National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism, 1998).

Hawkins and others (1992),³⁰ outlined the risk factors associated with the initiation of substance use; those risk factors included both contextual factors (e.g., laws and norms favourable to substance use behaviours, availability of substances, extreme economic deprivation and neighbourhood disorganization) and individual and interpersonal factors (e.g., physiological measures, family history of substance use, attitudes toward substance use, poor/inconsistent family management, family conflict and a low level of family bonding). The second study, by Glantz and Pickens,³¹ indicated that while contextual factors played a significant role in the initiation of substance use, it was the individual and interpersonal factors, in particular the physiological, neurological and genetic factors, that were found to have a greater influence on the progression to substance abuse.

26. Two more recent studies reached the conclusion that genetic factors constitute a significant part of a person's vulnerability to dependence, including the effects of the environment on gene expression and function.³² For example, a recent study found that use of cannabis and alcohol appeared to be influenced by common genetic factors.³³ Certain genetic profiles play an important role in an individual's vulnerability to substance use and progression to dependence. Prevention interventions designed specifically for individuals who are genetically predisposed to vulnerability to drug use have been shown to be effective in altering those individuals' substance use trajectories and improving their life outcomes.³⁴

27. Research has shown that the initiation of use of some substances does not always lead to substance abuse.³⁵ There is evidence that individuals are more likely to spontaneously desist from use of substances such as alcohol, cocaine, heroin and amphetamines, which may have more immediate negative physical and

³⁰David J. Hawkins, Richard F. Catalano and Janet Y. Miller, "Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention", *Psychological Bulletin*, vol. 112, No. 1 (July 1992), pp. 64–105.

³¹Meyer D. Glantz and Roy W. Pickens, "Vulnerability to drug abuse: introduction and overview", in *Vulnerability to Drug Abuse*, Meyer D. Glantz and Roy W. Pickens, eds. (Washington, D.C., American Psychological Association, 1993), pp. 1–14.

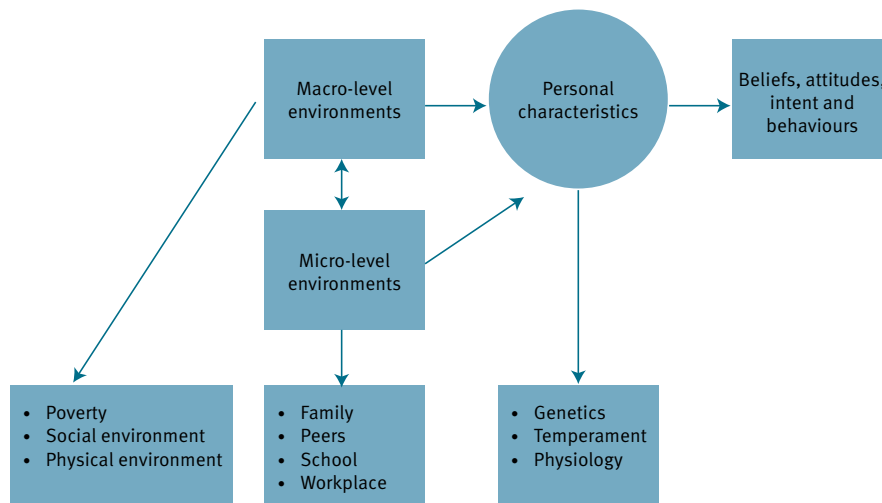
³²Carolyn E. Sartor and others, "Common genetic contributions to alcohol and cannabis use and dependence symptomatology", *Alcoholism: Clinical and Experimental Research*, vol. 34, No. 3 (March 2010), pp. 545–554.

³³Ibid.

³⁴Gene H. Brody and others, "Differential sensitivity to prevention programming: a dopaminergic polymorphism-enhanced prevention effect on protective parenting and adolescent substance use", *Health Psychology*, vol. 33, No. 2 (February 2014), pp. 182–191.

³⁵Jerald G. Bachman and others, *The Decline of Substance Use in Young Adulthood: Changes in Social Activities, Roles, and Beliefs* (East Sussex, United Kingdom, Psychology Press, 2014).

Figure I. Vulnerability model



Source: Zili Sloboda, "School-based prevention: evolution of evidence-based strategies", in *Adolescent Substance Abuse: Evidence-Based Approaches to Prevention and Treatment*, Carl G. Leukefeld and Thomas P. Gullotta, eds. (New York, Springer, 2018).

psychological effects than do tobacco or cannabis.³⁶ Theoretically, at any one time, in the same geographical area, there can be four distinct groups involved in substance use:³⁷

- Resolute non-users, who are committed to not using any psychoactive substance
- Vulnerable non-users, who may not be currently using any psychoactive substance but who may, for psychological, social or emotional reasons, initiate use
- Early initiators, who may have initiated use of one or more psychoactive substances and may or may not be experiencing negative consequences of such use
- Users at an advanced stage of substance use, who have progressed beyond the initiation of substance use with or without health or social consequences

28. These observations arising from the above-mentioned studies would suggest that there is a need for an array of integrated prevention and treatment services within communities to address the specific needs of the population.

³⁶G. Bischof and others, "Factors influencing remission from alcohol dependence without formal help in a representative population sample", *Addiction*, vol. 96, No. 9 (September 2001), pp. 1327–1336 and Linda C. Sobell Timothy P. Ellingstad and Mark B. Sobell, "Natural recovery from alcohol and drug problems: methodological review of the research with suggestions for future directions", *Addiction*, vol. 95, No. 5 (May 2002), pp. 749–764.

³⁷William D. Crano and others, "The at-risk adolescent marijuana nonuser: expanding the standard distinction", *Prevention Science*, vol. 9, No. 2 (June 2008), pp. 129–137.

29. Most children and adolescents fall within one of the first three groups. As noted below, each of these groups requires specific forms of evidence-based prevention and treatment interventions.

30. All human beings share the same developmental age-related benchmarks for becoming healthy, productive members of society. The attainment of those benchmarks can be enhanced or hampered by individual characteristics, as well as by the influence of proximal agents such as parents, family and school, and by distant agents such as economic and social conditions, media, social media and national policies. Research conducted on genetic, physical and environmental factors and their interactions in order to determine the vulnerabilities to substance use and other such behaviours has led to a reconceptualization of risk and protective factors that has the potential to refine prevention and treatment delivery and implementation systems for children and adolescents.³⁸

31. Figure I shows this new perspective in simplified form. The figure helps to elucidate the concept of vulnerability and assists a further understanding of risk and protection as the interface between the physical, psychological and genetic make-up of an individual and by the influences on that individual's physical, cognitive, emotional and social development: parents and family, school, faith-based organizations, peers, workplace and close-knit versus more distant communities.

³⁸Zili Sloboda, Meyer D. Glantz and Ralph E. Tarter, "Revisiting the concepts of risk and protective factors for understanding the etiology and development of substance use and substance use disorders: implications for prevention", *Substance Use and Misuse*, vol. 47, Nos. 8 and 9 (June 2012), pp. 1–19.

32. The framework shown in figure I illustrates the factors involved in human motivation and change processes. It shows how the various environmental levels and personal characteristics interact in the decision-making that takes place before substance use and the performance of other problem behaviours.

33. Genetics and other biological factors play a significant role in the achievement of developmental benchmarks, that is, the goal of each stage of development, from infancy to early adulthood, including intellectual ability, language development, cognitive, emotional and psychological functioning, and the attainment of social competency skills.

34. The extent to which developmental benchmarks are achieved determines our level of vulnerability to influences from our environment. Our vulnerability liability may vary over our lifespan. However, children who do not achieve early developmental benchmarks, for a variety of reasons, are most likely to fail in the achievement of later benchmarks and, as a result, face problems in adulthood.

35. Environmental factors can either lessen or enhance that vulnerability. The risk of substance use increases because of environmental experiences, such as adverse childhood experiences, that are associated with heightened stress or adversity. The environmental influences are viewed as being at two major levels: those in close proximity to the individual – the micro-level environments, which include parents and family, school and peers – and those that are more distant – the macro-level environments, which include both our physical and social setting, including the Internet and social media. The broader community environment and the need to respect the rule of law and other societal norms also influences the vulnerability of young people. An example is that of marginalized urban areas where criminal organizations, frequently associated with drug trafficking, dominate the territory and the authorities are unable to assert their control, provide citizens with access to even basic health and social services or give young people the assistance necessary to develop their potential.

36. Although the Internet and social media offer new ways to deliver preventive education, they have also created increased opportunities for both the marketing and the social transmission of risky products and behaviour and have thus contributed to an increased exposure to substance use by normalizing use and presenting users' experiences in a positive light. For example, some YouTube bloggers and influencers disseminate information about new substances and new ways of administering them;

they emphasize the so-called “positive” effects and downplay the negative consequences of substance use, and as a way of defending their choices, they provide young people with extensive but not necessarily factual information on substance use.

37. The two levels of influence – the micro- and macro-level environments – do not operate independently as they influence our behaviour: they also affect one another. For instance, family stability and even parenting behaviours can be challenged when one or both caregivers are unemployed for long periods of time.³⁹

38. It is the interface where the micro- and macro-level environments interact with the individual that shapes cognitive and emotional development, as well as beliefs, attitudes and behaviours that serve to socialize human beings to become productive members of their communities. These interfacial connections can either be positive (protective) or negative (risky). They also provide opportunities for interventions to improve or enhance positive growth. So, it is possible for vulnerable children who receive positive parenting to overcome the challenges they face, while similarly vulnerable children who are neglected by their parents are less likely to be as successful.⁴⁰

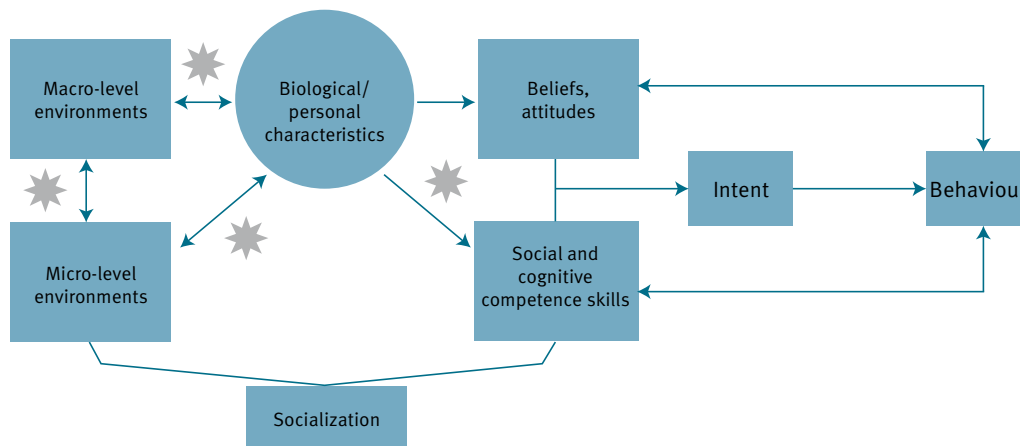
39. Cultural factors and context play a role as well. If a culture strongly discourages substance use, the rate of substance use may be lower. However, if substance use is an integral part of a culture's rituals or celebrations, there may be few disincentives to prevent a person from starting and continuing substance use, unless restrictions are built into those cultural rituals. Cultural definitions of roles, in particular gender roles, may also inhibit or underscore the use of substances.

40. We can draw examples of these processes from our own experiences. Think about a child living in poverty

³⁹Geert Dom and others, “The impact of the 2008 economic crisis on substance use patterns in the countries of the European Union”, *International Journal of Environmental Research and Public Health*, vol. 13, No. 1 (January 2016); Mark A. Bellis and others, “National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England”, *BMC Medicine*, vol. 12, No. 72 (May 2014); Dieter Henkel, “Unemployment and substance use: a review of the literature (1990–2011)”, *Current Drug Abuse Reviews*, vol. 4, No. 1 (2011), pp. 4–27; Heta Moustgaard, Mauricio Avendano and Pekka Martikainen, “Parental unemployment and offspring psychotropic medication purchases: a longitudinal fixed-effects analysis of 138,644 adolescents”, *American Journal of Epidemiology*, vol. 187, No. 9 (September 2018), pp. 1880–1888 and University of Oxford, “Unemployment triggers increase in child neglect, according to new research”, 3 November 2017.

⁴⁰Karl G. Hill and others, “Person-environment interaction in the prediction of alcohol abuse and alcohol dependence in adulthood”, *Drug and Alcohol Dependence*, vol. 110, Nos. 1 and 2 (July 2010), pp. 62–69.

Figure II. Prevention intervention points



Source: Zili Sloboda, *Universal Prevention Curriculum for Substance Use*.

Note: Stars indicate points of intervention.

and whose parents are absent – because of incarceration or dependence, or because they are working two or three jobs. Now think about a child in this situation but who has a grandparent or other caring, supportive adult who can help her meet her developmental benchmarks. Or think about this child entering a school where she feels safe and accepted. Such a child is more likely to develop pro-social attitudes and engage in pro-social and healthy behaviours because of that bonding or attachment process. Feelings of belonging and being supported are key to human development. Now let us think about this girl without a safe and supportive family member or school environment. What if there were a street gang that filled her need for a sense of belonging? And what if that gang trafficked drugs or engaged in criminal behaviour?

41. These are not hypothetical situations; they are drawn from real life. Evidence-based prevention interventions are designed to help parents and families in stress to focus on positive parenting to help their children. They are designed to help schools create safe and positive environments where children, as well as school staff, can enjoy an effective learning environment.

The vulnerability model and prevention interventions

42. Figure I also serves to guide the development of prevention approaches as shown in figure II. It suggests that the socialization process (i.e., learning the culture, attitudes, beliefs, language and behaviour of the society within which we live) also acts as the process of prevention where key socialization agents (e.g., parents and other family members, teachers, laws and regulations) are helped to

improve their socialization skills, such as by improving parenting or teaching skills, or modify the social and physical settings to make it more difficult to engage in negative behaviours. Thus, through evidence-based prevention interventions, the family, school and community environments can become positive forces in raising a child to resist engaging in substance use or other risky behaviours. The stars in figure II indicate opportunities for prevention interventions.

43. As can be seen in the model in figure II, it is “intent”, shown in the figure, that has been found to predict the initiation of substance use and has become the target of effective interventions, particularly for children and young people in their early teens prior to the “at-risk” years. Theories of human behaviour inform us that intentions are based on beliefs and attitudes, knowledge, social and cognitive competencies, and skills related to any behaviour. Effective prevention interventions are those that address these mediating factors to alter or change the behaviour of those on a negative life course by promoting positive developmental outcomes and reducing negative behaviours and, for those who have no intention of using psychoactive substances, to reinforce those positive factors.

International Standards on Drug Use Prevention and other evidence-based prevention resources

44. Research progress has led to a number of products designed to help prevention planners identify evidence-based prevention interventions that match the

Figure III. Summary table of evidence-based strategies identified in the UNODC-WHO *International Standards on Drug Use Prevention* (2nd ed., 2018)

	PRENATAL AND INFANCY	EARLY CHILDHOOD	MIDDLE CHILDHOOD	EARLY ADOLESCENCE	ADOLESCENCE	ADULTHOOD
Family	Prenatal and infancy visitation		Parenting skills			
	Interventions for pregnant women					
School		Early childhood education	Personal and social skills education	Prevention education based on social competence and influence		
			Classroom management		Addressing individual vulnerabilities	
			Policies to keep children in school	School-wide programmes to enhance school attachment		
Community				School policies on substance use		
				Alcohol and tobacco policies		
	Community-based multi-component initiatives					
				Media campaigns		
Workplace				Mentoring		
				Prevention programmes in entertainment venues		
				Workplace prevention programmes		
Health sector	Interventions for pregnant women		Addressing mental health disorders			
				Brief intervention		

■ Strategy identified in the first edition of the *Standards*
■ Strategy added in the second updated edition of the *Standards*

Source: UNODC and WHO.

characteristics and meet the needs of their communities. The most notable is the UNODC-WHO *International Standards on Drug Use Prevention* (2nd ed., 2018). This guide outlines the key content, structures and delivery strategies that have been found to be consistent across interventions. Figure III summarizes the content of the *Standards* document.

45. Figure III identifies the settings in which the interventions take place (family, school, community, workplace and health sector, as listed in the left column), and interventions are organized according to the age group being targeted (prenatal and infancy, early childhood, middle childhood, early adolescence, adolescence and adulthood, as listed across the top).

46. Examples of programmes focusing on the micro-level environment are those that include family and parenting skills. Such programmes provide support for treatment, prenatal medical care, and support for housing and other needs. The Triple P-Positive Parenting Program⁴¹ is another family support and parenting skills

⁴¹Matthew R. Sanders, "Development, evaluation and multinational dissemination of the Triple P-Positive Parenting Program", *Annual Review of Clinical Psychology*, vol. 8 (April 2012), pp. 345–379.

programme that includes a system of parenting programmes that operate on a tiered continuum of increasing strength and intensity. A third example of an effective family intervention is the "Strengthening Family Program 10–14" programme.⁴² This programme has components for parents only, for children only, and for parents and children together, focused on parenting skills and family bonding, and is delivered over the course of seven weeks.

47. Examples of school-based, evidence-based prevention policies and interventions include school curricula such as LifeSkills Training⁴³ and Unplugged.⁴⁴ Both of these programmes target personal and social skills, including decision-making skills, goal-setting skills and

⁴²Richard Spoth and others, "Research on the strengthening families program for parents and youth 10–14: long-term effects, mechanisms, translation to public health, PROSPER partnership scale up", in *Handbook of Adolescent Drug Prevention: Research, Intervention, Strategies, and Practices* (Washington, D.C., American Psychological Association, 2015), pp. 267–292.

⁴³Gilbert J. Botvin and others, "Preventing illicit drug use in adolescents: long-term follow-up data from a randomized control trial of a school population", *Addictive Behaviors*, vol. 25, No. 5 (September–October 2000), pp. 769–774.

⁴⁴Federica D. Vigna-Taglianti and others, "Unplugged, a European school-based program for substance use prevention among adolescents: overview of results from the EU-Dap trial", *New Directions for Youth Development*, vol. 2014, No. 141 (April 2014), pp. 67–82.

analytical skills to assess information on psychoactive substances and violence. These skills are designed so that students understand and resist pro-drug influences and make decisions not to use any psychoactive substance. To reinforce this decision, the programmes address misperceptions regarding normative beliefs about psychoactive substances, reinforce intentions not to use substances, and provide opportunities to practise refusal skills with their classmates within a variety of simulated real situations that they face or may face in the future. Another very effective programme that enhances the classroom climate and enhances bonding in the school setting is the Good Behaviour Game.⁴⁵

48. Examples of evidence-based policies are those that target the accessibility and use of psychoactive substances, such as school policies regarding use on school property. The following are the keys to a successful policy: the choice of persons involved in developing the policy; having clearly stated responses to infractions, not only for students but also for school staff, that are not punitive (i.e., leading to suspension, expulsion, or firing) but supportive (through referrals for further evaluation and counselling); and making school staff, students, parents and other key stakeholders aware of the policies and their enforcement.

49. Effective environment-based regulatory approaches include limiting access to medications with psychoactive qualities by requiring a prescription from a licensed health practitioner and reducing accessibility to tobacco, alcohol and, where appropriate, cannabis for children and adolescents. Other regulations found to be effective when enforced include banning the smoking of cigarettes in public places, limiting the amount of alcohol served in a bar, tavern or restaurant, and limiting access to substances that are precursors for the manufacture of some illicit drugs such as benzyl methyl ketone, ephedrine and pseudoephedrine, which are used in making methamphetamines.

50. The *Standards* also include research on approaches found to be ineffective and, in some cases, iatrogenic. Such approaches include testing for drug use in schools, testing in workplaces without the support of evidence-based substance use policies, and programmes that focus on scare tactics or provide only information without further addressing the elements for evidence-based interventions mentioned above.

⁴⁵Nicholas S. Ialongo and others, "Proximal impact of two first-grade preventive interventions on the early risk behaviors for later substance abuse, depression, and antisocial behavior", *American Journal of Community Psychology*, vol. 27, No. 5 (October 1999), pp. 599–641.

Advances in evidence-based treatment approaches for young people

51. The history of research on treatment is longer than that on prevention. The present section focuses on progress made over the past 45 years in understanding the treatment needs of substance users of all ages, in particular for young people. Because the brain is still developing throughout adolescence into early adulthood, and as psychoactive substances impact brain functioning, adolescents experience a more rapid transition from initiation of substance use to dependence compared with adults, whose brain development is more complete. Therefore, the treatment of adolescents needs to be different from that of adults. Winters and others (2011)⁴⁶ state that this observation was made as early as 1952. By the 1980s, the acknowledged differences in substance use patterns and consequences, as well as developmental issues, gave support to exploring specialized treatment options for adolescents.

52. Epidemiological data on the use of psychoactive substances by adolescents indicate that their substance use experiences as addressed in treatment will differ from those of adults. For instance, adolescents are more likely to use inhalants and cannabis and binge drink. In addition, as Izenwasser (2005)⁴⁷ and others have found, the effects of use of these substances (in particular, alcohol and nicotine) are more extreme for adolescents than for adults, particularly for males. Adolescents have higher rates of binge use than do adults and have lower problem recognition, are more focused on short-term implications of use and have higher rates of diagnosed co-morbid psychiatric problems as compared with adults.⁴⁸ Treatment for adolescents may therefore be challenging.

53. The UNODC-WHO *International Standards for the Treatment of Drug Use Disorders* make specific recommendations regarding the treatment of adolescents. Those recommendations include focusing on psychosocial/behavioural approaches to treatment, while involving the

⁴⁶Ken C. Winters, Adrian M. Botzet and Tamara Fahnhorst, "Advances in adolescent substance abuse treatment", *Current Psychiatry Reports*, vol. 13, No. 5 (October 2011), pp. 416–421.

⁴⁷Sari Izenwasser, "Differential effects of psychoactive drugs in adolescents and adults", *Critical Reviews of Neurobiology*, vol. 17, No. 2 (2005), pp. 51–68.

⁴⁸Sandra A. Brown and others, "Treatment of adolescent alcohol-related problems", in *Recent Developments in Alcoholism*, vol. 17, Marc Galanter, ed. (New York, Springer, 2005), pp. 327–348; and Margo Gardner and Laurence Steinberg, "Peer influence on risk taking, risk preference, and risky decision making in adolescence and adulthood: an experimental study", *Developmental Psychology*, vol. 41, No. 4 (July 2005), pp. 625–635.

family and taking into account other social aspects of the child's or adolescent's life in the treatment process. Treatment must take into consideration the cognitive development and life experiences of children and adolescents and for that reason may vary according to the age and developmental level of the child or adolescent. The lack of developmentally appropriate knowledge and skills and the potential adolescent propensity towards risk-taking and sensitivity to peer pressure also require special accommodation in treatment.

54. Although more research is needed in this field, it has been found that children and adolescents may experience less motivation to adhere to treatment than do adults and will think about issues in more concrete terms, be less introspective and be less likely to engage in “talking” therapies. These special features of treatment for children and adolescents are related to the aetiological model discussed above, suggesting that treatment must take into consideration the child/adolescent substance users' interface with their micro- and macro-level environments and their specific vulnerabilities that may be associated with not only the initiation of substance use but also its progression.

55. Key treatment components that have been found to contribute to positive outcomes for adolescents include the following: involvement, whenever safe, of the adolescent's family in the treatment process, even in therapeutic communities; use of a motivational approach that focuses on minimizing the adverse public health and social consequences of drug abuse; psychosocial treatment approaches combined with individualized treatment approaches to address special needs such as mental health issues; life skills training and cognitive behavioural interventions; motivational enhancement therapy; family-based therapies, from brief strategic family therapy to multi-systemic family therapy; and basic education.⁴⁹

56. Winters and others (2011)⁵⁰ suggest combining these evidence-based treatment interventions for young people within the context of the five treatment levels suggested by the American Society of Addiction Medicine

⁴⁹Emily K. Lichvar and others, “Residential treatment of adolescents with substance use disorders: evidence-based approaches and best practice recommendations”, in *Adolescent Substance Abuse: Evidence-Based Approaches to Prevention and Treatment*, 2nd ed., Carl G. Leukefeld and Thomas P. Gullotta, eds. (New York, Springer, 2018), pp. 191–214. National Institute on Drug Abuse, “Principles of adolescent substance use disorder treatment: a research guide”, NIH Publication No. 14-7953 (Rockville, Maryland, 2014); and UNODC and WHO, *International Standards for the Treatment of Drug Use Disorders: Draft for Field Testing* (Vienna, 2017).

⁵⁰Winters, Botzet and Fahnhorst, “Advances in adolescent substance abuse treatment”.

(2001),⁵¹ which include: (a) early intervention services (consisting of educational or brief intervention approaches); (b) outpatient treatment lasting up to six hours per week, depending on the progress being made through the treatment plan; (c) intensive daily outpatient treatment for up to 20 hours per week, for two months up to one year; (d) residential/inpatient treatment for one month up to one year; and (e) medically managed intensive inpatient treatment limited to adolescents whose substance use and related problems are severe enough to require 24 hours of primary medical care until stabilization is achieved.

57. The need for screening assessments to determine the special needs of substance-using adolescents has long been recognized, and several such instruments have been developed and validated. The National Institute on Drug Abuse of the United States supports two such tools: the Brief Screener for Alcohol, Tobacco and Other Drugs (BSATD) and the Screening to Brief Intervention (S2BI). These two-minute screeners, among others, are recommended for use by health-care providers to determine whether an adolescent needs a treatment intervention. If a child or adolescent is referred for treatment, it is incumbent on the treatment facility to screen for at least three risk factors: intoxication, evidence of self-harm and evidence of harm to others. If those factors are noted, the child/adolescent may need to be referred to an inpatient facility for observation and appropriate treatment.⁵² Recent research has shown that brief interventions have been successful for adolescents in preventing their progression from use to problematic use.⁵³

Implications for policy development worldwide: conclusions and recommendations

58. Prevention of drug use, treatment of drug dependence and rehabilitation and social reintegration of the persons involved is one of the key provisions of international drug control systems. The main goal of the international drug control conventions is to protect people's health from harm caused by the non-medical use of

⁵¹D. Mee-Lee and others, *ASAMPPC-2R: ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders*, 2nd revised ed. (Chevy Chase, Maryland, American Society of Addiction Medicine, 2001).

⁵²UNODC and WHO, *International Standards for the Treatment of Drug Use Disorders*.

⁵³Lilia D'Souza-Li and Sion K. Harris, “The future of screening, brief intervention, and referral to treatment in adolescent primary care: research directions and dissemination challenges”, *Current Opinion in Pediatrics*, vol. 28, No. 4 (August 2016), pp. 434–440.

controlled substances while ensuring the availability of those substances for medical and scientific purposes. Drug use prevention and the treatment of drug dependence, especially among young people, are key elements to achieve that goal by ensuring that young people can achieve healthy development and become productive members of society.

59. The UNODC-WHO *International Standards on Drug Use Prevention* (2nd ed., 2018) summarize the scientific evidence demonstrating the effectiveness of drug use prevention efforts. In many documents and resolutions, such as the outcome document of the thirtieth special session of the General Assembly, on the world drug problem, Governments have recognized the *International Standards* as a useful tool for promoting evidence-based prevention. The *International Standards on Drug Use Prevention*, together with the UNODC-WHO *International Standards for the Treatment of Drug Use Disorders* (2017), are unique documents as they provide not only summaries regarding the components of evidence-based prevention interventions and policies and treatment for substance use but also comprehensive models of national systems of care that provide for financial and multi-ministerial collaborative support for programming at the local level, support for the delivery of comprehensive prevention interventions that are evidence-based, and an ongoing data collection system that monitors service delivery and provides feedback for updating the national care system and allows for the inclusion of rigorously evaluated new interventions and policies. Youth services such as juvenile detention, education and family services should be incorporated into such a broader national care system.

60. The Board recommends the use of those two above-mentioned sets of international standards when implementing programmes for the prevention of drug use and the treatment of drug dependence among young people. In addition to preventing drug use, it has been established that evidence-based prevention strategies also prevent many other risky behaviours, promoting the healthy and safe development of children and young people.

Understanding the issue

61. A first priority for countries is the development of national epidemiological data systems to inform their policies on the prevention and treatment of psychoactive substance use among young people. Although some countries have data systems that do more than simply monitor substance use through school and/or population (e.g., household) surveys, only a few countries have surveillance systems in place.

Developing professional expertise

62. A second priority is the development of professional expertise in the field of substance use prevention and treatment, which should include national training and credentialing systems for prevention and treatment professionals engaged in decision-making/planning and implementation, and research with a special focus on the needs of young people. In many jurisdictions, credentialing is currently available for treatment and prevention professionals but not necessarily required. Like for other professions, it is important that the underlying science, knowledge, skills, competencies and ethical standards be internationally accepted by means of an international professional organization or organizations that maintain this base and propose updates for improved services and service delivery on the basis of rigorous research regarding the biological, neurological, psychological and sociological aspects of substance use. The Board recommends that Governments build, with the assistance of UNODC and WHO, the expertise of prevention and treatment professionals in delivering evidence-based interventions effectively, in order to achieve positive outcomes.

Early start and broad prevention strategies

63. Substance use and dependence are caused by various factors, and they tend to start in adolescence, but current research demonstrates that vulnerability to drug use may originate in what happened earlier in an individual's development, during childhood and early adolescence. For that reason, intervention should start at an early age and not be delayed until the age of first use. There are interventions that can and should be delivered at the specific stages of pregnancy, infancy, childhood and middle childhood, supporting mothers, parents and schools to promote the healthy development of children, as these interventions have been shown to be effective in preventing substance use and other risky behaviours during adolescence.

Multiple approaches

64. A variety of factors (mainly genetic and environmental) determine vulnerability to substance use and dependence, and, to address these problems effectively, it is necessary to adopt a wide range of interventions and not one single approach. Various environments and settings such as family, school, the workplace, the community, media and leisure activities need to be considered in the development of substance use prevention programmes. Also, different approaches may be required for

different populations. For example, vulnerable populations, such as children with a substance-dependent parent, homeless and street children, children in custodial settings, orphans and abandoned children, migrants and refugee children and children exploited for sex work, need specific, targeted interventions that are different from those used with other children. Prevention should include strategies for the population at large (universal prevention), for groups that are particularly at risk (selective prevention) and for individuals that are particularly at risk (indicated prevention).

65. For the most vulnerable and youth engaged in substance use behaviours, it is necessary to adopt a wide network of outreach and basic social assistance services that have a strong emphasis on screening and assessment. These youth must be provided with a range of effective substance use disorder treatment interventions on the continuum of care that allows them to engage with family, schools, the workplace and the community, with the intention of building a network of support.

Family

66. The setting that is most influential for the development of children and adolescents is the family, and prevention approaches focusing on family have been found to be particularly effective. Family skills training focusing on supporting parents and helping families to work better have been found to be more effective. In these programmes, parents are encouraged to raise their children in a warm and responsive manner and to become involved in their children's lives and learn how to communicate effectively with their children and use constant monitoring and the enforcement of rules and limits. Drug-specific content in these programmes pertains to the parents' own substance use and, depending on the developmental stage of the child in question, to the expectations that the parents have about the child's substance use and how to communicate about drug issues. Such interventions achieve positive preventive outcomes for both boys and girls in the short and long run with regard to substance use and other problem behaviour.

School and education

67. In drug prevention, the school setting (including pre-school and elementary school, for which age-appropriate activities are delivered) serves as an access path for measures promoting knowledge and personal and social skills of individuals to attenuate individual risk factors of substance use. Research has shown that programmes that only

provide information about the danger of drugs and programmes that only use lecturing as a way to deliver substance use prevention have been found to be associated with no effectiveness or even adverse effects. Programmes that work are those that focus on the development of personal and social skills, discuss the normative nature of use and reflect on the expectations and perception of risk, using a set of interactive sessions (not just a one-time event) with well-trained facilitators. The aim is to improve several personal or social skills, such as self-awareness, creative thinking, relationship skills, problem-solving, decision-making, coping with stress and emotions, and to improve school bonding and academic achievements. The evidence available suggests that developing individual social skills is the most effective form of school-level intervention for the prevention of early substance use. The presentation of information on drugs that is aimed at generating fear is ineffective among young people. Aside from implementing individual-oriented interventions, preventive effects can also be achieved by targeting the general climate and drug-specific rules of schools.

68. Schools also serve as a potential point for screening and assessment of children and adolescents. A well-trained school nurse, school psychologist or even an educator can administer a screening instrument to assist in making a referral to substance use disorder treatment when appropriate. In addition, it is critical that young persons in a treatment programme continue to engage in the process of education to the extent possible.

Community

69. Together with the family, the community can provide a preventive developmental context by setting clear standards and values with regard to the use of drugs, and by providing opportunities for adolescents to learn skills, contribute to community life and be recognized for their contribution. Tight bonds with the family and the community in general motivate young people to adopt healthy standards of behaviour. Community interventions – both prevention and treatment interventions – work better when combined and consistent with school and family interventions and messages.

Environment policies, such as those commonly implemented for alcohol and tobacco use

70. The first use of alcohol and nicotine at a young age is related to later initiation of cannabis use; thus, the prevention of alcohol and tobacco use is also relevant for the prevention of substance use.

Leisure, sports and entertainment venues

71. The effectiveness of specific drug prevention efforts in leisure settings – for example, peer education programmes at festivals or activities in sports clubs, including the promotion of physical activities – has not yet been studied in depth. Sports clubs have been described as both a setting with great potential for promoting good health and a risk environment for substance use, but effectiveness studies are not available. Furthermore, providing low-resource intensive leisure activities to children and young people is a popular non-drug-specific prevention intervention, but these activities have not been empirically studied with regard to their effect in attenuating substance use or risk factors of substance use.

Health sector

72. The community health sector can prevent progression to substance use disorders (when it is in touch with individuals already using drugs) by providing brief interventions. In the few, short and structured sessions of these interventions, trained health or social workers first identify whether there is a problem of substance use and then provide basic counselling or referral to additional treatment.

Media

73. In addition to the factors of availability and affordability, some societal norms favourable to substance use create an additional risk factor. As described above, affordability and availability may be influenced by enforcement of laws and regulations. In addition, children, adolescents and young adults face norms of substance use informally through the approval or disapproval expressed by peers, parents, teachers, neighbours and other community members. Media campaigns are one way to influence those informal social norms. Accordingly, one frequently used component of State and community programmes is to conduct awareness campaigns or expand media coverage in order to increase awareness of and focus on drug-related issues. More research is needed on the effectiveness of mass media campaigns and the use of social media because the available evidence is very limited.

Treatment for young people

74. Young people have unique substance use patterns and treatment needs that are different than those for adults. Any use of psychoactive substances by young people is cause for concern, even if they are merely experimenting, as substance use exposes them to more risk behaviour and increases the risk and severity of later substance use disorders. Evidence-based treatment is beneficial for young people who use substances even if they are not suffering from diagnosable substance use disorders.

75. The Board recommends that Governments refer to the recommendations contained in chapter I of its annual report for 2017, entitled “Treatment, rehabilitation and social reintegration for drug use disorders: essential components of drug demand reduction”, and, more broadly, to the UNODC-WHO *International Standards for the Treatment of Drug Use Disorders* (2017).

The way forward

76. The scientific evidence reviewed and presented in this section illustrates that effective and feasible interventions and policies are available for drug prevention and treatment. However, the gaps in both evidence and effectiveness research underline the fact that more evaluation of impact is needed. Reaching groups that have heightened vulnerability remains a challenge, while the question of how to adapt interventions developed in optimal conditions to real-life, local contexts has not yet been fully answered. Many activities labelled as drug prevention or drug treatment are not evidence-based; their coverage is limited, and their quality is unknown at best.

77. In summary, countries need to move away from a model in which the prevention of substance use and the treatment of substance use disorders are delivered by well-intentioned individuals who are delivering interventions in an isolated manner. Interventions should be based on the specific situation and should systematically employ and expand the use of evidence-based tools, supporting practitioners and policymakers in developing their knowledge, skills and competencies and building a critical mass of genuine prevention and treatment specialists capable of promoting the safe and healthy development of children, young people, families and communities through the effective prevention of substance use and treatment of substance use disorders.

Chapter II.

Functioning of the international drug control system

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

78. The international legal drug control framework consists of 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 1988.⁵⁴ Those conventions are among the most widely ratified international instruments, with near universal adherence.

79. Together, the international drug control conventions establish the legal framework for the licit trade in narcotic drugs, psychotropic substances and precursor chemicals. They do this by requiring States parties to create administrative structures responsible for monitoring the production and manufacture of and trade in substances scheduled under the conventions and by establishing an obligation for States parties to report to the Board on their expected licit requirements, actual consumption, international trade and seizures. Through that reporting mechanism, the conventions foster the availability of controlled substances for medical, scientific or industrial use while preventing their diversion into illicit channels. One of the hallmarks of the drug control framework is that it limits the production, manufacture, export, import and distribution of, trade in and possession of drugs exclusively to medical and scientific purposes.

80. The conventions contain the obligation for States parties to make certain drug-related behaviours punishable

offences, and they provide a legal basis for certain investigative techniques such as controlled deliveries, for extradition and for mutual legal assistance between parties. The conventions provide that criminal justice responses to suspected drug-related crime should be consistent with the principle of proportionality and, accordingly, that crimes of lesser gravity may be subject to lesser penalties and crimes committed by people who use drugs may be dealt with through alternative measures to conviction or punishment, including measures of treatment, education, after-care, rehabilitation and social reintegration.

81. States parties to the drug control conventions are also required to develop strategies aimed at prevention and frameworks for the treatment and rehabilitation of people affected by drug dependence.

Status of adherence to the international drug control treaties

82. As at 1 November 2019, the 1961 Convention as amended by the 1972 Protocol had been ratified or acceded to by 186 States, with only 10 States yet to become parties. Of these, two were in Africa (Equatorial Guinea and South Sudan), one in Asia (Timor-Leste) and seven in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu). Chad has ratified the 1961 Convention in its unamended form.

83. The number of States parties to the 1971 Convention has remained unchanged, at 184, over the period under review, with 13 States currently not parties to that Convention.

⁵⁴United Nations, *Treaty Series*, vol. 1582, No. 27627.

84. In August 2019, Palau acceded to the 1988 Convention, becoming the 191st party to the Convention, which has been ratified by 190 States and the European Union. As is the case with the 1961 Convention and the 1971 Convention, most of the non-parties to the 1988 Convention are in Oceania (Kiribati, Papua New Guinea, Solomon Islands and Tuvalu). Three non-parties are in Africa (Equatorial Guinea, Somalia and South Sudan).

85. **INCB continues to actively engage all States having yet to accede to one or more of the international drug control conventions to do so without delay and to ensure their comprehensive implementation into national law. The Board reiterates that universal ratification of the drug control conventions is imperative for strengthening the international legal drug control framework and in ensuring that traffickers do not target non-parties due to actual or perceived weaknesses in the scope of control of scheduled substances.**

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

86. 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.

87. 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

88. Governments have to ensure that national legislation complies with the provisions of the international drug control treaties. They also have the obligation to amend lists of the 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.**

89. In March 2019, at its sixty-second session, the Commission on Narcotic Drugs, by its decisions 62/1, 62/2, 62/3 and 62/4, included four new substances in Schedule I of the 1961 Convention as amended, namely parafluorobutyrylfentanyl, orthofluorofentanyl, methoxyacetylfentanyl and cyclopropylfentanyl. 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 23 May 2019 and became effective with respect to each party upon receipt of that notification. **The Board welcomes 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.**

90. The Commission also decided to include five new substances in the schedules of the 1971 Convention. Pursuant to its decisions 62/5, 62/6, 62/7, 62/8 and 62/9, ADB-FUBINACA, FUB-AMB (MMB-FUBINACA, AMB-FUBINACA), CUMYL-4CN-BINACA, ADB-CHMINACA (MAB-CHMINACA) and *N*-ethylnorpentylone (ephylone) 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 23 May 2019 and became fully effective with respect to each party on 19 November 2019. **The Board welcomes the efforts made by 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.**

91. By its decisions 62/10, 62/11, 62/12, the Commission added “3,4-MDP-2-P methyl glycidate” (“PMK glycidate”) (all stereoisomers), 3,4-MDP-2-P methyl glycidic acid (“PMK glycidic acid”) (all stereoisomers) and *alpha*-phenylacetoacetamide (APAA) (including its optical isomers) to Table I of the 1988 Convention. In accordance with article 12, paragraph 6, of the 1988 Convention, those decisions of the Commission were communicated by the Secretary-General to all States and other entities which are or which are entitled to become parties to the Convention, and those decisions became fully effective with respect to each party on 19 November 2019. Furthermore, the Commission also considered hydriodic acid and decided (decision 62/13) not to include it in the tables of the 1988 Convention. **The Board welcomes the efforts made by Governments that have already amended their lists of chemicals controlled at the national level and encourages Governments to use the PEN Online system for shipments of these chemicals in international trade, provide for seizures when there is evidence of illicit use, and cooperate to that end with each other and with the Board in a timely manner.**

92. 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 request made by the Board 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 of 1 November 2019, relevant information was available for 134 countries and territories. Of

those, 127 countries and territories have introduced an import authorization requirement, and one country (the United States of America) requires a pre-import declaration. Three countries and one territory (Cabo Verde, New Zealand, Vanuatu and Gibraltar) 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 72 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

93. 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.

94. 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.

95. 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.

96. 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.

97. As in previous years, the Board finds that, in general, the system of imports and exports continues to be respected and works well. In 2019, a total of nine countries were contacted regarding possible excess imports or excess exports identified with regard to international trade in narcotic drugs that had been carried out during the year. As at 1 November 2019, five of those countries had responded. One of those confirmed that excess exports had occurred and was reminded of the need to ensure full compliance with the relevant treaty provisions. Two other countries reported that the drug had been exported to another country and subsequently re-exported by that country, while the last two countries advised that the initial reports had been incorrect and submitted amended statistics. The Board continues to pursue the matter with those countries that have not responded.

98. **The provision of timely and accurate estimates of narcotic drug requirements is an essential step for ensuring the supply of those drugs. Underestimation can contribute to many problems, including shortages. Overestimation, on the other hand, may result in waste and carries with it an increased risk of diversion of those drugs into illicit channels. The Board therefore**

calls upon Governments to ensure that submitted estimates on requirements for narcotic drugs accurately reflect the actual level of narcotic drugs needed in their country for the calendar year.

99. 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 2019, 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.

100. **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, 44 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.

101. 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.

102. 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 2018, the authorities of 20 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.

103. The Commission on Narcotic 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 2019, 169 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

104. 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.

105. 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.

106. 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.

107. 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 2019, 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.**

108. While the 1988 Convention does not have a requirement for import and export authorizations for trade in substances listed in Tables I and II of that Convention, Governments that do not apply some system of control over exports and imports of precursors are not fully complying with their treaty obligation to effectively contribute to the prevention of diversion. Under the Convention, countries are also 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 para. 128 below regarding pre-export notifications for precursor chemicals).

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

109. Pursuant to article 31 of the 1961 Convention as amended, article 12 of the 1971 Convention and relevant resolutions of the Economic and Social Council, international trade in narcotic drugs and psychotropic substances requires both import and export authorizations. Given the growing volume of licit trade in internationally controlled substances, which leads to an increasing workload for competent national authorities, it is essential to modernize the import and export authorization system in order to reduce the risk of diversion while continuing to ensure the adequate availability of and access to those substances.

110. 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, I2ES, 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 was designed to promote paperless trade in internationally controlled substances by facilitating the online exchange of import and export authorizations and enables 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.

111. In March 2019, a user-group meeting was held on the margins of the sixty-second session of the Commission on Narcotic Drugs to gather feedback on I2ES. More than 25 officials from 19 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.

112. Available to all Governments free of charge, I2ES serves as a safe and secure platform for generating and exchanging import and export authorizations between trading countries, and its user-friendly interface helps competent national authorities to reduce errors in data entry and save time and communication costs.

113. The estimates of requirements of narcotic drugs and the assessments of psychotropic substances established by States parties and endorsed by the Board are automatically synchronized with I2ES. After an import authorization has been approved, the system calculates in real time the remaining balance of the estimates or assessments available to the importing country. Trading partners registered with the platform can access that information at any time. Authorities of the trading countries can also use the system to securely communicate and exchange information directly with their counterparts if a transaction request requires further clarification.

114. 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. To provide a fully electronic and paperless international trade system, the Board established the possibility for Governments to use electronic signatures along with the import and export authorizations processed through the system.

115. In the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,⁵⁵ Heads of State and Government recommended expediting the process of issuing import and export authorizations for licit international trade on narcotic drugs and psychotropic substances by using I2ES.

116. Through its resolutions 55/6, 57/10, 58/10 and 61/5, the Commission on Narcotic Drugs set out actions to further the establishment of an import and export authorization system, and invited the secretariat of INCB to administer and monitor I2ES and report on the progress made on its implementation.

117. As at 1 November 2019, nearly five years after the launch of I2ES, the Board notes that 66 Governments have registered with I2ES, of which 50 Governments have an active administrator account, an increase of 20 per cent compared with last year, at 1 November 2018. More than one fifth of those countries entered data in the system in 2019.

118. In order to encourage the adoption of I2ES among Member States, INCB carried out multiple activities in 2019 to: (a) raise awareness of the system; and (b) improve the technical capabilities of competent national authorities.

119. In June, an on-site training session took place in Quito, during an INCB Learning workshop, in which I2ES was presented to eight countries⁵⁶ of the Latin America and the Caribbean region. In July, the system was also introduced to officials representing 13 countries of Central, Eastern and South-Eastern Europe, the Caucasus and Central Asia during a workshop on prohibitions, licensing and other quantitative restrictions on international trade, hosted in Vienna by the World Trade Organization.

120. Recognizing the limitations making it impossible to physically reach all countries worldwide that require

⁵⁵General Assembly resolution S-30/1, annex.

⁵⁶Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador and Peru.

technical expertise on I2ES, and being aware of the possibilities of new communication technologies for deploying training in a fast and convenient manner, the Board, through its secretariat, conducted seven webinars for more than 16 countries⁵⁷ in Africa, the Americas, Asia and Europe. Further Member States have expressed an interest in training activities of that type, and accordingly, more online training sessions are planned.

121. The efforts carried out by the Board can be reinforced and complemented only with the continuous commitment of Member States in supporting the adoption of I2ES as the unequivocal choice of a digital international trade system for controlled substances. At its sixty-first session, the Commission on Narcotic Drugs, in its resolution 61/5, invited Member States to maintain that commitment and invited them to consider what further measures should be adopted for the continuing administration and further development of I2ES.

122. A multilingual user interface would ease the adoption of I2ES in countries and regions where English is not a widespread language. The possibility of adding nationally controlled substances in the import authorizations processed via I2ES would enable competent national authorities to comply with domestic legal obligations and avoid the burden at the operational level of running two parallel systems, one for nationally controlled substances and another for internationally controlled substances. In addition, the trading data stored in I2ES could be exported for post-processing purposes, which would help competent authorities to expedite reporting to INCB on substances controlled under the international drug control treaties.

123. At the same time, know-how at the operational level and commitment to use I2ES at the decision-making level continue to be significant barriers to be overcome. The Board reiterates its commitment to working hand in hand with Member States on activities that encourage the wider adoption of the system and greater user engagement.

124. The Board encourages all Member States to contact its secretariat to discuss challenges they face in implementing the system and jointly develop strategies setting out the concrete steps to achieve a road map that integrates I2ES into nationwide governmental procedures and policies for supervising the control of narcotic drugs and psychotropic substances.

125. The Board also invites Member States that are already using I2ES to share their experiences and expertise with the Board and other Governments, in particular, their trading partners that are not currently using the platform. Member States are invited to express their views on I2ES in regional meetings for drug control and health monitoring and engage with their counterparts to facilitate an active cooperation that expands adoption of the system.

126. It is essential for Governments and the Board to continue their cooperation to implement I2ES in order to fully realize the benefits of the platform and facilitate the more rapid trade of internationally controlled substances.

127. **INCB encourages Governments that have not done so yet to request the assistance of the INCB secretariat to implement and integrate I2ES in their national systems, including through the provision of guidance on first steps and additional training. The Board also invites Governments that actively use I2ES to engage with their trading partners that do not use I2ES, with the assistance of the INCB secretariat if required, to facilitate the adoption of the platform. Lastly, the Board encourages Member States to provide additional support, including extrabudgetary resources, to expand the functionalities of I2ES and hasten the adoption of the platform.**

Pre-export notifications for precursor chemicals

128. To assist importing and exporting Governments in communicating with each other in real time 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 2019, two additional countries, Angola and North Macedonia, had registered with PEN Online, bringing the total number of registered countries and territories to 164. **INCB urges the remaining Governments that have not yet registered with the PEN Online system to do so as soon as possible and calls upon Governments to use PEN Online actively and systematically. The Board stands ready to assist Governments in that regard.**

129. 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. Since the last issue of the annual report of the Board, no additional

⁵⁷ Afghanistan, Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, Estonia, Indonesia, Kenya, Panama, Paraguay, Peru, Qatar and the United Arab Emirates.

Government has officially requested to be pre-notified, thus leaving the number of Governments that have invoked that provision unchanged at 113. **The Board encourages those Governments that have not formally requested pre-export notifications to invoke article 12, paragraph 10 (a), of the 1988 Convention.**

130. INCB, in its efforts to support Governments in the prevention and investigation of cases of diversion and trafficking of precursors, pre-precursors and other substances not yet under international control, has developed several online platforms, tools and projects to facilitate the real-time exchange of information between Governments. The two initiatives of the Board focusing on precursors used in the illicit manufacture of synthetic drugs and on chemicals related to the illicit manufacture of cocaine and heroin, namely Project Prism and Project Cohesion, respectively, have also contributed to preventing the diversion of controlled substances from international trade and national distribution channels and to closing knowledge gaps during time-bound operations. The Board's new Global Rapid Interdiction of Dangerous Substances (GRIDS) programme consolidates those successful operational initiatives under Project Ion (2013) and the global OPIOIDS project (2017). GRIDS and the Board's ongoing public-private partnerships support government activities aimed at preventing the diversion of, and trafficking in, fentanyl-related substances and other dangerous substances of abuse not yet under international control.

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

131. The system of control measures laid down in the 1961 Convention provides for the monitoring of international trade in narcotic drugs to prevent the diversion of 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.

132. 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.

133. Since May 2019, investigations regarding discrepancies for 2018 related to the trade in narcotic drugs have been initiated with 56 countries. As at 1 November 2019, replies had been received from 33 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 listed 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.

134. Similarly, with regard to international trade in psychotropic substances, investigations into 293 discrepancies related to 2018 data were initiated with 66 countries. As at 1 November 2019, 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.

135. 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, many Governments have adopted and implemented 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. To assist the timely prevention of precursors diversion, voluntary public-private partnerships based on shared goals and responsibility and formalized through agreements have an increasingly important role to play. More information on the public-private partnerships initiative in preventing diversion of precursor chemicals is contained in the report of the Board on the implementation of article 12 of the 1988 Convention.⁵⁸

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

136. In recent years, the Board has observed a shift in the diversion of precursors from international to domestic trade between users located on territory within the same national borders. 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 domestic trade in and distribution of chemical substances vary from one country to another and often fall short of those used in international trade.

137. 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 to facilitate real-time exchange of information between 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.

138. 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 2019 on the implementation of article 12 of the 1988 Convention.

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

139. 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.

140. 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, a situation that has often been falsely attributed to the control requirements of the international drug control framework. In many States, access to and the 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 for accurately evaluating the needs of the population, inadequate regulation and too few and insufficiently trained health-care professionals. The Board has provided information and recommendations on the availability of controlled substances for medical purposes in the supplement to its annual report for 2018.⁵⁹

141. The Board renews its call to Governments to 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.

142. Governments need to address capacity and resource constraints in health-care services, especially in the field of pain management, including by increasing the availability and know-how of health-care professionals, such as doctors, nurses, pharmacists and regulators. Medical practitioners should be adequately trained in the prescription of medicines to those who genuinely

⁵⁸E/INCB/2019/4.

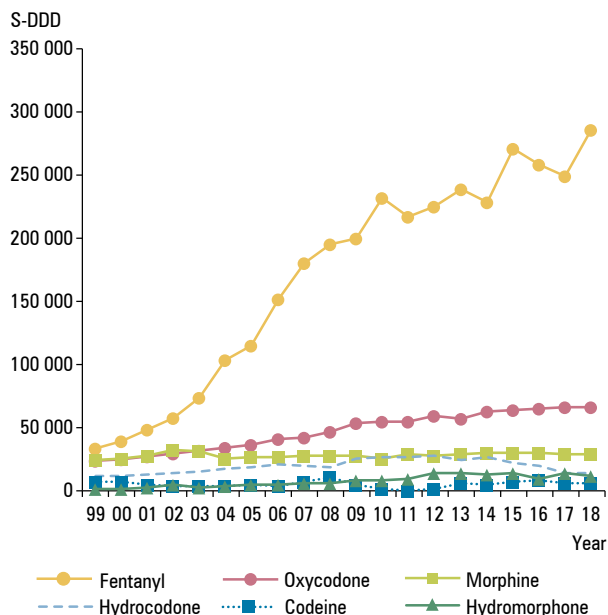
⁵⁹E/INCB/2018/1/Supp.1.

need them and should be able to prescribe medicines without fear of sanction or prosecution.

143. INCB continues to analyse the availability of pain relief medicines on the basis of the consumption of the main opioid analgesics (codeine, fentanyl, hydrocodone, hydromorphone, morphine and oxycodone), expressed in defined daily doses for statistical purposes (S-DDD).⁶⁰

144. Countries reporting the highest average consumption of opioids for pain management in the period 2016–2018 were the United States (27,641 S-DDD), Germany (24,983 S-DDD), Austria (20,452 S-DDD), Canada (16,617 S-DDD) and Belgium (15,910 S-DDD).

Figure IV. Consumption of codeine, fentanyl, hydrocodone, hydromorphone, morphine and oxycodone, expressed in S-DDD, 1999–2018

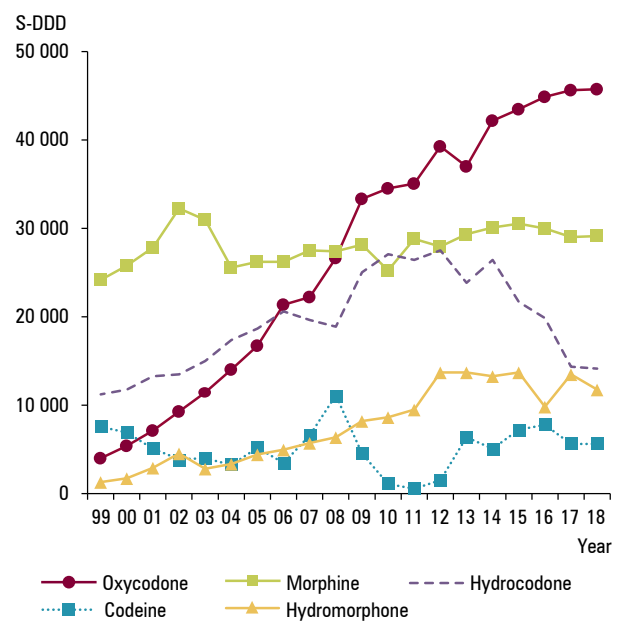


145. A comparison of the trends in the consumption of individual substances is provided in figures IV and V. It is evident that there was an exponential increase in the consumption of fentanyl over the 20-year period 1999–2018. Compared with fentanyl, the consumption of oxycodone was at a lower level; however, it was increasing and, in 2009, it replaced morphine as the second most consumed opioid, reaching an all-time high of 45,717 S-DDD in 2018. The trend in the use of morphine, however, remained relatively stable after the late 1990s. In 2018, consumption of morphine increased slightly

⁶⁰The list of defined daily doses for statistical purposes (S-DDD) and an explanation of that concept are contained in the notes to tables XIV.1.a-i, XIV.2 and XIV.3 of the technical report of the Board for 2019 on narcotic drugs (E/INCB/2019/2).

compared with the level of 2017, from 29,061 to 29,142 S-DDD. Hydrocodone consumption increased for some years but recently started to decline. Hydromorphone consumption decreased after 2014, reaching in 2018 a level of 14,160 S-DDD, the lowest level since 2002. The United States accounted for 99.2 per cent of hydrocodone consumption, whereas the consumption of fentanyl was not concentrated in one country. Although the consumption of fentanyl decreased globally in 2017, especially in North America, there were significant increases in various countries in all other regions.

Figure V. Consumption of codeine, hydrocodone, hydromorphone, morphine and oxycodone, (excluding fentanyl), expressed in S-DDD, 1999–2018



146. Regional analysis confirms the disparity in the consumption of opioid analgesics (see figures VI and VII). The reported consumption of countries in North America, Oceania and Western Europe resulted in regional averages of over 7,000 S-DDD (17,436, 7918 and 12,335 S-DDD, respectively). The analysis in figures VI and VII of the 20-year trend shows in 2017 and 2018 a sharp decrease in consumption, expressed in defined daily doses for statistical purposes, in North America, the region with highest consumption of opioids for pain management in the world. This decrease was driven mainly by the United States. In Oceania, consumption, which had been declining since 2012, was reported to have increased in 2017, to 9,065 S-DDD. In 2018, however, the declining trend continued, reaching 7,918 S-DDD. The general upward trend in consumption is evident in South-Eastern Europe and Western Europe.

Figure VI. Average consumption of opioids for pain management in regions with the highest consumption, expressed in S-DDD, 1999–2018

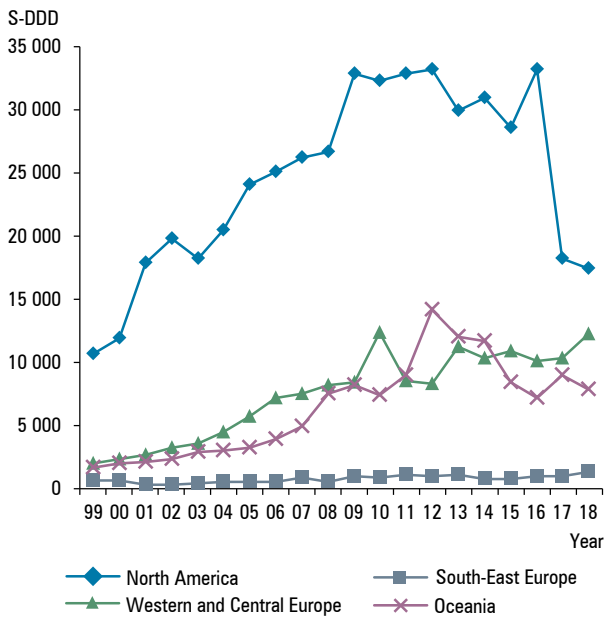
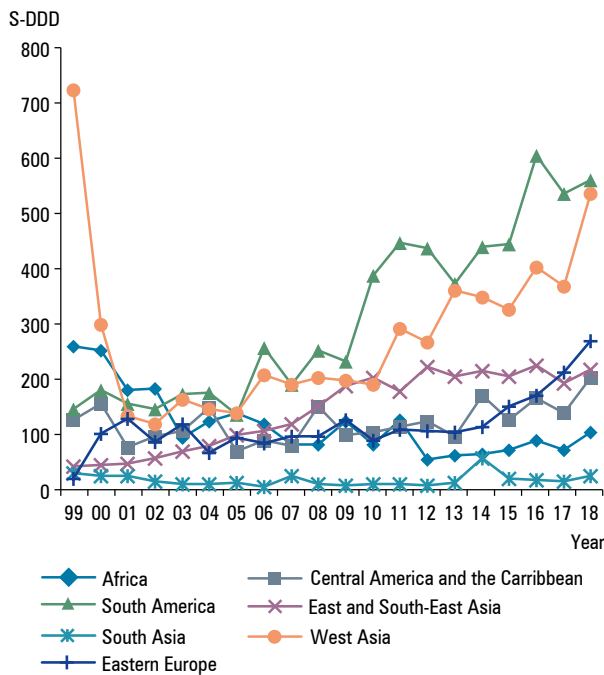


Figure VII. Average consumption of opioids for pain management in the regions with the lowest consumption, expressed in S-DDD, 1999–2018



147. Average consumption well below those values was reported in other regions. A long-term trend of increased consumption was reported in all regions except Africa and South Asia.

Figure VIII. Average consumption of codeine, fentanyl, morphine, pethidine and other opioids, by region, expressed in S-DDD, 2018

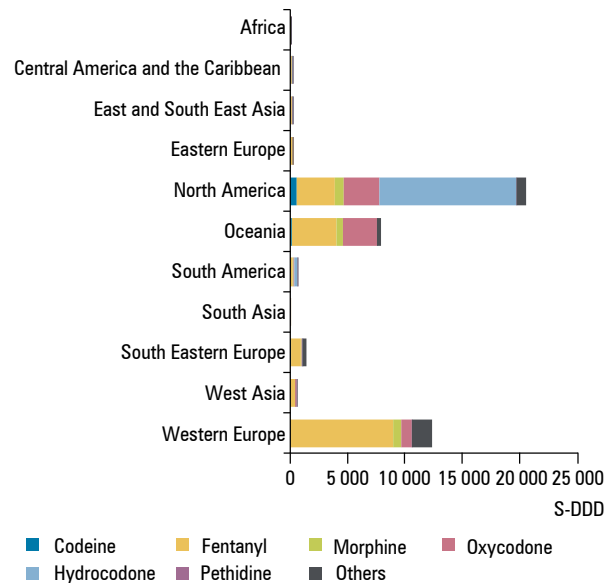
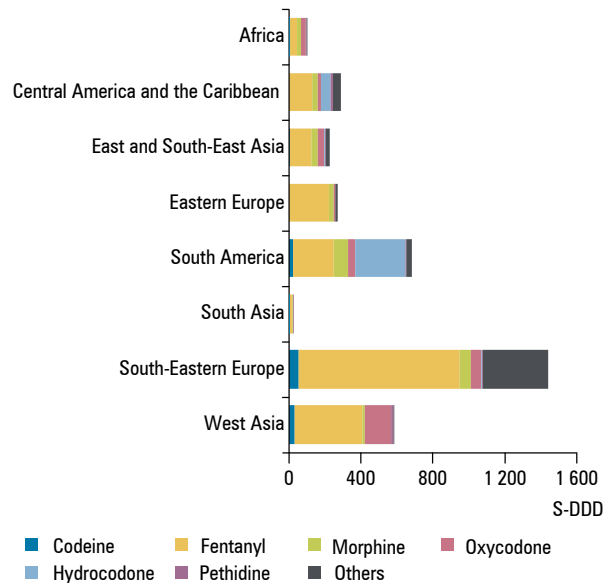


Figure IX. Average consumption in selected regions of codeine, fentanyl, morphine, pethidine and other opioids, expressed in S-DDD, 2018



148. Figures VIII and IX show for 2018 the average consumption of opioid analgesics, expressed in defined daily doses for statistical purposes, in all regions (see figure VIII) and in all regions except North America, Western Europe and Oceania (see figure IX), where the average consumption of analgesics is most concentrated. This analysis highlights once again the prominence of fentanyl in various regions of the world. Oxycodone consumption is more concentrated in North America,

Western Europe and Oceania, although it is also consumed in other regions, such as West Asia, Central America and the Caribbean, and South-Eastern Europe. The share of morphine is less prominent in most regions, the exceptions being Africa, Central America and the Caribbean, and South America.

149. 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 2019 (see paras. 215–230 below for details).

3. Patterns and trends in the production, manufacture, consumption, use and stocks of narcotic drugs and psychotropic substances during 2018

Narcotic drugs

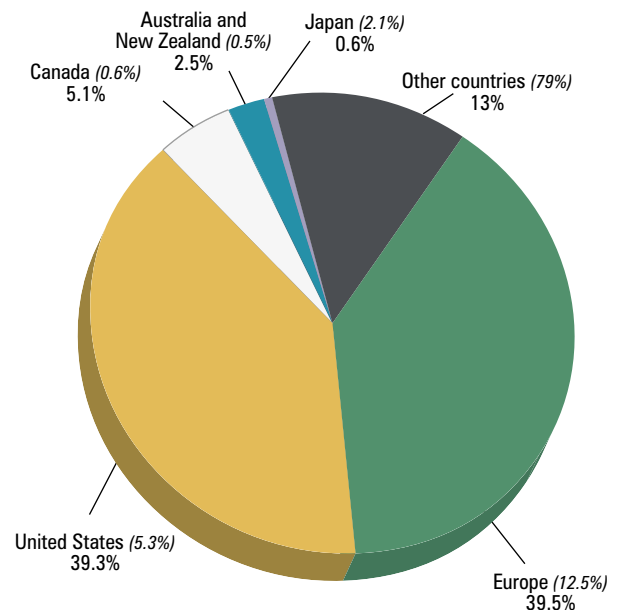
150. After a sharp increase in 2017, the stocks and production of opium decreased in 2018, thus resuming the overall downward trend of the previous 20 years and further signalling the eventual elimination of opium from the international market for opiate raw materials. However, use and imports increased in 2018.

151. Overall, the use of poppy straw and concentrate of poppy straw derived from the morphine-rich variety of poppy straw decreased in 2018 compared with 2017. With fewer than 400 tons in 2018, the global manufacture of morphine followed the trend initiated in 2017, contrary to the situation of the previous 10 years, when the global annual manufacture of morphine was always above 400 tons. More than 80 per cent of the global manufacture of 388.2 tons in 2018 was converted into other narcotic drugs or substances not covered by the 1961 Convention as amended. Of the remaining amount, some 8 per cent was used mainly for palliative care purposes and the rest for preparations listed in Schedule III of the Convention.

152. There continued to be very significant differences in consumption levels among countries (see figure X). In 2018, 79 per cent of the world's population, living mainly

in low- and middle-income countries, consumed only 13 per cent of the total amount of morphine used for the management of pain and suffering, that is, 1 per cent of the morphine manufactured worldwide. While this represents an improvement over 2014, when 80 per cent of the world's population consumed only 9.5 per cent of the morphine used for that purpose, the disparity in the consumption of narcotic drugs for palliative care continues to be a matter of concern.

Figure X. Morphine: distribution of consumption, 2018



Note: The percentages in parentheses refer to the share in the world's population of all countries that submitted data on morphine consumption.

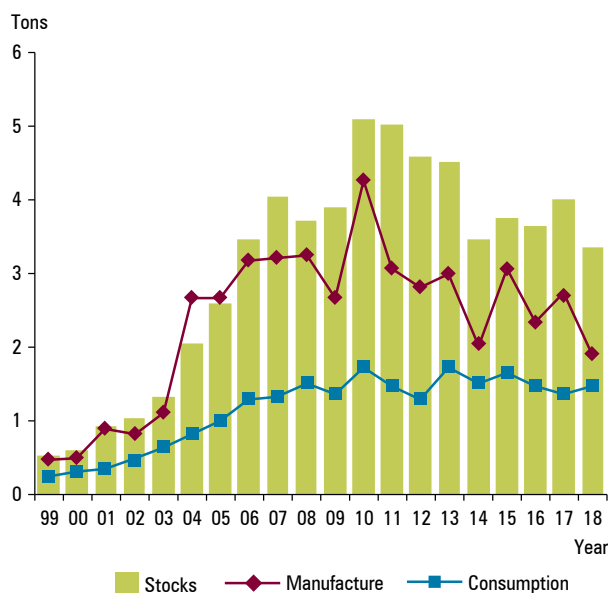
153. The use of poppy straw rich in thebaine increased in 2018, while that of concentrate of poppy straw rich in thebaine decreased. At 127.7 tons, the global manufacture of thebaine remained high but considerably below the record level of 156 tons in 2016. The demand for medicines derived from thebaine may have been affected by the restrictions on prescription drugs imposed in the United States, which is the main market, in response to the abuse of such drugs and the high number of overdose deaths caused by them. Nonetheless, the data continued to indicate a high level of demand.

154. With regard to semi-synthetic opioids, the global manufacture of oxycodone and hydrocodone decreased in 2018, while the manufacture of other such opioids remained relatively stable.

155. With regard to synthetic opioids, the global manufacture of fentanyl continued to fluctuate, with a

substantive decrease to 1.9 tons in 2018 (see figure XI). However, the manufacture of all fentanyl analogues (alfentanil, remifentanil and sufentanil) increased. There was no report of manufacturing of dextropropoxyphene in 2018, while that of ketobemidone was reported after a gap of some years in the manufacture of that substance. Diphenoxylate continued to be manufactured in much smaller quantities than in the past. The manufacture of tilidine decreased further in 2018, reaching a record low of 27 tons. The manufacture of pethidine and trimeperidine continued to fluctuate, increasing in 2018 after having decreased in 2017. The manufacture of methadone remained relatively stable in 2018.

Figure XI. Fentanyl: global manufacture, consumption and stocks,^a 1999–2018



^aStocks as at 31 December of each year.

156. The licit use of cannabis has increased considerably since 2000. Before 2000, the licit use of cannabis was restricted to scientific research and reported only by the United States. Since 2000, however, more and more countries have started to use cannabis and cannabis extracts for medical purposes, as well as for scientific research. In 2000, the total licit production of cannabis was 1.4 tons, while it had increased to 289.5 tons in 2018. Since the licit cultivation of cannabis for medical and scientific purposes has increased considerably in recent years, and the yield and manufacturing processes are not standardized, some data are being clarified with the relevant Governments to ensure consistency.

157. Peru has been the only country that exports coca leaf for the global market since 2000. Its exports amounted

to 127.8 tons in 2018. The United States was the leading importing country, with 148.3 tons of coca leaf, and accounted for nearly 100 per cent of global imports.

158. The other major licit producer of coca leaf, the Plurinational State of Bolivia, accounted for 92 per cent of global production. The cultivation of coca bush for the chewing of coca leaf and the consumption and use of coca leaf in its natural state for cultural and medicinal purposes, such as infusions, are allowed in that country in accordance with the reservation that it entered in 2013 when it reaccessed to the 1961 Convention as amended.

159. The licit manufacture of cocaine continued to fluctuate, as it has done for more than 20 years. In 2018, the global manufacture of cocaine decreased by more than half compared with 2017. However, the licit consumption of cocaine, which had been stable for 20 years, nearly doubled in 2018 compared with 2017, reaching a record high of 394.1 kg.

160. A detailed analysis of the patterns and trends in the production, manufacture, consumption, use and stocks of narcotic drugs is contained in the technical report of the Board for 2019 on narcotic drugs.⁶¹

Psychotropic substances

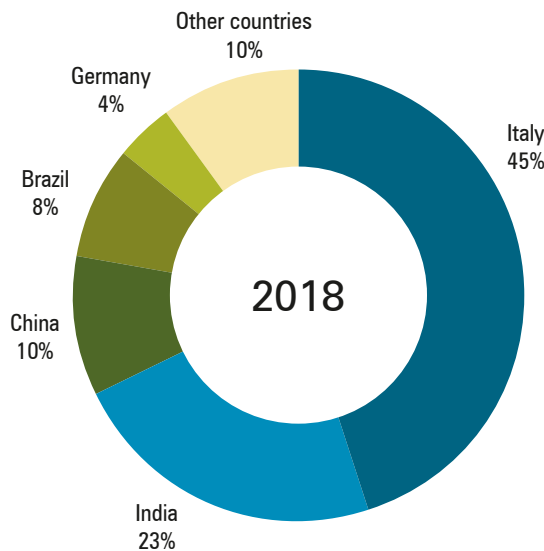
161. The controls on psychotropic substances expanded to six new substances at the end of 2018 with the addition of five synthetic cannabinoids (AB-CHMINACA, 5F-MDMB-PINACA (5F-ADB), AB-PINACA, UR-144 and 5F-PB-22) and of 4-fluoroamphetamine (4-FA), bringing the total number of psychotropic substances under international control to 144. As with other recently controlled synthetic cannabinoids and cathinones, the licit market activity of these substances is extremely limited, with manufacture and trade not exceeding one gram and intended for standard setting or forensic purposes.

162. As in previous years, benzodiazepines accounted for most of the manufacture of, trade in and consumption of internationally controlled psychotropics in 2018. Overall, the major manufacturers of benzodiazepines continued to be Italy, India, China, Brazil and Germany, accounting for more than 90 per cent of total global manufacture (see figure XII). During 2018, the most traded benzodiazepines worldwide were diazepam, midazolam, alprazolam, clonazepam and lorazepam, in descending order. The total global manufacture of benzodiazepines

⁶¹E/INCB/2019/2.

increased by 24 per cent compared with 2017, amounting to 199 tons.

Figure XII. Benzodiazepines with significant presence on the licit market: share of global manufacture by country, 2018



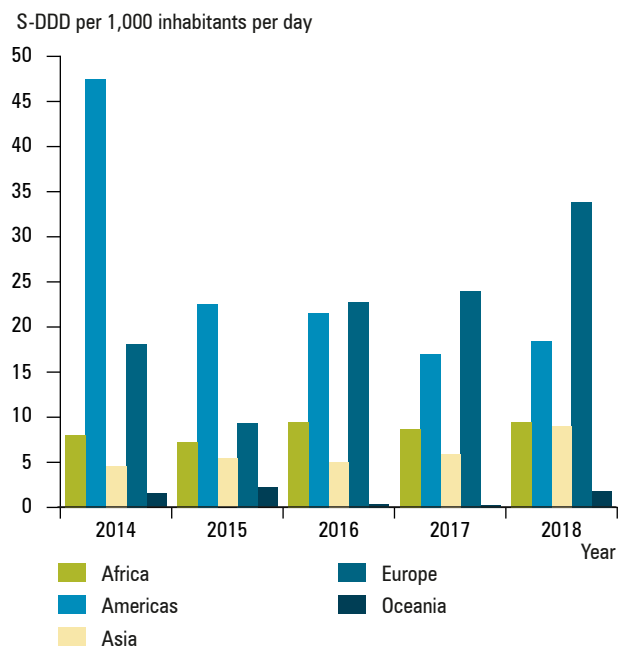
163. More than 100 countries reported the consumption of at least one benzodiazepine, representing a significant increase compared with 2017, when 82 countries reported such consumption. Europe and the Americas had the highest rate of countries reporting the consumption of benzodiazepines, followed by Asia, Oceania and Africa. Alprazolam has been the most consumed benzodiazepine for the past five years, with more than 70 countries reporting its consumption in 2018. In 2018, 11 countries reported consumption higher than 10 S-DDD per 1,000 inhabitants per day, while 25 countries reported the consumption of more than two S-DDD per 1,000 inhabitants per day. The consumption of diazepam, a substance included on the WHO Model List of Essential Medicines, was reported by 92 countries in 2018, with countries in Europe and the Americas having the highest levels of reported consumption.

164. Phenobarbital, a substance included on the WHO Model List of Essential Medicines for treating epilepsy, is one of the most traded internationally controlled psychotropic substances, with more than 161 countries reporting imports of the substance in 2018. China is the lead manufacturing country of phenobarbital, having produced 154 tons in 2018, followed by India and Hungary, at 87.2 tons and 32.3 tons, respectively.

165. Phenobarbital, which is widely traded, along with some benzodiazepines, is one of the most consumed

internationally controlled psychotropic substances. Nonetheless, regional disparities regarding the consumption of phenobarbital have persisted over the past five years, with Europe and the Americas reporting the highest levels of consumption (see figure XIII). Some of the disparities may be attributed to the lack of consumption data from countries that report imports of the substance.

Figure XIII. Phenobarbital: total global consumption by region, 2014–2018

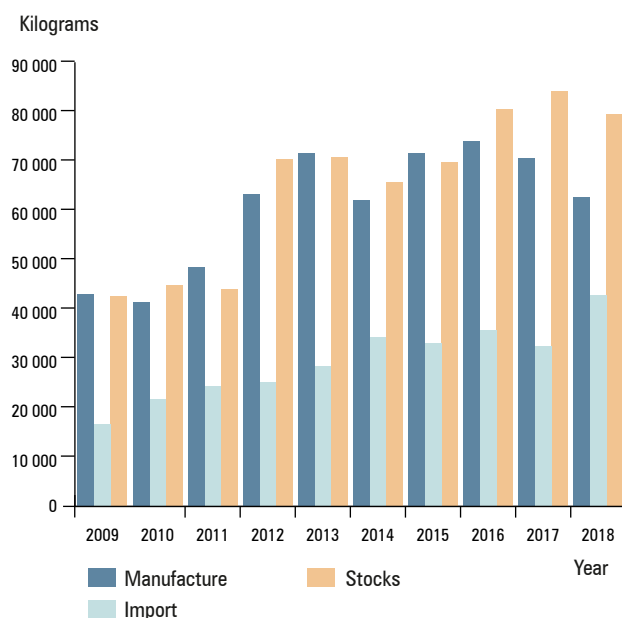


166. The manufacture of methylphenidate dropped from 70.6 tons in 2017 to 62.7 tons in 2018, while imports of the substance rose from 32.5 tons to 42.9 tons over the same period. The decrease is due to a drop in manufacture in Switzerland, the United Kingdom of Great Britain and Northern Ireland and the United States. More than 120 countries reported importing methylphenidate in 2018, a new high since the substance has been under international control. Overall, the market activity of methylphenidate has seen a steady rise over the past 10 years, with total global imports in 2018 being more than twice those of 2009 (see figure XIV).

167. Along with the increase in the manufacture of, trade in and stocks of methylphenidate in the past 10 years, global consumption levels of the substance have also risen and consumption was reported by 67 countries in 2018. Some of the highest levels of consumption were reported in northern Europe, with Iceland reporting a consumption of 29 S-DDD per 1,000 inhabitants per day. High levels of consumption were also reported in North America and other parts of

Europe. Total consumption of methylphenidate of all reporting countries has risen since 2014 and has been more than 115 S-DDD per 1,000 inhabitants per day since 2016.

Figure XIV. Methylphenidate: global manufacture, imports and stocks, 2009–2018



168. A detailed analysis of the patterns and trends in the production, manufacture, consumption, use and stocks of psychotropic substances is contained in the technical report of the Board for 2019 on psychotropic substances.⁶²

Supply of and demand for opiate raw materials

169. The Board, in fulfilment of the functions assigned to it under the 1961 Convention as amended 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.

170. The Board analyses the data provided by Governments on opiate raw materials and opiates manufactured from those raw materials to establish the status of the supply of and the demand for opiate raw materials globally. In addition, the Board analyses information on the use 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 2019 on narcotic drugs.

171. The combined total area of cultivation of opium poppy rich in morphine and opium poppy rich in thebaine increased by a significant 32 per cent in 2018, compared with 2017. Over the same period, however, the production of opiate raw materials rich in morphine and opium raw materials rich in thebaine showed an increase of only 8 per cent and 0.4 per cent, respectively.

Morphine

172. The total actual harvested area of opium rich in morphine increased from 44,024 ha in 2017 to 60,418 ha in 2018. Compared with 2017, the actual harvested area increased by 90 per cent in Turkey, 15 per cent in France and 1 per cent in Spain, while it decreased by 74 per cent in Hungary, 46 per cent in India and 7 per cent in Australia. India is the only opium-producing country included in the present analysis. Australia and Spain were the only two countries that cultivated opium poppy rich in codeine in 2018. The harvested area with this variety increased considerably in Australia, from 960 ha in 2017 to 2,683 ha in 2018. In Spain, the harvested area of opium poppy rich in codeine was 1,990 ha in 2018, which was slightly lower than in 2017, when it reached 2,001 ha.

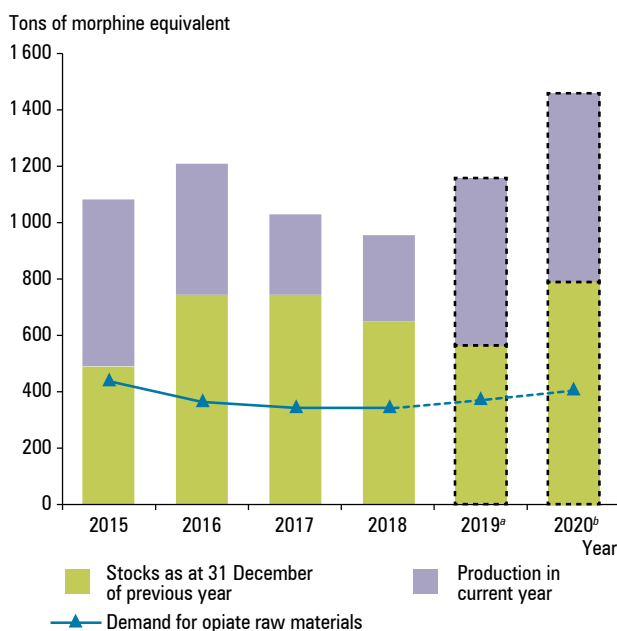
173. The global production of morphine-rich opiate raw materials in the main producing countries increased to 304 tons in morphine equivalent in 2018, compared with 282 tons in 2017. Turkey was the largest producer, with 102 tons in morphine equivalent, followed by Australia, France, Spain, India and Hungary. The production in Turkey in 2018 increased by 85 per cent compared with 2017, mostly because of the increase in the harvested area of opium poppy rich in morphine. Australia, France, Turkey and Spain accounted for 88 per cent of global production in 2018.

174. At the end of 2018, the global stock of opiate raw materials rich in morphine, which includes poppy straw, concentrate of poppy straw and opium, amounted to 564 tons in morphine equivalent, a decrease from 650 tons at the end of 2017. Those stocks were considered to be sufficient to cover 18 months of expected global demand by manufacturers, on the basis of advance data for the level of demand in 2019 (see figure XV). In 2018, Turkey continued to be the country with the largest stocks of opiate raw materials rich in morphine, with 161 tons in morphine equivalent, mainly in the form of poppy straw and

⁶²E/INCB/2019/3.

concentrate of poppy straw, followed by Spain (78 tons), France (73 tons), India (58 tons, all in the form of opium), Australia (57 tons), the United Kingdom (54 tons), the United States (43 tons), Slovakia (21 tons), Japan (18 tons) and Belgium (7 tons). Together, those 10 countries accounted for 99.8 per cent of the global stock of opiate raw materials rich in morphine. The remaining stocks were held in other producing countries and in countries importing opiate raw materials.

Figure XV. Production of and demand for opiate raw materials rich in morphine, in morphine equivalent, 2015–2020



^aData based on advance data submitted by Governments.

^bData based on estimates submitted by Governments.

175. At the end of 2018, global stocks of opiates based on morphine-rich raw materials, mainly in the form of codeine and morphine, amounted to 484 tons in morphine equivalent. This was considered sufficient to cover global demand for about 19 months. On the basis of data reported by Governments, it appears that total stocks of both opiates and opiate raw materials are amply sufficient to cover demand for medical and scientific purposes.

176. From 2009 to 2016, the global production of opiate raw materials rich in morphine exceeded global demand, with a resulting increase in stocks, with some fluctuations. However, since 2017, production has been lower than demand. The production amount in 2018 continued to be lower than demand, which again led to a decrease in stocks (to 564 tons in morphine equivalent) at the end of the year.

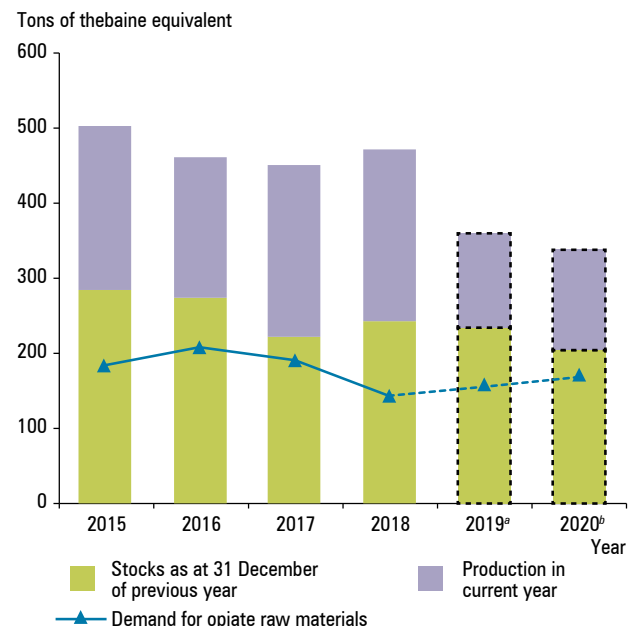
Thebaine

177. The total actual harvested area of opium poppy rich in thebaine decreased slightly from 2017 to 2018, from 9,819 ha to 9,755 ha. The area decreased by 77 per cent in France but increased by 56 per cent in Australia and 1.4 per cent in Spain. Hungary stopped cultivating this variety in 2018.

178. In 2018, the global production of opiate raw materials rich in thebaine was 230 tons in thebaine equivalent, of which Australia accounted for about 90 per cent, followed by Spain (4 per cent), France (3 per cent) and India (2 per cent). The remaining 1 per cent was held by other countries. The production of opium poppy rich in thebaine was almost equivalent to that of 2017.

179. Stocks of opiate raw materials rich in thebaine, namely, poppy straw, concentrate of poppy straw and opium, decreased to 235 tons in thebaine equivalent at the end of 2018, from 244 tons at the end of 2017. Those stocks are considered sufficient to cover the expected global demand by manufacturers for about 18 months (see figure XVI).

Figure XVI. Production of and demand for opiate raw materials rich in thebaine, in thebaine equivalent, 2015–2020



^aData based on advance data submitted by Governments.

^bData based on estimates submitted by Governments.

180. The global stock of thebaine-based opiates (oxycodone, thebaine and a small quantity of oxymorphone) amounted to 248 tons in thebaine equivalent at the end

of 2018, compared with 269 tons at the end of 2017. Stocks were considered sufficient to cover the global demand of thebaine-based opiates for medical and scientific purposes for more than two years.

181. The global production of opiate raw materials rich in thebaine in 2018 (230 tons) was almost equivalent to that of 2017 (229 tons). On the other hand, the demand for this variety declined from 190 tons in 2017 to 144 tons in 2018. While it was expected that this would increase the quantity of stock at the end of 2018, according to the data submitted by countries, the stock level at the end of 2018 was 235 tons, compared with 244 tons at the end of 2017. The stock at the end of 2018 was considered sufficient to cover the global demand for 18 months.

Noscapine

182. Even though noscapine is not under international control, a significant amount of morphine can be extracted from opium poppy rich in noscapine. Cultivation of noscapine-rich opium poppy plants for the purpose of opiate production was reported by France in 2018. France harvested 2,053 ha of opium poppy rich in noscapine in 2018 and produced noscapine-rich poppy straw with a gross weight of 1,173 tons.

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

183. 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.

184. 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.

185. 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

186. 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

187. As at 1 November 2019, the Board had received annual statistics reports from 173 States (both parties and non-parties) and territories on the production, manufacture, consumption, stocks and seizures of narcotic drugs covering the calendar year 2018 (form C), or about 81 per cent of those requested. That number was higher than in 2018 (when 167 reports pertaining to 2017 were received) and higher than in 2017 (when 149 reports pertaining to 2016 were received). **The Board notes with satisfaction that the submission rate for annual statistics has continuously increased over the past two years.**

188. A total of 97 Governments (46 per cent) submitted their data on time, that is, by the deadline of 30 June 2019, which was fewer than in 2018 but more than in 2017 (114 countries in 2018, and 89 countries in 2017). As at 1 November 2019, 40 Governments (19 per cent) — that is, 35 countries and 5 territories — had not submitted their annual statistics for 2018. It is expected that several 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, 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.

189. Almost all countries that produced, manufactured, imported, exported or consumed large amounts of narcotic drugs submitted annual statistics. 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.**

190. As at 1 November 2019, the complete set of four quarterly statistics of imports and exports of narcotic drugs for 2018 (form A) had been received from 171 Governments (153 countries and 18 territories), or about 80 per cent of the 213 Governments requested. In addition, 11 Governments (about 5 per cent) had submitted at least one quarterly report. A total of 30 countries (about 14 per cent) had failed to submit any quarterly statistics for 2018.

(b) Psychotropic substances

191. As at 1 November 2019, annual statistical reports for 2018 on psychotropic substances (form P) had been submitted to the Board in accordance with article 16 of the 1971 Convention by 184 countries and territories. Of 197 countries and territories subject to the reporting requirements of the Convention, 178 (90 per cent) submitted their annual statistical report for 2018. Furthermore, of the 13 countries not subject to the reporting requirements of the Convention, 6 (46 per cent) submitted their annual statistical report for 2018. In addition, 111 Governments voluntarily submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II of the 1971 Convention for 2018, as requested by the Economic and Social Council in its resolution 1981/7, and a further 45 Governments submitted at least one quarterly report for 2018. **The Board notes with satisfaction the significantly improved rate of submission of the annual statistical reports for 2018 on psychotropic substances and the number of non-party**

countries and territories that have submitted an annual report.

192. While the majority of Governments regularly submit their mandatory and voluntary statistical reports, the cooperation of some has not been satisfactory. In 2019, about 86 per cent of the countries that submitted form P for 2018 did so by the deadline of 30 June 2019. Among those that failed to submit form P by the deadline were major manufacturing, importing and exporting countries such as Australia, Belgium, Brazil, Canada, China, Denmark, France, India, Japan, Luxembourg and Spain.

193. The Board notes with concern that the number of countries and territories that have not furnished form P continues to be highest in Africa, followed by Oceania, and Central America and the Caribbean. A total of 18 countries and territories in Africa⁶³ (32 per cent of those in that region) failed to furnish form P for 2018. Likewise, 23 per cent of the countries and territories in Oceania⁶⁴ and 16 per cent of those in Central America and the Caribbean failed to do so. Form P for 2018 was furnished by all countries and territories in Europe and by all countries in North America except one. In Central America and the Caribbean, 2 countries and 2 territories out of 29 failed to submit form P in 2018.⁶⁵ In South America, one country failed to furnish form P for 2018.⁶⁶ In Asia, two countries did not furnish form P for 2018.⁶⁷

194. 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 2019, complete details on such trade had been submitted by 166 Governments (90 per cent of all submissions of form P for 2018), which is a much higher submission rate than in 2018. The remaining 18 Governments submitted blank forms or forms containing incomplete trade data for 2018.

195. 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

⁶³Ascension Island, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea-Bissau, Libya, Sao Tome and Principe, Somalia, South Sudan and Tristan da Cunha.

⁶⁴Cook Islands, Nauru, Samoa, Tuvalu and Vanuatu.

⁶⁵Antigua and Barbuda, Aruba, British Virgin Islands and Cuba.

⁶⁶Bolivarian Republic of Venezuela.

⁶⁷Cambodia and Turkmenistan.

54/6. Thus, for 2018, a total of 99 countries and territories submitted data on the consumption of some or all psychotropic substances, which is more than for 2017. **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.**

196. The Board notes with appreciation that reports on seizures of psychotropic substances were furnished by the Governments of Kuwait and India, as well as notifications of seizures of internationally controlled licit substances smuggled through the mail, including those ordered over the Internet, furnished by the Governments of Estonia, Latvia, Lithuania and Norway 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 psychotropic substances ordered over the Internet and delivered through the mail, pursuant to Commission on Narcotic Drugs resolution 50/11.**

(c) Precursors

197. 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.

198. As at 1 November 2019, a total of 123 Governments had submitted form D for 2018. However, there continued to be a number of Governments that submitted blank forms or forms containing incomplete information.

199. Of the Governments that provided data on form D for 2018, 71 reported the mandatory information on seizures of substances in Table I or Table II of the 1988 Convention, and 49 reported seizures of non-scheduled substances. As in previous years, most Governments did not provide details on the methods of diversion and illicit manufacture.

200. Pursuant to Economic and Social Council resolution 1995/20, Governments are also requested to provide

information regarding their licit trade in substances listed in Table I and Table II of the 1988 Convention on a voluntary and confidential basis. As at 1 November 2019, 112 Governments had provided such information for 2018 to the Board, and 106 had furnished data on licit uses of and/or requirements for one or more of the substances in Table I and Table II of the 1988 Convention.

201. 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.

202. As at 1 November 2019, PICS had registered users from more than 270 agencies in 117 countries and territories who had shared information about more than 2,700 incidents. During the reporting period, more than 320 new incidents were communicated through PICS.

3. Submission of estimates and assessments

(a) Narcotic drugs

203. 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 2019, a total of 180 States and territories, 84 per cent of those required, had submitted estimates of their requirements for narcotic drugs for 2020 for confirmation by the Board, an increase over 2019, when 175 Governments submitted estimates. Confirmed estimates are valid until 31 December of each year and need to be revised annually by Governments.

204. As in previous years and in line with the provisions of article 12, paragraph 3, 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 adjusted 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

205. As at 1 November 2019, 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.

206. 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 2019, 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.**

207. Between 1 November 2018 and 1 November 2019, a total of 81 countries and 7 territories submitted fully revised assessments of their requirements for psychotropic substances, and a further 81 Governments submitted modifications to their assessments for one or more substances. As at 1 November 2019, Governments of 36 countries and 4 territories had not submitted any revision of their legitimate requirements for psychotropic substances for over three years.

(c) Precursors

208. 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

Narcotic 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.

209. Although those estimates are provided to the Board on a voluntary basis, as at 1 November 2019, 169 Governments had provided an estimate of their annual legitimate requirement for at least one of the above-mentioned substances. During the reporting period, more than 95 Governments reconfirmed or updated their annual legitimate requirements for at least one substance.

210. 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

211. 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.

212. 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.

213. **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 the competent national authorities and ensuring that companies licensed to deal with internationally controlled substances fulfil the legal requirements associated with their licences.

214. **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.**

INCB Learning: building capacity to ensure adequate access to controlled medicines and to improve reporting performance

215. The Board is grateful for the contributions made to INCB Learning⁶⁸ by the Governments of Australia, Belgium, France, the Russian Federation, Thailand and the United States.

216. The importance of capacity-building for ensuring the adequate availability of internationally controlled substances for medical and scientific purposes while preventing diversion and abuse was recognized by the international community in the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”. That commitment was reiterated by Member States through the adoption, in March 2019, of Commission on Narcotic Drugs resolution 62/5, entitled “Enhancing the capacity of Member States to adequately estimate and assess the need for internationally controlled substances for medical and scientific purposes”. In that resolution, the Commission encourages the Board to continue implementing capacity-building and training activities for competent national authorities through the INCB Learning global project.

217. Aimed at supporting the efforts of Governments to fulfil their responsibilities under the international drug control conventions, INCB Learning has been providing regional training seminars for officials of competent national authorities since 2016.

218. By building capacities to ensure adequate access to controlled substances, INCB Learning is assisting Member States in their efforts to achieve Sustainable Development Goal 3 (Ensuring healthy lives and promoting well-being for all at all ages). INCB Learning addresses the barriers to adequate availability of the indispensable narcotic and psychotropic substances required for medical treatments, in particular by providing training on adequately estimating and assessing the need for internationally controlled substances for medical and scientific purposes.

219. In the first semester of 2019, two regional training seminars were held to strengthen the capacity of Governments to accurately estimate their requirements for controlled substances and to manage their licit trade in those substances.

220. A follow-up workshop for El Salvador, Guatemala and Honduras took place in Vienna in January 2019. Nine officials from the competent national authorities of the three countries participated in bilateral consultations and sessions dedicated to the importance of ensuring adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes and received a briefing from the UNODC Laboratory and Scientific Section, including an explanatory visit of the UNODC laboratory. The seminar took place in the framework of an extended initiative to support the subregion of Central America and the Caribbean.

221. A second regional training seminar took place in Quito from 3 to 6 June 2019 for 43 officials of the competent national authorities of Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador and Peru. Specialized training was provided to the newly established INCB Learning focal point units on treaty requirements regarding the regulatory control and monitoring of licit trade in narcotic drugs, psychotropic substances and precursor chemicals. The seminar provided training on the responsibilities of Governments under the conventions and raised awareness of the importance of timely and adequate reporting.

222. On 7 June 2019, a national awareness-raising workshop on the availability of narcotic drugs and psychotropic substances for medical and scientific purposes was jointly organized by INCB and the Ministry of Foreign

⁶⁸Further information on INCB Learning is available at www.incb.org/incb/en/learning.html.

Affairs and Human Mobility of Ecuador. The workshop, hosted by the Ministry, brought together about 60 participants from several national authorities, international organizations, civil society and the private sector to discuss the importance of ensuring access to medicines containing substances under international control. The training seminar and the workshop in Ecuador were held in cooperation with WHO and UNODC.

223. The eight regional training seminars conducted between April 2016 and November 2019 resulted in the training of 237 officials from 88 countries and territories that are home to more than half the world's population.

224. At the time of finalizing the annual report, preparations were underway for a training seminar for Russian-speaking countries, to be held in Moscow in December 2019. The activity includes a regional workshop to raise awareness of the importance of access to controlled substances for medical and scientific purposes, hosted at the Ministry of Foreign Affairs of the Russian Federation.

Impact of INCB Learning

225. The Board welcomes the accession of Palau to the 1988 Convention on 14 August 2019, confirming the commitment of Palau to participating in regional and international efforts to combat drug abuse and illicit trafficking. The Board takes this opportunity to urge the other countries in Oceania that participated in the awareness-raising workshop conducted under the INCB Learning initiative held in Australia in November 2017 that have not yet ratified any of the international drug control treaties to identify specific obstacles that may have impeded their accession to the respective international drug control treaties and to take practical steps to ensure that they become a party to those conventions at the earliest opportunity. The regional training seminar attended by officials from Palau and other countries in Oceania addressed the importance of ratifying the three international drug control conventions, which have almost universal adherence, except in Oceania, the subregion with the largest number of countries that have not yet ratified those treaties. As part of the follow-up conducted by the secretariat of the Board, training materials and further guidance on the steps required for treaty accession were shared with participants and other Government representatives.

226. The impact of INCB Learning training sessions in Africa is evidenced by the improved reporting performance of several participating countries. That

includes the submission by one country of estimates and assessments for narcotic drugs and psychotropic substances for the first time, in 2018, after seven years of non-submission, another country providing estimates for narcotic drugs in October 2018 after a four-year gap, the resubmission by another country of more complete and accurate estimates for narcotic drugs for 2019, and the submission by one country of an updated assessment of requirements for psychotropic substances. One country submitted, in 2019, its assessment of requirements for psychotropic substances for the first time in 10 years, as well as, for the first time ever, its full annual statistics for psychotropic substances. Two countries submitted quarterly trade statistics for narcotic drugs for the first time, in 2019, after six years of not providing submissions, which suggests an increase in their licit trade monitoring capacity.

227. A preliminary analysis, done on 6 September 2019, of submissions of estimates for narcotic drugs of the eight countries that had benefited from the INCB Learning capacity-building training seminar held in Quito in June 2019 shows that all eight countries had submitted their estimates for narcotic drugs for 2020 by that date. Three of those eight submissions of estimates were submitted by the submission deadline set at 30 June. One country submitted annual estimates for narcotic drugs (form B) before the deadline for the first time in nine years, considerably improving the timeliness of its submission of estimates. Following the training seminar in Quito, updated assessments for psychotropic substances were received from four countries at the time of the analysis of 6 September 2019. Seven of the eight countries furnished annual statistics for narcotic drugs, and all eight countries submitted annual statistics for psychotropic substances.

228. Available data suggest there have been some improvements in the quality of estimates for narcotic drugs submitted by countries participating in the Quito workshop of June 2019. For example, one country revised its estimated consumption of narcotic drugs, a key step in ensuring adequate availability of narcotic drugs for medical purposes. In that case, follow-up contacts with another country's competent national authority facilitated clarifications before the submission of estimates.

229. Through INCB Learning, INCB has developed e-learning modules to support Governments in adequately estimating and assessing their needs for internationally controlled substances. The e-learning modules, covering narcotic drugs, psychotropic substances and precursors, are available upon registration to officials of competent national authorities at no cost. There is no limitation on the number of staff of competent national authorities that

can be registered by Governments. On 17 October 2019, INCB sent a circular to all Governments inviting them to register the staff of their competent national authorities to use the modules. As at 1 November 2019, the authorities of 28 countries and territories had requested access to the e-learning modules for 125 officials of their competent authorities. The Board urges all Governments to register pertinent officials of their competent national authorities to benefit from the e-learning modules and provide feedback and suggestions for areas in which the development of further training is needed.

230. With a view to facilitating the implementation of Commission on Narcotic Drugs resolution 62/5, the Board invites Governments to consider actively supporting INCB Learning by participating in its activities and providing the resources required to ensure the project's continuation and expansion.

D. Evaluation of overall treaty compliance

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

231. As part of its treaty monitoring functions, the Board continuously reviews implementation of the international drug control conventions by States parties. The Board examines developments in the drug control field in States parties in order to identify areas which may require increased dialogue or possible remedial actions. When shortcomings are noted, the Board, through close collaboration with Governments, identifies and recommends specific good practices and measures that can be implemented with a view to improving compliance with the international drug control treaties.

232. States parties to the international drug control conventions have substantial levels of discretion when engaging in domestic drug policy actions. Although the legislative and policy choices made in implementing the treaty obligations can vary widely, the Board notes that these policy choices should adhere to the provisions of the treaties. Namely, the States parties must limit the use of narcotic drugs and psychotropic substances exclusively to medical and scientific purposes and adopt policies that respect human rights and safeguard the health of humanity.

233. In 2019, the Board reviewed drug control developments in Georgia, New Zealand, Nigeria, the Philippines

and Sri Lanka and examined measures taken in those countries through the prism of dialogue, which include correspondence and meetings with government representatives and their submission of statistical data. As a result of this review process, the Board looks forward to continued exchange of information, the conduct of country missions and the enhanced participation of States parties in INCB projects and initiatives.

(a) Georgia

234. During the reporting period, the Board continued to follow the developments in Georgia regarding drug control. In particular, the Board engaged in close dialogue with the Government of Georgia on the judgment of the Constitutional Court of Georgia of 30 July 2018, in which the Court ruled that the imposition of administrative punishment for non-medical use of cannabis was unconstitutional, as, according to the Constitutional Court, it would violate the right of the person to "free development".

235. A meeting was held with representatives of the Government of Georgia on the margins of the sixty-second session of the Commission on Narcotic Drugs, where they informed the Board that until 2011 the drug policy of Georgia had been heavily focused on supply reduction and law enforcement and that since 2012 there had been a shift towards a balanced approach with a focus on health and welfare, including the treatment and rehabilitation of drug users. In 2013, the Inter-agency Coordinating Council for Combating Drug Abuse approved a national drug strategy and action plan which took a comprehensive approach to drug policy, including: (a) supply reduction measures, (b) demand reduction measures, as well as measures aimed at minimizing the adverse public health and social consequences of drug abuse, (c) activities to overcome stigmatization and discrimination, (d) the promotion of coordination and international cooperation, and (e) facilitation of research and analysis. The current action plan to implement that strategy covers the period 2019–2020.

236. A judgment by the Constitutional Court of Georgia issued in 2015 removed imprisonment as a punishment for the possession of up to 70 grams of cannabis but kept other administrative penalties such as fines. The subsequent judgment of the Constitutional Court of Georgia, issued on 30 July 2018, removed any penalties, including administrative fines, for non-prescribed use of cannabis. The Government of Georgia stressed to the Board that the latest judgment of the Constitutional Court was related to the consumption or possession of "small"

amounts of cannabis for personal consumption in “private”, and according to the current legislation that would amount to 5 grams.

237. The Ministry of Internal Affairs of Georgia took the lead in developing implementing legislation that followed that judgment, which was adopted in October 2018. It defined “private” as a private dwelling or home. However, it was noted that even in “private” circumstances, the consumption of cannabis was prohibited in the presence of minors. The law also prohibited any consumption of cannabis in public places, public transport, the workplace and schools and other educational facilities and adjacent territories, and a breach of those prohibitions would constitute a punishable offence. The law also prohibited the consumption of cannabis by persons under 21 years of age. Cultivation of cannabis even in “private” places remained prohibited and was a punishable offence.

238. The Government also informed the effective work of the Inter-agency Coordinating Council for Combating Drug Abuse, which included the implementation of recent reforms in the area of drug treatment and rehabilitation, including the introduction of treatment programmes in the penitentiary services, an increase in beneficiaries in drug abuse prevention and treatment programmes, the increased length of rehabilitation programmes for drug users and the adoption of national treatment and rehabilitation standards, with the involvement of all relevant agencies.

239. The Board will continue to monitor drug control developments in Georgia and engage in a dialogue with the Government to support the full implementation of the international drug control treaties.

(b) New Zealand

240. Over the period under review, the Board has continued to monitor drug control developments in New Zealand and engage with the Government on matters related to the implementation of its legal obligations as a State party to the three international drug control conventions.

241. The Board notes that in December 2018, the Misuse of Drugs (Medicinal Cannabis) Amendment Act came into effect, with specific regulations on medicinal cannabis products expected within a year. As it has done with other countries that have legalized the use of cannabis for medical purposes, in accordance with the 1961 Convention as amended, the Board has emphasized that in order to be consistent with the Convention, any

regulatory programme must respect the conditions established in articles 23 and 28 of the Convention.

242. In addition, a Government cabinet decision in New Zealand has led to expectations that there will be a binding public referendum on the regulation of cannabis for personal use. The referendum will be part of the national general election in 2020.

243. The New Zealand Ministry of Justice and Cabinet released a document detailing information about proposals for the binding referendum on non-medical cannabis and the legislative implications. Only one option for a regulatory framework will be selected and presented for public vote in the referendum. According to the Government of New Zealand, regulating cannabis is supposed to provide safe and legal access to the substance and control the harmful aspects of cannabis use throughout the whole supply chain.

244. In its exchanges with States parties to the international drug control conventions, including New Zealand, the Board has reiterated that any and all legislative or regulatory measures aimed at the legalization of cannabis for non-medical purposes are inconsistent with the provisions of the 1961 Convention as amended, in particular article 4 (c), which requires States parties to limit the use of narcotic drugs exclusively to medical and scientific purposes, and article 3, paragraph 1 (a)(i), of the 1988 Convention, which creates the obligation for States to establish as criminal offences, when committed intentionally, “the production, manufacture, extraction, preparation, offering for sale, distribution, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation or exportation of any narcotic drug or psychotropic substance contrary to the provisions of the 1961 Convention, the 1961 Convention as amended or the 1971 Convention”.

245. The Board will continue to monitor policy and legal developments in New Zealand pertaining to drug control and encourages the Government of New Zealand to continue its constructive dialogue with the Board to ensure consistency with the drug control conventions.

(c) Nigeria

246. The Board takes note of the importance of the first-ever national drug use survey in Nigeria, the National Survey on *Drug Use and Health*, the results of which were published in January 2019, in particular the survey’s role in promoting evidence-based drug policy development and effective implementation of the drug control

conventions. The comprehensive examination of drug use and health in Nigeria revealed that the prevalence of past-year drug use in Nigeria is more than twice the global average of 5.6 per cent, and is estimated at 14.4 per cent of people aged 15–64. The findings of the national survey are discussed in detail in chapter III of the present report.

247. The UNODC report *Drug Use in Nigeria 2018*, covering the findings of the National Survey on Drug Use and Health of Nigeria, notes that the country is addressing issues regarding access to and control of narcotics and psychotropic substances for medical and scientific purposes. As part of the national efforts to remove barriers and impediments to the availability of life-saving medications, Nigeria has published its National Policy for Controlled Medicines, including the National Guidelines for Quantification of Narcotic Medicines and National Guidelines for Estimation of Psychotropic Substances and Precursors.

248. The Board commends Nigeria on its cooperation with international partners to develop evidence-based approaches to drug control. In line with the international drug control conventions, the Board will continue to monitor the outcomes of the efforts of Nigeria to fulfil its obligations under the international drug control treaties, which will also promote attainment of Sustainable Development Goal 3, which will help ensure healthy lives and promote well-being for all Nigerians.

(d) Philippines

249. The Board continued to closely monitor the ongoing developments in the Philippines related to drug control. During the current reporting period, the Philippines continued the implementation of its anti-drug strategy, with police operations at the centre of national efforts, which have been accompanied by more reports of extrajudicial targeting of people suspected of drug-related activity.

250. INCB reiterates that acts taken to prevent drug abuse and trafficking must be carried out adopting humane, health-based approaches that respect human rights and the rule of law. Drug trafficking can never justify human rights violations or excuse extrajudicial actions. That long-standing position of the Board is based on the underlying aim of the international drug control conventions of ensuring public health and welfare while preventing the diversion of controlled substances into illicit channels, a position which is also consistent with human rights instruments.

251. During the reporting period, the Board took note of Human Rights Council decision 41/2 of 11 July 2019 on the promotion and protection of human rights in the Philippines, specifically with respect to the country's campaign against drug trafficking and use. In its decision, the Council urged the Government of the Philippines to take all necessary measures to prevent extrajudicial killings and enforced disappearances, to carry out impartial investigations and to hold perpetrators accountable, in accordance with international norms and standards, including on due process and the rule of law.

252. On 17 March 2019, the decision of the Philippines to withdraw from the Statute of the International Criminal Court officially took effect. Previously, in 2018, the Prosecutor of the International Criminal Court opened a preliminary examination of the country situation based on a review of communications and reports documenting alleged crimes as part of the nationwide anti-drug campaign, including thousands of extrajudicial killings. The International Criminal Court continues to have jurisdiction over crimes under the Rome Statute that occurred in the Philippines during the period when it was a State party to the Statute.

253. The Board calls on the Government of the Philippines to issue an immediate and unequivocal condemnation and denunciation of extrajudicial actions against individuals suspected of involvement in the illicit drug trade or of drug use, to put an immediate stop to such actions and to ensure that the perpetrators of such acts are brought to justice in full observance of due process and the rule of law.

254. The Board has been active in trying to secure an effective dialogue with the Government of the Philippines. The Board has suggested a country mission to the Philippines with a view to a closer examination of drug-related developments in the country, which the Government has accepted in principle. However, there has been no progress in obtaining acceptance of the Board's suggested mission dates over the past several years. The Board has also, on several occasions, invited representatives of the Government to attend a session of the Board for consultations. At the time of finalizing the present report, the Government of the Philippines has not yet communicated its acceptance of that invitation by the Board.

(e) Sri Lanka

255. In July 2018, the Government of Sri Lanka announced that it would resume the use of the death penalty for drug-related offences and would execute drug

dealers who were on death row. Although Sri Lanka has not enforced the death penalty for decades, courts have continued to hand out death sentences for serious offences, including murder, rape and certain drug offences. In June 2019, the President announced that he had signed the death warrants ordering the execution of four drug offenders. If Sri Lanka carries out these executions, it would end a moratorium on death sentences that has been in effect since 1976.

256. Several members of the international community and international and local human rights groups called on the Government of Sri Lanka to reconsider plans to implement the death penalty and to maintain the country's de facto moratorium on the implementation of capital punishment including for drug-related crimes.

257. While acknowledging the challenges faced by Sri Lanka regarding drug trafficking and abuse, the Board wishes to reiterate its repeatedly expressed concerns with respect to the imposition of the death penalty for drug-related offences by States parties to the international drug control conventions in the light of the relevant international conventions and protocols and resolutions of the General Assembly, the Economic and Social Council and United Nations bodies pertaining to the death penalty. In this context, the Board wishes to note that, as discussed in its annual report for 2017, although the determination of sanctions applicable to drug-related crime remains the prerogative of States parties to the conventions, the Board continues to encourage States that retain capital punishment for drug-related offences to commute death sentences that have already been handed down and to consider the abolition of the death penalty for drug-related offences.

2. Country missions

258. The Board periodically undertakes country missions to monitor compliance with the international drug control treaties and promote effective implementation of those treaties.

259. During these country missions, the Board discusses with relevant national authorities of the countries hosting the mission the legislative, institutional and practical measures implemented at the national level in the areas of licit manufacture of and trade in controlled substances with a view to facilitating the availability of those substances for medical and scientific purposes while preventing their diversion into illicit channels. The Board also engages with the countries visited in dialogue on national mechanisms for preventing and addressing illicit

manufacture, trafficking and abuse of narcotic drugs and psychotropic substances.

260. Based on the results of carrying out those treaty-monitoring functions, the Board adopts recommendations that are communicated confidentially to the Governments in question. These recommendations propose measures aimed at improving compliance of national drug control systems with the international drug control conventions.

261. During the period under review, the Board undertook missions to Austria, Chile, Côte d'Ivoire, the Democratic People's Republic of Korea, Jamaica, Jordan, Kosovo,⁶⁹ Madagascar, Mauritania, Montenegro, New Zealand, Norway, Paraguay, Sri Lanka, Trinidad and Tobago, Ukraine and Uzbekistan. Additional missions have been accepted in principle by the Governments of the Bahamas, Brunei Darussalam, Colombia, Dominica, Eswatini, Greece, Kyrgyzstan, the Niger, the Philippines, Tajikistan, Thailand and Yemen, but plans for those missions have not yet been finalized. In addition, the Board has contacted the Governments of Belize, Cameroon, Cyprus, Djibouti, the Gambia, Grenada, Guinea, Japan, Kazakhstan, Kuwait, Maldives, Mali, North Macedonia, Rwanda, Saint Lucia, South Sudan, Suriname and the United States.

262. In the cases of the United States and the Philippines, the Board has invited their representatives to attend the 126th session of the Board, to take place in October–November 2019, for consultations. At the time of finalizing the present report, the Board has received confirmation that the Government of the United States will be sending a delegation to attend the Board's session to be held in February 2020. In the case of the Philippines, the Board has not received formal acceptance of the invitation from the Government. In the case of the Bahamas, the mission, which was initially scheduled to take place in September 2019, could not take place due to the emergency situation in the country caused by a hurricane.

(a) Austria

263. The Board conducted a mission to Austria in June 2019 to discuss the country's efforts to implement its national drug policy and respond to the health needs of the country's drug users. With the objective of discussing national developments, the Board undertook a mission to review the drug control policies and obtain examples of

⁶⁹References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999).

Austrian experiences in the areas of prevention and treatment.

264. Since the previous Board mission to Austria in 2001, Austria has provided updates on developments in national drug control and coordination and new early warning measures. The Board took note of the positive effects of implementation of the policy called “therapy not punishment” on fulfilling the aims of the international drug control conventions through well-designed therapeutic treatment options.

265. The Board welcomes the commitment of Austria to sharing information and experiences at the international level and recognizes that Austria has given high priority to providing drug-related treatment and health responses in outpatient and inpatient centres. The mission also served to strengthen channels of communication between the Board and the Government of Austria.

(b) Côte d’Ivoire

266. In April 2019, the Board undertook a mission to Côte d’Ivoire to discuss developments related to the country’s implementation of the three international drug control treaties since the Board’s previous mission in 1998.

267. In recent years, Côte d’Ivoire has seen a surge in the trafficking and abuse of tramadol, an opioid analgesic not under international control. Cannabis remains a major drug of abuse and is trafficked into the country, while trafficking in cocaine appears to have reduced. While it is believed that drug use is a major problem for Côte d’Ivoire, a lack of data makes it difficult to determine the extent that drugs are abused among the population.

268. The Board notes that Côte d’Ivoire has a well-established institutional framework for drug control and that legislative and policy reforms are under way with the aim of ensuring proportionate responses to drug offences, improving drug treatment services and strengthening drug use prevention programmes.

(c) Chile

269. An INCB mission visited Chile in March 2019. The objective of the mission was to review the drug control situation in Chile and the implementation of the three international drug control conventions, to which Chile is a party, including reporting to, and cooperation with, INCB in accordance with the conventions. The mission

also discussed the actions taken by the Government to counter drug trafficking, to prevent drug abuse and to provide treatment and rehabilitation services for drug-dependent persons.

270. The Government of Chile described the measures aimed at the prevention, treatment, rehabilitation and social reintegration of drug users, as well as its supply reduction efforts to address the trafficking of cocaine and cannabis and chemical precursors across its borders with Bolivia (the Plurinational State of) and Peru.

271. The Board noted the developments with respect to the cultivation of cannabis for medical purposes in Chile, as well as the increase in the non-medical use of cannabis, in particular among young people. The Government of Chile has initiated a programme of drug and/or alcohol treatment courts for first offenders who have committed minor offences and who, if they are recognized as drug-dependent, have their penal proceedings suspended and are referred to a drug and/or alcohol treatment court so that they can be assisted in the recovery process.

(d) Democratic People’s Republic of Korea

272. In September 2019, the Board conducted a mission to the Democratic People’s Republic of Korea to discuss the drug control situation in the country and progress made in the implementation of the three international drug control conventions to which the country became a party in 2007. A previous INCB mission visited the country in 2006, the year before it acceded to the treaties.

273. The reported consumption of narcotic drugs and psychotropic substances for medical purposes in the country is low, and the Government recognizes the importance of ensuring adequate access to medicines for the population and the contribution of such access to a functioning health system. According to the Government, illicit use of drugs is said to be almost non-existent in the country, but epidemiological studies, drug use assessments or surveys and other information on this phenomenon are not available.

274. The Board noted that national drug control legislation which gives effect to the provisions of the international drug control treaties has been continuously updated over the years to ensure that effective control is exercised over narcotic drugs, psychotropic substances and precursors that are needed for medical, scientific and other legitimate purposes and that scheduling decisions of the Commission on Narcotic Drugs are implemented at the national level in a timely manner.

(e) Jamaica

275. An INCB mission visited Jamaica in November 2018. The objective of the mission was to review the drug control situation in Jamaica and the implementation of the three international drug control conventions to which the country is a party and compliance with their requirements. Also, the mission reviewed the efforts of the Government to combat drug trafficking and drug-related criminal activities, as well as the actions to prevent drug abuse and to ensure access to treatment and rehabilitation services for drug-dependent persons.

276. The Board noted the legislative amendment that modifies penalties for the possession of cannabis in specified small quantities and the smoking of cannabis in specified circumstances (including religious use), and establishes a scheme of licences and permits and grants other authorizations for medical, therapeutic or scientific purposes. The Board reiterated to the Government of Jamaica that possession and cultivation of cannabis for personal therapeutic or medical purposes by households in Jamaica is inconsistent with the provisions of the 1961 Convention, especially taking into account the inherent difficulties for the Government of restricting cultivation, distribution and use for medical purposes and the inherent risk of diversion posed by personal possession and cultivation.

277. The Board was informed of the efforts made by Jamaica to address the trafficking of cannabis from Jamaica to North America and the transit through its territory of cocaine trafficked from South America to North America and other illicit markets.

(f) Jordan

278. In October 2019, the Board undertook a mission to Jordan with the objective of discussing the country's implementation of the three international drug control conventions and examining policy developments since the last mission of the Board in 2009.

279. Jordan has, in recent years, seen an increase in seizures on its territory. While considered to be mainly a transit country, it has been facing a number of domestic drug-related challenges in the light of the wider political situation of the region. Illicit drug use is thought to be moderate. However, its exact extent is difficult to measure given the limited drug prevalence data available.

280. The Board notes the new legislative framework in the field of drug control and acknowledges the

Government's efforts in the area of drug use prevention. The Board further welcomes efforts to tackle drug trafficking, in particular the interdiction efforts undertaken by law enforcement and customs authorities. During the mission, information regarding the country's drug treatment and rehabilitation programmes was discussed.

(g) Kosovo

281. In June 2019, the Board undertook a mission to Pristina, Kosovo, to review the drug control situation with a view to facilitating access to controlled substances while preventing their diversion. The previous mission to Kosovo took place in 2002.

282. Kosovo is located on the so-called "Balkan route", one of the major routes for the trafficking of opiates originating in Afghanistan to destination markets in Western and Central Europe. In recent years, Kosovo has seen a decline in trafficking of opiates through its territory, while trafficking and abuse of cannabis seem to have been on the rise. The most frequently abused drugs in Kosovo are cannabis, cocaine and heroin, but due to the lack of any recent studies or surveys on drug abuse, there are no reliable data on the true extent of the drug abuse in Kosovo.

283. The Board notes the efforts of Kosovo in implementation of its drug control policy, including through adoption of the strategy against narcotics of Kosovo and action plan for the period of 2018–2022, which focus on the reduction of demand for and the supply of controlled substances, the promotion of cooperation and coordination across Kosovo, and the strengthening of supervision and monitoring mechanisms for drug control. Kosovo also adopted drug control legislation and regulations aimed at regulating the licit supply of controlled substances while preventing their diversion.

(h) Madagascar

284. In September 2019, the Board conducted a mission to Madagascar with the purpose of discussing challenges related to the implementation of the international drug control conventions that have been encountered since the last INCB mission to the country in 2004.

285. The drug control situation in Madagascar poses several challenges owing to limited resources, geographical facts and demographic realities. As one of the largest island nations in the world, law enforcement agencies of Madagascar are confronted with the difficulty of patrolling the country's nearly 5,000 km of coastline with

limited resources. The country's population, half of which is below the age of 20, also requires a drug policy that emphasizes education and prevention. The availability of narcotic drugs and psychotropic substances for medical purposes in the country is among the lowest in the region.

286. The Board notes the efforts deployed by the Government of Madagascar in seeking to address drug trafficking through law enforcement and border control activities and increased regional cooperation. The Board also notes the Government's efforts to coordinate stakeholder action in the area of drug control through the work of the country's interministerial commission for coordinating the fight against drugs, which includes non-governmental organizations and community-based organizations.

(i) Mauritania

287. In April 2019, the Board conducted a mission to Mauritania with the purpose of discussing challenges related to the implementation of the international drug control conventions since the last INCB mission to the country in 2004.

288. The strategic geographical position of Mauritania at the crossroads between continents, its vast territory and coastline and its proximity to areas affected by political instability have led to the country being increasingly targeted by trafficking syndicates. While the prevalence of drug use is thought to be limited, epidemiological data are lacking. Prevention initiatives and access to treatment remain limited, and access to controlled narcotic drugs and psychotropic substances is low.

289. The Board notes the efforts deployed by the Mauritanian authorities to effectively address drug trafficking by strengthening the country's law enforcement and border control activities and its cooperation with neighbouring States. The Board also notes the preliminary efforts currently under way in Mauritania to develop effective prevention programmes and treatment strategies and to re-evaluate the country's legitimate consumption needs for narcotic drugs and psychotropic substances.

(j) Montenegro

290. In April 2019, the Board carried out a mission to Montenegro to review the drug control situation in the country and to discuss with the Government of Montenegro its implementation of the three international drug control conventions, to which the country is party.

It was the first mission of the Board to Montenegro, which became independent in 2006.

291. The mission held consultations with the Minister of Health and senior officials of various ministries and governmental bodies and met with representatives of civil society.

292. The country faces the challenge of preventing the trafficking of narcotic drugs, in particular cannabis and heroin, through its territory to countries in Western Europe. The Board notes the efforts being made by the Government of Montenegro in addressing drug trafficking, in particular in the context of progress towards entering the European Union.

293. The Board notes the efforts by the Government to implement the Strategy of Montenegro for the Prevention of Drug Abuse for the period 2013–2020 and the supporting Action Plan for the period 2019–2020.

(k) New Zealand

294. In September 2019, the Board undertook a mission to New Zealand to discuss developments related to the country's implementation of the three international drug control treaties since the Board's previous mission in 1996.

295. In recent years, New Zealand has seen a surge in the trafficking of methamphetamine, in particular from East and South-East Asia, which has also led to a surge in the abuse of the drug. The country was confronted with a major health crisis several years ago, when there were several dozen deaths linked to the proliferation of new psychoactive substances, but interventions on the part of the Government has brought the situation under control. The country also faces the growing challenge of trafficking in cocaine, which reaches the country after being trafficked through the Pacific islands.

296. The Board notes that New Zealand has a robust and well-established institutional framework for drug control and has taken significant measures to address the drug problem, with major reforms recently being undertaken in the health and law enforcement sectors to reduce harms related to illicit drug consumption. In addition, the Board notes that the Government is making significant efforts to ensure the availability of programmes and services to address drug abuse within indigenous communities in New Zealand, which are disproportionately affected by the harms of drug abuse.

(l) Norway

297. In May 2019, the Board undertook a mission to Norway to discuss the country's implementation of the three international drug control conventions since the previous mission to the country, in 2001.

298. Norway continues to closely monitor its drug use situation and has had a low level of drug use in general. The relatively high number of deaths resulting from overdose, however, continues to be of great concern to the country's authorities. The Government plans to transfer the responsibility for implementation policy on the illegal use and possession of drugs from the justice sector to the health sector through drug policy reform, and to that end consultations were under way among authorities and stakeholders.

299. The Board acknowledges the commitment of Norway to dialogue on drug policy reform and welcomes the inclusive approach adopted by the Government in soliciting views from all stakeholders. It also notes the significant efforts devoted to monitoring the drug use situation and limiting the negative impacts associated with drug use.

(m) Paraguay

300. In December 2018, the Board undertook a mission to Paraguay with the objective of maintaining a direct dialogue with the Government on matters related to the implementation of the international drug control conventions and reviewing legislative and administrative measures, as well as achievements in preventing drug abuse and combating drug trafficking, since the Board's previous mission to the country in 2005.

301. Paraguay is targeted for use as a major trans-shipment hub for drug trafficking. Its geographical location, with the tri-border area, and the presence of criminal organizations involved in trafficking and operating in the tri-border area exacerbates the use of Paraguay as transit country for the trafficking of coca products to drug abuse markets within the region and beyond.

302. The country also faces challenges associated with being the main source of illicitly produced cannabis in South America. While illicit cannabis cultivation is concentrated in the eastern part of the country and the cannabis is trafficked mainly to Argentina and Brazil, the number of hectares of that cultivation is not known because assessments based on a systematic and verifiable methodology are still required.

303. The Board acknowledges the commitment of the Government of Paraguay to dialogue on drug policy issues and notes that various legislative and regulatory reforms in the field of drug control are currently under way in Paraguay.

(n) Sri Lanka

304. In March 2019, the Board undertook a mission to Sri Lanka with the objective of discussing developments related to the country's implementation of the three international drug control conventions since the previous mission to the country in 2002.

305. Considerable progress has been achieved by Sri Lanka in the adoption and implementation of two pieces of new drug control legislation. The country has also made improvements in fulfilling its reporting obligations and becoming an active member in the regional and international arena. There continues to be a strong need to further strengthen the technical capabilities related to law enforcement and forensic science, especially in the light of growing drug trafficking activities in the country.

306. The Board acknowledges the challenges faced by Sri Lanka as a transit country and the considerable efforts deployed by the Government regarding supply reduction. However, it would also like to remind the Government to give due regard to the principle of proportionality in sentencing and the possibility offered by the conventions to provide, in cases where users of drugs have committed such offences, for measures of referral for treatment, education, aftercare, rehabilitation and social reintegration, either as an alternative to conviction and punishment or in addition to conviction or punishment. Moreover, regarding the developments on capital punishment in the country, the Board wishes to encourage all States that retain capital punishment for drug-related offences to commute death sentences that have already been handed down and to consider the abolition of the death penalty for drug-related offences.

(o) Trinidad and Tobago

307. In September 2019, the Board undertook a mission to Trinidad and Tobago to discuss issues related to the implementation of the three international drug control treaties, to which Trinidad and Tobago is a party. The previous mission to the country was conducted in 2002.

308. Trinidad and Tobago, because of its proximity to major cocaine-manufacturing countries and its geographical location, is attractive for major drug trafficking operations, in particular trafficking of cocaine that originates in Colombia and is trafficked through the Bolivarian Republic of Venezuela for trans-shipment to other countries in the Caribbean, the United States and Europe. Drug-related incidents are also assumed to be one of the reasons for the high crime rate in the capital of Trinidad and Tobago.

309. The Board noted the efforts and commitment of the Government of Trinidad and Tobago in regard to the national drug control policy issues.

(p) Uzbekistan

310. In March 2019, the Board undertook its first ever mission to Uzbekistan to discuss the drug control situation in the country and the status of implementation of the three international drug control conventions, to which Uzbekistan is a party.

311. As a neighbouring country to Afghanistan, Uzbekistan continued to be a likely target for drug traffickers seeking to smuggle opiates across the borders to destinations north and west of the country. At the same time, seizures of opiates declined over the last few years, and a shift from heroin abuse to the non-medical use of pharmaceutical opioids, in particular tramadol and codeine, as well as alcohol, was observed over the same period.

312. The Board took note of various drug control initiatives that were under way in the country, including draft legislation aimed at expanding and improving treatment for drug users receiving treatment and plans to conduct a country-wide survey on drug abuse prevalence.

(q) Ukraine

313. A mission of the Board to Ukraine was conducted in September 2019. The purpose of the country visit was to have direct dialogue with the Government of Ukraine on matters relating to the implementation of the provisions of the international drug control conventions. The last visit of the Board to Ukraine was in 2008.

314. The mission provided an opportunity to discuss Ukraine's experiences in implementing the drug treaties through national legislation and regulatory reforms, especially with respect to treatment and prevention. National

health and education policies, as well as the role of sports in counteracting drug use among youth, were highlights of the prevention efforts of Ukraine.

315. The Board takes note of the commitment of Ukraine to working closely with the international community on developing effective state policies and institutions in the sphere of drug control. Ukraine has placed significant emphasis on evaluating the trends of the national and regional situation relating to drug abuse and trafficking.

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

316. The Board annually reviews developments in countries that hosted INCB missions two to three years previously. Governments are requested to apprise INCB of relevant developments in the country since the mission, including any legislative or policy actions taken to implement the Board's post-mission recommendations. This annual review helps build on the momentum created by the missions.

317. In 2019, the Board invited the Governments of Afghanistan, Argentina, Bolivia (the Plurinational State of), Israel, Myanmar, Oman, Senegal, South Africa, the State of Palestine and Viet Nam, to which missions were conducted in 2016, to report on drug policy related developments, in particular any that resulted from the Board's mission recommendations.

318. The Board wishes to express its appreciation to the Governments of Argentina, Bolivia (the Plurinational State of), Myanmar, Senegal and South Africa for submitting timely responses to the Board and renews its call to the Governments of Afghanistan, Israel, Oman, the State of Palestine and Viet Nam to provide the information requested.

(a) Argentina

319. The Board notes that the Government of Argentina has made major efforts to implement the recommendations of the Board following the mission in 2016. Since 2016, there have been efforts to enact new legislation, which resulted in the establishment of the Federal Council of Precursor Chemicals, an advisory body of the

authority responsible for operation of the National Registry of Chemical Precursors. In November 2016, harsher penalties were established for the intentional diversion of precursor chemicals, and legislation was enacted to establish the tools to investigate, prevent and combat complex offences, incorporating the use of controlled deliveries. As part of efforts to tackle drug trafficking by criminal groups, Argentina provided information about activities taken to recover illicitly acquired assets, including termination of ownership.

320. The Government of Argentina provided updates to the Board about the establishment of inter-agency task forces on drug trafficking, consisting of federal and provincial forces. Other task forces were also formed, including the Joint Airport Interdiction Task Force, which operates within the framework of the Airport Communication Project funded by the European Union. Additional inter-agency task forces include the Seaport Cooperation Project and the joint task force on laundering of the proceeds of drug-related crime, which operates in coordination with the Financial Information Unit of Argentina.

321. The work undertaken by joint task forces has resulted in early warning data and intelligence about emerging drugs and new patterns of consumption and trade. Harmonization of data collection by the federal forces and the provincial police bodies has progressed, and procedures for the detection of shipments containing narcotic drugs and psychotropic substances have been improved. With respect to precursors, Argentina has instituted an early warning system to report on suspicious transactions involving precursor chemicals, with the country making full use of the tools of the Board in this respect, in particular PICS and IONICS. The Board has noted the results of the Safe Neighbourhoods Programme, which increased the seizures of cocaine base paste by more than 3,000 per cent and seizures of cocaine by 181 per cent. Nationwide drug incineration events led to more than 180 tons of cocaine and cannabis and 90,000 tablets being destroyed.

322. Argentina has informed the Board that it is actively strengthening its international, regional and cross-border cooperation. Cooperation agreements were signed between Argentina and Bolivia (the Plurinational State of), China, Israel, Germany, Paraguay, the Russian Federation and the United States. Argentina organized a seminar on combating money-laundering and the financing of terrorism jointly with the South American Working Group. In addition, the country hosted a high-level meeting of the Cooperation Programme on Drugs Policies between the European Union and Latin American and Caribbean countries. In November 2018, Argentina was

elected to chair CICAD of OAS and was elected to chair the CICAD Group of Experts on Chemical Substances and Pharmaceutical Products.

323. With respect to addiction prevention, Argentina established the “Municipalities in Action” programme, which promotes the prevention and treatment of problematic use of psychoactive substances in the municipal policy agenda. The “Argentina prevents” programme, which was launched in 2017, has funded at least 80 prevention projects implemented by civil society organizations. In socially disadvantaged areas, accessibility of treatment has improved, and treatment coverage has been expanded by more than 375 per cent compared with 2015 through community care and support centres. A prevention programme has been introduced in every school in the country’s 23 provinces and Buenos Aires, with gender and sexual diversity being given due consideration in strategic planning concerning problematic consumption of illicit drugs.

324. The Board acknowledges the effective cooperation of the Government of Argentina in fulfilling the country’s obligations under the international drug control treaties, and notes that it will continue working closely with the Government of Argentina to facilitate the implementation of the recommendations of the Board following its mission to the country in 2016.

(b) Bolivia (Plurinational State of)

325. The Government of the Plurinational State of Bolivia provided information about drug-related developments in the country since the Board’s mission of October 2016. In the past three years, the country has demonstrated the will to address drug control matters that followed re-accession in 2013 to the 1961 Convention as amended by developing regulations for the licit production and consumption of coca bush and coca leaf, including for cultural purposes. Coca leaf is used in the manufacture of food and medicinal products, including other industrial uses, such as natural wool dye.

326. According to the Government’s update, the General Law on Coca (Act No. 906) was passed into law in 2017 with a view to (a) shaping national policy on the cultural reaffirmation, production, movement, transport, sale, consumption, research, industrial use and the promotion of coca in its natural state; (b) establishing an institutional framework for regulation, control and monitoring; and (c) regulating administrative fees. The General Law on Coca and its implementing regulations establish mechanisms to strengthen control of surplus crops, including through satellite monitoring of coca crops, the

establishment of authorized areas of coca production, registration and licensing procedures, and continuous consultation with producers to raise awareness about the role of communities in controlling coca production.

327. In 2017, the Law on the Fight against Illicit Trafficking in Controlled Substances was promulgated. The substantive regulations attached to that law provide new tools for criminal investigation including financial compensation for informants and the interception of communications related to offences involving controlled substances. In demonstration of the enhanced regional cooperation on drug trafficking, the Plurinational State of Bolivia established the Regional Centre for Anti-Narcotics Intelligence, a joint project with Argentina and Brazil.

328. The Board notes the efforts of the Government to ensure that none of the coca crops produced within the scope of the treaty reservation are diverted for use in other activities. The Office of the Deputy Minister for Social Defence and Controlled Substances, through the Directorate General of the Special Force to Fight Drug Trafficking, conducts actions and operations by way of the Special Group for Coca Control, which detects incidents of diversion of coca leaf in breach of the country's General Law on Coca. In addition, the Ministry for Rural Development and Land and the Ministry of Productive Development and the Plural Economy issue regulations to ensure compliance with the quality standards for the industrial use of coca.

329. Measures were adopted by the Plurinational State of Bolivia to develop and implement studies to determine the average coca leaf yield for the regions of Yungas and Trópico de Cochabamba and the northern provinces of La Paz. An inter-institutional technical committee comprising Government institutions and UNODC has been formed to carry out the study. The committee will coordinate the activities necessary to study the coca yield in the country. European Union funding has been secured for the preparation and implementation of the study.

330. The Board looks forward to continued cooperation with the Plurinational State of Bolivia and thanks the Government for its regular exchange of information with the Board.

(c) Myanmar

331. The Board undertook a mission to Myanmar in June 2016 and notes three years later that considerable progress has been achieved through new drug control legislation and the conduct of a national drug use survey,

with efforts ongoing to ensure adequate availability of opioids for medical purposes. The Government of Myanmar has supplemented its action plan for the elimination of illicit drugs for the period 1999–2014 with a five-year action plan for the period 2015–2019.

332. In 2018, Myanmar enacted the Narcotic Drugs and Psychotropic Substances Law, which amended the previous law of 1993 to provide better medical treatment opportunities in accordance with international standards. The amended law paves the way for moving to a more health-oriented approach to the prevention and treatment of drug use. The Central Committee for Drug Abuse Control adopted a new drug control policy which reflects the outcome document of the thirtieth special session of the General Assembly, on the world drug problem, held in 2016, and uses approaches designed to meet the Sustainable Development Goals.

333. Drug law enforcement activities are being carried out in close cooperation between the Armed Forces, the Police Force and the Customs Department of Myanmar. The Drug Enforcement Division of the Police Force conducted four special operations in 2018, including joint Myanmar-Thailand measures. Cross-border law enforcement operations, with the cooperation of border liaison offices of China, the Lao People's Democratic Republic and Thailand, have enhanced drug control efforts. Myanmar has also hosted the Safe Mekong Coordination Center and facilitated the sharing of experiences among countries of the Mekong region. Myanmar has also been actively tackling the illicit manufacture of and trafficking in amphetamine-type stimulants, including through cross-border drug law enforcement operations and information exchange with China. The Board recognizes the continued challenges faced by Myanmar with respect to controlling and detecting precursors and equipment being used in the manufacture of illicit drugs.

334. The Board takes note of the public-awareness measures and drug use prevention efforts of Myanmar, including outreach to communities, schools and universities. Alternative development projects and drug eradication efforts were also carried out from 2012 to 2017, contributing to progress in the peace process. There have been benefits obtained from the cultivation of alternative crops, including avocado trees and coffee, such as the development of infrastructure and livestock breeding. Several districts now have access to clean drinking water and irrigation, and family incomes have also increased. The Board commends the efforts to implement these opium poppy substitution pilot programmes and prevention efforts, which have reportedly led to annual decreases in opium poppy cultivation and production. Additional

efforts are ongoing to ensure access and availability of controlled substances for medical and research purposes.

335. Concerning drug demand reduction, Myanmar reported that at the end of 2018, there were 55 methadone clinics across the country and more than 16,000 patients taking methadone every day. From January to September 2018, there were a total of 5,490 new methadone patients. The rate of completion of six months of methadone maintenance therapy by patients is 70 per cent. The Myanmar National Strategic Plan on HIV and AIDS for the period 2016–2020 has been operationalized at the subnational level and provides a road map for concrete strategies and steps to reach the populations most vulnerable to HIV transmission. A national strategic framework on health and drugs is being developed by the Ministry of Health and Sport, in coordination with the Ministry of Home Affairs and Ministry of Social Welfare, Relief and Resettlement. By the end of 2018, the Government reported that approximately one third of the people who injected drugs had access to HIV prevention and measures aimed at minimizing the adverse public health and social consequences of drug abuse. There is a national goal to reach 90 per cent of people who inject drugs through HIV prevention, treatment and health-care programmes.

336. The Board looks forward to a continued dialogue with Myanmar about its comprehensive drug control efforts and any continued challenges faced by the country as it implements activities within the framework of the amended legislation and a health-oriented approach.

(d) Senegal

337. The Government of Senegal has provided information to the Board about national drug control measures adopted since the Board's mission in October 2016. Senegal has reported progress in creating a more effective legislative and regulatory drug control infrastructure. National measures have included the adoption of the National Strategic Plan for the period 2016–2020, which has been a key reference document for the country's drug policy. Since 2018, additional financial resources have been allocated from the State budget for implementation of the National Strategic Plan.

338. The Board takes note of the efforts of Senegal to improve access to and availability of narcotics drugs and psychotropic substances for medical purposes, including the use of opioids for the treatment of pain, and to ensure their rational medical use. The Government of Senegal has held training workshops for cancer specialists and pharmacists responsible for managing morphine-based

medicines with the support of the National Pharmaceutical Supplier and WHO.

339. Efforts undertaken by the Government of Senegal in the area of drug abuse and treatment have included preparations for the establishment of a national monitoring centre for drugs and addiction. The new centre would operate in addition to the Dakar addiction treatment centre, which dispenses methadone (for opioid substitution treatment) and is specialized in treating all addictions. Senegal has also held large-scale awareness-raising campaigns during an annual national drug awareness and prevention week. Awareness-raising activities are aimed at combating the stigmatization and marginalization of drug users. They are also intended to provide information about the availability of care and access to treatment centres and to reduce the risks associated with drug use by injection.

340. The Government of Senegal also reported on the intensification of its efforts to address drug trafficking and foster increased cooperation within the region. Specifically, a joint airport interdiction task force was established at the Blaise Diagne International Airport and a joint container and vessel control unit was created at the Autonomous Port of Dakar. Those joint operational bodies are composed of police, gendarmerie and customs officers. Capacity-building initiatives were also undertaken for law enforcement agencies, in particular the holding of training workshops on detection, investigations and inquiries. With regard to international cooperation, the Government of Senegal provided information about bilateral agreements signed in the area of security that provide for joint investigations, the exchange of information and intelligence and the sharing of experiences and good practices, and also provided information on the holding of joint operations such as "Operation Open roads", which was conducted in 2018 as part of an action plan on cross-border cooperation between the Gambia, Guinea-Bissau and Senegal.

341. The Board encourages the Government of Senegal to continue its efforts to implement the provisions of the drug control conventions and looks forward to continued cooperation with the Government's authorities on drug control matters.

(e) South Africa

342. The Government of South Africa has communicated national drug control developments since the Board's mission of October 2016. The country's National Drug Master Plan has been renewed for the period 2018–2022, with an implementation plan that seeks to reduce

supply and demand for drugs for non-medical use, increase measures aimed at minimizing the adverse public health and social consequences of drug abuse, control drugs for medical use, and prevent new drugs from entering the illicit market. As part of efforts to improve coordination among national drug control stakeholders, the country's Department of Social Development provides technical support to the Central Drug Authority, which coordinates with the other government agencies in the field of combating substance abuse in South Africa.

343. Through its National Department of Health, South Africa has adopted the health sector drug master plan for the period 2019–2023, in line with the National Drug Master Plan and the country's Prevention of and Treatment for Substance Abuse Act of 2008. The health sector plan is aimed at enhancing drug control coordination in the health sector at the national, provincial and district levels. The country's Department of Health works in collaboration with the South African National AIDS Council and other stakeholders to develop and implement targeted interventions for HIV-affected population groups. Data regarding the nature and extent of drug use among people affected by HIV are being collected through health surveys.

344. The Government, through the South African Police Service, has adopted measures to ensure compliance with precursor pre-export notifications, including submission of data on precursors and new psychoactive substances, as well as participating in the international operational initiatives launched by INCB. The South African Narcotics Enforcement Bureau serves as the focal point for the submission of data to INCB and participation in operational actions, together with the Forensic Science Laboratory of the Police Service.

345. As part of the efforts to understand the extent of drug use and the scope of available treatment, the National Department of Health has a system in place to monitor drug abuse in the country. That surveillance system is funded by the Department of Health and is part of the South African Medical Research Council. Data are also available through the South Africa Demographic and Health Survey and the South African National Health and Nutrition Examination Survey. The Government has also been supportive of the South African Community Epidemiology Network on Drug Use to monitor the trends of substance use in drug treatment facilities.

346. The Board welcomes the regular exchange of information with South Africa and looks forward to continued cooperation with the authorities.

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

347. Where the Board has objective reason to believe that the aims of the international drug control conventions are being seriously endangered by the failure of a party, State or territory to comply with the obligations contained in one of the conventions, the Board can invoke certain measures to facilitate compliance. These measures, consisting 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. Under these articles, the Board engages in a dialogue with the State or States in question with a view to facilitating compliance with the conventions when all other means have been unsuccessful.

348. Throughout its history, INCB has invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention with respect to a number of States and has engaged in dialogue with the Governments of those States with a view to bringing about compliance with the conventions. In such cases, the name of the State concerned is 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 following its consultations with the Government in question.

349. The present section includes a discussion on measures taken by the Board regarding Afghanistan because, 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 use its annual report to call the parties to the 1961 Convention as amended by the 1972 Protocol, the Economic and Social Council and the Commission on Narcotic Drugs to the situation in Afghanistan, pursuant to article 14, paragraph 1 (*d*), of the 1961 Convention as amended.

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

350. The Board and its secretariat have been in regular contact with the Government of Afghanistan throughout the period under review and have met with senior representatives of the Government on several occasions to discuss the most effective way of securing international assistance for the country following the Board's invocation in May 2018 of article 14 bis of the 1961 Convention as amended, with the consent of the Government. In particular, in February 2019, the President of the Board and the Permanent Representative of Afghanistan to the United Nations (Vienna) met to discuss the drug control situation in the country, as well as matters pertaining to the implementation of the Board's recommendations following its mission to Afghanistan in May 2016, and the actions to be undertaken under article 14 bis of the 1961 Convention as amended.

351. In March 2019, the President of the Board met with the delegation of Afghanistan to the sixty-second session of the Commission on Narcotic Drugs, led by the Deputy Foreign Minister for Political Affairs of Afghanistan, to discuss the needs and challenges of Afghanistan in drug control.

United Nations action

352. On 15 March 2019, Security Council unanimously adopted resolution 2460 (2019), in which it decided to extend until September 2019 the mandate of UNAMA, recognized that the renewed mandate of UNAMA was in support of the country's full assumption of ownership in the security, governance and development areas, consistent with priorities outlined in the Transformation Decade (2015–2024). In the same resolution, the Council stressed the central importance of a comprehensive and inclusive Afghan-led and Afghan-owned political process towards a peaceful resolution of the conflict and a comprehensive political settlement and welcomed progress in that regard. In addition, the Council stressed the critical importance of a continued and appropriate presence of UNAMA and other United Nations agencies, funds and programmes in the provinces, based on a "One United Nations" approach and in close consultation and coordination with and in support of the priorities of the Afghan Government, in response to needs and with a view to security and including the objective of overall United Nations effectiveness.

353. On 17 September 2019, the Security Council adopted resolution 2489 (2019) in which it decided to extend the mandate of UNAMA until 17 September 2020. In the same resolution the Council decided that the Special Representative of the Secretary-General for Afghanistan and Head of UNAMA would continue to lead and coordinate the international civilian efforts, in full cooperation with the Government of Afghanistan, focusing on priorities that included providing outreach and good offices to support, in close consultation with the Government of Afghanistan, the Afghan-led and Afghan-owned peace process.

Situation in Afghanistan

354. The security situation in Afghanistan continued to be highly volatile. In 2018, UNAMA recorded 22,478 security incidents, a decrease of 5 per cent compared with the figure for 2017 (23,744 security incidents), which was the highest figure ever recorded. The southern and eastern parts of Afghanistan saw the largest number of security incidents in 2018, accounting for 52 per cent of all security incidents in the country. The number of targeted killings and abductions increased by 9 per cent in 2018 compared with the previous year, and the number of suicide attacks increased by 5 per cent. UNAMA also recorded 13,805 armed clashes in 2018 (a decrease of 10 per cent compared with the figure for 2017), which accounted for 61 per cent of all security-related incidents in the country. There were 1,352 airstrikes reported in 2018, which is a substantial increase (42 per cent) compared with the figure for 2017.

355. Despite the intensification of peace talks in the first half of 2019, the Taliban announced the start of its offensive in April 2019. Throughout 2018, the Taliban temporarily captured 21 district administrative centres. In April 2019, the Taliban announced that, in the areas in Afghanistan under its control, it had temporarily prevented ICRC and WHO from carrying out relief work and that it had revoked security guarantees for their staff. In September 2019, the Taliban announced that it had revoked its ban on ICRC in Afghanistan and that, in the areas under its control, it would guarantee security of ICRC staff providing humanitarian assistance.

356. Several Taliban-led attacks in September 2019 caused substantial casualties among civilians in Afghanistan. Following an attack on 6 September, in which a United States soldier and 11 others were killed, the President of the United States announced the withdrawal of the United States from negotiations with the Taliban.

357. In April 2019, a four-day Consultative Peace Loya Jirga was convened by the President of Afghanistan with the aim of discussing the framework for negotiations with the Taliban. The Loya Jirga brought together about 3,200 elders, religious scholars and other prominent Afghans, representing all parts of Afghanistan and all ethnic groups in the country. However, many political figures and parties, including the Chief Executive of Afghanistan, refused to participate in the four-day gathering, claiming that they had not been involved in any of the prior consultations.

358. After several months of delay, the electoral management bodies finalized the results of the 2018 parliamentary elections, which led to the inauguration of a new parliament for the first time since 2011. On 29 May 2019, the Independent Election Commission announced that the presidential election would be held on 28 September 2019.

359. Afghanistan undertook structural reforms that resulted in the merger of the Ministry of Counter Narcotics and the Ministry of the Interior in April 2019.

360. In their meetings with the Board, representatives of the Afghan Government emphasized that the Government would continue to attach the highest importance to its drug control efforts, even though those efforts continued to be hampered by structural issues facing the country, such as armed insurgency and terrorist acts and security threats; limited alternative livelihood opportunities; and poor prevention, treatment and rehabilitation programmes due to limited resources. The representatives noted the grave consequences of drug abuse on the Afghan population and the disproportionate impact of drug abuse on women, given their role as primary caregivers and given the lack of resources earmarked specifically for their treatment, rehabilitation and social reintegration.

361. In July 2019, UNODC issued *Afghanistan Opium Survey 2018: Challenges to Sustainable Development, Peace and Security*, which had been prepared in close collaboration with the Ministry of Counter Narcotics of Afghanistan. According to the publication, in 2018, the total area under illicit opium poppy cultivation in Afghanistan was reduced by 20 per cent and, as a result, the amount of opium produced dropped by 29 per cent to an estimated 6,400 tons. These sharp decreases came after sustained lack of rain and snow during the 2017/18 wet season. A severe drought affected crops in more than two thirds of Afghanistan, devastating the agricultural sector, and incomes reportedly fell by about a half in severely affected areas. The gross value of the Afghan opiate economy fell by two thirds, from between \$4.1 billion and \$6.6 billion in 2017 to between \$1.2 billion and

\$2.2 billion in 2018. However, the opiate economy still accounted for 6–11 per cent of the country's gross domestic product and exceeded the value of its officially recorded licit exports of goods and services.

362. In the meantime, international partners of Afghanistan, including UNODC, continued to provide assistance in the area of drug control. Under a joint initiative of the Ministry of Agriculture, Irrigation and Livestock, the Ministry of Counter Narcotics and UNODC, a two-day conference on the role of agricultural extension in the promotion of alternative development in Afghanistan was held in Kabul in October 2018. About 150 agricultural workers attended the event, which showcased agricultural products and technological advances in the private sector and provided marketing opportunities for crop and livestock products. A one-day national conference focusing on investment in the development of the pine nut trade as an alternative development initiative was held in Kabul in January 2019.

Cooperation with the international community

363. At the Thirteenth Triangular Initiative Senior Officials Meeting, held in Islamabad in December 2018 with the support of UNODC, the drug control authorities of Afghanistan, Iran (Islamic Republic of) and Pakistan discussed ways to improve regional drug control cooperation. The senior officials agreed on conducting joint activities, including joint patrolling operations, intelligence-led drug interdiction operations and controlled delivery operations.

364. Afghanistan continued to pursue regional and international cooperation under the Heart of Asia – Istanbul Process. Under this platform, a regional technical group meeting on culture and education was held in Tehran in August 2018, a meeting on counter-terrorism was held in Kabul in September 2018, a meeting on trade and commerce was held in New Delhi in October 2018, a meeting on counter-narcotics was held in Moscow in October 2018 and a meeting of senior officials was held in Ankara in June 2019.

365. The President of Afghanistan attended a meeting of the Council of Heads of State of the member States of SCO held in Bishkek in June 2019. At that meeting, representatives of member States of SCO reaffirmed their intention to step up joint efforts to combat drug trafficking, including under the three international drug control conventions and other related legal instruments. They also reaffirmed their determination to ensure regional security

and stability and expressed their support for the work being carried out by the Government and people of Afghanistan, with the assistance of the international community, that was aimed at restoring peace and ensuring the sustained development of the country. They expressed their willingness to facilitate a political settlement under the guidance of the people of Afghanistan and with their involvement on a bilateral basis and within the framework of the contact group on Afghanistan of SCO.

Conclusions

366. Afghanistan continued to face complex challenges to its security and peacebuilding efforts. While between January and September 2019, there was an intensification of peace talks, including those facilitated by the international community, as well as the intra-Afghan peace dialogue, the conflict continued, resulting in numerous casualties among the civilian population. The negotiation efforts led by the United States seem to have come to a standstill following a spate of Taliban-led attacks in September 2019.

367. Despite the sharp drop in the total area under illicit opium poppy cultivation and the estimated amount of opium produced in Afghanistan in 2018, which were mainly attributable to severe drought, the opiate economy continued to be substantial, even exceeding the value of the country's licit exports of goods and services. The Government continued to express its commitment to tackling the drug situation in the country, while underlining the need for continued regional and international cooperation and assistance in the area of drug control.

368. The Board is committed to continuing its consultations with the Government of Afghanistan, in particular, with a view to effectively implementing article 14 bis of the 1961 Convention as amended. In this regard, the Board will continue to engage with the Government of Afghanistan, the competent United Nations organs and specialized agencies, in order to facilitate the delivery of assistance to Afghanistan in addressing drug control challenges in the country and to ensure that sustainable development is an essential component of drug control in the country.

Chapter III.

Analysis of the world situation

A. Global issues

1. Respect for human rights in the elaboration and implementation of drug control policy

369. Over the current reporting period, the Board has noted with great concern continued reports of grave human rights violations purportedly perpetrated in furtherance of national drug control policies. The Board is compelled to remind all States parties to the international drug control conventions that the primary objective of these instruments is to safeguard the health and welfare of humanity and to recall that the goal of protecting the welfare of humanity must be understood to include respect for human rights.

370. The Board therefore wishes to reiterate in the clearest possible terms that in order to comply with their legal obligations under the international drug control conventions, States parties must adopt and pursue drug control policies in compliance with internationally recognized human rights which, as described in the Universal Declaration on Human Rights,⁷⁰ are both inherent and inalienable.

371. Ensuring the consistency of drug control policies and programmes with human rights obligations means accepting that the drug control treaties are not in conflict with human rights. Rather, the three international drug control conventions ought to be read within the international human rights framework, including the protection

of fundamental freedoms and due process rights, stemming from the inherent dignity of all people. Compliance with the drug conventions can therefore lead to the direct and positive fulfilment of human rights, especially the realization of our universal right to health, which includes access to treatment. Current approaches to drug use need to avoid the pathway that easily leads from stigmatizing and alienating drug users to violating their fundamental rights to humane treatment and care. Non-consensual drug treatment programmes should be replaced, and the inequality of access to treatment that women and minority groups face needs to be addressed and remedied.

372. The human rights challenges inherent in responding effectively to widespread drug abuse and drug-related crimes are exacerbated when States try to justify disproportionately repressive and punitive measures. Protecting the rights and dignity of individuals suspected of having committed drug-related offences may at times seem counter-intuitive, but drug control policies that protect all human rights principles and standards have proved to be the most effective and sustainable. A human rights-based approach to address the spread of problematic drug use specifically requires proportionate criminal justice responses for drug-related offences, including when they are allegedly committed by people who use drugs, and ending extrajudicial responses, which cannot be justified in any circumstances.

373. International cooperation in the field of drug control could be enhanced through increased respect for the binding and cross-cutting nature of international human rights. No State is exempt from human rights norms and principles when interpreting the drug control conventions. From this perspective, the Board has consistently recommended to States that human rights norms should

⁷⁰General Assembly resolution 217 A (III).

form an integral part of their drug-related strategies and policies. Together, States and civil society can embrace the core objectives of the international drug control treaties by designing drug policies that are harmonious with the human rights conventions and fully promote the health and welfare of humankind.

2. Linkages between the international drug control conventions and the Sustainable Development Goals

374. The international drug control system was elaborated by Member States to act on their concern for the health and welfare of humankind. It is founded primarily on three conventions: 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. At the most recent special session of the General Assembly on the world drug problem, held in 2016, Member States underscored that, together with other relevant international instruments, those conventions constitute the cornerstone of the international drug control system.

375. Fundamentally, the international drug control conventions are based on the principle that the medical use of narcotic drugs and psychotropic substances is indispensable for the relief of pain and suffering and that accordingly their availability should not be unduly restricted. At the same time, Governments have the responsibility to prevent drug abuse and diversion, including of substances controlled by the conventions. As a source of international law, the conventions are to be interpreted in good faith and in the light of that objective.

376. On 1 January 2016, the 17 Sustainable Development Goals contained in the 2030 Agenda for Sustainable Development,⁷¹ adopted by the General Assembly in September 2015, came into force. The Sustainable Development Goals, which build on and supersede the Millennium Development Goals of the period 2000–2015, are aimed at ending all forms of poverty. Over the next 15 years, these new universal goals are to guide countries in mobilizing efforts to develop strategies for economic growth by addressing a range of social needs including education, health, social protection and employment, while tackling climate change and promoting environmental protection and sustainable development. The Sustainable Development Goals are consistent with the three

international drug control conventions as the Goals foster coordinated action and shared responsibility to address the world drug problem. At the thirtieth special session of the General Assembly, on the world drug problem, held in 2016, Member States noted that efforts to achieve the Goals and to effectively address the world drug problem were complementary and mutually reinforcing.

377. Drug-related issues and challenges are vast, and currently there are great disparities in health and welfare in different regions of the globe. These challenges include the limited access to pain medication, including opioid analgesics and medicines used for substitution therapy, as well as the medication required for the treatment of mental illnesses. In many parts of the world, prevention initiatives are lacking, treatment and rehabilitation services to people with drug use disorders are inexistent or poor, and mechanisms to eliminate stigma and foster social reintegration have yet to be established.

378. The conventions establish a system of administrative controls regulating production, manufacture, import and export of substances under international control allowing States to estimate their domestic requirements and ensure that adequate amounts of medicines are available to their populations. Similarly, the conventions require States to give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved. Despite their clarity, these provisions have to a large extent not been widely and sufficiently implemented by States.

379. The Board therefore welcomes Sustainable Development Goal 3, which is to ensure healthy lives and promote well-being for all at all ages. Achieving that Goal entails, inter alia, access to high-quality essential health-care services and access to safe, effective, high-quality and affordable essential medicines; ending the epidemic of AIDS; and strengthening the prevention and treatment of substance abuse, including narcotic drug abuse. Sustainable Development Goal 3 and its associated targets demonstrate the awareness of the global community in that regard.

380. However, the world drug problem encompasses more than the health aspect. Illicit crop cultivation and drug trafficking perpetuate poverty, corruption, violence and criminality. In many parts of the world, human rights violations in the name of drug control, extrajudicial responses to drug-related criminality, the stigmatization of people with drug use disorders, disproportionate punishment and the general lack of rule of law continue to hinder efforts to successfully address drug-related challenges.

⁷¹General Assembly resolution 70/1.

381. The conventions oblige States to establish certain types of conduct as punishable offences, and they also require States to implement responses to drug-related crime that are proportionate. The conventions further provide States with the possibility of applying alternative measures to conviction, punishment and incarceration, including education, rehabilitation or social reintegration. They contain provisions on international cooperation in criminal matters and mutual legal assistance.

382. In the Sustainable Development Goals, the international community undertook to promote peaceful and inclusive societies and provide access to justice for all (Goal 16), to reduce inequality within and among countries (Goal 10) and to make cities and human settlements inclusive, safe, resilient and sustainable (Goal 11). In that regard, the Board reiterates its call on States to counter drug trafficking and related violence while ensuring that responses to drug-related criminal conduct are proportional and founded upon respect for human rights and dignity, in line with the three international drug control conventions and the rule of law.

383. The adoption of the international drug control conventions was based on the understanding among the international community that the challenges posed by the world drug problem required a coordinated response by States. Reflecting this, the conventions are today among the most widely ratified international instruments in existence. Addressing the world drug problem remains a common and shared responsibility and requires joint action. In this regard, international platforms and networks for dialogue, information-sharing and debate among States are crucial. The Commission on Narcotic Drugs acts as the principal policymaking body of the United Nations with prime responsibility for drug control matters. The Board calls on Governments to use the Commission as a forum for accessing and providing knowledge and experiences on drug-related successes and challenges and to support the international community in addressing the world drug problem in a comprehensive and collaborative manner.

384. As with other international treaties, the choice of policy, legislative and administrative measures to implement the conventions is left to the discretion of States parties. The Board will continue to urge Governments to take concrete action to guide their policymakers, institutions and people to work towards full implementation of the conventions, guided by the key objective of promoting health and welfare in harmony with human rights standards and norms and the rule of law. It is the action taken by Governments at the national level, founded on international law, that will determine whether global

agreements and partnerships such as the 2030 Agenda for Sustainable Development will be achieved.

3. Reducing the negative consequences of drug use through effective public health policies

385. Managing pervasive and complex drug abuse risks requires adopting strategies that not only are scientifically proven to be effective but also avoid unintended negative consequences. The effects of epidemic-level drug abuse and addiction rates can be countered through balanced public health policies and practices that aim to provide all necessary treatment and recovery services and prevent the initiation of illicit drug use. Ending the devastation for individuals, families and entire communities caused by drug abuse primarily entails reducing demand and curbing supply, focusing efforts on treatment, education, aftercare, rehabilitation and social reintegration.

386. The Board has written extensively about measures that aim to minimize the adverse public health and social consequences of drug abuse as forming a tertiary prevention strategy for demand reduction purposes that can play a part in comprehensive drug demand reduction. This long-standing vision of INCB with respect to reducing negative drug-related consequences is consistent with the outcome document of the thirtieth special session of the General Assembly, on the world drug problem, held in 2016, in which Heads of State and Government invited relevant national authorities to consider such effective measures, including appropriate medication-assisted therapy programmes.

387. In many States, drug control policy focuses exclusively on the demand reduction and supply reduction aspects of drug control and does not include measures to curtail the adverse consequences associated with substance abuse and addiction. While demand reduction and supply reduction constitute two fundamental pillars of drug control policy, the Board also encourages States to take a balanced approach to countering drug use and dependence through the adoption of measures intended to reduce the associated negative public health consequences. The Board notes that in some States, limited resources have resulted in civil society and community-based groups taking the lead in the delivery of these services.

388. Drug control policies, in order to be consistent with the international treaties, should be evidence-based and should not lead to the promotion of substance abuse

or facilitate trafficking or other illicit activities and thereby violate the treaties and the obligation to combat drug trafficking. In the past, the Board has expressed its support for strategies which met that threshold, including needle exchange programmes, opioid agonist therapies, psychosocial counselling and the use of drug consumption rooms, as long as they were part of an integrated approach for referral and improved access for underserved populations to treatment and support services.

389. The Board acknowledges the need for initiatives and measures aimed at minimizing the negative consequences of drug abuse based on reliable and proven scientific data and encourages the exchange of good practices through greater dialogue between relevant stakeholders, including Governments, civil society groups, public health authorities and law enforcement authorities.

4. Exempted preparations under the Convention on Psychotropic Substances of 1971

390. Since the 1990s, INCB has noted an overall increase in the quantity of psychotropic substances used in the manufacture of preparations exempted pursuant to article 3 of the 1971 Convention (see figure XVII). According to INCB records, during this time, nearly 1,000 pharmaceutical preparations containing psychotropic substances under control were considered for exemption from certain control measures. In recent years, the Board has noted with concern the lack of clarity surrounding article 3 of the 1971 Convention and the control measures that countries are still required to apply in the case of an exempted preparation.

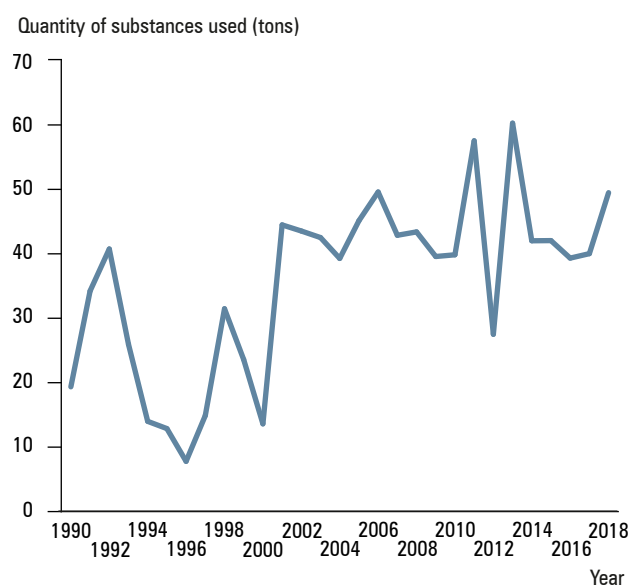
391. The 1971 Convention defines a preparation of a psychotropic substance as any solution or mixture, in whatever physical state, containing one or more psychotropic substances or one or more psychotropic substances in dosage form.⁷² According to article 3, paragraph 1, of the 1971 Convention, if a preparation is not exempted, it is subject to the same measures of control as the psychotropic substance that it contains, and if it contains more than one such substance, the control measures of the most strictly controlled of those substances are applicable.

392. Furthermore, under article 3, paragraph 2, States parties are permitted to exempt a preparation that contains

⁷²According to the *Commentary on the Convention on Psychotropic Substances*, dosage form refers to a measured small quantity of a psychotropic drug or combination of psychotropic drugs in whatever form (tablet, ampoule or powder) ready for consumption.

a psychotropic substance included in Schedule II, III or IV from international control measures under certain conditions. While article 3 of the 1971 Convention provides the opportunity to reduce the regulatory requirements and measures of control that competent national authorities need to apply, the use of that article must be warranted in order to ensure that the exemptions from certain control measures do not pose a public health risk or encourage illicit activity.

Figure XVII. Reported use of psychotropic substances for the manufacture of exempted preparations



393. To warrant an exemption, the preparation must be compounded in a way that it presents no risk or negligible risk of abuse or of a public health problem and cannot be recovered by readily applicable means in a large enough quantity as to pose a risk. In determining whether this latter condition holds, the expense and technical difficulty of recovering the psychotropic substance from the preparation should be considered.⁷³

394. While a country can decide to exempt a preparation from certain measures of control under the 1971 Convention, article 3, paragraph 3, outlines the control measures that must be applied regardless. Those measures of control are provided in the following articles of the Convention: (a) article 8 (licences), as it applies to manufacture; (b) article 11 (records), as it applies to exempted preparations; (c) article 13 (prohibition of and restrictions on export and import); (d) article 15 (inspection), as it applies to manufacture; (e) article 16 (reports to be furnished by the parties), as it applies to exempted

⁷³*Commentary on the Convention on Psychotropic Substances*, p. 116.

preparations; and (f) article 22 (penal provisions), to the extent necessary for the repression of acts contrary to laws or regulations adopted pursuant to the stated obligations.

395. Commission on Narcotic Drugs resolution 1 (S-VIII) of 1984 provides further control measures from which preparations should not be exempted. In particular, the resolution states that exempted preparations should not be exempted from the requirements of article 12 on provisions relating to international trade. More specifically, international trade in exempted preparations shall still require separate import and export authorizations and post-export declarations.

396. If a country wishes to exempt a preparation from control measures, it must submit a notification to the Secretary-General with the trade names of the intended exempted preparation, as well as the name of the substance as listed in the schedules of the Convention or the international non-proprietary name if the former is not available. The notification must include a description of the composition of the preparation including the chemical structure and the formulae of all its ingredients, list the control measures from which the preparation is exempted, and confirm the control measures mentioned in article 3, paragraph 3, that would continue to apply.

397. Upon receipt of such notification, the Secretary-General will transmit the notification to the other parties to the Convention, WHO and the International Narcotics

Control Board. If a party or WHO receives information regarding an exempted preparation which in its opinion warrants the termination, in part or in whole, of the exemption, it will notify the Secretary-General, providing the information in support of the notification. The Secretary-General, will transmit such information to the parties and the Commission. WHO shall communicate to the Commission an assessment of the preparation in regard to the risk of abuse and potential recoverability, with a recommendation of the control measures, if any, from which the preparation should cease to be exempted.

398. Taking into account the assessment provided by WHO on medical and scientific matters, and considering the economic, social, legal, administrative and other factors it may consider relevant, the Commission may decide to terminate the exemption from any or all control measures. Any decision made by the Commission will be communicated by the Secretary-General to all parties. All parties must take measures to eliminate the exemption from the control measure or measures within 180 days of that notification from the Secretary-General.

399. Between 2010 and 2018, 66 different psychotropic substances under international control were reported in the manufacture of exempted preparations in 22 countries. In 2018 alone, 34 psychotropic substances under international control were reported to the Board as being used in the manufacture of exempted preparations in a combination of 11 countries (see figures XVIII and XIX).

Figure XVIII. Number of psychotropic substances reported for use in the manufacture of exempted preparations

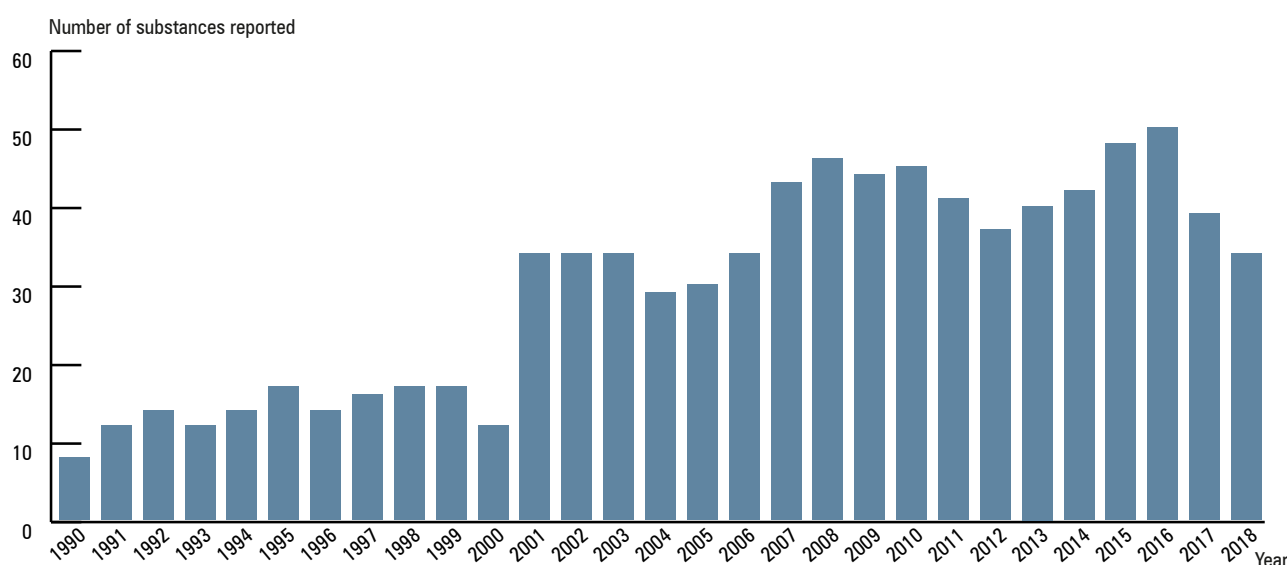


Figure XIX. Countries reporting the manufacture of exempted preparations on form P

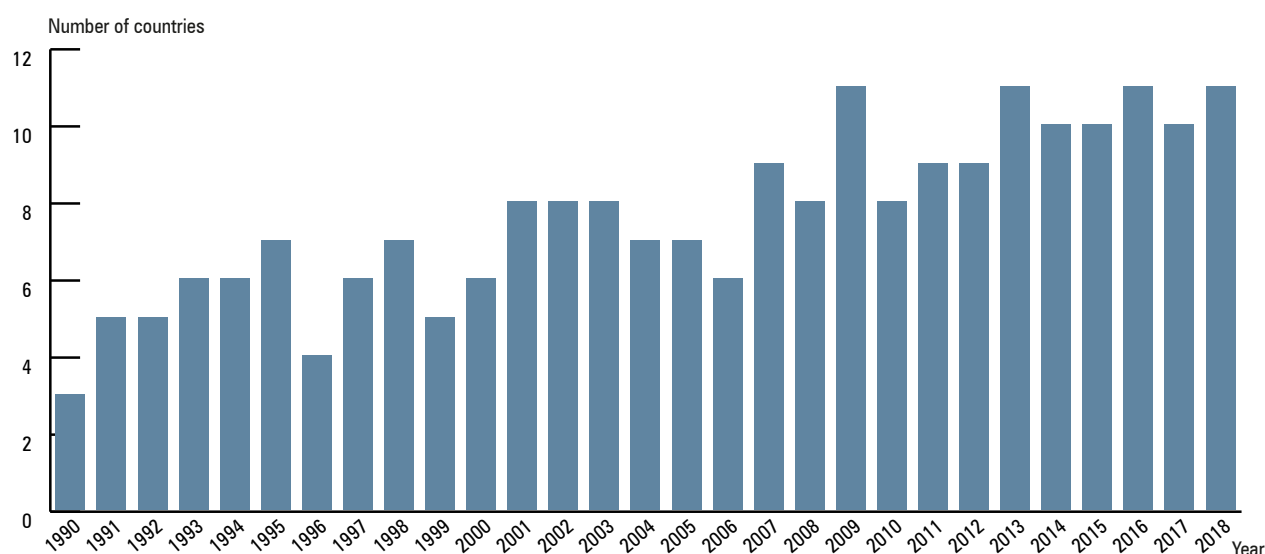


Table Quantity of psychotropic substances reported for use in the manufacture of exempted preparations, 2014–2018, in descending order (kg)

Substance	Year				
	2014	2015	2016	2017	2018
Phenobarbital	26 923	18 975	20 224	23 331	20 850
Butalbital	3 292	12 095	8 296	5 090	15 814
Oxazepam	3 081	3 128	2 390	2 455	2 718
Zolpidem	1 626	1 216	2 191	2 036	1 700
Barbital	826	1 060	482	548	1 394
Diazepam	2 053	1 361	1 885	1 914	1 235
Amfepramone	579	581	691	862	862
Temazepam	414	464	754	207	663
Prazepam	676	416	312	520	312
Bromazepam	525	373	461	346	290

400. Phenobarbital is by far the most commonly used substance in the manufacture of exempted preparations, with tens of thousands of kilograms of the substance being used each year for exempted preparations (see table). Exempted preparations containing phenobarbital tend to be medications used for mild pain and sedation. Aside from phenobarbital, over the last five years,

butalbital, oxazepam, zolpidem and diazepam have been the most reported substances used in the manufacture of exempted preparations.⁷⁴

⁷⁴According to information furnished to the Board by Governments pursuant to the 1971 Convention and resolutions of the Commission on Narcotic Drugs and the Economic and Social Council, as maintained in the database of the INCB International Drug Control System.

401. The Board calls upon Governments to ensure that all aspects of article 3 of the Convention on Psychotropic Substances of 1971 are correctly implemented if they wish to exempt a preparation from certain measures of control. The Board also reminds Governments that they are still obligated to uphold certain measures of control even in cases where a preparation has been exempted, such as in reporting annual data and provisions relating to international trade. Ensuring that all provisions of the 1971 Convention are upheld is imperative for eliminating the possibility of diversion to illicit channels while allowing for countries to benefit from the flexibility that the Convention provides in cases where an exemption is warranted.

5. Non-medical use of synthetic opioids

402. The world is currently in the midst of a global synthetic opioids crisis. New data suggest that the problem is greater than was previously known, with current estimates indicating that more than 53 million people, or 1.1 per cent of the general population aged 15–64, abused opioids in the past year, of whom almost 30 million had reportedly used opiates such as heroin and opium. Although global estimates specifically for non-medical use of synthetic opioids are not available, the large increase in users has been attributed to increases in the non-medical use of synthetic opioids.

403. While non-medical use of synthetic opioids is reported in many countries, the crisis manifests itself in different forms from region to region. In some high-income countries such as Canada and the United States, synthetic opioids such as hydrocodone, oxycodone and fentanyl are widely and readily available, and their aggressive marketing and subsequent over-prescription has contributed to increases in dependency. In several countries in Europe, there are also indications of an increased non-medical use of synthetic opioids, with methadone, buprenorphine and fentanyl being reported as the main pharmaceutical opioids misused. Past-year abuse of opioids in Australia is also higher than the estimated global average, with the non-medical use of pharmaceutical opioids being the main concern.

404. The Board has noted for years that the non-medical use of tramadol, an opioid analgesic not under international control, is a significant and growing problem in several countries, in particular in West and North Africa, the Near and Middle East and South Asia. In Nigeria, the National Survey on Drug Use and Health, collecting data for 2017, found that 4.7 per cent of the general

population aged 15–64 reported past-year non-medical use of prescription opioids, most commonly tramadol. In India, the national drug use survey found that nearly 1 per cent of the general population engaged in non-medical use of pharmaceutical opioids in 2017. Non-medical use of high-concentration tramadol tablets continues to be reported throughout Egypt, the State of Palestine and the United Arab Emirates (see also sect. A.9 below on tramadol).

405. The rate of global drug overdose deaths has been steadily increasing since 2000. In particular, it is estimated that 66 per cent of deaths attributed to drug use disorders were related to opioids. Increases in drug-related deaths are in part due to the emergence and abuse of illicitly manufactured fentanyl and fentanyl analogues in North America.

406. Globally, newly emerging fentanyls accounted for 19 of the 22 new synthetic opioids identified in 2017. The largest share of those are from North America, where the United States Centers for Disease Control and Prevention estimated that overdoses in the United States alone increased to more than 70,000 in 2017 and that 47,600 of those overdoses were opioid-related. In Canada, the rate of opioid-related deaths rose to 12.0 per 100,000 population in 2018; the percentage of accidental apparent opioid-related deaths that involved fentanyl or fentanyl analogues was 73 per cent in 2018.

407. While overdose death rates worldwide are currently far lower than in Canada and the United States, indications of the potential for increasing abuse of synthetic opioids have been reported in other regions. In Europe, 9,400 overdose deaths were reported in 2017, with opioids accounting for between 80 and 90 per cent of drug-related deaths. States members of the European Union have reported increases in the amount of synthetic opioids in their illicit drug markets. Of a total of 38 new psychoactive substances detected since 2009, 28 were fentanyls.

408. In Australia, by 2016, reported deaths caused by opioid overdose had nearly doubled since 2007, rising from 3.8 to 6.6 deaths per 100,000. While the increase is attributed mostly to pharmaceutical opioids, including as used in combination with heroin, overdose deaths due to synthetic opioids such as fentanyl increased more than tenfold over the same period.

409. There are indications that the situation may be stabilizing in some regions. In the United States, where prescription practices have become more stringent, drug overdose deaths declined by about 5 per cent from

December 2017 to December 2018, to about 68,000 deaths, due in part to decreases in overdose deaths related to prescription opioids (e.g., oxycodone). Following tramadol control changes in India in mid-2018, experts in Ghana and Nigeria noted a significant decline in large border and port seizures of tramadol, decreases in grey market availability and a corresponding increase in the price of tramadol tablets in the illicit market. The Government of China implemented group scheduling of all fentanyl-related substances effective May 2019, ensuring class-wide control, inter alia, of all manufacture and export.

410. The Board, in its annual report for 2017, identified and reiterated the risks associated with long-term opioid use and the consumption of opioid analgesics. **The Board once again encourages Governments to work together with public health officials, pharmacists and physicians, manufacturers and distributors, consumer protection associations and law enforcement agencies to promote public education about the risks associated with prescription drugs and adopt appropriate measures to decrease their abuse and potential to cause dependence.**

6. Abuse of codeine-based cough syrups

411. The 1961 Convention as amended by the 1972 Protocol allows for certain preparations of narcotic drugs (including codeine) which are included in Schedule III of the Convention to be exempted from some provisions when compounded with one or more other ingredients and containing not more than 100 milligrams of the drug per dosage unit and with a concentration of not more than 2.5 per cent in undivided preparations.

412. These preparations, in particular those containing codeine, are widely used for medical purposes for the treatment of cough. Since 2000, of the total amount of morphine utilized globally, the majority (88 per cent, on average) was converted into other narcotic drugs (mostly codeine), and almost all of the codeine manufactured (89 per cent) was used to manufacture cough medication. In 2010, over 255 tons of codeine were used for preparations listed in Schedule III. This amount has gradually increased, reaching over 291 tons in 2016, but decreased to 240 tons in 2017.

413. Codeine syrups are easy to purchase as over-the-counter medicine in many countries. They are relatively cheap and are perceived to have low risk of negative health consequences (e.g., dependence and overdose) in comparison with other drugs.

414. The abuse of cough syrups has been a common occurrence in some countries for many years. More recently, there have been reports of the misuse of preparations containing codeine that are listed in Schedule III in Bangladesh, Hong Kong, China, India, Japan and the United States.

415. In the United States, the abuse of cough syrups containing codeine has been recently popularized through the use of videos posted on social media illustrating the process of preparation of the so-called “purple drank” (purple is the typical colour of the cough syrups), a mix of cough syrup with alcohol or soft drinks. This phenomenon expanded to other regions and has been described as an epidemic in Nigeria and other countries in West Africa. In Thailand, cough syrups have sometimes been used to prepare “cocktails”, made by boiling kratom leaves and mixing the resulting liquid with cough syrup, ice and soft drinks.

416. In its annual report for 2008,⁷⁵ the Board, while recognizing that cough syrups containing narcotic drugs were an effective medication for many patients and important in medical practice and health care, expressed concern about the fact that cough syrups were also known to be abused in several countries. The Board recommended that the Governments of countries experiencing abuse of cough syrups consider the introduction of stricter control and supervision of the channels of distribution of cough syrups containing narcotic drugs. The Board also recommended using programmes for drug abuse prevention to increase awareness of the risks associated with inappropriate use of cough syrups.

417. To address the negative health and social consequences of misuse of cough syrups containing codeine, a number of health authorities have introduced control measures to avoid diversion, recommended the use of cough suppressant preparations not containing codeine, discouraged the use of cough syrups containing codeine for children below a certain age and/or have required a prescription for the purchase of such preparations. These actions are in line with article 39 of the 1961 Convention as amended, which enables countries to adopt stricter control measures than those provided in the Convention and in particular requiring that preparations in Schedule III or drugs in Schedule II be subject to all or some of the measures of control applicable to Schedule I substances if it is deemed to be necessary or desirable for the protection of public health and welfare.

⁷⁵E/INCB/2008/1.

418. The Board reiterates its call on Governments that are affected by the abuse of preparations containing codeine to make use of the possibility given by the 1961 Convention as amended for the introduction of stricter control measures and to implement appropriate prevention and treatment interventions focusing specifically on this problem.

7. Activities to address trafficking through international post, express mail and express courier services

419. As a response to the shift from the shipping of controlled substances in comparatively large amounts to small shipments of new psychoactive substances not under international control, the Board launched Project Ion in 2013 and its IONICS platform for the global real-time exchange of information. In order to address the problem of non-medical synthetic opioids, in particular illicitly manufactured fentanyls, the Board began activities under its OPIOIDS project in 2017. The OPIOIDS project has focused on developing partnerships between Governments, international organizations and the private sector as an effective means of preventing the manufacture, marketing, movement and monetization of non-medical⁷⁶ synthetic opioids.

420. Numerous non-medical synthetic opioids have emerged on global markets, and some such as fentanyl analogues are particularly dangerous substances when abused due to their high potency even in extremely small doses. Vendors use the open Internet, the darknet and social media sites to market a wide range of fentanyls, with purchases made using online financial services or cryptocurrencies. Purchases are shipped among the billions of letters and express parcels shipped around the world every year using international mail and express courier services. Because of the high potency of the substances, the transport of fentanyls in trace amounts makes detection and interdiction extremely challenging. Postal, express mail and express courier service staff and customs officers unwittingly handle these potentially dangerous substances, raising concerns over safety due to possible contamination and harm due to unintentional exposure.

421. In April 2018, the Board, recognizing the need to partner with other international agencies at the front-line of trafficking, entered into a cooperative agreement with the Universal Postal Union (UPU). The agreement

effectively responded to challenges posed by dangerous substances by promoting technical assistance and the provision of training designed to increase cooperation against trafficking and improve the ability to detect and safely seize these substances. INCB and UPU share information and alerts which allow for the improved profiling of high-risk shipments and increase the chances of officers identifying and interdicting shipments.

422. Through its partnership with UPU and the World Customs Organization (WCO), INCB Project Ion and the OPIOIDS project trained 160 postal security and customs officers from over 80 Governments in 2019 on information exchange, interdiction and intelligence-sharing on dangerous substances trafficked through the postal and express courier services. Experts provided materials and instruction on safe handling, interdiction and communication methods for working with suspected fentanyls.

423. INCB convened two international meetings of the expert group on trafficking in synthetic opioids through postal and courier services, held in April 2018 and September 2019. The meetings brought together postal, customs and law enforcement experts from numerous affected countries and international partners including INTERPOL, the Oceania Customs Organization, UPU, UNODC and WCO. The meetings were also attended by representatives of the private express mail and courier industry, in order to share information, experiences and ways for future cooperation to stem the flow of synthetic opioids through the express post and courier systems.

424. In January 2019, the OPIOIDS project initiated a time-bound global intelligence gathering operation, Operation Fast Forward, targeting sources and re-distribution points for the trafficking of non-medical fentanyl, fentanyl analogues and related synthetic opioids through the international post, express mail and courier services. Operation Fast Forward, involving 81 officers from 45 countries and two international organizations, resulted in the communication, through the Board's IONICS secure communication platform, of more than 50 seizure events involving a total of nearly 30 kg of seized fentanyl, fentanyl analogues and related pre-precursors. The special operation also produced for government investigators intelligence that identified pre-precursors, sources and modi operandi, as well as previously unknown trafficking routes.

425. The sanctity of the seal is a principle which protects the privacy of communications by post, and many Governments do not allow the inspection of international mail, thus making the consignment of potent fentanyls in small, lightweight amounts in letter-class envelopes

⁷⁶The term "non-medical" is used to refer to synthetic opioids and their products that are made specifically for illicit markets.

difficult to detect and interdict. Governments are encouraged to make use of risk-profiling approaches, information-exchange tools, such as the INCB IONICS platform, intelligence packages and alerts, in order to increase the likelihood of interdiction of substances trafficked through international post, express mail and express courier services.

426. The Board's significant expansion of activities under Project Ion and the OPIOIDS project resulted in the growth of the intelligence-sharing capacity of the IONICS system, the nomination of government postal security officers to increase the global focal points network, and expanded training in the field that resulted in a 93 per cent increase since 2017 in seizure events as well as intelligence on trafficked dangerous substances.

8. Methamphetamine trafficking and abuse

427. Over almost three decades, INCB, in its mandated role as a quasi-judicial body monitoring the compliance of States with the international drug control conventions, has observed the global expansion of illicit markets for amphetamine-type stimulants, in particular methamphetamine. Year after year during that period, and notwithstanding the focus of the international community on various drugs, including new psychoactive substances and, most recently, non-medical synthetic opioids, more and more countries and regions have set new records in the amounts of methamphetamine seized by their law enforcement agencies. At the same time, the ever-growing worldwide abuse of this drug has fuelled a threat to the health and welfare of people.

428. UNODC estimates that, in 2017, roughly 0.6 per cent of the global population aged 15–64 (that is, about 29 million people) had used amphetamine and methamphetamine in the past year. There are indications of an increase in the use of methamphetamine, in particular in East and South-East Asia and North America. While the lack of sufficient good-quality data based on household surveys makes it difficult to estimate the prevalence of methamphetamine use globally, data on illicit supply reported to UNODC show an increase of 50 per cent in the last decade in the number of countries reporting seizures of methamphetamine.

429. The regions which have been traditionally most affected by methamphetamine trafficking and abuse are North America, East and South-East Asia and Oceania, specifically Australia and New Zealand. In Europe, the illicit manufacture and use of methamphetamine had long

been a localized issue in parts of central Europe, but there is now evidence of large-scale illicit methamphetamine manufacture elsewhere in Europe. Since 2011, illicit methamphetamine manufacture has also been documented in West Africa, specifically Nigeria. Unlike in the past, there are now also indications of large-scale inter-regional trafficking of methamphetamine, with seizures of unprecedented size being made en route from North America to Australia.

430. The most significant increases have been observed in East and South-East Asia, where, according to UNODC, methamphetamine seizures have increased eightfold between 2007 and 2017, accounting, with 83 tons, for 45 per cent of global methamphetamine seizures, and reaching a record high level in 2018. Data received indicate that Thailand alone accounted for more than half of the methamphetamine seized in the region in 2018. Available data also indicate a geographical shift of illicit manufacturing to areas outside of government control, for example, north-eastern parts of Myanmar.

431. At the same time, the region is seeing a shift from low-purity methamphetamine tablets ("yaba") to high-purity crystalline methamphetamine. In some countries in the region, crystalline methamphetamine users now account for a major share of people receiving treatment for drug use. Annual prevalence rates reported from household surveys conducted in Thailand show an increase from a low of 0.1 per cent of the population aged 12–65 in 2008 to 0.2 per cent in 2011, before rising rapidly to 0.9 per cent by 2016. The number of crystalline methamphetamine users has also started to increase. Proportions of people in treatment for the abuse of methamphetamine (in tablet and crystalline form) exceeding 50 per cent of all drug-related treatment in East and South-East Asia in 2017 were reported for Brunei Darussalam, Cambodia, Japan, the Lao People's Democratic Republic, Malaysia, the Philippines, the Republic of Korea, Singapore and Thailand.

432. The Board is also concerned about recent indications of growing illicit methamphetamine manufacture and trafficking in Afghanistan. With more than 650 kg seized in the first six months of 2019, the amount of methamphetamine seized represented a tenfold increase compared to the same period of 2018. Furthermore, the Islamic Republic of Iran witnessed an increase of some 25 per cent in methamphetamine seizures in 2018, to a total of 2.9 tons, compared with 2017. Countries in West Asia have also reported increasing levels of methamphetamine abuse.

433. INCB has continuously expressed its concern about these developments and has noted in particular the

apparent mismatch between the large amounts of methamphetamine end-product seized and the comparatively low number and limited volume of methamphetamine precursors seized in comparison, especially in East and South-East Asia. Substances, such as ephedrine and pseudoephedrine, that for years had been the most used in known methamphetamine-manufacturing methods in some regions are no longer the only precursors of concern. There is limited yet growing evidence of the use of P-2-P-based manufacturing methods in regions where this was not previously common. To complicate matters further, P-2-P itself is often manufactured illicitly from pre-precursors, including non-scheduled “designer precursors” made specifically to circumvent existing regulations. As law enforcement experience with those chemicals is limited in most regions, information about changes in manufacturing trends is often only identified through the forensic analysis of seized methamphetamine. Those issues are addressed in the report of the Board for 2019 on the implementation of article 12 of the 1988 Convention.

434. The Board wishes to highlight that much remains to be done to enable a more effective response to the ongoing methamphetamine crisis. In addition to measures to prevent the initiation of methamphetamine use and treatment, the Board believes that no discernible change in this worrying trend will be achieved without adequate attention being given to ensuring control over methamphetamine precursors and the exchange of related intelligence information. The Board has put a range of tools at the disposal of Governments to help to close existing gaps in knowledge, intelligence and operational responses to precursor trafficking and diversion from legitimate trade. These tools include the Board’s PICS, the PEN Online system and the two initiatives of the Board focusing on precursors used in the illicit manufacture of synthetic drugs and on chemicals related to the illicit manufacture of cocaine and heroin, namely Project Prism and Project Cohesion, respectively.

435. The Board urges Governments to make full use of the relevant tools available and to keep the Board abreast of their efforts, successes and challenges. Only with the best available data and understanding of the issues can the international community live up to its common and shared responsibility in facing the world drug problem.

9. Tramadol abuse and trafficking in Africa and Asia

436. Trafficking of illicitly manufactured, falsified or substandard preparations containing tramadol, an opioid analgesic not under international control, has become a

significant problem, as tablets containing high-potency dosages exceeding 200 mg are often seized. Since 2013, the Board has repeatedly identified non-medical use of tramadol as a significant and growing problem in many countries, particularly in parts of West and North Africa, the Near and Middle East and South Asia. Tramadol may in high doses produce euphoria for the user.

437. Such falsified, substandard or illicitly manufactured tramadol tablets are the most often reported synthetic opioids seized, with a record 125 tons interdicted globally in 2017, the majority of which were seized in Africa, in particular in Egypt and Nigeria. According to the WCO *Illicit Trade Report 2017*, the Central African Republic, the Democratic Republic of the Congo, Mali and Togo all reported that border seizures of synthetic opioids were exclusively of tramadol, and 75 per cent of drug seizures reported in Cameroon and the Niger were of tramadol. Intelligence communicated through IONICS indicated that there were large seizures of synthetic opioids, in particular high-potency tablets containing tramadol.

438. Tramadol abuse in Ghana became a national issue in 2016, when intelligence gathered across the country indicated the seizure of significant quantities of high-potency tramadol tablets with a non-medical concentration of 120 mg or greater, and more than 527,000 tablets were seized in 2017. Tramadol abuse and seizures have also been reported in Benin, Chad, Côte d’Ivoire, Guinea, Libya, Senegal, Sierra Leone and the Sudan. Illicit tramadol sales have previously been associated with the funding of violent extremist groups operating in parts of Africa.

439. The first comprehensive drug use survey conducted in Nigeria, in 2017, found that 4.7 per cent of the general population aged 15–64 reported past-year non-medical opioid use, predominantly in the form of tramadol. One in five high-risk drug users injects drugs (0.1 per cent of the population), and the most common drugs injected were pharmaceutical opioids such as tramadol, codeine and morphine.

440. In Egypt, the third most populous country in Africa, 3 per cent of adults self-reported past-year non-medical use of tramadol in 2016, and 0.74 per cent of students aged 15–19 reported non-medical use of tramadol. The misuse of tramadol was also reflected in treatment data, as tramadol users accounted for 68 per cent of persons admitted to treatment.

441. Demand for tramadol in Africa is exacerbated by lax regulatory and border controls, which have allowed trafficked or unregulated imports of tramadol originating in India.

442. India is a significant source of trafficked, falsified, substandard or illicitly manufactured products branded and marketed as tramadol that are seized worldwide. As part of the efforts by India to reduce such incidents, the Government scheduled tramadol under the Narcotic Drugs and Psychotropic Substances Act, 1985, effective August 2018. As noted above, following the changes in control measures in India, experts in Ghana and Nigeria noted a significant decline in large seizures of tramadol and a corresponding increase in prices for tramadol tablets in the illicit market.

443. In Africa, where substantial non-medical market demand currently exists, a demand could be created for a replacement product with brand recognition. A similar phenomenon was observed in North America, where reduced availability of diverted oxycodone tablets has been linked to the emergence of illicitly manufactured tablets branded as oxycodone but containing fentanyls. The supply of such tablets by organized criminal groups subsequently filled part of the large market demand in North America.

444. Furthermore, there have been reports of the emergence of illicitly manufactured tablets that contain tramadol as well as fentanyls. In North America, there have been reports of seizures of tramadol mixed with fentanyls. **Governments should therefore remain vigilant to the possibility of such a development occurring in other regions and communicate without delay through IONICS the details of tramadol seizures, in particular any seizure suspected of containing fentanyls.**

B. Africa

Record seizures among several countries in West Africa indicate that the subregion remains a major transshipment hub for trafficking in cocaine from Central and South America to Europe.

Nigeria published its first-ever national study on drug use, reporting a past-year drug use prevalence rate of 14.4 per cent in the country.

1. Major developments

445. Africa continues to confront numerous challenges posed by both the trafficking of drugs and the abuse of drugs. Record seizures from several countries in West

Africa indicate that the trafficking of cocaine from Central and South America to Europe remains high, although insufficient data are available to determine the rate of growth. Trafficking of heroin is increasing among African countries bordering the Indian Ocean, while the illicit cultivation of cannabis remains a problem for countries throughout the region. Although the data are limited, it can be seen that trafficking in illicitly manufactured tramadol remains high and that tramadol is becoming a major substance of abuse, mostly in North, West and Central Africa. In addition, despite the newly available prevalence data from some countries, major gaps in the data remain and continue to impede efforts to determine the full extent of drug abuse in Africa.

446. According to a special report of the Secretary-General (S/2018/1086), the drug trafficking situation in Guinea-Bissau has begun to show modest improvement, although significant challenges remain. In that regard, Security Council resolution 2458 (2019), aimed at strengthening the international response to the political situation in Guinea-Bissau, contains provisions on combating drug trafficking in the country.

447. In January 2019, the Government of Nigeria, with the support of the European Union and UNODC, released its first-ever *National Survey on Drug Use and Health*, for 2018. This first comprehensive survey on drug use conducted in the country collects data from 38,850 households and 9,344 high-risk drug users across Nigeria.

2. Regional cooperation

448. At the thirty-second Ordinary Session of the Assembly of the African Union, held in February 2019, Heads of State and Government of States members of the African Union formally adopted the Treaty for the Establishment of the African Medicines Agency. Once it has been ratified by 15 member States, the Agency will serve as the continental regulatory body for standardizing and strengthening regulatory systems across Africa, in order to ensure access to safe, effective, high-quality and affordable medicines and medical products.

449. The African Union and the Indian Council of Medical Research signed a memorandum of understanding in March 2019 establishing a framework to formalize cooperation between India and Africa in the health sector, including the facilitation of trade in pharmaceuticals, as well as support for the manufacture of drugs and medicines in Africa, including those under international control.

450. In July 2019, heads of navies, coast guards and gendarmeries from Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Liberia and Sierra Leone signed a memorandum of understanding for joint maritime operations in the maritime zone of the Economic Community of West African States. The memorandum of understanding is aimed at improving the response of the subregion to piracy and criminal activity in the Gulf of Guinea and ensuring security within the exclusive economic zones of these countries.

451. Seychelles received a mission from the European Union Action against Drugs and Organised Crime project in March 2019 to assess the drug situation in the country. The aim of the mission, the first of its kind in Seychelles, was to determine how the country could strengthen its efforts against drug trafficking, in particular trafficking in heroin, and improve drug demand reduction efforts in Seychelles.

452. The third Ordinary Session of the Specialized Technical Committee on Health, Population and Drug Control was held by the African Union Commission from 29 July to 2 August 2019. During the ministerial segment of the session, ministers from African Union member States reviewed and adopted the Plan of Action on Drug Control and Crime Prevention (2019–2023) of the African Union.

3. National legislation, policy and action

453. Egypt has amended its national drug control law, stiffening penalties for drug trafficking in the country and placing additional substances under national control. The amendment includes penalization for trafficking in synthetic cannabinoids that is equal to that for other narcotic drugs and extends the existing application of capital punishment for drug trafficking to trafficking in synthetic drugs.

454. **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.**

455. A special report of the Secretary-General (S/2018/1086), published in December 2018, containing an assessment of UNIOGBIS, highlighted that modest progress had been made in Guinea-Bissau to counter drug

trafficking and transnational organized crime. However, it noted that officials in the Government of Guinea-Bissau acknowledged that the scope of drug trafficking remained a problem and that some military and security officials were involved in drug trafficking. The report also indicated that powerful implicated parties in the country that did not want effective State institutions would hinder UNIOGBIS and other United Nations entities in their efforts to counter drug trafficking in the country.

456. Pursuant to the above-mentioned report, the Security Council, in its resolution 2458 (2019), reiterated its concern at the threat to peace and stability posed by drug trafficking and related transnational organized crime in Guinea-Bissau. The Council stressed that long-term political and economic stability in the country was not possible without combating drug trafficking, called upon the authorities of Guinea-Bissau to continue to improve efforts to deal with trafficking in drugs and called upon the international community, regional organizations and the United Nations system to increase support to the country to address the problem.

457. In connection with the report of the Secretary-General and Security Council resolution on Guinea-Bissau, in early November 2019, the Peace and Security Council of the African Union issued a communiqué regarding the deteriorating political and situation in Guinea-Bissau. The Peace and Security Council noted with concern the increase in drug-related crimes in the country and their major impact on the general political and security situation, including hindering efforts to conduct new elections.

458. The Gambia has developed and launched its first-ever National Drug Control Strategy, for the period 2019–2023. The Strategy will guide the policy and operational approaches taken by the country to counter drug trafficking.

459. In December 2018, Nigeria established the Presidential Advisory Committee for the Elimination of Drug Abuse to address all aspects of drug control in the country. The Committee comprises high-level officials from several departments of the Government and representatives of civil society organizations and is charged with providing the President of Nigeria with sustainable recommendations for addressing the country's drug problems.

460. The Parliament of Kenya approved an amendment to the country's drug control law whereby it significantly increased the penalties and fines for trafficking in narcotic drugs and psychotropic substances. The amendment sets out additional penalties for any law enforcement

officer who aids or abets any offence under the drug control law.

461. Health authorities in Morocco launched the national multisectoral strategy for the prevention and control of non-communicable diseases for the period 2019–2029. The strategy, which covers many non-communicable health conditions, contains several measures to monitor and address health consequences related to drug use in the country and advocates for health-centred approaches to assist persons who abuse drugs.

462. On 23 May 2019, South Africa issued a notice updating the schedules of its Medicines and Related Substances Act of 1965, moving CBD from schedule 7 of the Act, the highest level of control, to schedule 4, which will allow for preparations containing CBD to be made available on prescription. In addition to the rescheduling, the Government indicated that CBD-based products that contain a maximum daily dose of 20 mg of CBD and that are produced from raw cannabis material containing no more than 0.001 per cent of THC and no more than 0.0075 per cent of CBD would not be controlled after 12 months following the issuing of the notice. That allows the purchase of CBD products below those established thresholds without any prescription.

463. Following amendments to its Dangerous Drugs Act in 2018, Zimbabwe now permits the cultivation of cannabis for medical purposes. The amendment establishes the regulatory framework for the cultivation of cannabis, including provisions to ensure the security of cultivation areas and the quality of cannabis products.

464. In September 2019, Mauritius launched the new National Drug Control Master Plan for the period 2019–2023. The Master Plan establishes four strategic pillars to address drug control issues in Mauritius: drug supply reduction; drug demand reduction; harm reduction; and coordination, monitoring and evaluation.

4. Cultivation, production, manufacture and trafficking

465. Africa remains a major transit region for drug trafficking, as well as a growing illicit market for drugs. Trafficking in cocaine remains a major problem, as several countries in West Africa reported record seizures of the drug, taken from vessels that had departed from Central and South America and were bound for North Africa and Europe. Trafficking in heroin is also a growing problem in countries on the coast of the Indian Ocean. Trafficking of tramadol, an opioid analgesic not

under international control, remains a major problem for parts of Africa, and tramadol is becoming one of the most trafficked and abused drugs, in particular in North, West and Central Africa. Cannabis continues to be one of the most trafficked drugs in the region. Although most of the trafficking appears to take place within the region, some North African countries reported the trafficking of cannabis herb and resins into Europe.

466. The largest-ever seizure of cocaine in Cabo Verde occurred in January 2019, when the Judicial Police seized over 9.5 tons of cocaine from a vessel that had departed from Panama. The authorities of Cabo Verde also seized over 2.2 tons of cocaine from a ship in August 2019, during a joint interdiction operation led by the national Coast Guard.

467. Another record seizure of cocaine occurred in March 2019 when authorities of Guinea-Bissau seized 789 kg of the drug as part of Operation Carapau, which was led by the Transnational Crime Unit and the Judicial Police of Guinea-Bissau. That seizure was the largest ever made by authorities in the country. Similarly, in July 2019, the authorities of Senegal carried out a record seizure of cocaine during a three-day operation that detected 1 ton of the drug hidden on ships in the port of Dakar.

468. For 2018, data provided by countries in the region indicate that trafficking in cocaine is proliferating. The Kenyan authorities reported seizing 2.2 tons of cocaine that year, more than 90 per cent of which was trafficked by air. Major seizures in 2018 were also reported by Morocco, Algeria and Angola, which seized 1.7 tons, 672 kg and nearly 500 kg, respectively. Côte d'Ivoire, Ghana, Mozambique, the Niger, Nigeria and South Africa all reported seizing quantities of cocaine ranging from a few kilograms to 155 kg.

469. The trafficking of tramadol continues to pose a challenge in the region, in particular among countries in North, West and Central Africa. Nigeria reported major seizures in late 2018, including more than 581 million high-dosage tramadol tablets seized in a two-day operation. In addition, the country reported seizing a total of some 22.5 tons of tramadol in 2018. Morocco reported the seizure of more than 45 million tablets of tramadol in 2018, while Senegal also reported seizures of the drug. Reported seizures suggest that trafficking of the synthetic opioid in the region remains a major problem among countries in the Sahel and the Maghreb.

470. According to the UNODC *World Drug Report 2019*, trafficking in heroin via Africa appears to have increased, with seizures rising from less than 0.5 tons in

2013 to almost 1.5 tons in 2017. In 2018, overall seizures of heroin in Africa have continued to rise, with Kenya alone reporting 1.5 tons seized that year. Trends derived from available data on heroin seizures suggest that trafficking in heroin via Africa, in particular in countries on the Indian Ocean coast, is continuing to grow.

471. Major seizures of heroin were reported by Egypt, Mauritius and the United Republic of Tanzania for 2018, exceeding the quantities seized in 2017. The 1.5 tons of heroin seized by Kenya in 2018 represents more than a tenfold increase from 2017, when the country reported the seizure of 112 kg. Smaller seizures of heroin in 2018 were also reported by Côte d'Ivoire, Madagascar, Mozambique and Seychelles.

472. While the illicit cultivation of cannabis occurs in many African countries, the trend of past years continued, as Morocco and Nigeria again reported the largest seizures of cannabis and cannabis resin in the region. Morocco reported the seizure in 2018 of nearly 72 tons of cannabis resin, as well as of 252 tons of majoun, a consumable product consisting mostly of cannabis but that can also include other drugs, along with poppy seeds and other foodstuff. In June 2019, Moroccan authorities reported the seizure of 12 tons of cannabis and 800 kg of cannabis resin. Another operation carried out two weeks later led to the seizure of 600 kg of cannabis found in sewage pipes in Taghbalt.

473. During 2018, at least 16 countries from all regions of Africa reported seizures of cannabis herb, resins and plants. Major seizures of at least several tons were reported by Angola, Côte d'Ivoire, Eswatini, Ghana, Kenya, the Niger, Senegal and Zambia. Nigeria reported the seizure in 2018 of more than 270 tons of cannabis herb, the largest amount since 2015. Algeria reported the seizure of nearly 32 tons of cannabis resin. An analysis of reports available from countries in the region indicates that most of the illicit cultivation of cannabis herb is destined for country-level or subregional markets, even though significant amounts of cannabis resins and herb destined for European markets are trafficked through North Africa and, most often, thereon through Spain.

474. With regard to the trafficking of other drugs, several countries reported seizures of amphetamine-type stimulants. In 2018, Nigeria and South Africa seized a few hundred kilograms each of methamphetamine, while Morocco reported the seizure of more than a million MDMA tablets. Some seizures of khat were reported by a few countries, while only South Africa reported any seizures of ketamine, a sedative not controlled internationally.

5. Prevention and treatment

475. The lack of information and prevalence data continues to be an impediment to determining the extent of drug use in Africa. It also hinders Governments and the international community as they seek to respond effectively by means of evidence-based drug use prevention and treatment programmes. Nonetheless, it can be seen from the information available that trends in drug use in the region do not appear to be improving, as some countries report drug use rates for some drugs that are higher than the global prevalence rate. Cannabis continues to be the main drug of abuse, and tramadol, an opioid analgesic not under international control, is also a major drug of abuse in some parts of Africa.

476. **The Board calls upon all States to provide regularly to the Board and other relevant international organizations data on drug use prevalence and any official information regarding their efforts to prevent the use of drugs and provide treatment services to drug users.**

477. The 2018 National Survey on Drug Use and Health, produced by the Government of Nigeria with support from the European Union and UNODC and released in January 2019, is the first-ever comprehensive survey of drug use conducted in the country. It analyses data collected from 38,850 households and 9,344 high-risk drug users. The report found that, among persons aged 15–64 years, the past-year prevalence rate for non-medical drug use (not including tobacco and alcohol) was 14.4 per cent. The report also found that cannabis was the most commonly used drug, with an estimated 10.8 per cent of the population (approximately 10.6 million people) having used cannabis in the previous year. Opioids, heroin and pharmaceutical preparations (tramadol, codeine and morphine) are the next most abused substances, with a prevalence rate of 6.0 per cent (approximately 4.6 million people). In addition, polydrug use was very common, as nearly 95 per cent of high-risk users and almost half of other users reported having consumed more than one drug in the previous year.

478. In addition to providing detailed data on the drug use situation in Nigeria, the National Survey also outlines the challenges and the policy approaches needed to address the drug use problem in the country. In particular, the data reported in the National Survey will be used to develop a new national drug master plan for the period 2020–2024. Furthermore, the National Survey underscores the need for affordable and accessible scientific evidence-based treatment in Nigeria, noting the gender disparities in access to treatment and the need to address the problem of stigmatization of people who use drugs.

The National Survey also stresses that there is a need to ensure the availability of pain medications in the country, while also preventing diversions from licit trade and countering trafficking in opioids.

479. In Kenya, the National Authority for the Campaign against Alcohol and Drug Abuse and the Kenya Institute for Public Policy Research and Analysis released in June 2019 a survey entitled *Status of Drugs and Substance Abuse among Primary School Pupils in Kenya*. The survey was conducted among 3,307 randomly selected students between 10 and 14 years of age from 177 primary schools across the country. The survey found that among respondents, the average median age of onset of at least one substance of abuse was 11 years, while the lowest reported age of onset was 4 years. The survey also found that 20.2 per cent of primary school pupils had used at least one drug or substance of abuse (including alcohol or tobacco) in their lifetime and 1.2 per cent had used cannabis in their lifetime. It also found that students were more likely to abuse drugs if one or both parents had used drugs or some other substance. The report found that alcohol, tobacco and prescription drugs were the substances that were most available to students to abuse.

C. Americas

Central America and the Caribbean

The largest single seizure of cocaine ever recorded in Central America and the Caribbean took place in El Salvador, where authorities seized more than 13,779 kg of cocaine trafficked by sea. The seized cocaine had originated in Colombia and Ecuador, destined for cocaine markets in North America.

Although the amount and the quality of information regarding drug abuse patterns in Central America and the Caribbean have improved in recent years, a more systematic collection of drug abuse patterns and trends is needed.

1. Major developments

480. Central America and the Caribbean continue to be exploited by local gangs and international organized criminal groups which use the subregion as a transit area and trans-shipment route for illicit drugs originating in

South America and destined for consumer markets in North America and Europe. As cocaine trafficking remains the most lucrative source of income for organized criminal groups in the subregion, the intensified competition in that trafficking has increased the level of violence in a subregion considered to be among the most violent in the world. According to the UNODC “Global study on homicide 2019: executive summary”, firearms are involved in homicides in the Americas far more often than in other parts of the world.

481. Most of the cocaine consumed in the United States and Canada is trafficked through Central America. The Caribbean coast of Central America is particularly vulnerable to drug trafficking because of its remoteness, limited infrastructure, the lack of government presence and weak law enforcement institutions.

482. Reported levels of consumption of opioids for pain relief and of psychotropic substances for the treatment of mental health and neurological conditions continue to be low in most countries in Central America, and some countries face a further decline in their already low levels of availability.

483. Illicit drug use, in particular of cannabis, appears to be growing in all countries in the subregion. According to the *CICAD Report on Drug Use in the Americas 2019*, the highest prevalence rate of cannabis use among the general population in 2018 was that reported by Jamaica, at 15.5 per cent, followed by Barbados, at almost 8 per cent, and the lowest prevalence rates were reported by the Dominican Republic and Panama, which both reported a past-year prevalence below 1 per cent. Key problems in Central America and the Caribbean continue to be the design and implementation of effective prevention, treatment and rehabilitation programmes throughout the subregion, the need to address the chronic lack of capacity for the collection of drug-related data and the lack of centralized agencies mandated to assess that information. Although the amount and the quality of information regarding drug abuse patterns in the subregion have improved, as seen by the number of national drug use surveys published in the past few years, more research on consumption patterns and trends is needed to tailor treatment initiatives to meet local needs.

2. Regional cooperation

484. In January 2019, drug control officials from El Salvador, Guatemala and Honduras participated in a seminar held in Vienna as part of the INCB Learning project. INCB Learning is the Board’s global initiative to

strengthen the capacity of Governments in the regulatory control and monitoring of the licit trade in narcotic drugs, psychotropic substances and precursor chemicals. The training seminar contributed to improved monitoring and reporting capacities of participating national authorities, in order to ensure that controlled substances are adequately available for medical purposes while at the same time preventing their diversion into illicit channels, abuse or trafficking.

485. In April 2019, UNODC and the Ministry of Public Security of Panama held the first Regional Conference against Drug Trafficking Networks, which took place in Panama City. The objective of the conference was to exchange best practices among law enforcement officials of countries in the subregion affected by production, trafficking and consumption of drugs.

486. In April 2019, UNODC held a workshop on international judicial cooperation for the detection of illicit drug trafficking and organized crime, with the participation of judges and prosecutors of participating countries.

487. In June 2019, CICAD published the reports of the seventh evaluation round of the Multilateral Evaluation Mechanism for countries in Central America and the Caribbean. The reports assess the progress made by countries in the implementation of the objectives and priorities established in the CICAD Hemispheric Plan of Action on Drugs for the period 2016–2020.

3. National legislation, policy and action

488. In Nicaragua, the National Council against Organized Crime was restructured in 2018 to increase coordination between law enforcement entities and enhance the effectiveness of the measures taken against criminal organizations, including drug trafficking organizations. The policies, action plans and measures being taken by the Government and the efforts being made to control trafficking and abuse of illicit drugs are set out in the National Anti-Drug Strategy for the period 2018–2021.

489. In El Salvador, enforcement of drug control activities continued in accordance with the goals established in the national drug strategy for the period 2016–2021. In April 2019, 21 officials from ministries and law enforcement and drug control bodies of El Salvador participated in a seminar on control of drug trafficking and chemical precursors, which took place in San Salvador, hosted by the National Anti-Drug Commission. Also in San Salvador, in August 2019, the personnel of the Joint

Task Force on Airport Interdiction received training on the detection of suspicious passenger profiles linked to drug trafficking.

490. In Jamaica, the Cannabis Licensing Appeal Tribunal became operational in April 2019 following the publication of its rules and regulations in the Jamaica Gazette. The Appeal Tribunal was established to receive petitions from persons and entities that wish to appeal any decision by the Cannabis Licensing Authority of Jamaica to deny, revoke or suspend a licence or permit issued in accordance with the Dangerous Drugs Act. Regulations to establish a comprehensive licensing regime to regulate the import into and export from Jamaica of cannabis for medical and scientific purposes have been drafted and are currently under review by authorities and are consolidated in the Dangerous Drugs (Cannabis Import and Export Licensing) Regulations, 2019.

491. In Guatemala, the plenary of the Commission against Addictions and Illicit Drug Trafficking approved the National Policy on Addictions and Illicit Drug Trafficking for the period 2019–2030 at its second regular session of the year, in June 2019. The new policy covers four thematic areas: strengthening institutions, demand reduction, supply reduction, and development and human rights.

4. Cultivation, production, manufacture and trafficking

492. In Central America, the largest quantities of cocaine seizures were reported by Costa Rica, El Salvador and Panama. Seizures reported by countries of the Caribbean accounted for just 1 per cent of the total quantity of cocaine seized worldwide, and that total amount for the Caribbean consisted mostly of the great amount seized in the Dominican Republic. In Belize, in 2018, law enforcement authorities reported the seizure of more than 990 kg of cocaine from an aircraft carrying illicit drugs.

493. The largest seizure of cocaine ever recorded in Central America and the Caribbean took place in El Salvador in 2018, when more than 13,779 kg of cocaine was seized. The seized cocaine had originated in Colombia (90 per cent) and Ecuador (10 per cent) and been trafficked by sea, destined for cocaine markets in the United States. The second most seized substance in El Salvador in 2018 was cannabis herb, of which almost 1,253 kg was seized.

494. In 2018, the Government of Guatemala reported cocaine seizures totalling more than 16,823 kg, of which

the largest monthly seizure totals were those for November (3,214 kg) and December (5,338 kg).

495. In 2019, the security situation in Haiti further deteriorated as a result of the persistent political crisis, which led to a continued deterioration of the economic situation and an increase in criminal activity, including drug trafficking. Law enforcement agencies continue to suffer from a chronic shortage of the resources required to ensure the adequate functioning of those agencies. The national police conducted 37 operations against gangs in 2019, including 10 operations conducted with support from the United Nations Mission for Justice Support in Haiti. The number of reported homicides in Haiti in the first half of 2019 was double that of the previous year, with 523 homicide cases in the first half of 2019 compared with 274 in the same six-month period in 2018.

496. According to the UNODC *World Drug Report 2019*, outdoor cultivation of cannabis in Central America has been reported by Costa Rica, Honduras and Panama. Small quantities of heroin available in Central America and the Caribbean continue to arrive from Colombia, for local consumption in a relatively small market and for onward trafficking to markets in North America and Europe.

497. In recent years, criminal organizations that traffic narcotics have used various areas of Honduras and Guatemala as a transit area, which has contributed to the increase in the trafficking of drugs to North America. In the case of Honduras, these activities are concentrated in the Mosquitia rainforest, which is used for landing aircraft loaded with illegal cargo from Colombia and Venezuela (Bolivarian Republic of). According to statistics of UNODC, Honduras has become the country with the highest levels of violence in the world, with the murder rate reported for 2012 reaching a peak of 92 homicides per 100,000 people in the country. A significant proportion of the homicides committed in Honduras are drug-related. Domestic violence associated with drug use has increased as a result of the development of domestic microtrafficking networks controlled by street gangs, known as *maras* or *pandillas*, which commit crimes and are thought to finance their activities largely through the trafficking of drugs. The two main such street gangs are Mara Salvatrucha 13 (MS-13) and Calle 18. Violence, poverty and corruption are by far the main causes of social problems. Several legislative initiatives have been proposed over the past few years to reduce drug trafficking and improve the transparency and effectiveness of the judicial system and the security forces.

498. In the case of Guatemala, the hidden landing strips are mainly in the departments of Petén, Izabal, Retalhuleu,

Escuintla, Quiché and Alta Verapaz, most of which are provinces bordering Mexico or near the border. Those landing strips cause environmental destruction primarily because of the deforestation required to build them, with the greatest damage in the Department of Petén, which contains the largest tropical rainforest in Central America and is home to the Maya Biosphere Reserve.

499. Laboratories manufacturing fentanyl and its analogues have been found in the Dominican Republic in recent years, as reported in the UNODC *World Drug Report 2019*.

5. Prevention and treatment

500. According to the CICAD *Report on Drug Use in the Americas 2019*, among countries of the Caribbean, the highest rate of past-year cannabis use among the general population in 2018 was that reported by Jamaica at 15.5 per cent, followed by Barbados at almost 8 per cent. The lowest rates were reported by the Dominican Republic and Panama, which had the lowest past-year prevalence rate of those reported: below 1 per cent. In the Bahamas, Barbados and Jamaica, past-year use of cannabis was found to be higher among those aged 35–64 than among those aged 12–17. In Central America, Belize stands out with a rate of more than 15 per cent, and past-year use in Costa Rica is close to 10 per cent. The lowest levels of use in the subregion were those reported by Panama and Honduras, both below 5 per cent.

501. Misuse of psychotropic substances was found to be higher among women than among men in nearly every country in Central America and the Caribbean, according to the CICAD *Report on Drug Use in the Americas 2019*. In Costa Rica and Honduras, for example, the prevalence of non-prescription use of tranquilizers by female secondary school students is almost double that of their male counterparts.

502. In 2019, the Government of El Salvador published the results of its national report on the drug situation for 2018. That survey collected data from individuals aged 12–65 on patterns of abuse of controlled substances. Results show an increase in the prevalence of past-year use of cannabis and psychoactive substances.

503. Use of “ecstasy” in Central America remains lower than the global average, with an estimated prevalence of past-year use of 0.2 per cent, equivalent to roughly 100,000 users in Central America in 2017. According to the CICAD *Report on Drug Use in the Americas 2019*, past-year use of “ecstasy” in Belize among those aged 12–65 was reported

to be 0.5 per cent and in Costa Rica to be 0.2 per cent, among the highest in Central America. Guatemala and El Salvador are the only countries of Central America that reported amphetamine use among secondary school students. Those two countries had a lifetime prevalence of 0.8 per cent and 0.7 per cent, respectively. The only two countries of the Caribbean to report the prevalence of past-year use of “ecstasy” among the general population were Barbados, at 0.3 per cent, and the Dominican Republic, at 0.2 per cent.

504. According to the UNODC *World Drug Report 2019*, in 2017, cannabis was the drug with the highest prevalence of past-year use in both the Caribbean (at 3.6 per cent) and Central America (at 2.9 per cent). After cannabis, the drug with the next highest prevalence rate in Central America was cocaine (0.66 per cent), followed by amphetamines and prescription stimulants (0.21 per cent) and “ecstasy” (0.17 per cent). The overall prevalence of past-year use of amphetamines in countries in Central America continued to be low in 2017, at about 0.2 per cent of the population aged 15–64. In the Caribbean, the drug of greatest use is cannabis, followed by amphetamines and prescription stimulants (0.87 per cent), cocaine (0.62 per cent) and “ecstasy” (0.23 per cent).

505. Over the past decade, a total of 14 countries and territories in Latin America and the Caribbean have reported 178 different new psychoactive substances belonging to diverse chemical groups. In 2017 alone, 61 different new psychoactive substances were reported to UNODC by nine countries in Latin America and the Caribbean, reflecting the diversity of the new psychoactive substances market. Hallucinogenic drugs make up the largest category in terms of the number of substances reported, followed by stimulants.

North America

The opioids crisis continues to destroy lives, families and communities in North America.

Measures to decriminalize or legalize cannabis are proliferating in North America, and cannabis initiation and consumption are increasing.

1. Major developments

506. The opioids crisis in North America continues to be a matter of concern, despite the slight drop in the overall

number of drug overdose deaths (based on preliminary data) reported for the United States for the year 2018. While deaths linked to synthetic opioids, such as fentanyl, continued to rise in 2018, deaths linked to semi-synthetic opioids, such as oxycodone, declined. Collective efforts to address the contamination and mixing of illicit drugs with synthetic opioids were stepped up in 2019, including through widespread community outreach and the distribution of overdose-reversing drugs. Stopping opioid abuse and seizing illicitly manufactured fentanyls are important public health and safety objectives in all countries in this region.

507. The increases in cocaine manufacture and surges in methamphetamine manufacture and trafficking have had negative effects in countries in North America, including an apparent increase in the use of methamphetamine in Canada.

508. The devastating effects on communities of poly-drug use and inadequate treatment options continue to be felt throughout the United States.

509. Cannabis legalization and decriminalization continue to spread in North America; and the effects of increased cannabis use on the health of the population – especially youth – are being actively studied and addressed by national authorities.

2. Regional cooperation

510. The three countries in North America – Canada, Mexico and the United States – have expanded their collective efforts to address the complex threats of trafficking in and the abuse of drugs, especially opioids. Those three countries are trying to reduce the illicit supply of heroin, methamphetamine and fentanyls through joint investigative efforts and the destruction of clandestine laboratories. Shared priorities among those countries include the close monitoring of cannabis trafficking following the introduction of legalization measures.

511. Supply reduction efforts and the sharing of good practices in the prevention and treatment of drug abuse are discussed by officials from all countries in the region in the annual meetings of the North American Dialogue on Drug Policy. This forum promotes enhanced regional cooperation on the opioid crisis and helps facilitate coordinated responses to the increasing number of deaths related to the abuse of opioids. Mexico and the United States also came together to strengthen their collaboration at the second meeting of the working group on transnational criminal organizations, held in Cartagena,

Colombia, in June 2019. Those two countries work with Colombia, the third member of the working group, on the development of joint strategies to dismantle Colombian drug trafficking organizations and Mexican drug cartels.

512. Regional security and strategic cooperation efforts have been boosted through effective bilateral law enforcement initiatives, involving Mexico and the United States, and public campaigns for secure borders. The United States noted in its National Drug Control Strategy that Mexico was increasing its opium poppy eradication efforts. Bilateral drug control and security cooperation between the two countries was also affected by political statements and rhetoric about the use of the south-western border of the United States as a corridor for drug smuggling, such as the presidential proclamation on declaring a national emergency concerning the southern border of the United States, signed by the United States President on 15 February 2019, and indications by the United States that tariffs would be imposed on Mexican goods if the rates of drug trafficking did not decrease. Subsequently, the United States Government began construction of enhanced border security facilities and barriers to block land routes used for smuggling drugs from Mexico into the United States.

3. National legislation, policy and action

513. In January 2019, the United States Office of National Drug Control Policy released the National Drug Control Strategy, the top priority of which is the opioid crisis. The Strategy calls for government efforts to focus on addressing the increased availability of and trafficking in synthetic drugs. The emerging crisis of cocaine availability and use in the United States, as well as illicit heroin and methamphetamine manufacture in Mexico, are described as major challenges that United States agencies should deal with by expanding their efforts in detecting and monitoring air and sea routes used for drug trafficking.

514. Mexico released its National Development Plan 2019–2024, which had been approved by its Chamber of Deputies in June 2019 and will be used to prepare legislation in line with the Sustainable Development Goals. In the section on reformulating the fight against drugs, the Plan includes a proposal to decriminalize prohibited drugs and shift priorities through drug policy reform based on expanding treatment for drug addiction. According to the Plan, the State will renounce its claim to combat drug addiction by banning addictive substances and instead will dedicate its resources to the treatment of drug-dependent

persons through programmes offering clinical follow-up and the provision of prescriptions, as part of personalized detoxification treatment under medical supervision. In line with this new approach focusing on treatment, the national drug policy will be based on public health, prevention and reduction of drug-related harm, as well as deterrence of illicit drug production, trafficking and distribution, and will be carried out according to the national public security strategy.

515. In a statement made in March 2019 at the sixty-second session of the Commission on Narcotic Drugs, the representative of Mexico called for the focus to be on not only criminal justice matters, but also social issues, including strengthening the culture of prevention, public health and the rights of victims and vulnerable groups. The launch of the country's new addiction strategy, "Together for peace", provided a plan focused on protecting children and adolescents while avoiding the stigmatization, criminalization and discrimination of substance users, including by viewing the issue through a gender and a human rights lens. The strategy is based on four pillars: education, well-being, culture and communication.

516. In Mexico, the Senate held public hearings from August to November 2019 on the design of plans to legalize and regulate the non-medical use of cannabis. According to a website created to provide information about the hearings, the purpose is to approach cannabis regulation in a transparent manner and along lines similar to the changes in cannabis policy and legislation in countries such as Canada and Uruguay.

517. In Canada, after the Cannabis Act came into force in 2018, Health Canada, as part of its Substance Use and Addictions Program, initiated projects to educate the public and raise awareness about cannabis. The initiatives included campaigns to raise awareness about the health effects of cannabis use during pregnancy and social media messages informing Canadians between the ages of 13 and 24 about the risks of drug-impaired driving. Bill C-93 was passed by the Parliament of Canada in June 2019, allowing Canadians who had been previously convicted of simple cannabis possession to apply for a pardon and to reduce barriers to their reintegration by making available to them job opportunities, educational programmes and housing.

518. In June 2019, the Government of Canada announced amendments to the cannabis regulations to regulate the production and sale of edible cannabis products, cannabis extracts and topical applications. The amendments, which entered into force in October 2019, represent an attempt

to displace the country's illicit market for cannabis products, while establishing regulatory measures to address health risks and promote safeguards. The regulations on cannabis production call for packaging to be child-resistant and plain, in order to make the packages less appealing to youth. In addition, each package of edible cannabis must not contain more than 10 mg of THC.

519. In the United States, as from 1 January 2020, the State of Illinois will allow the non-medical sale and use of cannabis for adults over the age of 21, with designated possession limits. The Illinois General Assembly passed the Cannabis Regulation and Taxation Act, which was signed into law on 25 June 2019 by the Governor of Illinois. In the State of New York, lawmakers agreed to further decriminalize the possession of cannabis, treating the possession of up to 2 ounces (56.7 grams) of cannabis as a civil violation instead of a crime. In July 2019, the State of Hawaii passed legislation to decriminalize the possession of up to 3 grams of cannabis. In all three states, there will be retroactive expungement of criminal records for past eligible cannabis convictions, with Illinois including social equity and community development components in its programme.

520. In the United States, the Agriculture Improvement Act of 2018, signed into law in December 2018, amends the Controlled Substances Act to remove from Schedule I hemp, defined as cannabis with a *delta*-9-THC concentration of not more than 0.3 per cent. Under federal law, CBD continues to be controlled under Schedule I. The removal of hemp from Schedule I is a reclassification of cannabis and will place hemp agricultural products under regulation of the Department of Agriculture.

521. Two cities in the United States have decriminalized the use and possession of mushrooms containing psilocybin: Oakland, California, and Denver, Colorado. The hallucinogenic compound is controlled under Schedule I of the 1971 Convention. The ordinance in Denver was supported by 50.5 per cent of voters; it calls for city officials to deprioritize criminal penalties for the personal use and possession of psilocybin mushrooms by persons over the age of 21. In Oakland, a vote for decriminalization of the substance was taken by the city council. At the national level, psilocybin is a substance controlled under Schedule I of the Controlled Substances Act. Psilocybin also remains controlled under Schedule I of both the California Uniform Controlled Substances Act and the Uniform Controlled Substances Act of 2013 of Colorado. Since criminal law in the United States is a federal and state responsibility and not a municipal responsibility, the practical effect of those cities' actions will be limited to how this substance is treated by municipal

police officials. Possession and use of psilocybin will remain a criminal offence in both jurisdictions.

522. As part of national efforts to combat the opioid crisis, the United States Department of Justice reached an agreement in 2019 with a consumer goods company, according to which the company agreed to pay \$1.4 billion to resolve potential criminal and civil liability related to the marketing of Suboxone, a drug used for the treatment of opioid addiction, which had resulted in false claims to the Government. The conduct by a subsidiary company was alleged to include the prescription of opioids to more patients than allowed by law, at high doses and in a careless manner. The State of Oklahoma also reached a historic settlement with a pharmaceutical company for its role in aggressively marketing OxyContin and fuelling the opioid crisis. There are numerous lawsuits pending in the United States that involve manufacturers of prescription opioids, as attempts are being made to impose legal penalties on those responsible for the large number of deaths (nearly 218,000) from overdoses related to prescription opioids in that country in the period 1999–2017. In August 2019, a judge in the State of Oklahoma ordered a large pharmaceutical company to pay \$572 million for its role in fuelling the opioid crisis.

523. In May 2019, the Government of Canada took a proactive approach to addressing the proliferation of chemicals that share a similar chemical structure with a controlled chemical through amendments to its Precursor Control Regulations. Three precursors of fentanyl and fentanyl analogues, including their derivatives and analogues and salts of derivatives and analogues, were placed under national control. At the same time, the scope of control was extended in a similar manner for several precursors already listed in the relevant schedules of the Controlled Drugs and Substances Act of Canada.

4. Cultivation, production, manufacture and trafficking

524. Online drug trafficking through anonymous networks is fuelling the drug abuse and overdose crises in North America. Cryptocurrencies have been identified as a major challenge to agencies involved in combating anonymity, preventing the use of virtual currency for money-laundering and prosecuting drug trafficking. In the United States, illegal online drug sales are being countered through multi-agency and government-wide efforts. The Department of Justice, for example, created the Joint Criminal Opioid and Darknet Enforcement team, which, with the cooperation of multiple federal agencies and local law enforcement partners, has shut down 50 darknet

accounts and led to 61 arrests as part of Operation SaboTor. In March 2019, there were 30 ongoing investigations in Canada that involved online drug trafficking. Coordinated and undercover law enforcement efforts have led to the infiltration of darknet networks and the arrest of vendors.

525. The availability of and demand for cocaine have increased in Canada and the United States. According to the *2018 National Drug Threat Assessment*, prepared by the Drug Enforcement Administration of the United States, the increase in illicit coca bush cultivation in Colombia has led to a re-emerging cocaine threat. In June 2019, United States Customs and Border Protection and Homeland Security Investigations seized nearly 20 tons of cocaine, with a street value of about \$1.3 billion, on board a shipping vessel in Philadelphia. It was the largest cocaine seizure in the history of United States Customs and Border Protection.

526. Heroin continues to be readily available throughout the United States, and the number of organized criminal groups in Canada involved in the illicit market for heroin has increased substantially in the past year. According to the United States Office of National Drug Policy, Mexico continues to be the primary supplier of heroin to the United States. In 2019, there were multiple large-scale operations in the United States to combat heroin trafficking. In the first quarter of 2019, Mexican authorities reported 16 cases involving the detection of fentanyl, including cases involving the stopping of shipments of fentanyl in tablet form sent to the United States via courier companies.

527. Substantial intelligence about the drug trafficking activities carried out by the Sinaloa cartel – an organized crime syndicate based in Mexico – was released as evidence in 2019 during the trial of one of its principal operators. A kingpin of major drug trafficking operations, responsible for smuggling massive amounts of cocaine, heroin, methamphetamine and cannabis into Canada and the United States since 1984, was found guilty. Key evidence released during the trial was the result of multiple investigations and close partnership involving the Governments of Mexico and the United States.

528. Law enforcement operations throughout the United States have been targeting networks for the illicit supply and distribution of synthetic opioids. For the past year, Operation Synthetic Opioid Surge of the Department of Justice has provided a turning point in efforts to counter synthetic opioids, targeting local areas with a high rate of fatal overdoses. At the beginning of 2019, United States Customs and Border Protection officers

seized nearly \$4.6 million worth of fentanyl and methamphetamine in the State of Arizona. The seizure included about 115 kg of fentanyl, making it the largest seizure of fentanyl in the history of United States Customs and Border Protection.

529. Canadian authorities have been instrumental in extraditing suspects and procuring evidence during United States cross-border investigations of cases involving trafficking in fentanyl. Canada reported that in the period 2017–2018, there were 16,180 drug seizures at its border, including 438 seizures of opioids. That was supported by the expansion of authority in 2017 that allowed Canadian border officers to inspect mail of any weight that was suspected of containing illegal drugs, particularly fentanyls. Prior to that, special permission was required for the inspection of mail weighing less than 30 grams. At the global level, many countries still do not authorize the inspection of international mail of any weight, allowing multiple shipments of small envelopes containing pure fentanyl or other drugs to either slip through border control or be disposed of without opening or further investigation.

530. In the United States, the number of fentanyl trafficking offenders has increased by more than 4,700 per cent since 2014. According to the United States Sentencing Commission, the average sentence for fentanyl trafficking offenders was 74 months in 2018, compared with 66 months in 2016. Throughout the region, questions have been raised about how to determine the most appropriate sentences in fentanyl trafficking cases involving death.

531. In the United States, differences in the price of cannabis in various states appear to be heightening the risks of interstate trafficking. In California, the Governor announced the redeployment of National Guard troops in 2019, in part to enhance law enforcement efforts to counter illegal and unlicensed cannabis farms and shops. According to the Governor, there are major concerns about the increase in non-regulated cannabis and the cartels that are not participating in the regulated cannabis market and are growing cannabis plants illegally on public lands. The use of commercial aircraft for trafficking in cannabis may also be increasing, possibly as a result of the legalization of cannabis in certain states and the rise in the interstate transport of cannabis by consumers. In Canada, there are also considerable differences in the price of cannabis among the provinces, and there are reports indicating that users could pay substantially more for cannabis on the licit market than on the illicit market. Statistics Canada has been collecting anonymous submissions from different parts of the country about the price users pay for dried cannabis, as well as estimates about the prevalence of cannabis use.

532. The illicit manufacture of and trafficking in methamphetamine and synthetic drugs are increasing in Canada and the United States, as organized criminal groups are involved in trafficking in a variety of drugs and engaged in money-laundering proceeds derived from drug trafficking. According to information received by the Board from the United States, methamphetamine, both as a solid (crystal) and as a liquid, continues to be smuggled into the United States, where it is then crystallized in conversion laboratories. From October 2018 to June 2019, over 21 tons of methamphetamine were seized by United States Customs and Border Protection. The number of new psychoactive substances continues to grow and experimentation with unregulated substances poses a significant challenge for national authorities, with Canada reporting that methamphetamine trafficking and manufacture are central to many of its investigations of organized crime and polydrug trafficking. Efforts are being strengthened throughout North America to regulate and prohibit the importation, possession and sale of devices and equipment known to be used in the illicit manufacture of controlled substances, such as tableting machines.

533. In Mexico, the National Centre for Planning, Analysis and Information for Combating Crime (CENAPI) will ensure that drug control policy and drug abuse prevention strategies and programmes, including the drug-profiling programme, are based on scientific evidence. The objective of the profiling programme is to be able to recognize the chemical characteristics of fentanyls, heroin, methamphetamine and cocaine, facilitating the identification of the composition of samples, including the concentration, cutting agents and adulterants, thereby determining substances not under international control, production modalities and new control models.

534. A detailed analysis of 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 2019 on the implementation of article 12 of the 1988 Convention.

5. Prevention and treatment

535. The rise in methamphetamine use throughout North America has become a major public health concern. In some parts of the region, methamphetamine addiction is an emerging threat that poses new prevention and treatment challenges, such as methamphetamine abuse co-occurring with the abuse of opioids or cocaine. The Government of Canada, for example, has noted that problematic use of methamphetamine in some provinces and in underserved communities is an emerging threat

that requires early detection and intervention, including the development of new models of care. In May 2019, under the Canadian Integrated Response to Organized Crime, a national social media campaign was started to inform Canadians about the role that outlaw motorcycle gangs play in drug trafficking and the illicit activities of organized crime. According to the Royal Canadian Mounted Police, such gangs have extensive illicit distribution networks that appear to be connected with over half of all organized criminal groups in Canada.

536. The United States has indicated in its National Drug Control Strategy that there is a need to expand treatment capacity in the country and to encourage people who require treatment for drug addiction to seek care. In 2017, of the 20.7 million Americans in need of treatment and recovery services, only 4 million received any kind of treatment and only 2.5 million received treatment at a specialized facility. Moreover, the number of patients receiving medication-assisted treatment for opioid addiction at health centres funded by the Health Resources and Services Administration increased by 142 per cent in the period 2016–2018, and the number of patients receiving buprenorphine, a substance commonly used in medication-assisted treatment, has increased by 28 per cent since 2017.

537. The United States has been a leader in providing support for international partners in programmes for the prevention of drug abuse and the treatment of drug-dependent persons. The Board encourages the United States to undertake programmes at the national level that will close its treatment gap, including by providing opioid substitution treatment options to all members of its population who are in need of and can benefit from such options.

538. As part of efforts in the United States to stem public health problems related to the opioid crisis, the National Institutes of Health is supporting research on quality addiction treatment for opioid use disorder in criminal justice settings. The needs of treatment and related services in a wide range of criminal justice settings, including the need to increase the availability of medication-assisted treatment, will be addressed by initiatives such as the Justice Community Opioid Innovation Network. Public health and safety interventions have also been initiated in response to the increased number of overdose deaths involving cocaine, attributable primarily to the co-involvement of synthetic opioids. The United States Department of Health and Human Services has introduced initiatives during the past year to help Americans affected by the opioid crisis. For example, initiatives such as the Integrated Care for Kids Model and

the Maternal Opioid Misuse Model of the Center for Medicare and Medicaid Innovation have been designed to improve care delivery for vulnerable beneficiaries, particularly those affected by the opioid crisis. The initiatives also seek to improve the quality of care and reduce expenditures for beneficiaries.

539. Canada and the United States are actively implementing projects to ensure the safe supply of prescription opioids, while preventing overdoses by encouraging disposal of all unused prescription medicines. According to the Government of Canada, about 11 lives were lost each day due to opioid overdoses in 2017, and there will be over 4,000 opioid-related deaths in Canada in 2019. The national budget for 2019 and additional funding will provide more than 100 million Canadian dollars to support access to safe supplies of prescription opioids, increase access to the overdose-reversing drug naloxone, mitigate the effects of the illicit supply of drugs and address the growing use of methamphetamines. The approval by the United States Food and Drug Administration of new prescription opioids, such as Dsuvia, which is 10 times more potent than fentanyl, has met with calls for strong evaluation of the risks of their diversion and abuse.

540. The National Center for Health Statistics of the United States, in its fact sheet of February 2019, states that deaths from drug overdose are an increasing public health burden in the United States, with the age-adjusted rate of death from drug overdose in 2017 9.6 per cent higher than in 2016, and that the rate of death from drug overdose involving synthetic opioids other than methadone increased on average by 71 per cent each year in the period 2013–2017. In 2017, there were 70,237 drug overdose deaths.

541. In 2019, the Correctional Service of Canada opened an overdose prevention site in a federal prison in the Province of Alberta, where inmates can safely consume their own self-supplied substances, purportedly without access to a needle-syringe programme.

542. In Mexico, the National Commission against Addictions has indicated that the national priority is protecting children and adolescents from drug use, as well as training families and teachers on drug abuse prevention. The Commission's 2019 report on the situation with regard to drug use in Mexico focuses on demand reduction, as prevalence of the use of any drug in the past year was reported to be 2.9 per cent and lifetime prevalence was reported to be 10.3 per cent. According to that report, in 2018, there were 92,479 cases of treatment for illicit drug users, including for 11,840 women and 32,615 users of amphetamine-type stimulants.

543. In 2019, a report was published by the National Institute of Psychiatry of Mexico which examines the prevalence of heroin consumption in treatment centres in the border cities of Tijuana, San Luis Río Colorado and Ciudad Juárez. The results of the study show that over 56 per cent of respondents self-reported that they injected only heroin, more than 32 per cent used heroin with crystalline methamphetamine, and 5.4 per cent used heroin with cocaine. Most respondents had not used and were unfamiliar with fentanyl. This is the first study to determine how heroin use in Mexican border cities close to the United States is closely linked to the risk of fatal and non-fatal overdoses. It also highlighted the rates of HIV and hepatitis C among the heroin users.

544. The Government of Canada announced in 2019 substantial funding to increase understanding of the impact of the opioid crisis and substance-related harm on indigenous communities, which have been disproportionately affected. The goals of the new projects are centred on filling gaps in data, determining how prevention and treatment needs are being addressed and assessing the effects of the opioid crisis on First Nations, Métis and Inuit communities, based on culturally appropriate evidence and approaches.

545. Throughout North America, cannabis is becoming more widely available and the prevalence of cannabis abuse is increasing. According to the National Institute on Drug Abuse, an estimated 3 million people in the United States tried cannabis for the first time in 2017. In August 2019, the Surgeon General of the United States issued an advisory urging youth and pregnant women not to consume cannabis. According to the Surgeon General, “no amount” of cannabis during pregnancy or adolescence is known to be safe. The advisory includes data from the 2018 National Survey on Drug Use and Health showing that cannabis continues to be the most widely used drug, and its frequent use by youth and young adults is apparently associated with risks for opioid use, heavy alcohol use and major depressive episodes. The Surgeon General's advisory also states that while CBD is not intoxicating and does not lead to addiction, its long-term effects are largely unknown and most CBD products are untested and of uncertain purity.

546. Statistics Canada reported in the National Cannabis Survey that 18 per cent of Canadians 15 years and older reported having used cannabis in the past three months. The number of first-time users of cannabis in 2019 was nearly double the estimated number of first-time users in 2018, when non-medical cannabis was not yet legal. An estimated 47 per cent of cannabis users – 2.5 million Canadians – obtained cannabis from legal

sources in the first three months of 2019, compared with 23 per cent in the same period in 2018.

547. In the context of cannabis legalization, additional research and studies are being conducted to better understand the public health implications of cannabis consumption. The Canadian Centre on Substance Use and Addiction and the Canadian Institutes of Health Research have formed a partnership to support and fund research on and the evaluation of cannabis policies.

548. **The Board wishes to reiterate that article 4 (c) of the 1961 Convention as amended by the 1972 Protocol clearly limits to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in and use and possession of controlled narcotic drugs and that legalization measures or regulations that permit the non-medical use of any controlled substance, including cannabis, are in contravention of the legal obligations incumbent upon States parties to that Convention. The Board calls upon all States to respect their international legal obligations in the elaboration of their national drug control policies.**

South America

Despite the negligible 1.2 per cent decline in illicit coca bush cultivation from 171,000 ha in 2017 to 169,000 ha in 2018, the potential manufacture of cocaine hydrochloride in Colombia increased by 5.9 per cent, from 1,058 tons in 2017 to 1,120 tons in 2018.

1. Major developments

549. South America is responsible for the total global illicit production of coca leaf, cocaine base paste and cocaine hydrochloride. The region also illicitly produces cannabis for use within the countries of the region and for trafficking to destinations outside the region, and, to a much lesser extent, is the site of illicit cultivation of opium poppy. The problems linked to the illicit production of, trafficking in and use of drugs have continued to negatively affect the quality of life of the population in the region by generating insecurity and violence. These drug-related problems can undermine governance, cause institutional weakness, promote corruption and money-laundering and generate diverse forms of social exclusion in some countries in the region.

550. According to *Latin American Economic Outlook 2018*, which analyses economic and social development

issues, 33 per cent of world homicides occur in Latin America and the Caribbean, making it one of the most violent regions in the world. According to the UNODC *Global Study on Homicide 2019*, firearms are involved in homicides in the Americas far more often than in other parts of the world. In Brazil, Colombia and Venezuela (Bolivarian Republic of), the homicide rate exceeds the regional average of 22 per 100,000.

551. One of the main objectives of CICAD is to develop strategies to strengthen implementation of the commitments made at the thirtieth special session of the General Assembly, on the world drug problem, held in 2016. Regional policymakers, while maintaining a global vision, advocate that the strategies and goals of the countries of South America for combating the drug problem should be based on the local realities and be focused, among other things, on strengthening public health and human security and implementing measures to fight corruption.

552. The total area under illicit coca bush cultivation in South America has steadily increased from 120,600 ha in 2013 to an all-time record 245,000 ha in 2017. The estimated global illicit manufacture of cocaine also reached an all-time record of 1,976 tons in 2017, mainly driven by the increases in cocaine manufacture in Colombia.

553. In 2018, the area under illicit coca bush cultivation in the Plurinational State of Bolivia decreased by 6 per cent, to 23,100 ha. In Colombia, it decreased slightly, by 1.2 per cent, to a total of 169,000 ha. Owing to the lack of data on illicit coca bush cultivation in Peru in 2018, the total area under illicit coca bush cultivation in South America in 2018 could not be estimated at the time of finalization of the annual report of the Board for 2019 (1 November 2019).

554. The *CICAD Report on Drug Use in the Americas 2019* provides an overview of drug use in the Western Hemisphere based on data submitted by 33 States members of OAS. The report underlines the early age of onset of drug use, in particular cannabis, among young people. In 2019, CICAD also issued a guide on standardized indicators for national drug information networks in Latin America that provides a model set of indicators for countries that want to standardize how they organize, collect and communicate information related to drugs and medicines for their national drug information networks.

555. Improving the capacities in epidemiological research and information systems has continued to be a challenge in the region. The lack of up-to-date data on the prevalence of drug abuse for some countries makes

regional and global analysis of the magnitude of the drug abuse problem a difficult task. In that context, regional experts on demand reduction expressed support for the development and enhancement of early warning systems in the States members of CICAD and for the development of a regional early warning system for the Americas, which has been initiated by OAS.

2. Regional cooperation

556. CICAD continues to be the primary conduit of the strong regional cooperation in South America. The long-standing cooperation between CICAD and EMCDDA has enabled countries in the Americas and Europe to effectively utilize available resources, improve data collection and analysis, develop and promote methods for data comparison and enhance the dissemination of information. Recently, CICAD held high-level consultations with the Presidency of the Council of Europe's Pompidou Group on several issues, including the proposed launch of a joint activity on successful prevention models.

557. In the framework of the XI Summit of the Police Community of the Americas on the theme "The road to institutionalization", an initial group of five countries (Argentina, Bolivia (Plurinational State of), Brazil, Ecuador and Panama) signed, in Buenos Aires in August 2018, the first agreement of the Police Community of the Americas on police cooperation against organized crime, aimed at strengthening capabilities for international cooperation.

3. National legislation, policy and action

558. The Board notes the efforts of the countries of South America to address the growing threat of microtrafficking in the region. For example, to improve the quality of life of its citizens, the Government of Argentina implemented under its "Safe neighbourhood" programme activities designed to identify criminal organizations involved in microtrafficking and to reduce the number of homicides. The authorities of Chile continued to implement the "Study without drugs" programme, aimed at reducing the availability of drugs in the areas around schools. In Colombia, experts were considering alternative strategies to counter microtrafficking of drugs in the country, including interventions in and around schools, the use of undercover agents and the demolition of buildings being used as drug warehouses. In July 2019, the Government of the Bolivarian Republic of Venezuela approved the national anti-drug strategy for the period

2019–2025, focusing on the general public, in particular children and adolescents. One of the key goals of that strategy is the development of programmes that address the risk of microtrafficking in public and school settings and thus contribute to the prevention of drug abuse and promote international cooperation.

559. The countries of South America do not currently have any specific regional legal instrument, such as an instrument of OAS, that would allow countries of the region to act together in response to all potentially dangerous new psychoactive substances. Although some countries in Latin America and the Caribbean have made progress in improving their national mechanisms for monitoring new psychoactive substances, there are significant differences between the monitoring mechanisms in Latin America and the Caribbean and those developed in the United States and Canada.

560. To respond to the emergence of new psychoactive substances, the Government of Argentina adopted decree 560/2019, which introduces generic scheduling to complement the current system of individual substance listing.

561. In November 2018, the Plurinational State of Bolivia became the eighth country of Latin America and the Caribbean to participate in the CRIMJUST project implemented in the framework of the European Union's Cocaine Route Programme, which focuses on enhancing cooperation in criminal investigations and criminal justice in countries of Latin America and the Caribbean and West Africa. In 2019, the Plurinational State of Bolivia inaugurated a port control unit in La Paz which will help the country to counter drug trafficking.

562. In 2019, as part of a recent restructuring at the ministerial level, the Government of Brazil established SENAPRED, which is linked to the newly created Ministry of Citizenship. Under the new institutional structure, the National Secretariat for Drug Policies of Brazil is responsible for managing drug policies related to supply reduction and countering the illicit manufacture of and trafficking in drugs, while SENAPRED is responsible for the management of public policies on drugs related to care, prevention and social reintegration.

563. In 2019, the Government of Brazil proposed to the Congress a new law establishing enhanced measures against corruption and organized and violent crime, which is expected to contribute to countering drug trafficking. The Government was also considering the establishment of a specialized agency to maximize the recovery of illicit proceeds through the sale of seized assets.

564. The report for 2018 of the Observatory on Drug Trafficking in Chile, among other things, drew attention to the upsurge in cannabis of Colombian origin, known as “creepy”, which was replacing cannabis of Paraguayan origin, as corroborated by the increasing number of seizures of that strain of cannabis. The report also pointed out the increased seizures of MDMA (“ecstasy”), which recently have accounted for 80 per cent of all seizures of synthetic drugs in Chile, compared with the scarce seizures of the drug in 2010.

565. In December 2018, the Government of Colombia approved a comprehensive drug policy called “Future route”. With active international cooperation, “Future route” will focus on major aspects of the drug problem in the country, including illicit crop cultivation, drug supply and drug use, organized crime and money-laundering. The policy will be jointly implemented by more than 15 relevant governmental entities, including those forming part of the National Council on Narcotic Drugs.

566. In May 2019, the Government of Colombia adopted law 1955, which promulgated the National Development Plan for the period 2018–2022, entitled “Pact for Colombia, pact for equity”. An integral part of the National Development Plan is the document entitled “Bases of the National Development Plan 2018–2022: Pact for Colombia, pact for equity”. A key objective of the Pact is the implementation of a comprehensive drug control policy.

567. In May 2019, the Ministry of Health of Ecuador presented the National Agreement 2030 for the prevention of addiction and use of drugs. Agreement 2030 is aimed at developing comprehensive prevention and treatment interventions in the framework of balanced drug control strategies. Activities carried out under Agreement 2030 will focus on the national information system; the socioeconomic phenomenon of drugs; intervention strategies and the treatment of drug use; and the coordinated implementation of prevention and control strategies in the community.

568. On 27 December 2017, the Government of Paraguay enacted Law No. 6007 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 the Study of and Medical and Scientific Research on the Medicinal Use of the Cannabis Plant and its Derivatives and promotes medical and scientific research on the medical and therapeutic use of cannabis for the treatment of human diseases and conditions. Decree No. 9303 of 6 August 2018 established the requirements for registration, in the national register of users, of products derived from

cannabis, restricting it to patients in treatment, including those participating in a research programme.

569. In Peru, the medicinal and therapeutic use of cannabis and its derivatives is regulated through law No. 30681, which provides for the informed use, research, production, import and marketing of cannabis and its derivatives, exclusively for medicinal and therapeutic purposes. In February 2019, the Government of Peru published Supreme Decree No. 005-2019-SA, which ensures access to cannabis for more than 7,000 people who require the substance to treat their specific health problems.

4. Cultivation, production, manufacture and trafficking

570. In the Plurinational State of Bolivia, coca bush cultivation rose from 20,200 ha in 2015 to 24,500 ha in 2017. In 2018, the total area under illicit coca bush cultivation in the country decreased to 23,100 ha, 6 per cent less than in 2017. A total of 11,200 ha of coca bush were eradicated in 2018, 54 per cent more than in 2017, when 7,200 ha were eradicated. Over the past 10 years, an average of about 4,400 illicit cocaine laboratories per year were dismantled in the Plurinational State of Bolivia; in 2018, a total of 1,004 illicit cocaine laboratories were dismantled, about 2,200 laboratories fewer than in 2017. Almost all dismantled clandestine laboratories were located in the departments of Cochabamba and Santa Cruz. While the number of dismantled illicit cocaine laboratories significantly decreased in 2018, compared with 2017, the number of dismantled illicit cocaine crystallization laboratories increased by 33 per cent, and the number of laboratories used for the recycling of chemicals used in the illicit manufacture of cocaine increased by 45 per cent.

571. The area under illicit coca bush cultivation in Colombia declined from 99,000 ha in 2007 to 48,000 ha in 2013. Since 2013, the area of cultivation has been growing, reaching a peak of 171,000 ha in 2017, with an average year-on-year increase of 38 per cent over that four-year period. In 2018, the total area under illicit coca bush cultivation in Colombia decreased to 169,000 ha, a 1.2 per cent decrease. However, the potential illicit manufacture of cocaine hydrochloride – as estimated according to a new UNODC methodology for estimating that potential illicit manufacture that has been in use since 2017 – was found to have increased in 2018, by 5.9 per cent: from an estimated 1,058 tons of cocaine hydrochloride in 2017 to 1,120 tons in 2018. That increase in the potential illicit manufacture can be attributed in part to reported higher yields of coca leaves per hectare.

572. The minor decrease in illicit coca bush cultivation in Colombia in 2018 could be attributed in part to the gradual increase in eradication of illicit coca bush in the country, reaching 60,000 ha in 2018, up from the low level of 2016 (17,600 ha). That effort included the increased participation of farming families in the National Comprehensive Plan for the Substitution of Illicit Crops, the aim of which is to replace the coca bush crops with a profitable legal crop, supported by a voluntary eradication process. The number of families participating in that substitution programme increased from about 54,000 families in 2017 to 99,100 families in 2018.

573. Over the period 2010–2012, an average of 138,000 ha of illicit coca bush cultivation per year were eradicated in Colombia, manually or by aerial spraying. In that period, aerial spraying of glyphosate on coca crops accounted for about three quarters of all eradication.

574. In the period 2013–2017, the total area eradicated per year decreased, to an average of about 51,000 ha per year. That significant drop in eradicated area could be attributed in part to a decision of the National Council on Narcotic Drugs in May 2015, to suspend, for constitutional and sanitary reasons, the aerial spraying of glyphosate from aircraft. Since 2017, Colombia has implemented eradication programmes involving the terrestrial spraying of coca bush using glyphosate, at lower concentrations. In 2018 and 2019, in line with the quinquennial plan for the period 2018–2023 and the Government's "white paper" for the eradication of illicit crops, the Government's strategy to address illicit coca bush cultivation continued to be based on the suspension of the aerial spraying of coca bush crops, increased goals for manual eradication, the implementation of the national illicit crop substitution plan and the promotion of comprehensive action targeting the different links of the drug trafficking chain.

575. A number of other factors, in particular economic and security factors, also appear to have played a role in the increased coca bush cultivation and declining area of eradication in Colombia over the past few years. Those factors include the growing unemployment in some parts of Colombia, owing to the decreased exports of agricultural products from Colombia to the market of the Bolivarian Republic of Venezuela, increased cultivation of coca bush by people who, following the collapse of the price of gold, stopped illegal gold mining, and the devaluation of the Colombian currency. The increased involvement of Mexican cartels and the growing involvement of former members of paramilitary organizations in organized crime might have also contributed to the increased coca bush cultivation and drug trafficking.

576. In 2018, about 60,000 ha of coca bush cultivation were eradicated in Colombia, representing roughly a 15 per cent increase compared with the area eradicated in 2017. In 2019, in pursuit of its goal to reduce the area under illicit coca bush cultivation to a maximum of 90,000 ha by 2023, the Government of Colombia planned to eradicate 100,000 ha of illicit crop cultivation through a combination of forced eradication and crop substitution.

577. In Peru, the area of illicit coca bush cultivation declined each year from 2011 to 2015, from 62,500 ha in 2011 to 40,300 ha in 2015. In 2017, the total area of illicit coca bush cultivation increased for the second year in a row, reaching 49,900 ha, an area 14 per cent larger than in 2016 (43,900 ha). The Board is concerned that the recent negative trend of increasing coca bush cultivation might put at risk the successful model of integral and sustainable alternative development in the country.

578. In recent years, organized criminal groups trafficked large amounts of illicit drugs from Colombia, through the Bolivarian Republic of Venezuela, to Europe and the United States. The organized criminal groups control this trafficking, in particular the trafficking of cocaine through Central America to the United States, through the control of sea ports and using illegal flights of light aircraft. There are indications that in the Bolivarian Republic of Venezuela the criminal groups have succeeded in infiltrating government security forces, forming an informal network known as the "Cartel of the Suns" to facilitate the passage of illicit drugs into and out the country.

579. Trafficking in drugs, in particular cocaine hydrochloride, by sea from ports in Chile to Europe has further increased, putting Chile, together with Brazil and Colombia, among the three key countries of departure for cocaine seized in Valencia and Algeciras, Spain, an important entry point of cocaine shipments to Europe.

580. According to the 2018 report of the National Anti-Drug Secretariat of Paraguay, the country continues to be a significant illicit producer of cannabis, as the area of illicit cannabis cultivation in Paraguay is estimated to be 6,000 ha. Owing to the permeability of its borders in some areas, the territory of Paraguay continued to be used to traffic cocaine from Bolivia (Plurinational State of), Colombia and Peru to destinations in Argentina, Brazil and Europe.

581. Law enforcement authorities of Paraguay continued to eradicate illicit cannabis crops and counter cross-border cocaine and cannabis trafficking, in cooperation with police authorities of Brazil. The Government

of Paraguay also made efforts to replicate its arrangements with its Brazilian counterparts with the Governments of Argentina and Bolivia (Plurinational State of) through mutual cooperation to eradicate cannabis under cultivation and to interdict cannabis and cocaine trafficking, and through the exchange of information.

582. In 2018, among the countries that reported seizures of cannabis herb exceeding 200 tons were Brazil (268.1 tons), Colombia (264.3 tons) and Argentina (256.2 tons). Significant amounts of the drug were also seized in Peru (22 tons), Chile (16.8 tons), the Plurinational State of Bolivia (8.6 tons), the Bolivarian Republic of Venezuela (7.1 tons) and Uruguay (2.5 tons). Most of these countries also reported seizures of cannabis plant. For example, the Plurinational State of Bolivia seized over 231 tons of cannabis plant and Peru seized more than 1.7 million plants. In the Plurinational State of Bolivia, the illicit cultivation of cannabis increased, resulting in the drug becoming easily available at a low cost.

583. In 2018, seizures of significant amounts of cocaine hydrochloride were reported by Bolivia (Plurinational State of) (18.1 tons), Chile (3.7 tons), Colombia (414.5 tons), Peru (19.5 tons), Uruguay (0.6 tons) and Venezuela (Bolivarian Republic of) (35.5 tons). From Colombia, the drug continues to be smuggled primarily by sea, with traffickers making use of “go-fast” boats, submersible and semi-submersible vessels, unmanned undersea vehicles and buoys with satellite-location devices on them.

584. In addition to cocaine hydrochloride, traffickers also smuggle coca base from Colombia for further processing outside the country, as corroborated by the seizures of the substance as it entered international waters, as well as seizures of the substance effected in other countries in the region. For example, sizeable amounts of coca base and coca paste have been seized in Argentina, Brazil, Chile and Uruguay. In 2018, a total of 33 illicit medium-sized cocaine laboratories were dismantled in the Bolivarian Republic of Venezuela, close to the country’s border with Colombia.

585. In addition to seizures of plant-based drugs, a number of countries reported seizures of synthetic drugs. For example, in 2018, Chilean authorities seized more than 840,000 doses of synthetic drugs, including amphetamine, methamphetamine and “ecstasy”. This was about 500,000 doses of synthetic drugs more than what was seized in 2017 (an increase of almost 150 per cent). Increased demand for synthetic drugs was also reported by Uruguay.

5. Prevention and treatment

586. There have continued to be changes in the legal and regulatory status of cannabis throughout the Americas. According to OAS, decriminalization of cannabis for non-medical and medical purposes might have contributed to increased access to the drug for adults. The information available from those countries that have produced recent epidemiological data, including Argentina and Chile, indicate that most have experienced an increase in the prevalence of cannabis use. According to the *CICAD Report on Drug Use in the Americas 2019*, while past-year use of cannabis herb among the general population in Argentina (2017) and Uruguay (2014) was under 10 per cent, in Chile (2016) it was 14.5 per cent. The lowest prevalence rates reported in the region were those of Ecuador (2014) and Paraguay (2003), which had past-year prevalence rates of use of the drug below 1 per cent. The first survey on drug use among university students in Chile, published in May 2019, indicates that over 70 per cent of the university students in the country had been offered cannabis in the past 12 months. In some countries, cannabis use appears as early as the eighth grade. Experts of OAS advocate giving greater priority to prevention programmes and interventions that delay the age of onset of drug use.

587. About half the countries in the Americas were shown to have increases in cocaine use among the general population. The use of cocaine base paste, which had previously been confined to cocaine-manufacturing countries, has spread to countries farther south in the region. According to the *UNODC World Drug Report 2019*, the provision of treatment for which cocaine is the primary drug of abuse continues to be widely seen in Latin America.

588. According to UNODC, the annual prevalence rate of non-medical use of opioids in South America in 2017 was estimated to be 0.2 per cent. In Chile, the past-year prevalence of non-medical use of pharmaceutical opioids increased fourfold, from 0.3 per cent in 2012 to 1.2 per cent in 2016.

589. While drug use has historically been regarded as a phenomenon of male use, according to the *CICAD Report on Drug Use in the Americas 2019*, recent data show that females in some countries are now using certain drugs either at the same rate, or at higher rates, than males. In every population group in nearly every country in the Americas, misuse of tranquilizer pharmaceuticals is higher among females.

D. Asia

East and South-East Asia

The expansion of illicit manufacture, trafficking and use of synthetic drugs, in particular methamphetamine, continued to be of major concern for East and South-East Asia.

1. Major developments

590. The expansion of illicit manufacture, trafficking and use of synthetic drugs, in particular methamphetamine, continued to be of great concern in most countries of East and South-East Asia. Effective border management and control over precursor chemicals have become particularly important for countering this phenomenon, given that the chemical industry has a substantial presence in the region and the increasingly improved infrastructure has further enhanced connectivity among countries.

591. In a region that has historically adopted drug control policies that relied heavily on deterrence through severe penal sanctions and compulsory treatment, some Governments are reviewing their drug policies, adopting proportionate sanctions for minor drug-related offences and a health-based approach to addressing drug use.

592. In 2019, the Republic of Korea and Thailand legalized the cultivation and use of cannabis for medical purposes.

593. Most countries continue to lack comprehensive drug use prevalence data and evidence-based drug treatment protocols. Greater attention should be given and more resources devoted to demand reduction, treatment and social reintegration in order to improve quality of life, help reduce the burden on the health-care system and remove the stigmatization of drug use.

2. Regional cooperation

594. Various meetings to enhance regional cooperation took place in 2019. The 42nd and 43rd meetings of the Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, took place in October 2018 and October 2019, respectively. In April 2019, ministers and high-level officials of the ASEAN region gathered in Bangkok for a meeting entitled “Synchronizing trade and security plans in support of ASEAN 2025”. Providing a platform for

decision-makers to discuss challenges stemming from the closer regional integration, the meeting paved the way for a common ASEAN border management strategy, to be presented in Bangkok before the end of 2019.

595. Signatories to the Mekong Memorandum of Understanding on drug control (Cambodia, China, the Lao People’s Democratic Republic, Myanmar, Thailand and Viet Nam and UNODC) agreed to a draft subregional action plan to guide activities to be conducted under the Memorandum of Understanding in the period 2019–2021. The Mekong Memorandum of Understanding is an agreement between the signatory countries to work together and provide a platform to address the threat of illicit production, trafficking and use of drugs in the Mekong region. According to UNODC, the 11th version of the subregional action plan was expected to be endorsed during the ministerial meeting of the Mekong Memorandum of Understanding, to take place on 15 November 2019.

3. National legislation, policy and action

596. A number of legislative and policy changes took place in 2018 and 2019, relating to, among other things, legislative changes regarding the use of cannabis for medical purposes, the application of the death penalty for drug-related crimes, extrajudicial responses to suspected drug-related acts, the national scheduling of substances not under international control and partnerships promoting alternative development.

597. On 19 February 2019, Thailand became the first country in South-East Asia to legalize the use of cannabis for medical purposes. Under the Narcotics Act (No. 7) B.E. 2562, State enterprises, scientific institutions and faculties of pharmacy in public and private universities that have obtained a licence from the licensing authority can cultivate, produce, manufacture, import, export and possess cannabis for medical purposes. The Food and Drug Administration is the national agency mandated to control the cultivation of cannabis for medical and scientific purposes. Patients with certain serious debilitating diseases or indications who cannot be treated satisfactorily using an approved medical product can obtain cannabis through the country’s special access programme by first consulting their doctor and then applying to the Food and Drug Administration. The Narcotics Act also legalized, in some administrative regions, the licensed medical use of kratom (*Mitragyna speciosa*), a plant-based psychoactive substance not under international control that had been banned in the country since 1943, although

reportedly it had long been used by rural populations for its stimulant and analgesic properties.

598. The Republic of Korea, at the end of 2018, became the first country in East Asia to legalize the use of cannabis for medical purposes. Since 12 March 2019, patients have been able to import cannabis products after receiving authorization from the Ministry of Food and Drug Safety. To obtain authorization, individuals are required to submit to the Ministry their medical records and a note from a physician stating that there is a lack of alternative treatment.

599. On 15 March 2018, the Government of Malaysia amended section 39B of the Dangerous Drugs Act 1952 to remove the mandatory death penalty for those convicted of drug trafficking and replaced it with a discretionary power of the court to commute death sentences to life imprisonment and not less than 15 strokes of the cane if certain conditions are met. One such condition is that the court is satisfied beyond a reasonable doubt that the accused assisted the enforcement agencies of Malaysia in disrupting further drug trafficking in or outside the country. The other conditions allowing the commutation of death sentences are the following: if there was no evidence that at the time of arrest the individual was buying or selling a substance categorized as a dangerous drug, if there was no involvement of an agent provocateur (e.g., an undercover agent), and if the accused individual's involvement is restricted to transporting, carrying, sending or delivering a dangerous drug.

600. The Philippines officially withdrew from the International Criminal Court on 17 March 2019, after the Court had decided to conduct a preliminary inquiry into accusations that the President of the Philippines and other officials of the country had committed crimes within the Court's jurisdiction in carrying out the country's drug control policies.

601. Following reports of human rights violations over the previous three years in the Philippines, the Human Rights Council adopted its resolution 41/2, in which it took note of the allegations of the killing of thousands of people allegedly involved in drug-related activities and/or offences. In its resolution, the Council called on the Government of the Philippines to cooperate with the Office of the United Nations High Commissioner for Human Rights and requested the High Commissioner to prepare a comprehensive report on the situation of human rights in the country.

602. **The Board reminds all Governments that extrajudicial action, purportedly taken in pursuit of drug**

control objectives, is fundamentally contrary to the provisions and objectives of the three international drug control conventions, as well as to human rights instruments to which all countries are bound. All drug control actions should be undertaken in full respect of the rule of law and due process of law.

603. The Misuse of Drugs (Amendment) Act of Singapore, aimed at strengthening drug control and rehabilitation, came into effect on 1 April 2019. The amendment criminalizes behaviour that facilitates or promotes drug use, such as introducing a person to a drug trafficker or providing drug-related information to someone who intends to carry out those activities. The amendment also criminalizes the act of exposing children to drugs or allowing them to consume drugs. Further, the use of drug detection methods, in particular hair analysis and saliva screening, was expanded through the amendment. In addition, the Government increased the maximum detention period for a drug user in a drug rehabilitation centre from three to four years and the maximum duration of post-release supervision from two to five years. **The Board discourages the use of compulsory detention for rehabilitation of people affected by drug use and calls on Governments in the region to implement voluntary, evidence-based treatment services with due respect for patients' rights.**

604. Effective 1 May 2019, the Central Narcotics Bureau of Singapore rescheduled five new psychoactive substances⁷⁷ from the Fifth Schedule of the Misuse of Drugs Act to the First Schedule of the Act. The substance lisdexamfetamine (l-lysine-d-amphetamine) was also added to the First Schedule. The rescheduling of these new psychoactive substances means that trafficking, manufacture, import, export, possession or consumption of these substances will constitute an offence and will result in a minimum of five years' imprisonment and five strokes of the cane. In addition, the Central Narcotics Bureau listed two new psychoactive substances⁷⁸ in the Fifth Schedule, which will allow them to be seized so that circulation can be restricted while further research and consultations are conducted.

605. To further strengthen its drug control system, the Government of China decided to schedule as a class-wide group all fentanyl-related substances on the national

⁷⁷Adamantyl-CHMINACA, 3,4-dichloromethylphenidate (3,4-DCMP) and its dichloro positional isomers in the phenyl ring, 5-fluoro-CUMYL-PICA and its phenylpropyl isomers and their respective fluoro positional isomers in the pentyl group, 5-fluoro-SDB-005 and its fluoro positional isomers in the pentyl group, and SDB-005.

⁷⁸5-Fluoro-CUMYL-PeGACLONE and its phenylpropyl isomers and their respective fluoro positional isomers in the pentyl group and CUMYL-PeGACLONE and its phenylpropyl isomers.

control list, effective as of 1 May 2019. The National Narcotics Control Commission of China clarified the legal definition of “fentanyl-related” and emphasized that the definition would be scientifically determined on the basis of the chemical structure of the substance in question. The Commission stated that if, at a later stage, any of the affected substances were found to have legitimate pharmaceutical, industrial, scientific, research or other legal use, they would be treated accordingly.

606. Over the course of 2018, the Government of Thailand has continued to promote and implement its alternative development programme, both within the country and through various international partnerships, by providing assistance in community development, agricultural knowledge, techniques and marketing strategies. Working closely with the Government of Myanmar, Thailand has been expanding such aid and activities to further drug-affected areas in Myanmar. In addition, in January 2019, the drug authorities of Thailand and the Lao People’s Democratic Republic agreed to promote a pilot project in Borikhamxay Province of the Lao People’s Democratic Republic.

4. Cultivation, production, manufacture and trafficking

607. According to UNODC, the amount of methamphetamine seized in the region increased eightfold between 2007 and 2017 and reached a record high level in 2018. Data received indicated that Thailand alone accounted for more than half of the methamphetamine seized in the region in 2018.

608. Preliminary data for 2019, in particular the data for methamphetamine tablets, indicated a geographical shift in the manufacture and trafficking from China to other countries in the region. Targeted law enforcement in China seems to have pushed organized criminals to move their illicit methamphetamine manufacture to neighbouring countries including Myanmar, contributing to the slight reduction in methamphetamine seizures in China but also to increases in Myanmar and its neighbouring countries.

609. With the continuing growth of illicit methamphetamine manufacture in Myanmar, the Lao People’s Democratic Republic has become an important transit country for methamphetamine destined for other countries in the Mekong region. In 2018, more than 21 million methamphetamine tablets and 1.8 tons of crystalline methamphetamine were seized in the Lao People’s Democratic Republic, compared with an annual average

of less than 100 kg of crystalline methamphetamine between 2013 and 2017. In comparison, authorities in Indonesia seized over 8 tons of crystalline methamphetamine in 2018, by far the largest seizure ever reported in that country.

610. While the wholesale and street prices of illicit methamphetamine in Thailand fell in 2018 to their lowest levels in the past decade, UNODC estimated the illicit methamphetamine market in East and South-East Asia to be worth up to approximately \$45 billion annually. Japan and the Republic of Korea accounted for almost one fifth of that estimated value, mainly because of the significantly higher wholesale and retail prices in those countries.

611. The illicit manufacture, trafficking and use of heroin, which is reported as the second most frequently trafficked drug in South-East Asia, continued to pose challenges for most countries in the region.

612. Most illicit manufacture of heroin in the region takes place in northern Myanmar. The area under illicit opium poppy cultivation in that country in 2018 was estimated at 37,300 ha, down from its recent peak of approximately 60,000 ha in 2014. Compared with 2017, there has been a reduction in illicit cultivation in almost all regions of the country, with considerable decreases in Shan and Kachin States (the two main producer states).

613. However, heroin seizures have moved in the opposite direction: total seizures of heroin in Myanmar, Thailand and Viet Nam increased in 2018, with Viet Nam being a major destination. Viet Nam accounted for more than one third of all heroin seized in South-East Asia from 2013 to 2018. Malaysia also reported an increasing amount of heroin being trafficked through its territory with the final destination of Australia.

614. In their latest national report, authorities of China expressed concern at the continuous increase in cocaine seizures in 2018 and the considerable rise of cannabis being trafficked into the country by post. Similarly, up to 170 cases of attempted smuggling of drugs through the postal system were detected in Indonesia in 2018. Trafficking by sea has been identified as an increasingly popular modus operandi among large-scale drug traffickers.

615. Substantial quantities of precursor chemicals have been diverted from the region’s sizeable chemical industry and trafficked for the manufacture of methamphetamine, as the region has an increasingly lucrative illicit market for synthetic drugs. Limited forensic data suggest that ephedrine and pseudoephedrine remained the main precursor chemicals used for the illicit manufacture of

methamphetamine, although there is also growing use of P-2-P. 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 can be found in the report of the Board for 2019 on the implementation of article 12 of the 1988 Convention.

616. Countries of East and South-East Asia continued to account for most of the ketamine seized worldwide. The latest data from UNODC indicated that more than 90 per cent of the ketamine seized worldwide between 2013 and 2017 had been seized in Asia, and most of that had been seized in East and South-East Asia.

617. With respect to ketamine, which is not under international control, the latest data indicate a displacement of some ketamine manufacture from China to other countries in the region. While ketamine seizures declined in China, including Hong Kong, China, after 2015, seizures in Myanmar and Thailand have increased significantly since 2017.

5. Prevention and treatment

618. The region continued to lack systematic and quantitative information on drug use. Although data are limited, some regional studies suggest that cannabis is the most commonly used illicit drug in the region. The Philippines reported the highest prevalence of past-year cannabis use in 2016, a rate of 1.64 per cent for respondents aged 15–64, and Japan reported that the prevalence of past-year cannabis use increased to 1.4 per cent in 2017, with an estimated total of 1.33 million cannabis users in the country.

619. Qualitative information provided to UNODC indicated that methamphetamine was the main drug of concern for treatment admissions, and other recent data pointed to high rates of annual prevalence of use of the substance (between 0.5 and 1.1 per cent).

620. Data from the Global Burden of Disease Study 2017, as cited in the UNODC *World Drug Report 2019*, show that the region has a much bigger health loss (in terms of years of healthy life lost) compared with other world regions, mainly as a result of the number of people who inject drugs (28 per cent of the global total) and alarming rates of blood-borne illnesses among people who inject drugs.

621. Authorities of China estimated there were 2.5 million drug users in the country in 2018, slightly less than

the year before. Methamphetamine remained the primary drug of use (1.35 million, or 56 per cent of the total), followed by heroin (an estimated 890,000, or 37 per cent) and ketamine (an estimated 63,000, or 2.6 per cent). The number of cannabis users in 2018 was reported to have reached 24,000, an increase of 25 per cent over the previous year.

622. The total number of reported drug users in Hong Kong, China, dropped to 2,033 in the first quarter of 2019, slightly less than in the previous year. Heroin remained the primary drug of use (1,056 users), followed by methamphetamine (435 users).

623. Authorities of Singapore remained concerned at the increase in the number of drug users in 2018 (around 3,500 users), a considerable proportion of which were new drug users under the age of 30. Methamphetamine remained the primary drug of use (75 per cent of drug users).

624. According to the official report of Cambodia, there were over 20,000 drug users in the country in 2018 that were seeking or receiving some form of treatment through a private or public health system or drug centre. Authorities of Malaysia reported that in 2018 an estimated 25,000 drug users were receiving treatment or in rehabilitation with the National Anti-Drugs Agency, slightly fewer than the previous year, mainly because there was a smaller number of new users. The total number of crystalline methamphetamine users, however, increased to over 16,000 users in 2018, and users of amphetamine-type stimulants more than doubled, to over 1,000 users. In Indonesia, over 7,500 users of methamphetamine were receiving treatment in 2018, compared with roughly 2,000 users of cannabis.

South Asia

Seizures of methamphetamine tablets are increasing at an alarming rate in the region, in particular in Bangladesh.

New legislation in Bangladesh extended the death penalty to the possession of 200 grams of methamphetamine. Sri Lanka expressed the intention to reinstate the death penalty for drug-related offences.

1. Major developments

625. Drug trafficking is widespread throughout South Asia, particularly in the border areas of the subregion. Trafficking in heroin, cannabis, methamphetamine and

pharmaceutical preparations containing narcotics and psychotropic substances pose major challenges in South Asia. The trends observed show that synthetic drugs are now replacing the natural and semi-synthetic drugs that have been abused for decades. The rapid advance of Internet availability and information and communications technology infrastructure has fostered Internet-driven drug trafficking, illustrated by recently reported seizures of drugs sent through postal services.

626. The proximity of South Asia to three major drug-producing and drug-trafficking countries (Afghanistan, the Lao People's Democratic Republic and Myanmar) continued to pose a challenge for drug control in the subregion. Furthermore, the coastal States of South Asia are vulnerable to maritime drug trafficking as a result of their exposure to trafficking routes across the India Ocean.

2. Regional cooperation

627. In response to the trafficking of opiates from Afghanistan, heads of law enforcement agencies of South Asia, from Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka, met in Chandigarh, India, in October 2018. The key themes of the meeting included how to use existing bilateral and regional cooperation mechanisms between countries to better control drug trafficking.

628. A meeting of the Paris Pact initiative's expert working group on detecting and blocking financial flows linked to illicit traffic in opiates originating in Afghanistan was held in New Delhi on 27 and 28 June 2019. Representatives of financial intelligence services, counter-narcotics agencies and customs authorities of 15 countries participated in the meeting, as well as six international organizations and UNODC, and deliberated on new trends and challenges related to illicit financial flows and trafficking of opiates. Participants highlighted the need to unite their efforts in developing information exchange and best practices on methods for identifying shadow financial transactions.

3. National legislation, policy and action

629. In Bangladesh, the Narcotics Control Act 2018, which is an amendment to the Narcotics Control Act 1990, came into force in December 2018. The new Act repeals the existing law relating to drug control, drug supply and demand reduction, the prevention of abuse and the smuggling of drugs, treatment and rehabilitation for drug users and related matters. Under the Act of 2018, the

application of the death penalty or life imprisonment in Bangladesh has been expanded to include the production, possession, distribution and trafficking of methamphetamine or its principal ingredient amphetamine, which has been moved to the category of class A under the Act.

630. At a meeting held in Sri Lanka in March 2019, on drug trafficking and abuse prevention programmes, the President of Sri Lanka announced that a process for reinstating the death penalty was under way. In his speech, the President commended the current, strengthened law and regulations for combating illegal drugs and announced the decision to impose the death penalty for drug smuggling, which, if carried out, would be the first time the death penalty has been imposed since 1976. On 26 June 2019, the President signed death warrants for four people who have been convicted of drug-related offences. On 29 October 2019, prior to the finalization of the present report, it was reported that the Supreme Court of Sri Lanka had further extended, until 9 December 2019, the interim order staying the implementation of the death penalty for prisoners sentenced to death for drug offences. The Board continues to encourage all States that retain the death penalty for drug-related offences to consider abolishing the death sentence for those offences.

631. In line with the international drug control conventions and the existing national legislation and policies, India adopted the National Action Plan for Drug Demand Reduction for the period 2018–2023 to address drug and substance abuse. The National Action Plan employs a multi-pronged strategy involving the education, de-addiction and rehabilitation of affected individuals and their families to address the issue and focus on preventive education, awareness-raising, counselling, treatment and the rehabilitation of drug-dependent users, in addition to training and capacity-building for service providers through collaborative efforts between the Government and non-governmental organizations.

4. Cultivation, production, manufacture and trafficking

632. Illicit cultivation of cannabis continued to be a challenge for law enforcement agencies in South Asia, in particular in India. An analysis of data from 2010 to 2017 shows that India is among those countries worldwide with the greatest extent of illicit cannabis cultivation and amount of production. Indian drug enforcement authorities eradicated 1,980 ha of illicit cannabis cultivation in 2018, which was substantially less than the 3,446 ha of eradication in 2017. The estimated area of illicit cannabis cultivation in Sri Lanka in 2018 was 500 ha, similar to

the amount in the previous year. Bhutan reported that 100,000 cannabis plants taken from 12 cultivation sites were destroyed in 2017.

633. Total cannabis herb seizures in South Asia declined to 336 tons in 2018, compared with 434 tons in 2017. In 2018, the largest total quantity of cannabis herb seized by a country in South Asia was that of India (266.5 tons or 79 per cent of the subregion's total seizures), followed by Bangladesh (60.3 tons or 18 per cent). Bhutan, Nepal and Sri Lanka accounted for the remaining 3 per cent of cannabis herb seizures (9.1 tons). Cannabis resin seizures in South Asia increased in 2018 to 5.2 tons from 3.2 tons in 2017. India and Nepal confiscated almost 100 per cent (5.2 tons) of the total cannabis resin seized in the region.

634. India is the only country in the subregion that has consistently reported eradication of illicit opium poppy cultivation. India has increased its illicit opium poppy eradication over four consecutive years beginning in 2015 (1,400 ha in 2015, 2,635 ha in 2016, 3,076 ha in 2017 and 3,508 ha in 2018). In addition, the country seized a considerable quantity of poppy straw in 2018 (16 tons). That amount was 70 per cent greater than the amount of poppy straw seized in 2017 (9 tons).

635. The amount of opium seized in India increased to 4.1 tons in 2018, up from 2.6 tons in 2017. Opium seizures followed an upward trend starting in 2015 (1.7 tons in 2015, 2.3 tons in 2016, 2.6 tons in 2017 and 4.1 tons in 2018). Overall, the increasing trend in both the amount of illicit opium and poppy straw seized and the area eradicated underline the severity of the problem in the country.

636. South Asia, in particular Sri Lanka, has experienced an increase in seizures of heroin due to the growing use of the southern route by drug traffickers. Most of the heroin that is smuggled through the so-called "southern route" to reach South Asia (from Afghanistan to Pakistan and then to South Asia) is of Afghan origin and has the final destination of North America. In Sri Lanka, heroin seizures continued to increase in 2018, reaching 732 kg, compared with 315 kg in 2017. However, heroin seizures in the region decreased to 2.4 tons in 2018 from 2.9 tons in 2017. India seized the largest amount (1.2 tons), followed by Sri Lanka (0.7 tons) and Bangladesh (0.45 tons) accounting for 99 per cent of the total seizures in the subregion.

637. South Asia reported record low cocaine seizures of 59.5 kg in 2018, which is less than in the past four years (309 kg of seizures in 2017, 1.6 tons in 2016, 124.7 kg in

2015 and 327.9 kg in 2014). The amount of seizures of this drug fluctuated from year to year, as shown in the reported data of all countries in the subregion.

638. Codeine-based preparations, particularly Phensedyl, continued to be seized in the region. In Bangladesh, Phensedyl seizures declined to 715,529 ampoules in 2018, compared with seizures of 720,843 ampoules in 2017. India also reported, through the monthly drug reports of the Narcotics Control Bureau, that the country's authorities seized more than 51,821 bottles of Phensedyl in 2018. Drug traffickers now tend to smuggle pharmaceutical drugs rather than illicitly manufactured drugs such as hashish and heroin because of the more lenient penalties imposed for the smuggling of controlled pharmaceutical drugs.

639. South Asia is being targeted by transnational organized criminal groups in Myanmar that manufacture and traffic methamphetamine in both crystalline and tablet form into the subregion. Methamphetamine is the most prevalent substance of abuse among the amphetamine-type stimulants in South Asia. South Asia accounted for 1 per cent of the total seizures of methamphetamine at the global level.

640. In Bangladesh, methamphetamine seizures continued to increase, as 53 million tablets were seized in 2018, compared with 40 million tablets in 2017, an increase mainly due to a nationwide anti-drug operation undertaken by the Government. Methamphetamine was smuggled into Bangladesh from East and South-East Asia, predominantly from Myanmar. Sri Lanka seized 147.83 kg of methamphetamine in the first quarter of 2019. The Department of Narcotics Control of Bangladesh raided a clandestine drug laboratory and confiscated, for the first time, crystalline methamphetamine and MDMA, in February 2019.

641. In India, seizures of amphetamine-type stimulants peaked again in 2018, at 931 kg. The highest total annual seizures of amphetamine-type stimulants in India was in 2016, when there was a record 1.7 tons of seizures, before falling sharply to 95 kg in 2017. Seizures of methaqualone in the country decreased to 99 kg in 2018, compared with 124 kg in 2017. The highest single seizure of methaqualone, on 25 June 2018, was of 30 kg, which was destined for the United States. Buprenorphine also continued to be seized in India in both injectable and tablet forms.

642. In Bangladesh, the quantity of buprenorphine seized in 2018 (128,708 ampoules) was 18 per cent higher than in 2017 (109,063 ampoules). Total seizures of buprenorphine in Nepal also increased significantly in

2018, to 58,963 tablets, up from 31,567 tablets in 2017. Nepal seized 66,430 tablets of diazepam in 2018, which was more than the quantity seized in 2017 (49,304 tablets). Bhutan seized 3,947 tablets of nitrazepam in 2018.

643. The diversion of controlled precursors, in particular ephedrine and pseudoephedrine, from licit to illicit channels has continued in India. According to the Narcotics Control Bureau of India, 1.8 tons of pseudoephedrine were confiscated in Noida, India, in a single seizure conducted on 11 May 2019. This was the largest seizure on record in the country. There continued to be reports of seizures of pharmaceutical preparations containing ephedrine and pseudoephedrine trafficked from India to Myanmar for the purpose of precursor extraction.

644. There was an exceptionally large total quantity of acetic anhydride seizures (8,998 litres) in India in 2018. That amount was substantially higher than the total seizures of acetic anhydride in the four previous years (23 litres in 2017, 2,464 litres in 2016, 4 litres in 2015 and 93 litres in 2014). Of the total seizures of acetic anhydride in 2018, 8,937 litres were confiscated in a single seizure effected in Noida and New Delhi on 20 October 2018. The chemical was destined for a consignee in Afghanistan. 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 2019 on the implementation of article 12 of the 1988 Convention.

645. Globally, most of the tramadol, which is not an internationally controlled substance, that was seized from 2013 to 2017 was reported to have originated in India. Available data indicate that the tramadol being used for non-medical purposes in Africa is illicitly manufactured in South Asia. Further, India was the source of 87 per cent of the tramadol seized in Ghana in 2017. Available data suggest that in recent years India has emerged as the centre of manufacturing of tramadol destined for clandestine markets. However, in April 2018 India placed tramadol among the nationally controlled substances under its Narcotic Drugs and Psychotropic Substances Act of 1985. Control under the Act gives more powers to law enforcement authorities and, in particular, enables authorities to enter the premises of tramadol laboratories and prosecute those who are engaging in the unauthorized manufacture of tramadol.

646. Bangladesh is also closely monitoring substances that are not under control internationally such as ketamine, nalbuphine and tramadol, among which ketamine is under control at the national level. In Bhutan, Spasmo

Proxyvon Plus, which contains tramadol, is the most common trafficked non-controlled substance. In 2018, 68,685 capsules of Spasmo Proxyvon Plus were seized in Bhutan, a significant decline from the seizure of 130,316 capsules in 2017.

5. Prevention and treatment

647. According to the UNODC *World Drug Report 2019*, 1.8 per cent of the adult population of South Asia, or 19 million people, are past-year users of opioids, thus comprising 35 per cent of the estimated number of past-year opioid users worldwide. Drug abuse prevalence studies have been lacking in the region for the past few years. However, India and Sri Lanka have conducted surveys to assess the prevalence of drug abuse in their respective countries. **The Board commends such initiatives and encourages countries to allocate adequate resources to drug abuse prevention and treatment and to conduct prevalence studies to inform the adoption of evidence-based public health policies.**

648. A national survey on the extent and pattern of substance use in India was conducted between December 2017 and October 2018. According to the resulting report, *Magnitude of Substance Use in India 2019*, cannabis and opioids are the most frequently abused substances in the country, after alcohol, with rates of past-year use of 2.8 per cent and 2.1 per cent respectively among the population aged 10–75. Heroin was reported to be the most commonly used opioid in India, with a 1.1 per cent prevalence rate, followed by pharmaceutical opioids, with a prevalence rate close to 1 per cent among the population aged 10–75. The survey also indicated that existing treatment programmes in India, which are heavily focused on inpatient treatment, are inadequate given the large number of people affected by substance abuse. The report indicated the need to enhance treatment services in outpatient clinics, which need resources to meet requirements in the areas of human resources, infrastructure and supply of medicine.

649. In Sri Lanka, according to the report *National Prevalence Survey on Drug Use 2019*, cannabis was the most commonly abused drug in 2017/18, with a prevalence rate of 1.9 per cent (301,898 people) followed by heroin, for which the prevalence rate was 1.2 per cent among the population aged 14 and older (92,540 people). The misuse of pharmaceutical tablets has increased. Based on the statistics on treatment admissions provided by the Government, the number of drug-addicted people seeking treatment in 2018 was greater than in the previous three years; however, only 7 per cent of drug users in

Sri Lanka have been admitted to treatment and rehabilitation centres. Psychotropic substances such as diazepam and other substances that are not under control (tramadol, pregabalin and gabapentin) are abused to a lesser extent in the country.

650. According to the *Annual Drug Report* of Bangladesh for 2017, drug abuse is becoming a national concern in the country. Methamphetamine tablets (“yaba”) are now abused to a greater extent in Bangladesh. People seeking treatment for abuse of methamphetamine made up 35.5 per cent of all patients seeking treatment for drug abuse in 2017, an increase of 12 per cent from the previous year. According to the data from treatment services, the number of patients seeking treatment for Phensedyl addiction is decreasing, as those affected by drug use disorders are shifting to abuse of “yaba” because it can be more easily obtained. Drug-using populations are also consuming a combination of different pharmaceutical drugs (for example, buprenorphine and diazepam).

West Asia

In 2018, Afghanistan continued to be the country where the vast majority of the world’s illicit opium poppy cultivation and opium production took place.

The Middle East and South-West Asia are the subregions with the highest annual prevalence of opiate use (opium, morphine and heroin) globally, at 1.6 per cent of the population.

1. Major developments

651. Afghanistan remained the country of origin of nearly all opiates seized in Europe, Central Asia and Africa.⁷⁹ It was the country responsible for the vast majority of the world’s illicit opium poppy cultivation and opium production in 2018. The country also continued to be one of the major sources of cannabis resin worldwide. Furthermore, Afghanistan continued to experience an increase in trafficking of synthetic drugs on its territory. While recognizing the efforts of the Government of Afghanistan to address those challenges through its National Drugs Control Strategy and the National Drug Action Plan, the Board reiterates the need to prioritize measures to address the illicit drug economy in the

⁷⁹The subregion of Central Asia as referred to in this report comprises Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

country, which should be part of the overall effort to build peace, establish security and achieve sustainable development in the country. Moreover, the global community, in the context of global and shared responsibility, needs to be part of this process through comprehensive, multifaceted and concerted local, national, regional and international assistance efforts.

652. The Balkan route, which passes through the Islamic Republic of Iran, Turkey and the Balkan countries on the way to destination markets in Western and Central Europe, remained the main route for the trafficking of opiates originating in Afghanistan. In recent years, several branches of the Balkan route have gained prominence, including the branches transiting the Syrian Arab Republic and Iraq and the countries of the Southern Caucasus.

653. The manufacture and trafficking of counterfeit “captagon”⁸⁰ continued to seriously affect the countries of the Middle East, which not only are destination markets for those drugs but are also increasingly becoming a source of counterfeit “captagon”. The subregion also continues to witness trafficking in, and abuse of, tramadol, a synthetic opioid not under international control. Political instability and unresolved conflicts, poverty and the lack of economic opportunities in some parts of the subregion have contributed to increased trafficking in tramadol and “captagon”.

654. The emergence of a growing number of new psychoactive substances continued to be reported by almost every country of Central Asia. Proximity to several countries with developed markets for synthetic drugs, such as China, Iran (Islamic Republic of) and the Russian Federation, has increased the potential market for new psychoactive substances in the Central Asian subregion.

2. Regional cooperation

655. Through a decision of the Council of Heads of State of SCO of 10 June 2018, the Organization approved its Anti-Drug Strategy for the period 2018–2023 and the programme of action to implement the Anti-Drug Strategy, as well as the SCO Concept to Prevent the Abuse of Narcotic Drugs and Psychotropic Substances. The

⁸⁰“Captagon” was originally the official trade name of a pharmaceutical preparation containing fenethylamine, a synthetic stimulant. As encountered in seizures across West Asia today and as referred to in the present report, “captagon” is a counterfeit drug compressed into tablets that are similar only in appearance to the original trademarked Captagon. The active ingredient in counterfeit “captagon” is amphetamine, which is typically cut with multiple adulterants, such as caffeine and other substances.

Strategy is aimed at stepping up multilateral cooperation to prevent and combat drug-related threats affecting SCO member States.

656. At an expert group meeting of the Afghanistan-Kyrgyzstan-Tajikistan (AKT) Initiative held in Bishkek on 28 and 29 November 2018, representatives of law enforcement agencies and Ministries of Foreign Affairs of those three countries reviewed the current situation on countering narcotics in their respective countries and discussed the role of their drug liaison officers in planning and conducting joint counter-narcotics operations. Participating experts adopted a draft memorandum of understanding on the placement of drug liaison officers and the standard operating procedures for their activities, which is to be signed at the next ministerial meeting of the countries of the AKT Initiative.

657. At the thirteenth senior officials' meeting of the Triangular Initiative, held in Islamabad on 12 and 13 December 2018, counter-narcotics authorities of Afghanistan, Iran (Islamic Republic of) and Pakistan discussed means of strengthening cooperation to combat trafficking in Afghan opiates. At the meeting, the three parties agreed to strengthen their border liaison offices and to plan and conduct more joint patrolling and intelligence-led interdiction operations. They also expressed interest in utilizing one another's counter-narcotics training academies with a view to sharing knowledge and strengthening coordination.

658. With a view to addressing the channels of entry and illegal distribution of new psychoactive substances and other synthetic drugs, opioids and cannabis, a joint multilateral counter-narcotics operation, Operation Kanal-Centre, was conducted by the States members of the Collective Security Treaty Organization, namely Armenia, Belarus, Kazakhstan, Kyrgyzstan, the Russian Federation and Tajikistan, from 26 February to 1 March 2019. The operation was hosted by CARICC. Representatives of competent national authorities of China, France, Iran (Islamic Republic of), Italy, Mongolia, Turkey, the United Kingdom and the United States, as well as the Commonwealth of Independent States, the Eurasian Group on Combating Money Laundering and Financing of Terrorism, INTERPOL, OSCE, SCO and UNODC, also took part in the operation as observers. The operation resulted in seizures of more than 11.4 tons of various drugs, including more than 8.8 tons of opium, more than 1.8 tons of cannabis resin, more than 220 kg of heroin, almost 127 kg of cannabis and more than 205 kg of synthetic drugs; the arrest of 579 individuals; and the dismantling of one illegal laboratory manufacturing synthetic drugs.

659. On 2 and 3 May 2019, the 11th Review Meeting of the Memorandum of Understanding on Subregional Drug Control Cooperation was held in Tashkent. High-level officials, including the Ministers of Foreign Affairs of the Russian Federation, Tajikistan and Uzbekistan, the Deputy Ministers of Foreign Affairs of Azerbaijan, Kazakhstan and Kyrgyzstan, the Deputy Minister of Internal Affairs of Turkmenistan, the Chief Executive Officer of the Aga Khan Development Network and the Secretary-General of SCO, as well as high-level international partners and donors such as UNODC, the United States, the European Union and OSCE, attended the event. The parties to the Memorandum of Understanding agreed on common strategic priorities and targets in order for the region to address emerging drug-related threats and related criminal behaviour, including illicit financial flows and the financing of terrorism, trafficking in precursors and new psychoactive substances, the darknet, health and development, as set out in a ministerial declaration reiterating the parties' commitment to strengthening multilateral cooperation within the framework of the Memorandum of Understanding.

3. National regulation, policy and action

660. In December 2018, the Ministry of Agriculture, Irrigation and Livestock of Afghanistan launched the first call centre for farmers as part of its alternative development activities under the National Drug Action Plan. The service, which provides free advice and information to farmers, is intended to establish contacts between local farmers and agricultural experts of the Ministry. The Government of Afghanistan continued to implement measures to mainstream the economic empowerment of women in the alternative livelihood sector. Ten small and medium-sized enterprises led by women participated in a jobs fair and exhibition held to celebrate International Women's Day on 8 March 2019 in Kabul, at which over 80 companies and organizations exhibited alternative development products.

661. Following a presidential decree which came into effect in April 2019, the Ministry of Counter-Narcotics of Afghanistan was dissolved. Several joint committees were established to complete the restructuring process. The resources, responsibilities and activities of the Ministry of Counter-Narcotics were transferred to the Ministry of Interior Affairs, the Ministry of Agriculture, Irrigation and Livestock and the Ministry of Public Health.

662. To promptly respond to the worsening situation with the illicit drug market, in December 2018 Kazakhstan adopted a law amending some legislative acts related to

controlling trade in narcotic drugs, psychotropic substances and their analogues and precursors. The law provides for the elaboration of mechanisms instituting State control over trade in new psychoactive substances and scheduling their analogues, and it empowers the Government to approve (a) the list of narcotic drugs, psychotropic substances and precursors subject to control in Kazakhstan; and (b) the aggregate table establishing threshold quantities of narcotic drugs and psychotropic substances and their analogues and precursors for classifying the gravity of offences involving those substances.

663. Kazakhstan reported that there was an increasing use of the Internet, instant messaging services and e-wallets to trade illicitly in new psychoactive substances. In 2018, the law enforcement agencies of Kazakhstan detected 4,700 websites retailing illicit drugs (compared with 430 websites in 2017) that were blocked by the Ministry of Information and Communications upon notification by the Ministry of Internal Affairs. Over 2,540 graffiti inscriptions advertising websites that distribute illicit substances were removed throughout the country.

664. In February 2019, the federal Cabinet of Pakistan approved the National Anti-Narcotics Policy of 2019, which had been formulated by the Ministry of Narcotics Control in consultation with federal and provincial stakeholders. The policy was designed to strengthen the efforts of Pakistan in the area of anti-drug trafficking operations. The policy provides for stronger enforcement measures, increased international cooperation and more effective drug demand reduction strategies.

665. In January 2019, the first drug treatment and rehabilitation centre in the State of Palestine was opened, in Bethlehem, as a result of the joint efforts of the Ministry of Health of the State of Palestine and UNODC to develop a comprehensive system for drug dependence treatment and care in the State of Palestine. The centre will benefit from the UNODC-developed Treatnet package, which provides comprehensive expert guidance and advice in the areas of drug use prevention, treatment, rehabilitation and social reintegration.

666. Operation “Black poppy”, an annual anti-drug law enforcement operation, was conducted in Uzbekistan from 1 May to 30 June and from 1 August to 30 September 2018. As a result, 904 cases of illicit cultivation were detected (compared with 895 cases in 2017), and 2,644 square meters of illicit drug cultivation were destroyed (compared with 3,306 square metres in 2017). That illicit cultivation that was eradicated included 385 cases of illicit cultivation of opium poppy (compared with 277 cases in 2017) on a

total area of 1,381 square meters (compared with 1,757 square metres in 2017) and 519 cases of cannabis cultivation (compared with 618 cases in 2017) on a total area of 1,263 square meters (compared with 1,503 square metres in 2017).

667. On 22 October 2018, Uzbekistan adopted amendments to its drug-related legislation, which stipulated criminal and administrative sanctions for illicit trade in analogues of narcotic drugs and the illegal sale of medicines outside pharmacies. Furthermore, amendments were introduced to improve procedures for the import, export and transit through the territory of Uzbekistan of narcotic drugs, psychotropic substances and precursors through the scheduling of synthetic cannabinoids, tramadol, nalbuphine preparations, zopiclone and baclofen, all of which have been associated with many cases of abuse.

4. Cultivation, production, manufacture and trafficking

668. Afghanistan was the country of origin of nearly all opiates seized in Europe, Central Asia and Africa in the period 2013–2017. Afghanistan accounted for 100 per cent of all mentions of “country of origin” for opiates seized in Central Asia, 96 per cent of mentions of country of origin for opiates seized in Europe and 84 per cent of mentions for opiates seized in Africa in that period.

669. UNODC confirmed that Afghanistan remained the country responsible for the vast majority of the world’s illicit opium poppy cultivation and opium production in 2018. The area under cultivation in Afghanistan amounted to 263,000 ha in 2018, the equivalent of 76 per cent of the estimated total area devoted to illicit opium poppy cultivation worldwide (346,000 ha). As a result of the very high levels of production in previous years, opium prices in Afghanistan dropped in the period 2016–2018. Opium production on such a massive scale continues to pose substantial challenges for Afghanistan, the neighbouring countries through which the drugs transit and the countries that serve as destination markets. Impacts include the further deterioration of the drug-related and security situation in Afghanistan and the potential for increased consumption and associated negative developments in transit and consuming countries.

670. The Balkan route, running through the Islamic Republic of Iran, Turkey and the Balkan countries towards destination markets in Western and Central Europe, continued to be the main path for the trafficking of opiates originating in Afghanistan. In recent years, a new branch

of the Balkan route involving the Syrian Arab Republic and Iraq has gained importance.

671. In addition, seizures in Azerbaijan and the Russian Federation suggest that heroin and other opiate products may be entering the Russian Federation through a variant of the Balkan route that runs along the border between Azerbaijan and the Russian Federation. From Afghanistan, that sub-branch of the Balkan route transits the Islamic Republic of Iran and the Southern Caucasus, notably Azerbaijan, from where it goes northwards into the Russian Federation, or, transiting Georgia, it crosses the Black Sea to Ukraine and the European Union. That route has also been reported by the authorities of the Russian Federation, who noted that part of the opiates originating in Afghanistan were being trafficked into its territory through the Islamic Republic of Iran and Azerbaijan, by means of a possible extension of the Balkan route.

672. This extension of the Balkan route running through the Southern Caucasus was initially detected following three large seizures of heroin (totalling 1.7 tons) made by the countries of the Southern Caucasus in 2014. Heroin seizures in the Southern Caucasus decreased sharply the following year, in 2015 (83 kg seized), but there were later surges in heroin seizures in 2016 (1.2 tons seized, mainly by Azerbaijan) and in 2018 (1.26 tons seized by Azerbaijan).

673. The so-called “southern route” continued to be used for the trafficking of opiates to Europe by means of shipments from Iran (Islamic Republic of) and Pakistan by air or sea, either directly or transiting through Gulf countries and East Africa. Most of the morphine and heroin seized in 2018 in the Islamic Republic of Iran entered the country from Pakistan. Seizures of opium and heroin in the Islamic Republic of Iran in 2018 saw an increase compared with 2017 levels, as 643.6 tons of opium was seized in 2018 compared with 630.5 tons seized in 2017, and 25.4 tons of heroin seized in 2018 compared with 23.7 tons seized in 2017.

674. In addition, opiates and other illicit substances continue to be trafficked from Afghanistan to India and other countries in South Asia, destined for markets in Europe and, to a lesser extent, North America. Air routes were increasingly being used to smuggle heroin and other illicit substances from Afghanistan. Although the substances were mainly bound for New Delhi, there have been several attempts to traffic Afghan opiates to Dubai, United Arab Emirates and Jeddah, Saudi Arabia. In the period from November 2018 to June 2019, the airport interdiction unit at Hamid Karzai International Airport seized 150 kg of heroin, 17 kg of methamphetamine and 16 kg

of cannabis resin, along with substantial amounts of cash, and the unit arrested 154 suspected traffickers. During the same period, a similar unit at Kandahar International Airport seized 93 kg of heroin and 1 kg of methamphetamine and arrested 150 suspected traffickers.

675. According to UNODC, as in years past, the vast majority of opiates seized worldwide were seized in the countries of the Middle East and Afghanistan, Iran (Islamic Republic of) and Pakistan. In 2017, that group of countries accounted for 79 per cent of global opiates seized as expressed in common heroin equivalents, in particular opium (97 per cent of global opium seizures) and morphine (99 per cent of global morphine seizures). Moreover, the quantities of morphine and heroin seized in those countries continued to increase in the period 2016–2017 as a consequence of a combination of the marked increases in Afghan opiate production during that period and the ongoing law enforcement operations in those countries.

676. In 2017, the largest quantities of opiates (as expressed in heroin equivalent) continued to be seized in the Islamic Republic of Iran, which accounted for 39 per cent of the global total, followed by Afghanistan (26 per cent), Pakistan (14 per cent) and Turkey (7 per cent).

677. States of Central Asia located along the so-called “northern route” continued to be used for opiates trafficked from Afghanistan to the Russian Federation and elsewhere in Europe. The main modes of transportation used in trafficking heroin from Central Asia into the Russian Federation remain road, rail and air traffic. According to UNODC, seizures in the region indicate that opiates are primarily trafficked from Afghanistan into Tajikistan and, to a lesser extent, Uzbekistan and Turkmenistan, and then on to Kazakhstan. The largest quantities of opiates seized in the region were being trafficked by land routes from Tajikistan to Kyrgyzstan, then to Kazakhstan and into the Russian Federation. Heroin is also occasionally trafficked into the Russian Federation by air from States of Central Asia, but this mode of transportation is less common than is trafficking overland.

678. Seizure data for the period 2014–2018 suggest that opiate trafficking along the northern route has been steadily declining. In 2018, heroin seizures amounted to 58.61 kg in Kazakhstan, 73.57 kg in Kyrgyzstan, 282.18 kg in Tajikistan and 20.60 kg in Uzbekistan. Tajikistan accounted for most of the opiates seized in Central Asia. According to law enforcement agencies in Central Asia, opiate trafficking from the region to the Russian Federation continued to decrease, which Central Asian authorities attribute to successful law enforcement operations. At the

same time, further studies are needed to analyse data on average purity, prices and daily consumption of heroin, estimated number of opiate users and trafficking methods, in order to accurately determine the extent of opiate flows through the northern route.

679. Opium seizures in the countries of Central Asia remained stable at approximately 2.2 tons per year over the period 2014–2018, which may indicate that there is a continuing demand for opium. In 2018, Kazakhstan seized 6.96 kg of opium, Kyrgyzstan seized 5.42 kg, Tajikistan seized 1,606.79 kg, and Uzbekistan seized 254.70 kg. Although not fully indicative of actual prevalence of use, the number of registered opium users in the countries of Central Asia decreased by 33 per cent from 2014 to 2018. According to information provided by the Drug Control Agency of Tajikistan, the 33 per cent growth in opium seizures in Tajikistan in 2018 was related to the increase in cultivation of opium poppy in Afghanistan.

680. There are no indications or reports that opium is being processed into heroin in Central Asia. Opium poppy cultivation and opium production in Central Asia continue to be minimal, since, according to Central Asian national law enforcement agencies, over 99 per cent of the opiates in the subregion originate in Afghanistan, and there are no production facilities located in the subregion. Therefore, all opiates transiting Central Asia are thought to be either processed in Afghanistan or remain in the form of opium and are later processed elsewhere.

681. Afghanistan continues to be one of the major sources of cannabis resin worldwide. Afghanistan was reported as being the source of 20 per cent of all cannabis resin reported seized worldwide in the period 2013–2017, in particular for seizures reported in Central Asia, the Southern Caucasus and Europe. Other countries reported as source countries were Lebanon (6 per cent) and Pakistan (6 per cent). Cannabis resin from Lebanon is mainly destined for markets in the Middle East and to a lesser extent markets in Western and Central Europe.

682. The Islamic Republic of Iran reported Afghanistan as the main source of cannabis resin found on its market. According to UNODC, in 2017, about 90 per cent of cannabis resin entered the Islamic Republic of Iran via Pakistan and 10 per cent entered directly from Afghanistan. Most of the cannabis resin was trafficked by land and some was trafficked by sea from Pakistan. In 2017, about 55 per cent of the cannabis resin smuggled out of the Islamic Republic of Iran was destined for countries on the Arabian Peninsula and 25 per cent was destined for Turkey and the Southern Caucasus.

683. The quantity of cannabis seized in Afghanistan decreased by 90 per cent from 2016 to 2017. Iran (Islamic Republic of) and Pakistan also reported a decrease in cannabis seizures, of 6 per cent and 22 per cent, respectively. Similar trends were also observed in countries of the Middle East, which taken as a whole reported a 53 per cent reduction in cannabis seizures.

684. According to UNODC, the law enforcement agencies of countries of Central Asia reported seizures of more than 20 tons of cannabis and more than 2 tons of cannabis resin in 2018. Since information on seizures of cannabis and cannabis resin of Afghan origin is limited, it is difficult to estimate the exact scale of trafficking of these substances via the northern route. The share of cannabis resin seizures that were made in Tajikistan in 2018 was 54 per cent of total cannabis resin seizures in Central Asia, which may indicate a large demand in countries along the northern route for cannabis-based drugs originating in Afghanistan. In 2018, as in the previous year, the share of cannabis and cannabis resin seizures in the total volume of seized drugs was highest in Kazakhstan, Kyrgyzstan and Tajikistan, while in Turkmenistan and Uzbekistan the bulk of seized drugs were opiates.

685. There continued to be small-scale illicit cannabis cultivation and large areas of wild cannabis growth in Central Asia. Cannabis is mainly illicitly produced for domestic consumption, with a smaller portion trafficked to markets in Europe and the Russian Federation.

686. Seizures of cannabis in the countries of the Southern Caucasus continued to increase over the period 2014–2018, while seizures of cannabis resin in that same period continued to decline. Those statistical trends are based mostly on the statistics on drug seizures reported by Azerbaijan.

687. An increase in trafficking of cocaine by air (including by use of “mules” and parcels) was reported in Lebanon. The most important cocaine seizures at the airports were those reported by Lebanese authorities in August 2018, when authorities at the Beirut Rafic Hariri International Airport seized more than 60 kg of cocaine that had been hidden inside personal care items imported from Brazil. More recently, in June 2019, Lebanese Customs seized 10.5 kg of cocaine at the Beirut Rafic Hariri International Airport on a flight that had departed from Brazil.

688. Afghanistan continued to witness an increase in trafficking of synthetic drugs on its territory. The amount of methamphetamine seized continued to increase, with 657 kg seized in the first six months of 2019 compared

with 61 kg seized during the same period of 2018 (representing an almost tenfold increase). In 2018, a total of 182 kg of methamphetamine were seized in Afghanistan, while in 2017 total seizures for that substance amounted to 121 kg. Afghanistan also seized 35,763 MDMA tablets in the first six months of 2019, compared with 24,587 tablets in the entire year of 2018, and 2,322 tablets in 2017.

689. Continuing the trend reported in the previous year, the Islamic Republic of Iran witnessed an increase of approximately 25 per cent in methamphetamine seizures in 2018, a total of 2.9 tons, compared with 2.3 tons in 2017. In 2018, law enforcement authorities of the Islamic Republic of Iran dismantled 133 laboratories for manufacturing amphetamine-type stimulants in the country.

690. Manufacture and trafficking of counterfeit “captagon” continued to seriously affect drug control efforts in the Middle East, especially given the continued political instability in many parts of the subregion. There are indications of the existence of clandestine laboratories manufacturing counterfeit “captagon” in the subregion, in particular in Lebanon and the Syrian Arab Republic, for domestic consumption as well as for illicit markets in Saudi Arabia and several other Gulf States. Some of those “captagon” tablets were also smuggled into Turkey or smuggled from the Syrian Arab Republic to Lebanon for onward trafficking to various countries in the Middle East. Iran (Islamic Republic of) and Jordan have also been identified by other countries in the subregion as possible countries of origin of amphetamine shipments.

691. While there are only limited official data available on trafficking of counterfeit “captagon”, certain notable seizures covered by the media may provide an indication of the extent of trafficking in the subregion. In June–July 2019, authorities of Greece seized three containers containing substantial amounts of “captagon” (5.25 tons, in the form of 33 million tablets) worth an estimated \$660 million, which was believed to have been shipped from the Syrian Arab Republic. Earlier, in December 2018, authorities of Greece detained a Syrian-flagged freight ship in the Mediterranean carrying about 3 million “captagon” tablets, believed to be destined for Libya. In two separate attempts to smuggle “captagon” from the territory of Lebanon, Lebanese authorities seized 142 kg of “captagon” from a refrigerated truck in April 2019 in an operation coordinated with the authorities of Saudi Arabia, and seized 10 kg at the Beirut Rafic Hariri International Airport in May 2019. Approximately 250,000 “captagon” tablets were seized at the Istanbul Atatürk Airport in March 2019, from a passenger on a flight bound for Saudi Arabia. In May 2019, Dubai Customs of the United Arab Emirates seized 5.7 million

“captagon” tablets that were hidden in a foodstuff container, bringing the total amount seized by Dubai Customs to about 11 million “captagon” tablets in the first five months of 2019. There have also been several reports of seizures of substantial amounts of “captagon” tablets by the authorities of Jordan, Saudi Arabia and the Syrian Arab Republic.

692. Central Asian countries continued to experience trafficking in psychotropic substances on their territories even though the amount of trafficking continued to be at lower levels than for other types of drugs. In particular, Kazakhstan seized 9.7 kg of psychotropic substances, including 2.6 kg of MDMA, compared with the 12.2 kg of psychotropic substances it seized in 2017, which had included 2 kg of MDMA. Kyrgyzstan seized 21 kg of psychotropic substances in 2018, which included small amounts of methamphetamine and MDMA, compared with almost no officially reported seizures of such substances in 2017. Tajikistan seized 1.8 kg of psychotropic substances in 2018, compared with 7.6 kg in 2017. Countries in the region also continue to face the problem of a lack of comprehensive data collection and forensic analysis with respect to such substances.

693. Large quantities of precursors are needed for opium processing in Afghanistan, and those precursors cannot easily be trafficked across the multiple mountainous borders and so must be transported on established roads and by railway. In 2018, the most widely seized precursor in Central Asia was hydrochloric acid, followed by acetic anhydride and potassium permanganate. The largest total quantity of hydrochloric acid and sulphuric acid seized in 2018 was that seized in Kyrgyzstan, where authorities seized a total of 3.2 tons of those precursors.

694. According to information provided by CARICC, in the period 2014–2018, only Tajikistan and Uzbekistan reported seizures of acetic anhydride (Uzbekistan in 2017 and Tajikistan in 2018). Tajikistan reported five seizures of precursors totalling 284 kg, including three seizures of acetic anhydride that totalled 266.5 kg. Afghanistan was suspected of being the country of destination for one of these seizures. According to CARICC, there is no evidence that any other seized substance was bound for Afghanistan. Uzbekistan seized 20 litres of acetic anhydride in 2017. Uzbekistan also reported seizures of 0.8 kg of potassium permanganate in 2018.

695. The position of Azerbaijan and Georgia along the opiate trafficking route means that their territories are also attractive as a route for trafficking in precursors, in particular acetic anhydride, which is used to manufacture heroin. Law enforcement authorities of Georgia seized

5 tons and 9.8 tons of acetic anhydride, respectively, in two operations conducted in February and April 2018 at the port of Poti, Georgia, on the Black Sea; they were the largest seizures of precursors in the country's history. The chemicals were destined for Afghanistan. According to UNODC, Azerbaijan reported only on seizures of potassium permanganate: 20.8 kg seized in 2017 and 5.5 kg seized in 2018. In 2017, less than 50 grams of ephedrine was seized in the entire Southern Caucasus, and all of it was seized in Georgia.

696. In 2018, law enforcement authorities of Afghanistan dismantled 33 heroin-manufacturing laboratories, compared with the dismantlement of 50 heroin-manufacturing laboratories and 3 methamphetamine-manufacturing laboratories in 2017. One methamphetamine-manufacturing laboratory was dismantled in the first six months of 2019.

697. There continues to be limited information available on trafficking and abuse of new psychoactive substances in most countries of West Asia due to the lack of monitoring and analysis capacities in those countries. The Board reiterates that although the countries of West Asia continue to adopt the necessary legislation and take the necessary steps to improve their law enforcement and forensic capabilities in order to counter new psychoactive substances, there is a strong need for a comprehensive regional approach to address the challenge.

698. The emergence of a growing number of new psychoactive substances continued to be reported by almost every country in Central Asia, which may suggest that the region is linked to international trafficking of both amphetamine-type stimulants and new psychoactive substances beyond the subregion. The Ministry of Internal Affairs of Kyrgyzstan reported an increase in total seizures of new psychoactive substances from 338 grams in 2017 to 18,928 grams in 2018. Uzbekistan reported a decrease in new psychoactive substance seizures, from 362 grams in 2017 to 166 grams in 2018.

699. There is limited information available on trafficking in new psychoactive substances in the Southern Caucasus. Although Azerbaijan reported an increase in seizures of psychotropic substances in 2018 (1,545.4 kg of powdered substances and 1,615 tablets) compared with 2017 (0.4 kg of powdered substances and 1,918 tablets), no information was reported on seizures of new psychoactive substances in the country. Georgia reported on the emergence of and increase in trafficking in new psychoactive substances, as it seized 6.5 kg of new psychoactive substances in 2018, while in 2017 it seized 1.5 kg. Police in Armenia reported on the seizure of 27 grams of new psychoactive substances in 2018, compared with 1.1 kg in 2017.

700. Countries in the Middle East continued to be affected by trafficking in and abuse of tramadol, a synthetic opioid not under international control. During the reporting period, there were several media reports on seizures of tramadol in the subregion, including in Iraq, Jordan, Kuwait, the State of Palestine and the United Arab Emirates. The countries of the subregion need to effectively prevent illicit manufacture and trafficking of tramadol while ensuring sufficient supply of this substance for medical needs. The countries of the subregion would benefit from more effective international law enforcement and criminal justice cooperation.

5. Prevention and treatment

701. The Board notes with concern that in some countries of the region access to treatment for drug dependence is possible only upon registration as a drug user, that registration as a drug user brings with it various limitations on that individual's career prospects, ability to travel and enjoyment of other rights, and that the prospect of having such limitations imposed is often a disincentive to seeking treatment. In many cases, registration as a drug user also results in serious social stigmatization that impedes recovery and social reintegration.

702. In addition, most countries in West Asia have difficulties finding the resources for conducting comprehensive and regular drug abuse studies and surveys, which hinders efforts to fully grasp the true extent of drug use and dependency in the subregion. Countries still lack the test and reference samples needed to carry out effective drug testing and analysis.

703. UNODC estimated that the Middle East and South-West Asia were the subregions with the highest past-year prevalence of opiate use (opium, morphine and heroin), at 1.6 per cent of the population in each subregion. South-West Asia was the subregion with the highest prevalence of HIV among people who inject drugs, 2.3 times the global average, and South-West Asia also had a higher than average proportion of injecting drug users.

704. Over the past decade, there has been a decline in the number of registered opiate users in Central Asia, which may be a result, at least in part, of the overall reduction in trafficking of those substances along the northern route. In 2018, there were 43,511 registered drug users in Central Asia, excluding Turkmenistan, for which no data were available. Of that total, 51 per cent were opiate users, of whom 86 per cent were heroin users and 14 per cent were opium users. Injecting drug users accounted for 56 per cent of registered drug users. Data

disaggregated by gender showed that 5 per cent of all drug users registered in 2018 were female drug users. UNODC estimated that the full scope of opiate use in Central Asia and the Southern Caucasus was likely much larger than what was suggested by the number of registered users, as the prevalence of use of opiates in those subregions combined was estimated to be 0.9 per cent.

705. In Azerbaijan, there were 30,131 registered drug users in treatment centres in 2017. Injecting remained the most frequently used method of administering opiates (70 per cent of users). Of those who registered as drug users in 2017, about 2 per cent were women.

706. Countries of Central Asia and the Southern Caucasus continued to witness an overall decline in injecting drug use, an increase in the prevalence of cannabinoid abuse, and an increase in abuse of psychoactive medicines as part of polydrug use. It should be noted that alcohol addiction remained more prevalent than illicit drug addiction. The most used types of stimulants in Central Asia and the Southern Caucasus, in order of greatest prevalence, are amphetamine, methamphetamine and “ecstasy”.

707. According to UNODC, the proportion of the population aged 15–64 who inject drugs remains relatively high in Central Asia and the Southern Caucasus, with rates that are 3.4 times the global average (i.e., more than triple). UNAIDS found that in Eastern Europe and Central Asia, people who inject drugs accounted for more than one third (39 per cent) of new HIV infections in 2017. Other research found that in Central Asia, approximately one in five people held in prison have injected drugs at least once while incarcerated.

708. Opioid consumption patterns in the countries of South-West Asia remain diverse. UNODC found that in Afghanistan, nearly 70 per cent of opioid users reported using opium and there was also significant abuse of heroin and pharmaceutical opioids. In the Islamic Republic of Iran, nearly 90 per cent of opioid users reported using opium or the condensed extract of smoked opium ashes. In Pakistan, according to the most recently available data, for 2012, excluding polydrug use among opioid users, of the estimated 2.7 million opioid users, 1.6 million also reported the non-medical use of pharmaceutical opioids, whereas over 1 million people were estimated to be regular opiate users, of whom the majority were heroin users (860,000) while one third were opium users (320,000). While the use of opiates (heroin and opium) was much higher among men than among women in Pakistan, almost equal percentages of men and women in that country reported the non-medical use of pharmaceutical opioids.

E. Europe

Record amounts of high-purity cocaine seized, together with the increasing prevalence of cocaine use among adults, suggest that cocaine use is on the rise in Europe.

The discussion of different approaches to regulating cannabis has figured prominently in the policy debate on drug control across Europe.

1. Major developments

709. A recent surge in the availability of high-purity cocaine across Europe, now also including Eastern European countries that had been targeted to a lesser extent in the past, appears to have made the drug an affordable commodity and the preferred stimulant for many drug users in the region. Record seizures of cocaine in several European countries in 2018 and 2019 may also indicate an increasing trend in cocaine trafficking, with European overseas territories increasingly being used as transit points, according to EMCDDA.

710. An increasing number of European countries were in the process of exploring regulatory approaches to the cultivation of cannabis for medical purposes during the reporting period, or had already set up cannabis agencies and instituted medical cannabis programmes by 2019. In a few countries, there were indications of steps being taken towards legalization of the non-medical use of cannabis at the national level. However, the majority of European countries allow cannabis to be used only for medical and scientific purposes, in keeping with their obligations under the 1961 Convention as amended by the 1972 Protocol, while many continue not to permit medical uses of the substance at all. An EMCDDA paper entitled “Developments in the European cannabis market”, published in 2019, presents the diverse range of cannabis-based products available in Europe and highlights the complexity of regulatory frameworks necessary to manage their appropriate distribution.

711. The Russian Federation, in July 2019, passed legislation authorizing the cultivation on its territory of opium poppy plants (*Papaver somniferum*) for the purpose of extracting alkaloids. More specifically, the new law allows for the cultivation of varieties of opium poppy rich in morphine, thebaine and codeine and the processing of poppy straw for the purpose of manufacturing pharmaceutical or veterinary preparations containing these opiates.

2. Regional cooperation

712. A number of well-established regional cooperation frameworks and intergovernmental organizations of varied composition and geographical scope, such as the European Union, EMCDDA, the Pompidou Group of the Council of Europe, OSCE, Europol, the European Border and Coast Guard Agency (Frontex), and others have continued to act as the primary vehicles for regional cooperation in Europe. In addition, a multitude of multilateral law enforcement operations involving several European countries were undertaken, many of which resulted in considerable drug seizures.

713. In an effort to evaluate the effectiveness of European precursor control legislation, the European Commission conducted an in-depth review of the implementation and functioning of four legislative documents, which reflect the exclusive competence of the European Union to regulate the trade in chemicals in all of its member States. The last phase of the process, which started in 2017, involved a public consultation that concluded in November 2018. The results of the evaluation and any necessary amendments to existing European Union regulations were expected to be published in the last quarter of 2019.

714. In November 2018, the Pompidou Group of the Council of Europe adopted its new work programme for the period 2019–2022. Its three thematic priorities are centred on good governance; international drug policy development for 2019 and beyond, with particular focus on contributing to the achievement of the Sustainable Development Goals; and new psychoactive substances. A new element under the good governance pillar is aimed at reducing drug-related stigmas in order to remove some of the barriers to drug users' access to health care and social services.

715. In December 2018, new formal cooperation agreements were signed between EMCDDA and two European agencies, the European Chemicals Agency and the European Food Safety Authority, in the context of the European Union early warning system to respond to new psychoactive substances. Existing agreements between EMCDDA and Europol, the European Centre for Disease Prevention and Control and the European Medicines Agency were updated at the same time.

716. In July 2019, the Thirteenth Meeting of Heads of National Drug Law Enforcement Agencies, Europe, was held in Lisbon, bringing together some 70 participants from 24 Member States and 7 organizations. The recommendations addressed a range of issues. In one of the recommendations, it was recommended that Governments

should consider the use of artificial intelligence in analysis, profiling, cross-checking information and other investigative efforts with a view to adapting to the changing criminal environment.

3. National legislation, policy and action

717. On 3 July 2019, the Russian Federation passed a federal law permitting on its territory the cultivation of the opium poppy plant (*Papaver somniferum*) for the production of poppy straw. More specifically, the law allows for the cultivation of varieties of opium poppy rich in morphine, thebaine and codeine and the processing of poppy straw for the purpose of manufacturing pharmaceutical or veterinary preparations containing those opiates. According to government authorities, the rationale for this step was to satisfy domestic demand for life-saving medications containing opiates. In addition, the law provides a legal basis for the cultivation of opium poppy to produce poppy seeds for culinary purposes.

718. Belgium paved the way for the creation of a national cannabis agency by providing a legal basis for the establishment of a cannabis office within its Federal Agency for Medicines and Health Products. A bill passed in April 2019 requires further executing regulations in order for the cannabis office to become operational and start overseeing the cultivation of cannabis for medicinal purposes. Similarly, Croatia (in April 2019) and Malta (in April 2018) permitted cultivation of cannabis for medical purposes. In Portugal, where cultivation of cannabis for medicinal purposes had been authorized since 1994, legislation was passed in July 2018 and additional implementing regulations were adopted in January 2019 regarding the prescription, use and dispensation of cannabis for medical use through pharmacies, thereby achieving control of the full production chain from cultivation to distribution. **The Board wishes to remind all States that have established medical cannabis programmes or that are considering doing so of the control measures set forth in articles 28 and 23 of the 1961 Convention as amended by the 1972 Protocol.**

719. Short of permitting the cultivation of cannabis for medicinal purposes, many European countries for the first time allowed the use of cannabis-based medicinal products or were in the process of creating the necessary legal framework to do so during the reporting period. Following the approval of its National Agency for Medicines and Health Products Safety in July 2019, France was in the process of devising the regulatory framework for an experiment on the use of cannabis-based medicinal products to

treat certain medical conditions under strictly defined conditions. The experiment was expected to be launched in 2020. With effect from 1 November 2018, the United Kingdom introduced legislative changes providing a definition of the type of products falling within the category of “cannabis-based products for medicinal use” and permitting their prescription by registered specialist doctors based on clinical need, not limiting prescriptions to any particular medical condition. Raw cannabis (whether plant or resin) was unaffected by the change and remained a class B drug under the Misuse of Drugs Act of 1971.

720. In the course of 2019, the Netherlands has taken steps to introduce a pilot programme for the production and commercial distribution of cannabis for non-medical purposes, referred to as the “closed cannabis supply chain experiment”. Under the programme, the cultivation and wholesale supply of cannabis to so-called “coffee shops” was expected to be legalized in up to 10 municipalities for a trial period of four years, followed by an evaluation of the “experiment” and its effects on public health, public order, safety and crime. As of August 2019, 10 municipalities (not including the 4 largest ones: Amsterdam, Rotterdam, The Hague and Utrecht) had been selected from among some two dozen that had expressed an interest in participating in the programme. As of 1 November 2019, the legislation necessary to enable the official “preparation phase” of the experiment to be launched in 2020, commencing with a public tender to select a limited number of local producers, had been partially approved in January 2019. Municipalities not selected to participate in the trial will continue to enforce the applicable national laws, which generally prohibit the cultivation, distribution and use of cannabis, with the option of tolerating (i.e., not enforcing the prohibition of) the sale and purchase of small amounts for personal use in “coffee shops” under certain conditions.

721. In late 2018, Luxembourg announced its intention to legalize the cultivation, distribution, possession and use of cannabis for recreational purposes within five years. An interministerial task force was reported to be in the process of drafting a corresponding legislative proposal. The use of (imported) cannabis for medical purposes, prescribed by specially trained medical professionals and distributed exclusively through hospital pharmacies, was permitted in August 2018 for a trial period of two years.

722. **The Board wishes to remind all parties to the 1961 Convention as amended by the 1972 Protocol that article 4 (c) of that Convention limits exclusively to medical and scientific purposes the production, manufacture, export, import and distribution of, trade in and**

use and possession of drugs and that any measures allowing for the non-medical use of cannabis are in violation of the legal obligations incumbent upon parties to the Convention.

723. A number of countries in the region amended their national laws to subject new psychoactive substances and other substances of concern to national control in 2018 and 2019. Those countries included Germany (new substance groups were added and existing ones were amended or enlarged in its generic schedules under the New Psychoactive Substances Act, which entered into force in 2016), the Russian Federation (47 new psychoactive substances scheduled at the national level), Serbia (15 substances scheduled, including tramadol), Spain (6 new psychoactive substances scheduled) and Sweden (36 new psychoactive substances scheduled, 15 as narcotic drugs and 21 as goods endangering health). Malta brought its laws in line with European Parliament and Council of the European Union directive 2017/2103, which defines new psychoactive substances as substances in pure form or in a preparation that are not covered by the 1961 Convention as amended by the 1972 Protocol or by the 1971 Convention but may pose health or social risks similar to those posed by the substances covered by those Conventions. The United Kingdom also classified pregabalin and gabapentin as class C drugs under the Misuse of Drugs Act of 1971 with effect from 1 April 2019.

724. Since February 2019, Croatia has applied a generic approach to controlling new psychoactive substances at the national level, targeting groups of substances and chemical compounds rather than individual substances. Poland also introduced generic definitions for four groups of new psychoactive substances that now fall under the act counteracting drug addiction and State sanitary inspection as a result of a comprehensive amendment passed in August 2018. The groups include derivatives of fentanyl, cathinone and 2-phenylethylamine, as well as synthetic cannabinoids. The amendment also redefined new psychoactive substances, putting them on a par with narcotic drugs and psychoactive substances and thereby attaching criminal sanctions to their use and possession; previously, sanctions had been administrative in nature for that category of substances.

725. In 2018, the United Kingdom conducted a mandated review of its Psychoactive Substances Act 2016, covering the first 30 months since the Act had entered into force, with a view to assessing whether its aims were being achieved. The results of the review were published in November 2018. The review found that open retail sale of new psychoactive substances had been largely eliminated in the wake of the entry into force of the Act and

that there had been a significant drop in their use in the general population, particularly among youth, with an associated reduction in health-related harms. At the same time, the Act was found not to have had any significant impact on the emergence of new psychoactive substances or on their online sale, neither through the clear web nor through the darknet, and it appeared that street dealers had replaced retail shops as the main source of supply for users.

726. The Russian Federation placed seven precursors under national control in 2018, including the internationally controlled fentanyl precursor *N*-phenethyl-4-piperidone (NPP) and six precursors not under international control. 4-Anilino-*N*-phenethylpiperidine (ANPP), another internationally controlled precursor of fentanyl, was moved from catalogue I to catalogue IV of the relevant national schedules in 2018. In February 2019, the requirements regarding thresholds for precursors of fentanyl under catalogue I of the relevant national schedules were removed and five more substances were added to that catalogue.

727. In addition to amending its existing legislation on psychotropic substances and precursors (in July 2018 and April 2019), Serbia adopted in 2019 a comprehensive set of by-laws concerning procedures related to precursor control, including by-laws on licensing, import and export authorizations, and statements concerning the end user of a traded precursor.

728. Since 1 January 2019, French customs authorities have been entitled to request and be provided with data stored and processed by hosting and Internet service providers, as well as telecommunication operators, in order to ascertain whether, according to the Customs Code of that country, a drug offence may have been committed.

729. Spain finalized its first plan of action for the period 2018–2020 under the national strategy on addictions covering the period 2017–2024. Social reintegration features prominently as one of the areas to be strengthened in the context of the comprehensive care approach adopted in the national strategy. In January 2019, Croatia published a comprehensive report on the implementation of activities undertaken under its National Strategy on Combating Drug Abuse for the period 2012–2017 and the two three-year action plans covering that period. The report contains detailed statistics and findings on the drug abuse situation in the country during that period.

730. In the United Kingdom, a prison drug strategy was published in April 2019; it builds on the *2017 Drug Strategy*, published by the Home Office. According to the

prison drug strategy, the number of incidents where drugs were found in prisons increased by 23 per cent in the period 2017/18 compared with the previous 12-month period. The prison drug strategy mirrors the three objectives of the 2017 drug strategy: restricting supply, reducing demand and building recovery. The prison drug strategy is not time-bound, it focuses on improving capacity in five areas, it comes with a catalogue of continually updated good practice guidance for prison governors and staff and it requires prisons at the national and subnational levels to implement their own tailored drug strategies by September 2019.

731. The Russian Federation passed new legislation on palliative care in March 2019. The law is to provide improved access for terminally ill patients to pain relief medications, in particular preparations containing narcotic drugs and psychotropic substances, alongside other support services.

732. In March 2019, Greece became the most recent European country to provide a legal framework for “drug consumption rooms” or supervised drug use areas to operate on its territory. To access such areas, which are to be authorized by the Ministry of Health, and to make use of the care and services provided in those areas, inclusion in the government-maintained register of recipients of such services will be a prerequisite. “Drug consumption rooms” are already operating, on a trial or permanent basis, in Belgium, Denmark, France, Germany, Luxembourg, the Netherlands, Norway, Portugal, Spain and Switzerland, while a legal basis for their operation exists in Ireland (since 2017), and governmental initiatives seeking to introduce supervised drug injection facilities are under way in several other European countries, including Finland and Iceland.

733. In line with its earlier observations on the operation of “drug consumption rooms” in different countries, the Board wishes to reiterate that the ultimate objective of such measures is to reduce the adverse consequences of drug abuse without condoning or encouraging drug trafficking. Accordingly, any such facility must provide, or refer recipients of its services to, treatment, rehabilitation and social reintegration services.

4. Cultivation, production, manufacture and trafficking

734. Drug trafficking trends and patterns generally remained stable in Europe, with minor changes observed in relation to individual substances. Cannabis (including both herb and resin) remained the most frequently seized

drug and the substance seized in the highest quantities in 2017 in the member States of the European Union. However, the figures for cannabis herb almost doubled in 2017 compared with the figures for 2016 (210 tons were seized in 2017 compared with nearly 124 tons in 2016 in about the same number of seizures as in 2017), while the figures for cannabis resin remained relatively stable, both in terms of the number of seizures and the quantities seized (466 tons were seized in 2017 compared with some 424 tons in 2016). Italy alone accounted for some 43 per cent of the total amount of cannabis herb seized in the European Union in 2017 (more than 90 tons); it was followed by Spain (about 34.5 tons). At the same time, Spain accounted for almost 72 per cent of the total amount of cannabis resin seized in the European Union member States (almost 335 tons); that country was followed by France, where a significantly smaller amount of that drug was seized (some 67 tons).

735. Cannabis was also the most frequently encountered drug in both drug possession and supply offences reported in the European Union in 2017, with 75 per cent of an estimated total of 1.2 million cases involving the use or possession of cannabis and 57 per cent of an estimated 230,000 cases involving the supply of cannabis.

736. The amount of heroin seized in Europe has also been stable for a number of years. Illicit heroin manufacturing sites discovered in recent years in Bulgaria, Czechia, the Netherlands and Spain, in combination with higher amounts of opium and morphine seized, indicate that some manufacturing of heroin from morphine may be taking place closer to European consumer markets. Of all the European Union member States, the Netherlands seized the highest quantity of heroin in 2017 (1.1 tons), representing about a fifth of all heroin seized within the European Union that year; that country was followed by the United Kingdom (844 kg) and Bulgaria (698 kg).

737. Opioids other than heroin (including prescription opioids such as methadone, buprenorphine, tramadol, fentanyl derivatives, codeine, dihydrocodeine and oxycodone, as well as opium and morphine) were seized in markedly increased quantities in 2017, although those seizures accounted for a small share of the total quantity of seized opioids. Seized amounts of tramadol and fentanyl derivatives increased in 2017 for the second year in a row.

738. Record seizures of cocaine were reported in 2018 and 2019 in several countries, including Belgium (a total of 53 tons seized in 2018, up from nearly 45 tons in 2017), France (individual seizures of about a ton and a half in 2018, as well as in 2019) and Germany (4.5 tons in a single seizure in 2019, representing the largest single seizure of cocaine ever made in the country). Since at least 2011,

the same four countries – Belgium, France, the Netherlands and Spain – have seized the highest amounts of cocaine in the European Union. In 2017, the total amount of cocaine seized in the European Union was more than 140.4 tons, the highest amount ever recorded (almost double the amount seized in the previous year (70.8 tons)).

739. Cocaine trafficking has recently been linked to the activities of numerous organized criminal groups from Colombia, Morocco, Spain and the Balkan countries, most of which are operating out of major European ports. An EMCDDA trendspotter study entitled “Recent changes in Europe’s cocaine market”, published in 2018, found that European overseas territories such as French Guiana and the French West Indies (Guadeloupe, Martinique, Saint Martin and Saint-Barthélemy) are increasingly being used as transit areas between producing countries in South America and the European mainland. In addition, according to the study, traffickers are making increased use of online drug markets to manage low-volume cocaine sales and are supplying the drug directly to consumers.

740. Europe continues to be a major source of the world’s supply of amphetamine-type stimulants, including amphetamine, methamphetamine and MDMA, and a significant share of the manufacture of such stimulants takes place in Belgium and the Netherlands.

741. Greek authorities effected the largest seizure of “captagon” (amphetamine) pills ever recorded in Europe in June–July 2019 in the port of Piraeus: some 33 million “captagon” pills – more than five tons of tablets. According to government sources, the shipment, concealed in three containers carrying medium-density fibreboard, originated in the port of Latakia, in the Syrian Arab Republic, and the suspected destination was China.

742. Within the European Union, 55 new psychoactive substances emerged and were reported through the early warning system of the European Union in the course of 2018; that represents an average of about one new substance per week. According to EMCDDA, the emergence of new psychoactive substances appeared to have slowed down in the European Union since the period 2013–2014. However, a considerable number of substances identified in earlier years have remained. New synthetic opioids (including fentanyl derivatives) continued to play a limited role in the European drug market, while the number, type and availability of benzodiazepines not under international control appeared to have increased in the past few years.

743. Seizures of precursors and pre-precursors (including both scheduled and non-scheduled substances that can be easily converted to internationally controlled precursors,

usually through a simple chemical synthesis step), especially those used in the manufacture of amphetamine-type stimulants such as methamphetamine or MDMA (“ecstasy”), continued to be effected in large quantities in European countries during the reporting period. A fully equipped illicit drug laboratory, including several tons of precursor chemicals used in the large-scale manufacture of crystalline methamphetamine, was discovered in Belgium, and a “floating” illicit methamphetamine laboratory was discovered in the Netherlands (an unprecedented occurrence in that country) on board a large cargo ship, where more than 300 litres of methamphetamine oil and drug-manufacturing equipment were seized.

744. At the same time, there has been a significant increase in seizures of acetic anhydride (a key substance frequently used in the illicit manufacture of heroin) in Europe in the past two years, along with an increase in the detection of sites using that precursor for illicit heroin manufacture.

745. 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 2019 on the implementation of article 12 of the 1988 Convention.

5. Prevention and treatment

746. Overall, the situation with respect to the prevalence of drug abuse within the European Union remained largely unchanged in 2018 compared with the previous year. Based on 2017 data, EMCDDA estimated that about 29 per cent of the adult population, or some 96 million adults, had used illicit drugs at least once during their lives, while five years earlier about a quarter of the adult population in the European Union (over 80 million adults) was estimated to have used such drugs at least once. Data on the prevalence of drug use are generally available and of high quality in many parts of Europe.

747. In 2018, cannabis continued to be the most commonly used illicit drug in European Union member States, its prevalence having remained five times higher than that of other drugs for at least the past four years, with a number of countries having reported increased use of cannabis among youth.

748. Among stimulants, cocaine continued to be the most commonly used illicit drug, albeit more prevalent in countries in Southern and Western Europe, while, based on 2017 data, EMCDDA reported growing evidence of a

potential increase in the injection of stimulants, including cocaine, amphetamines and synthetic cathinones. The findings of the largest European wastewater analysis project focusing on stimulants and covering some 70 cities and towns in 2018 showed that patterns of use varied significantly in the region by type of drug, timing and location of use. For example, cocaine and MDMA (“ecstasy”) use appeared higher in large cities than in smaller urban areas, and the highest levels of those drugs and amphetamine (so-called “party drugs”) were detected in the wastewater during the weekend; furthermore, the highest levels of MDMA and cocaine appeared in the wastewater of cities in countries in Western Europe (MDMA in cities in Belgium, Germany and the Netherlands and cocaine in cities in Belgium, the Netherlands, Spain and the United Kingdom), while the highest levels of amphetamine were concentrated in the wastewater of cities in countries in Northern and Eastern Europe.

749. In 2017, Europe was the region with the second highest prevalence of opiate use in the world (0.59 per cent, second to Asia with 0.72 per cent). Heroin has also remained the most commonly used opioid in European Union member States, although the abuse of other synthetic opioids such as fentanyl, methadone and buprenorphine appears to be on the rise. In Estonia, fentanyl has overtaken heroin as the primary opioid reported as the basis for seeking specialized treatment; and in Finland, the majority of opioid users sought treatment primarily for the use of buprenorphine. In fact, 22 per cent of all persons seeking treatment for opioid-related health issues in the European Union now cite as their primary drug opioids other than heroin (including codeine, morphine, tramadol and oxycodone, in addition to the above-named substances).

750. In June 2019, OECD published a report entitled “Addressing problematic opioid use in OECD countries”. The report found that the average number of opioid-related deaths among the 25 OECD members for which data were available had increased by 20 per cent in the period 2011–2016. Although that average includes data for the United States, where the opioid crisis has hit the hardest in recent years, the report also found a pronounced rise in opioid-related deaths in many areas in Europe, including (in decreasing order, from the most to the least pronounced rise) Sweden, the United Kingdom (England and Wales), Lithuania, Norway and Ireland. The data include deaths associated with the abuse of heroin and other opioids, as well as the abuse of prescription opioids. Overall, deaths associated with fentanyl and its analogues were likely to have been underestimated according to the EMCDDA report entitled “Drug-related deaths and mortality in Europe”. With regard to general drug-induced

mortality, Estonia and Sweden reported the highest death rates in Europe in 2017 (130 and 92 deaths per million inhabitants aged 15–64, respectively).

751. According to official statistics released in July 2019, the United Kingdom (Scotland) recorded an increase of 27 per cent in drug-related deaths in 2018 compared with the year before, the highest number of drug-related deaths since the recording of such deaths began (i.e., since 1996) and more than double the number recorded in 2008. Of the 1,187 drug-related deaths registered in 2018 in Scotland, most (i.e., about two thirds) were among the age group 35–44 (37 per cent) and the age group 45–54 (29 per cent), and 72 per cent of the deceased were male. In 86 per cent of all drug-related deaths, one or more opiates or opioids (including heroin/morphine and methadone) were involved. Benzodiazepines were implicated in, or potentially contributed to, 67 per cent of the cases recorded, indicating a high proportion of polydrug use. In Scotland, the drug-death rate (relative to the number of people aged 15–64) was found to be higher than that reported for all European Union member States and (per head of population) appeared to be almost three times that of the United Kingdom as a whole.

752. In absolute terms, Europe is also the region with the second highest prevalence of “ecstasy” use, with an estimated 4 million users (second to Asia, with an estimated 11.5 million users, and followed by the Americas, with an estimated 3.5 million).

753. Several countries have undertaken comprehensive efforts to further improve their datasets and provide a detailed picture of the drug use situation during the reporting period. In Poland, the National Bureau for Drug Prevention conducted or commissioned more than a dozen studies in the course of 2018 and 2019 to examine different aspects of drug use patterns among various population groups in the country. Apart from collecting national samples for prevalence studies involving different target groups, including substance abuse among youth, needle-and-syringe clients, in schools and in prison settings, numerous data collection efforts were dedicated to better understanding the specific threat posed by new psychoactive substances. In the same period, Belgium conducted Health Interview Survey 2018, studying the general condition of health of its population and identifying main health issues, including drug use, as well as factors and behaviours that might be determinant in this regard. The results were published in October 2019.

754. A variety of drug abuse prevention efforts were initiated or ongoing in many European countries in 2018 and

2019. In Serbia, for example, the Ministerial Commission for the Prevention of Drug Use launched a six-month awareness-raising campaign that ended in February 2019 and saw the participation in interactive forums of over 31,000 students, more than 5,400 teachers and some 1,500 parents, as well as health professionals, social workers, judges, prosecutors, police officers and other relevant stakeholders, to increase understanding of the harmful effects of drug use on young people. The forums followed a methodology developed by the Ministerial Commission, comprised of seven ministers whose work programme also is aimed at strengthening young people’s self-confidence, resilience and their capacity to resist in the face of drug-using peers, and identifying meaningful alternatives to drug use. In Italy, among the numerous prevention activities undertaken during the reporting period, two areas of focus were the prevention of road accidents caused by driving under the influence of drugs and alcohol and a more responsible use of the Internet by minors to limit exposure to dangerous psychoactive substances.

F. Oceania

Drug trafficking through the Pacific islands en route to Australia and New Zealand is of increasing concern and poses a security and public health challenge to the countries of the region.

1. Major developments

755. Drug trafficking through the Pacific islands en route to Australia and New Zealand is of increasing concern. The low level of adherence to the three international drug control treaties coupled with the unique geography of the region renders the Pacific islands vulnerable to drug trafficking and drug-related organized crime. In addition to large seizures seen in the Pacific islands of drugs that were destined for Australia and to a lesser extent New Zealand, domestic seizures of smaller quantities and observations in the region appear to indicate growing levels of drug abuse in some Pacific island States.

756. There were increasing concerns about trafficking in drugs such as methamphetamine in the Pacific islands, as noted by the Regional Policy Consultations of the Pacific Islands Forum, which identified trafficking as an emerging issue to be covered by the Forum in 2019. The Regional Security Declaration (the “Boe Declaration”) endorsed by Forum Leaders at the Forty-Ninth Pacific

Island Forum held in Nauru from 3 to 6 September 2018 recognized an increasingly complex regional security environment driven by multifaceted security challenges. In the Forum communiqué, Forum Leaders welcomed the decision by the Government of Australia to work with regional security agencies to establish the Pacific Fusion Centre to strengthen information-sharing and maritime domain awareness to inform responses to threats such as drug trafficking and transnational crimes. The Pacific Fusion Centre was to build on existing security architecture, including the Pacific Transnational Crime Coordination Centre.

757. The Board reiterates its concern that many of the non-parties to the three international drug control conventions are located in Oceania.⁸¹ The Board remains engaged with the countries of the region to support their steps towards treaty adherence and implementation and welcomed the accession of Palau to the 1988 Convention. The Board urges those States that are not yet party to all three drug control conventions to take steps towards accession as a matter of priority. In addition, the Board calls on countries and international and regional organizations that provide support to the non-parties in the region to aid the efforts of the non-parties to accede to the treaties as a matter of priority.

2. Regional cooperation

758. The Transnational, Serious and Organized Crime Pacific Taskforce was launched by the law enforcement agencies of Australia, Fiji, New Zealand and Tonga in February 2019. The goals of the Taskforce are to (a) enhance the sharing of information between participants through the established Pacific Transnational Crime Network, the Pacific Transnational Crime Coordination Centre and transnational crime units; (b) investigate and disrupt transnational serious and organized crime entities operating from, through or impacting the participant countries; (c) target organized crime entities or syndicates utilizing small craft to move illicit drugs and facilitate other organized criminal activity; (d) demonstrate the commitment of participants to effective multinational cooperation and effectiveness in combating transnational organized crime; and (e) strengthen cooperation to conduct expanded investigations on transnational organized criminal groups.

⁸¹Seven of the 10 States yet to accede to the 1961 Convention are in Oceania: Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu. Eight of the 13 States not party to the 1971 Convention are in Oceania: Cook Islands, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tuvalu and Vanuatu. Four of the 7 non-parties to the 1988 Convention are in Oceania: Kiribati, Papua New Guinea, Solomon Islands and Tuvalu.

759. The twenty-first annual conference of the Oceania Customs Organization took place in May 2019 in Saipan, Northern Mariana Islands, attended by 21 member customs administrations and representatives of international and regional organizations, including the Pacific Islands Chiefs of Police. Topics discussed at the conference included trade facilitation, revenue mobilization, border security and digital capacity. The INCB secretariat participated in the conference to highlight challenges in addressing trafficking in synthetic drugs and related substances to and through the small island States of the region. In particular, the Board's secretariat provided information on the trafficking of fentanyl-related substances by means of international mail and express courier services, and demonstrated the use of the Board's IONICS system. In 2019, the Board signed a memorandum of understanding with the Oceania Customs Organization to facilitate cooperation in countering trafficking in narcotic drugs, psychotropic substances, new psychoactive substances and precursor chemicals.

760. The 2019 PICP conference, on "Preventing drug harm within our communities", was held in American Samoa in August 2019, at which a draft PICP strategic plan was presented. At a meeting of the PICP Executive Leadership Team held in Sydney in early 2019, the Pacific Transnational Crime Network gave a presentation on crime trends across the Pacific, focusing on illicit drugs, human trafficking and gang movements.

761. At the meeting of the Pacific Island Law Officers' Network held in the Cook Islands in October 2018, the PICP Secretariat gave a presentation on current activities and the Pacific Methamphetamine Action Plan. According to the PICP Secretariat, the Network had completed an analysis of legislation on methamphetamine in the Pacific island region. A Pacific Transnational Crime Network Team Leaders' Meeting held in Fiji in September 2018 included a workshop to identify actions to support the Pacific Methamphetamine Action Plan.

3. National legislation, policy and action

762. In August 2019, Palau acceded to the 1988 Convention, a development which was welcomed by the Board. In an executive order issued in April 2019, the President of Palau referred, inter alia, to the growing incidence of drug trafficking. The executive order stated that the policy of the Government was to strengthen border security, and it set out measures to secure ports of entry and prevent the entry of foreign nationals intending to commit any form of transnational crime.

763. In Tonga in June 2019, representatives of Government, churches and young people participated in a two-day meeting to discuss and review the draft first national illicit drugs policy. The five-year policy aims at building a safe, healthy and resilient Tonga through effective prevention and enhanced enforcement and by progressively reducing harm, and was approved by the Tongan Cabinet in October 2019. The policy had six strategic areas of focus: supply reduction and alternative development; demand and harm reduction; improved coordination and control; international and regional cooperation; improving data collection, analysis and information-sharing; and compliance with human rights. Also in 2019, the Tonga Police announced that a drug task force had been initiated.

764. In Samoa, participants doing training on the Universal Treatment Curriculum for Substance Use Disorders completed a training course on basic counselling skills for addiction professionals as a step towards their certification as alcohol and drug addiction counselors. The training was facilitated through the Colombo Plan in partnership with the Government of Samoa, with funding from the United States State Department Bureau of International Narcotics and Law Enforcement Affairs.

765. The Misuse of Drugs (Medicinal Cannabis) Amendment Act 2018 came into effect in New Zealand in December 2018. As a result, people with terminal illnesses have an exemption and statutory defence for possessing and using cannabis, and CBD is no longer a controlled drug at the national level. Within a year of coming into effect, the Minister of Health must recommend regulations establishing standards for medicinal cannabis products, and those regulations will be a key element of the medical cannabis programme to be established. In 2019, the drug legislation of New Zealand was amended, inter alia, to reaffirm the existing discretion in prosecuting for possession and use, with the specification that when considering whether a prosecution is required in the public interest, in addition to any other relevant matters, consideration should be given to whether a health-centred or therapeutic approach would be more beneficial to the public interest, and to make it possible to issue temporary drug orders for emerging and potentially harmful substances of abuse.

766. In September 2019, the Legislative Assembly of the Australian Capital Territory, a self-governing territory within the Australian federal system of government, adopted legislation which, once in force, will create exceptions to existing criminal offences for persons over the age of 18 for the following: possession of up to 50 grams of cannabis for non-medical purposes; and cultivation of

up to two cannabis plants (with a maximum of four plants per household). The Board remains engaged in dialogue with the Government of Australia with a view to ensuring the full implementation by Australia of its international legal obligations under the international drug control legal framework. The Government of New Zealand announced that on the occasion of the general election in 2020 a referendum would be held on the legalization and regulation of cannabis. The Board remains engaged in dialogue with the Government of New Zealand, including through its mission to the country held in September 2019. The Board recalls that the 1961 Convention as amended, to which Australia and New Zealand are parties, requires States parties to limit the use of narcotic drugs exclusively to medical and scientific purposes.

767. Noting plans in the region to permit the cultivation of cannabis for medical and scientific purposes, the Board reminds Governments of the need to respect the requirements of the 1961 Convention as amended and that controls must be in place to ensure that material is not diverted to the illicit market. The Board also notes that, according to the terms of the 1961 Convention as amended, the overproduction of cannabis for medical and scientific purposes should be avoided and currently, as reported to the Board, this supply is being met through existing licit sources.

768. In New Zealand, in December 2018, a report was released containing the findings of a government enquiry into mental health and addiction, with recommendations covering, inter alia, prevention, treatment and rehabilitation, regulation, and responses to possession of drugs for personal use. In response, the Government announced a number of related initiatives in connection with its 2019 budget, focusing on mental health and addiction support. The initiatives announced included the expansion of access to primary mental health and addiction support, enhancement of specialist drug services, a new acute drug harm response discretionary fund, establishment of a drug early warning system, and addiction training focusing on communities experiencing harm from synthetic drugs.

769. In September 2019, the final report of the review of the Narcotic Drugs Act 1967 was submitted to the Parliament of Australia. The report contains 26 recommendations to improve the regulatory framework for the cultivation, production and manufacture of medicinal cannabis in Australia. The recommendations were accepted by the Government and would be implemented through a two-stage process commencing as of the end of 2019.

770. Efforts continued in Australia to address the illicit supply of methamphetamine. For example, in February 2019, a specialist multi-agency team was established in the State of South Australia, led by the South Australia Police and comprising members of agencies such as the Australian Federal Police, the Australian Border Force and the Australian Criminal Intelligence Commission. The Western Australia Police Force started use of its “meth enforcement vans”, which were equipped with forensic testing facilities, drug detection devices and specialist communications equipment, and were used to counter trafficking of methamphetamine on state highways.

771. In Australia, following a public consultation on prescription opioids in 2018, an Opioid Regulatory Advisory Group was established to provide independent, expert advice. As a result of the Group’s advice, for example, smaller pack sizes would be introduced for immediate-release prescription opioid products, specific warnings for health professionals and consumers would be required for all prescription opioids, and consumers were being encouraged to return unwanted opioids for destruction.

4. Cultivation, production, manufacture and trafficking

772. Large quantities of drugs, mainly cocaine and methamphetamine, continue to be seized in the island States of the region. For example, a record seizure of 500 kg of cocaine was made on a yacht in Honiara, Solomon Islands, in September 2018, as a result of a joint investigation with Australian authorities. A seizure of 6.7 kg of methamphetamine, 625.29 grams of cannabis and 107.29 grams of cannabis oil was made in Tonga in April 2019, detected in a shipment sent from the United States. Also in April 2019, approximately 3 kg of methamphetamine were seized in a drug operation in Tonga. A number of seizures of smaller quantities of methamphetamine were also reported in Tonga in the past year, indicating the possibility of abuse of methamphetamine in the country. Cooperation between law enforcement authorities in Fiji and New Zealand resulted in seizures of methamphetamine that was alleged to have been trafficked from the United States to New Zealand, as well as the seizure of 39 kg of cocaine in Fiji.

773. A varying trend is observed in the quantity of methamphetamine seized in Oceania: following an upward trend in seizure quantities over the period 2009–2014 and a subsequent decline over the period 2014–2016, there was an increase again in 2017. Australia and New Zealand accounted for 93 per cent and 7 per cent,

respectively, of the quantity of methamphetamine seized in the region in the period 2013–2017. A ninefold increase in the quantity of “ecstasy” seized in the period 2013–2017 was reported in Oceania, which accounted for one fifth of the quantity of “ecstasy” seized worldwide in that period.

774. The amount of amphetamine-type stimulants (excluding MDMA), predominantly methamphetamine, detected at the Australian border (2.95 tons) increased by 61 per cent from 2016/17 to 2017/18, and the amount of MDMA detected at the border increased by 59.6 per cent over that period, to 1.42 tons in 2017/18. Over the same period, total seizures of amphetamine-type stimulants (including MDMA) in Australia increased by 48 per cent to 11.2 tons.

775. A change in the pattern of methamphetamine trafficking into Australia has been seen in recent years. In 2015, China and Hong Kong, China, were the two main embarkation points for methamphetamine trafficked to Australia. By 2017, the United States had become the most important embarkation point, followed by Thailand and Malaysia. In 2017/18, the United States continued to be the primary embarkation point for amphetamine-type stimulants (excluding MDMA) detected at the Australian border. In January 2019, cooperation between the authorities of Australia and the United States led to the seizure in the United States of a record quantity of more than 1.7 tons of methamphetamine destined for Australia. In June 2019, in Australia, a record onshore seizure of almost 1.6 tons of methamphetamine, concealed in a consignment originating in Thailand, was announced.

776. In 2017, Canada and to a lesser extent the United States were reported for the first time as being main countries of departure for methamphetamine found in New Zealand, followed by Hong Kong, China; China; and Mexico. In New Zealand, over 2018 and 2019, police in Wellington targeted organized criminal groups involved in the distribution of methamphetamine.

777. The number of clandestine laboratories detected in Australia continued to decrease, with 432 detected clandestine laboratories in 2017/18, compared with 463 the previous year, and with methamphetamine being the main drug manufactured. The clandestine laboratories detected continued to be primarily user-based (i.e., manufacture for own use) and located in residential areas, but the proportion of such laboratories has decreased by a third since 2011/12, while the proportion of other small-scale laboratories has doubled, and the proportion that are medium-sized laboratories has more than doubled. While almost half of the detected laboratories (46.2 per

cent) were illicitly producing amphetamines, predominantly from the precursors ephedrine and pseudoephedrine, a record 22 clandestine laboratories manufacturing GHB/GBL were detected (compared with 11 the previous year), and 20 laboratories were illicitly manufacturing MDMA, the largest number in the past decade and more than double the number in the previous year (8 laboratories manufacturing MDMA detected). A fluctuating trend was seen in the detection of clandestine laboratories in New Zealand, rising from 45 detections in 2015 to 745 in 2016 but then falling to 79 detections in 2017.

778. Significant amounts of the methamphetamine precursors ephedrine and pseudoephedrine were seized in Australia and New Zealand in the period 2013–2017, while only small amounts of the amphetamine precursors 1-phenyl-2-propanone (P-2-P) and phenylacetic acid were seized in the region. The amount of precursors for the manufacture of amphetamine-type stimulants (excluding MDMA) detected at the Australian border more than doubled from the past year, reaching a record level of 4.9 tons in 2017/18. Over the same period, the amount of precursors of MDMA detected at the border decreased significantly, from 10 kg to 5 grams in 2017/18, consisting of a single seizure.

779. The quantity of heroin and morphine seized in the region continued to decrease in 2017, falling to the lowest level since 2009. More than 90 per cent of the total amount of heroin and morphine seized in Oceania was seized in Australia. The amount of heroin detected at the Australian border decreased by 5.7 per cent from the previous year, to 190.1 kg in 2017/18. Most of the heroin seized in Australia originated in South-East Asia, but an increase was observed in the proportion of seized heroin originating in South-West Asia.

780. Owing to a spike in seizures in Australia, the total quantity of cocaine seized in Oceania increased by 94 per cent from 2016 to 2017, and accounted for 0.3 per cent of the quantity of cocaine seized globally in 2017. Of the cocaine seized in Oceania over the period 2013–2017, 98 per cent was seized in Australia; during that period, seizures of cocaine in Australia quadrupled, from 1 ton to 4.1 tons. Seizures of cocaine at the Australian border were relatively stable over the past year, declining by 16.5 per cent, from a record 1.1 tons in 2016/17 to 0.9 tons in 2017/18; seizures of cocaine in the country decreased by 57.4 per cent, to 1.97 tons, nevertheless still the second highest seizure total on record. While Colombia remained the primary source of cocaine analysed, the proportion of cocaine originating in Peru increased, returning to a level similar to that of 2015. Over the period 2013–2017, the quantity of cocaine seized in New Zealand also

increased, from 0.2 kg to 108 kg. In August 2018, a record seizure of approximately 190 kg of cocaine, destined for Australia, was made at the New Zealand border following a joint investigation with Australian authorities.

781. Increases in cannabis seizures were reported in 2017 in Oceania, although those seizures accounted for less than 1 per cent of total worldwide seizures of cannabis herb and cannabis resin. A 10-year record amount (580.2 kg) of cannabis was detected at the Australian border in 2017/18 (compared with 102.5 kg in 2016/17), the greatest proportion of which was cannabis oil. The amount of cannabis seized within Australia increased for the third consecutive year, to 8.656 tons in 2017/18, from 7.55 tons in 2016/17.

782. The analysis of wastewater monitoring data in Australia indicated that the total seizures (by weight) of amphetamines, MDMA, heroin and cocaine in 2017/8 were the equivalent of 51.4 per cent, 175.0 per cent, 30.5 per cent and 47.9 per cent of the estimated consumption of those respective substances in the country for that period.

783. According to UNODC, countries in Oceania reported minimal seizures of fentanyl and its analogues. The number of detections of new psychoactive substances at the Australian border decreased by 29.0 per cent from 2016/17 to 2017/18 (687 detections). By weight, amphetamine-type substances accounted for 46.5 per cent of the new psychoactive substances analysed, followed by cathinone-type substances (38.1 per cent) and tryptamine-type substances (9.3 per cent).

5. Prevention and treatment

784. According to UNODC, the prevalence of past-year drug use among adults in Oceania (statistics for Australia and New Zealand only) is 11.0 per cent for cannabis, 3.28 per cent for opioids (including opiates and pharmaceutical opioids), 0.16 per cent for opiates, 2.2 per cent for cocaine, 1.34 per cent for amphetamines and pharmaceutical stimulants, and 2.17 per cent for “ecstasy”. In the Federated States of Micronesia, the prevalence of past-year abuse of cannabis is 17.2 per cent, and past-year abuse of amphetamines and pharmaceutical stimulants is 1.58 per cent. No comprehensive data on the level of drug abuse exist for the remainder of the region. The Board encourages the regional and international organizations that provide assistance to the Pacific island States to extend their support to the collection of data on the extent of the drug problem in order to facilitate the adoption of targeted and evidence-based drug policies.

785. The National Wastewater Drug Monitoring Programme of Australia, with coverage of 54 per cent of the country's population, shows that methamphetamine consumption continues to exceed consumption of all other illicit drug types and pharmaceuticals, and the population-weighted average consumption of methamphetamine increased from 2016 to 2018. Estimated MDMA consumption was low compared with other substances that were tested for, and the population-weighted average consumption decreased from 2016 to 2018. Oxycodone and fentanyl had elevated consumption levels at several test sites, and fentanyl consumption was increasing in several areas. Estimated heroin consumption decreased at the test sites from 2017 to 2018, while the estimated consumption of cocaine increased. Authorities report that both supply and demand indicators suggest an expanding cocaine market in the country. Among people who inject drugs, increasing use of methamphetamine has been reported, now surpassing heroin as the drug most frequently injected.

786. According to the 2017 Australian Secondary Students Alcohol and Drug Survey, 2 per cent of respondents, aged 12–17, reported having ever used methamphetamine, and 1 per cent reported past-month use of the substance. Lifetime prevalence of cannabis use increased from 16 per cent in 2014 to 17 per cent in 2017; and past-month use had increased from 7 per cent to 8 per cent. For “ecstasy”, reported lifetime use increased from 3 per cent in 2014 to 5 per cent in 2017, and reported past-month use increased over the same period, from 1 per cent to 2 per cent. For heroin abuse, both lifetime and past-month prevalence were reported to be 1 per cent. Cocaine abuse remained stable, with lifetime prevalence of 2.0 per cent and past-month use at 1.0 per cent. Past-month use of hallucinogens (specified in the survey as LSD or “magic mushrooms”) remained stable at 1.0 per cent, while lifetime use increased, from 3 per cent in 2014 to 4 per cent in 2017. The lifetime prevalence of synthetic cannabis decreased, from 2.3 per cent to 2.0 per cent.

787. The number of amphetamines-related treatment episodes in Australia increased by about 84 per cent between 2013/14 and 2017/18. Cocaine-related episodes increased by 160 per cent, while the number of heroin-related treatment episodes decreased by about

8 per cent, and morphine cases decreased by 40 per cent. Over the past decade, treatment episodes for amphetamines increased by over 300 per cent, and the number of heroin treatment episodes decreased by 22 per cent. In 2017/18, the most common principal drugs of concern leading clients to seek treatment were amphetamines, cannabis and heroin.

788. The proportion of police detainees in Australia testing positive for methamphetamine decreased from 51.3 per cent in 2016/17 to 45.6 per cent in 2017/18, which is still significantly higher than in 2008/09 (15.8 per cent). Cannabis remained a commonly used drug among detainees, but its prevalence steadily declined from 57 per cent in 2008/09 to 46 per cent in 2017/18. The proportion of detainees testing positive for MDMA also decreased, from 2 per cent in 2016/17 to 0.8 per cent in 2017/18. A decrease was also seen in the proportion of detainees testing positive for heroin, from 7.3 per cent in 2016/17 to 6.4 per cent in 2017/18. For cocaine, the proportion of detainees testing positive increased from 1.8 per cent in 2016/17 to 2.1 per cent in 2017/18.

789. The New Zealand Health Survey for 2017/18 found that among adults, the past-year prevalence of abuse of cannabis and amphetamines was 11.9 per cent and 0.8 per cent, respectively. Because of changes in the survey methodology, comparison with previous surveys was not possible.

790. The first findings of the New Zealand national wastewater testing programme, which covers about 80 per cent of the population and which tests for the presence of methamphetamine, cocaine, heroin, MDMA and fentanyl, were released in April 2019. Preliminary results for the period from November 2018 to January 2019 show that methamphetamine is the most commonly detected illicit drug nationwide, with an estimated average total national consumption of 16 kg per week. According to UNODC, wastewater analysis indicated a 350 per cent increase in the quantity of MDMA consumed in 2017 in New Zealand, surpassing in December 2017 the level of consumption of methamphetamine. In the light of those findings and the increasing quantities of MDMA seized over the period 2015–2017, demand for MDMA and “ecstasy”-type substances appears to have been increasing rapidly in the country.

Chapter IV.

Recommendations to Governments, the United Nations and other relevant international and national organizations

791. Following its review of the implementation of the international drug control conventions, the Board would like to present to Governments and relevant international and regional organizations its main conclusions and recommendations as follows.

Improving drug use prevention and treatment services for young people

792. Article 38 of the 1961 Convention as amended underscores the importance of measures to prevent and treat drug dependence. In addition, the need to address drug dependence, in particular among young people, has been the subject of numerous resolutions and declarations of the Commission on Narcotic Drugs, the Economic and Social Council and the General Assembly in its special sessions on the world drug problem held in 1998 and 2016. Drug use and associated health consequences are greatest among young people, in particular those aged 18–25. Cannabis is a drug widely used by young people. Although many who initiate use of psychoactive substances later discontinue use, those who are most vulnerable because of physiological, social, emotional and developmental factors may progress to the use of multiple substances, as well as an increased frequency of use. Research shows that those who initiate substance use early are most at risk of becoming dependent.

793. Furthermore, primary prevention measures that protect people, in particular children and youth, from drug use are among the key operational objectives of the recommendations on drug demand reduction contained in the outcome document of the thirtieth special session of the General Assembly. There is also a fundamental protection aspect of the Convention on the Rights of the Child, as reflected in article 33 of that Convention. The *International*

Standards on Drug Use Prevention, published by UNODC in 2013 and later jointly revised by UNODC and WHO in 2018, summarize the scientific evidence on the effectiveness of drug use prevention efforts. They were followed by the *International Standards for the Treatment of Drug Use Disorders*, published by UNODC and WHO in 2017. In a number of documents and resolutions, including the outcome document of the thirtieth special session of the General Assembly, Governments have recognized those two sets of international standards as useful tools to promote evidence-based prevention and treatment. The Board would like to draw the attention of Governments to the importance of considering the scientific evidence summarized in those two sets of international standards when implementing programmes for the prevention of drug use and treatment of drug dependence among youth.

Recommendation 1: The Board urges all Governments to:

- (a) Develop national systems for the collection of data on drug use;
- (b) Develop capacity-building in the field of drug use prevention and treatment;
- (c) Implement evidence-based prevention programmes for young people using a wide range of interventions in the family, in school and in the community;
- (d) Promote early detection and interventions;
- (e) Implement multisectoral evidence-based prevention programmes not only for drug use but also for other problematic behaviours;
- (f) Implement specific interventions to prevent the progression to substance use disorders;
- (g) Promote evidence-based treatment programmes specifically tailored for young people, taking into consideration the recommendations on the treatment of drug dependence contained in chapter I of the annual report of the Board for 2017.

794. For additional recommendations and more details of proposed action, please refer to the section entitled “Implications for policy development worldwide: conclusions and recommendations”, contained in chapter I of the present report.

Cannabis

795. The Board notes with concern the legalization of cannabis for non-medical and non-scientific purposes in several jurisdictions and that other jurisdictions are considering taking similar action. The Board reiterates that the 1961 Convention as amended, the 1971 Convention and the 1988 Convention limit the use of all controlled substances to medical and scientific purposes.

796. 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 sub-national level are undermining the universal adherence to the three international drug control conventions and the commitment to their goals and objectives, as was reaffirmed by Member States at the thirtieth special session of the General Assembly on the world drug problem, held in 2016, and as expressed in the 2019 Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem.

Recommendation 2: Recalling the health and welfare objectives of the three international drug control conventions, the Board reiterates that the conventions limit the use of controlled narcotic drugs and psychotropic substances, of which cannabis is one, 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 purposes has been permitted, nationally or at the subnational level, to take steps to bring the entirety of their territories back into compliance with the legal obligations incumbent upon States parties to the international drug control conventions.

797. Over the past several years, some States parties have taken steps to control and regulate the sale of cannabis for neither medical nor scientific purposes. The Board’s review of this issue of convention compliance has included engagement with individual States parties, statements in inter-governmental forums, and publication of the Board’s views in its annual reports. At all times, the Board has endeavoured to fulfil its mandate, as expressed in the three international drug control conventions, including under

article 9, paragraphs 4 and 5, of the 1961 Convention as amended. In particular, consistent with article 9, the Board has sought to facilitate effective national action to attain the aims of the 1961 Convention and to limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes, ensure their availability for such purposes and prevent the illicit cultivation, production and manufacture of, illicit trafficking in and use of drugs.

798. Responding to changes in the regulation of cannabis in some countries, the Board has engaged with States parties individually, considering their specific circumstances, and has reflected on the individual approaches and programmes of each State party. Notwithstanding the variations in each State party’s approach to cannabis, the Board has identified inconsistencies in their compliance with their obligations under the Conventions. As a result of this ongoing dialogue on the topic of cannabis regulation, the Board takes note of significant risks to the abilities of individual States parties to implement certain elements of their Convention obligations.

Recommendation 3: The Board therefore takes the opportunity of this annual report to draw the attention of the Commission on Narcotic Drugs to the need to address this issue, consistent with the three international drug control conventions and taking into account the outcome document of the thirtieth special session of the General Assembly, on the world drug problem, entitled “Our joint commitment to effectively addressing and countering the world drug problem”, and the 2019 Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem.

International drug control conventions and human rights

799. 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. Extrajudicial responses to suspected drug-related activities cannot be justified under international law, including under the international drug control conventions.

800. In addressing suspected drug-related crime, States should be proportionate in their responses and in their treatment of suspected offenders. According to the

principle of proportionality, the penalties handed down should reflect the gravity of the offence and the degree of responsibility of the suspected offender. In cases of lesser gravity, or in which the alleged crime has been committed by a person who uses drugs, States are not legally required by the international drug control conventions to impose criminal sanctions, including imprisonment, but may provide for treatment and rehabilitation measures as an alternative to conviction or punishment, or in addition thereto.

Recommendation 4: The Board appeals to all States parties to pursue drug control policies that respect and protect all human rights and are consistent with international human rights instruments. Drug abuse and drug-related activities cannot be lawfully addressed without ensuring the protection of human rights and compliance with the international drug control conventions.

Recommendation 5: The Board reiterates that in addressing drug-related criminality, States must continue to apply the principle of proportionality as a guiding principle in the determination and application of criminal sanctions.

Recommendation 6: Although the determination of sanctions applicable to drug-related crime remains the prerogative of States parties to the conventions, the Board reiterates its position on the issue of capital punishment for drug-related offences and urges States that retain capital punishment for drug-related offences to consider the abolition of the death penalty for that category of offence.

Recommendation 7: The Board recalls that States parties to the conventions are required to give special attention to and take all practicable measures for the prevention, treatment, rehabilitation and social reintegration of persons affected by drug use disorders. The Board reiterates that respecting the right of people affected by drug use disorders to health and treatment services will contribute to reducing the stigma and discrimination associated with those disorders.

Universal adherence to the international drug control conventions

801. The three international drug control conventions embody the international consensus on requirements for the control of licit trade in narcotic drugs, psychotropic substances and precursor chemicals that can be diverted, and on the measures needed to facilitate access to and the availability of controlled substances for legitimate

medical and scientific purposes. By becoming parties to the conventions, States demonstrate their common and shared responsibility for meeting those minimum requirements with a view to achieving the aim of the conventions, which is the health and welfare of humankind.

Recommendation 8: The Board reiterates that universal ratification of the drug control conventions is imperative for strengthening the international licit drug control framework and for ensuring that traffickers do not target non-parties due to actual or perceived weaknesses in the scope of control of scheduled substances. Accordingly, the Board urges all States that have not yet become parties to one or more of these instruments to do so without delay and to take steps to ensure their full implementation within their national legal orders.

Reducing the adverse public health and social consequences of drug abuse

802. An area in which the implementation of the international drug control conventions has not been fully realized is the provision of prevention and treatment. The relevant provisions of the conventions do not mandate a specific approach, instead leaving it to States to determine which approaches are most suitable to their national circumstances. The lack of epidemiological data remains a barrier to the elaboration of evidence-based drug policy to support the development, formulation and provision of targeted and effective prevention and treatment interventions and to the optimization of resource utilization. In many parts of the world, prevention initiatives are inexistent or lacking, and the provision of treatment services is inadequate, while there are only insufficient mechanisms to combat stigma and foster social reintegration.

803. The health and welfare of humankind is the cornerstone of the international drug control framework and includes ensuring that persons affected by drug use disorders receive services that are evidence-based to treat drug use and potential related harms.

Recommendation 9: The Board notes that measures aimed at minimizing the adverse public health and social consequences of drug abuse, when they are based on scientific data, can help manage the pervasive effects and complex risks of epidemic-level drug abuse. As they form part of a strategy for comprehensive drug demand reduction, States parties are encouraged to implement measures that can minimize the adverse public health and social consequences of drug abuse, including through appropriate medication-assisted therapy programmes.

Availability and access to narcotic drugs and psychotropic substances

804. The cultivation of opium poppy for the production of opium and opiate raw material is a matter of major international importance in the context of 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 global demand as estimated by Governments, because both production and stocks are continuing to increase.

805. At the same time, the lack of access to and availability of controlled narcotic drugs and psychotropic substances for legitimate medical use continues to be a pressing public health problem in many regions of the world. In the 20-year period 1997–2016, the manufacture of morphine increased considerably, but of the total amount of morphine utilized globally, the majority (88 per cent, on average) was converted into codeine or into substances not covered by the 1961 Convention. Most of the codeine converted from morphine (89 per cent) was used to manufacture cough medication. The limited use of morphine and the difficulties in procuring it for pain management and relief are also related to the marketing of more expensive synthetic opioids that are used for the same indications as are opiates. Since 1997, the overall availability of opioid analgesics for consumption has more than tripled.

Recommendation 10: The Board recommends that all States parties 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 11: 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 in order to ensure that they are limited to use for 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 the relevant resolutions of the Economic and Social Council and the Commission on Narcotic Drugs on the supply of and demand for opiates, in which the Council and the Commission urged all Governments to cooperate in preventing the proliferation of sources of production of

opiate raw materials and urged all Governments of countries in which opium poppy was not being cultivated for the licit production of opiate raw materials to refrain, in the spirit of collective responsibility, from engaging in the commercial cultivation of opium poppy.

Recommendation 12: The Board urges countries to develop mechanisms to ensure that the pharmaceutical industry produces and makes available medicines containing controlled substances, such as opioid analgesics, specifically morphine, that are affordable, and enforce the regulation of the pharmaceutical industry to deal with promotional and informational campaigns for prescribing and using high-cost formulations, including with respect to costly synthetic opioids.

806. Article 3 of the 1971 Convention allows countries to exempt certain preparations containing psychotropic substances from some measures of control. Such exemptions allow countries to facilitate easier access to some medicines containing internationally controlled psychotropic substances. However, the Board notes that in some jurisdictions that have chosen to exempt preparations containing psychotropics from some measures of control, certain provisions of article 3 are not correctly or fully implemented.

Recommendation 13: The Board calls upon Governments to ensure that all aspects of article 3 of the 1971 Convention are correctly implemented if they wish to exempt a preparation from certain measures of control. The Board would also like to remind countries that they are still obligated to uphold certain measures of control even in cases where a preparation has been exempted, such as the requirement to report annual data and apply provisions relating to international trade.

807. Diversion from licit domestic channels remains a major source of psychotropic substances used for illicit purposes; however, the Board continues to receive from Governments only a limited number of reports on their interdiction efforts. In addition, the Board stresses that while diversions from international trade are rare, Governments should remain vigilant to attempts by traffickers to divert psychotropic substances from the licit international market.

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.

808. The Board notes with appreciation that an increasing number of countries have been submitting data on

the consumption of psychotropic substances, pursuant to Commission on Narcotic Drugs resolution 54/6. Aware of the difficulties faced by some Governments in this regard, the Board is prepared to assist Governments in finding the most appropriate method of collecting such data, as a first step towards assessing their availability.

Recommendation 15: The Board calls upon all Governments to report on the consumption of psychotropic substances on an annual basis, given the essential role that reported data plays in the monitoring and evaluation of the availability of psychotropic substances for medical and scientific purposes.

Precursor chemicals

809. The proliferation of non-scheduled chemicals, including “designer precursors”, with no known legitimate use remains an issue of concern (an in-depth analysis of recent trends and developments can be found in the Board’s report on the implementation of article 12 of the 1988 Convention). Often, these chemicals are available through online vendors and trading platforms. To assist Governments in preventing such chemicals from reaching illicit laboratories, the Board, in 2019, conducted a number of awareness-raising activities both at the sessions of the Commission on Narcotic Drugs and directly with Governments. It has also updated the limited international special surveillance list of non-scheduled chemicals to expand the concept of extended (“generic”) definitions for precursors and highlight those chemicals which do not have any known legitimate uses.

Recommendation 16: The Board calls on Governments to continue to identify approaches to proactively address the proliferation of non-scheduled chemicals used in illicit drug manufacture. To that end, Governments could explore ways and means of addressing series of chemical relatives and chemicals with no known legitimate uses and of facilitating the prosecution of relevant criminal cases. The Board encourages Governments to share successful national approaches and actively engage relevant sectors of industry, as well as enforcing applicable regulations to prevent the misuse of the Internet for the diversion of non-scheduled chemicals into illicit channels. At a minimum, Governments should cooperate with each other and with INCB by generating and sharing actionable intelligence for use in further investigations.

810. The Board has previously expressed concern about the risk that drug trafficking organizations might exploit the lack of effective government control over certain territories in order to divert precursors. Other risks to

effective precursor control identified by the Board include the competing incentives and interests of different national authorities, bureaucracy and an inadequate capacity to enforce existing legislation and regulations. The Board has also observed that competent national authorities, in the absence of clear national regulations, sometimes face difficulties in objecting to transactions even when those transactions are suspicious.

Recommendation 17: The Board calls on Governments to review their domestic control mechanisms with a view to ensuring that manufacture, distribution and end uses of precursors are adequately monitored and that all diversions and attempted diversions are investigated to prevent future diversions using similar *modi operandi*. The Board also calls on Governments of exporting countries to remain vigilant and suspend exports until doubts about their legitimacy have been dispelled.

Article 13 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

811. The clandestine manufacture of narcotic drugs, psychotropic substances, new psychoactive substances and precursors is not possible without the input of chemicals, materials and equipment. While the control of chemicals has long been a focus of authorities worldwide pursuant to the provisions of article 12 of the 1988 Convention, much less attention has been given to equipment and materials and article 13 of the Convention, which provides a basis for international action and cooperation in such control efforts. To address the issue, in November 2019 the Board approved a set of guidelines for Governments wishing to embark on activities in the context of article 13.

Recommendation 18: The Board encourages Governments to increase the operational use of article 13 of the 1988 Convention and take appropriate measures to prevent and investigate the diversion of equipment essential for the illicit manufacture of drugs and precursors.

Abuse of codeine-based cough syrups

812. The Board has previously recognized that cough syrups containing narcotic drugs, including codeine, are an effective medication for patients and an important part of many health systems. However, their abuse continues to pose a challenge in several jurisdictions.

Recommendation 19: The Board calls on Governments that are affected by the abuse of preparations containing codeine in their jurisdictions to consider the introduction of stricter control measures on such preparations as provided in the 1961 Convention as amended and to implement appropriate prevention and treatment interventions to address this challenge.

Non-medical use of opioids

813. While non-medical use of synthetic opioids has been reported at an unprecedented scale globally, the crisis manifests itself in different forms from region to region and involves both internationally scheduled substances such as fentanyl (and fentanyl analogues) and internationally non-scheduled substances such as tramadol. An estimated 66 per cent of the steadily increasing number of estimated global drug overdose deaths are related to opioids, and the overprescription of pharmaceutical opioids, as well as their illicit manufacture, has exacerbated the problem.

Recommendation 20: The Board calls upon all States to carefully review their prescription practices related to pharmaceutical opioids and to be vigilant about the increasing non-medical use of such substances in many regions. The Board also emphasizes the need for increased efforts to reduce trafficking in synthetic opioids and invites Governments to make full use of existing mechanisms and tools facilitating the prompt and secure sharing of information in this regard, in particular the IONICS system.

Electronic tools and training

814. The Board recognizes the efforts of Governments that have implemented I2ES and the advantages it offers to national authorities by significantly alleviating the administrative burden of the import and export administration process while also being a useful tool to help prevent the diversion of internationally controlled substances.

815. Having noted the challenges faced by some Governments in the further implementation of I2ES, the Board, through its secretariat, will continue to reach out and assist Governments in overcoming barriers such as know-how at the operational level and commitment to

using I2ES at the decision-making level in order to encourage the wider adoption of the system and greater user engagement.

Recommendation 21: The Board continues to encourage all Governments that have not yet done so to utilize the I2ES system and support its rapid implementation. The Board also invites existing users of the platform to share their experiences and expertise with other Governments and INCB with the aim of encouraging other countries to register for I2ES and actively use it. Finally, the Board urges Member States to consider the provision of extrabudgetary resources to scale up efforts to increase the rate of adoption and expand the functionalities of the platform.

Specific countries and regions

816. The abuse of tramadol, a synthetic opioid not under international control, and trafficking in falsified or illicitly manufactured tramadol continues to negatively affect countries in the Middle East and Africa. In many jurisdictions, tramadol-related abuse has been reported to be greater than that of internationally controlled drugs.

Recommendation 22: The Board calls upon States to recognize the importance of the exchange of information, coordination and cooperation among those countries affected by the diversion and abuse of tramadol and by trafficking in falsified and illicitly manufactured forms of the substance.

817. The lack of official information and data regarding trafficking in drugs, the prevalence rates of drug use and drug use prevention and treatment efforts in Africa and Oceania remain a concern for the Board. The lack of such information hinders efforts by the international community to fully assess the drug problem in those regions.

Recommendation 23: The Board calls upon all States to regularly provide to the Board and other relevant international organizations data on drug trafficking and drug use prevalence, as well as any information regarding legislation, policies or other efforts on drug use prevention, treatment, rehabilitation and social reintegration in their territories.

(Signed)
Cornelis P. de Joncheere, President

(Signed)
Sevil Atasoy, Rapporteur

(Signed)
Andrés Finguerut, Secretary

Annex I

Regional and subregional groupings used in the report of the International Narcotics Control Board for 2019

The regional and subregional groupings used in the report of INCB for 2019, together with the States in each of those groupings, are listed below.

Africa

Algeria	Liberia
Angola	Libya
Benin	Madagascar
Botswana	Malawi
Burkina Faso	Mali
Burundi	Mauritania
Cameroon	Mauritius
Cabo Verde	Morocco
Central African Republic	Mozambique
Chad	Namibia
Comoros	Niger
Congo	Nigeria
Côte d'Ivoire	Rwanda
Democratic Republic of the Congo	Sao Tome and Principe
Djibouti	Senegal
Egypt	Seychelles
Equatorial Guinea	Sierra Leone
Eritrea	Somalia
Eswatini	South Africa
Ethiopia	South Sudan
Gabon	Sudan
Gambia	Togo
Ghana	Tunisia
Guinea	Uganda
Guinea-Bissau	United Republic of Tanzania
Kenya	Zambia
Lesotho	Zimbabwe

Central America and the Caribbean

Antigua and Barbuda	Guatemala
Bahamas	Haiti
Barbados	Honduras
Belize	Jamaica
Costa Rica	Nicaragua
Cuba	Panama
Dominica	Saint Kitts and Nevis
Dominican Republic	Saint Lucia
El Salvador	Saint Vincent and the Grenadines
Grenada	Trinidad and Tobago

North America

Canada	United States of America
Mexico	

South America

Argentina	Guyana
Bolivia (Plurinational State of)	Paraguay
Brazil	Peru
Chile	Suriname
Colombia	Uruguay
Ecuador	Venezuela (Bolivarian Republic of)

East and South-East Asia

Brunei Darussalam	Mongolia
Cambodia	Myanmar
China	Philippines
Democratic People's Republic of Korea	Republic of Korea
Indonesia	Singapore
Japan	Thailand
Lao People's Democratic Republic	Timor-Leste
Malaysia	Viet Nam

South Asia

Bangladesh	Maldives
Bhutan	Nepal
India	Sri Lanka

West Asia

Afghanistan	Oman
Armenia	Pakistan
Azerbaijan	Qatar
Bahrain	Saudi Arabia
Georgia	State of Palestine
Iran (Islamic Republic of)	Syrian Arab Republic
Iraq	Tajikistan
Israel	Turkey
Jordan	Turkmenistan
Kazakhstan	United Arab Emirates
Kuwait	Uzbekistan
Kyrgyzstan	Yemen
Lebanon	

Europe

Eastern Europe

Belarus	Russian Federation
Republic of Moldova	Ukraine

South-Eastern Europe

Albania	Montenegro
Bosnia and Herzegovina	North Macedonia ⁸²
Bulgaria	Romania
Croatia	Serbia

Western and Central Europe

Andorra	Liechtenstein
Austria	Lithuania
Belgium	Luxembourg
Cyprus	Malta
Czechia	Monaco
Denmark	Netherlands
Estonia	Norway
Finland	Poland
France	Portugal
Germany	San Marino
Greece	Slovakia
Holy See	Slovenia
Hungary	Spain
Iceland	Sweden
Ireland	Switzerland
Italy	United Kingdom of Great Britain and Northern Ireland
Latvia	

⁸²Since 14 February 2019, "North Macedonia" has replaced "the former Yugoslav Republic of Macedonia" as the short name used in the United Nations.

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 and 2019). First Vice-President of the Board (2008). President of the Board (2009).

Cornelis P. de Joncheere

Born in 1954. National of the Netherlands. Currently Chair of the Netherlands Antibiotics Development Platform, Member 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). President of the Board (2019).

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); *Textbook of Addictive Medicine: Theory and Practice* (2016); and *Textbook of Psychiatry* (8th edition, 2018).

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 and 2019).

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). Second Vice-President and Chair of the Standing Committee on Estimates (2019).

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, 2017 and 2019). 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 Saarbrücken, 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). Member of the Committee on Finance and Administration (2019).

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). Member of the Committee on Finance and Administration (2019).

Richard P. Mattick

Born in 1955. National of Australia. Honorary 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 awarded, Australian Government National Health and

Medical Research Council (2013–2017 and 2019–2023), and endorsed 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 Subcommittee 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 Subcommittee, 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 (2018) and Member (2019) of the Standing Committee on Estimates. Member (2016–2017) and Chair (2019) of the Committee on Finance and Administration. 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 2019) 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 (2017–2018).

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. His work on drugs focuses on the political economy of illegal drugs and crime.

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 2018–2019). Member of the Standing Committee on Estimates (2013 and 2016–2018).

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 (MENAHRRA); Director of Knowledge Hub Ar-razi for North Africa, MENAHRRA; 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 micro-level 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
- 2018: Cannabis and cannabinoids for medical, scientific and “recreational” use: risks and benefits

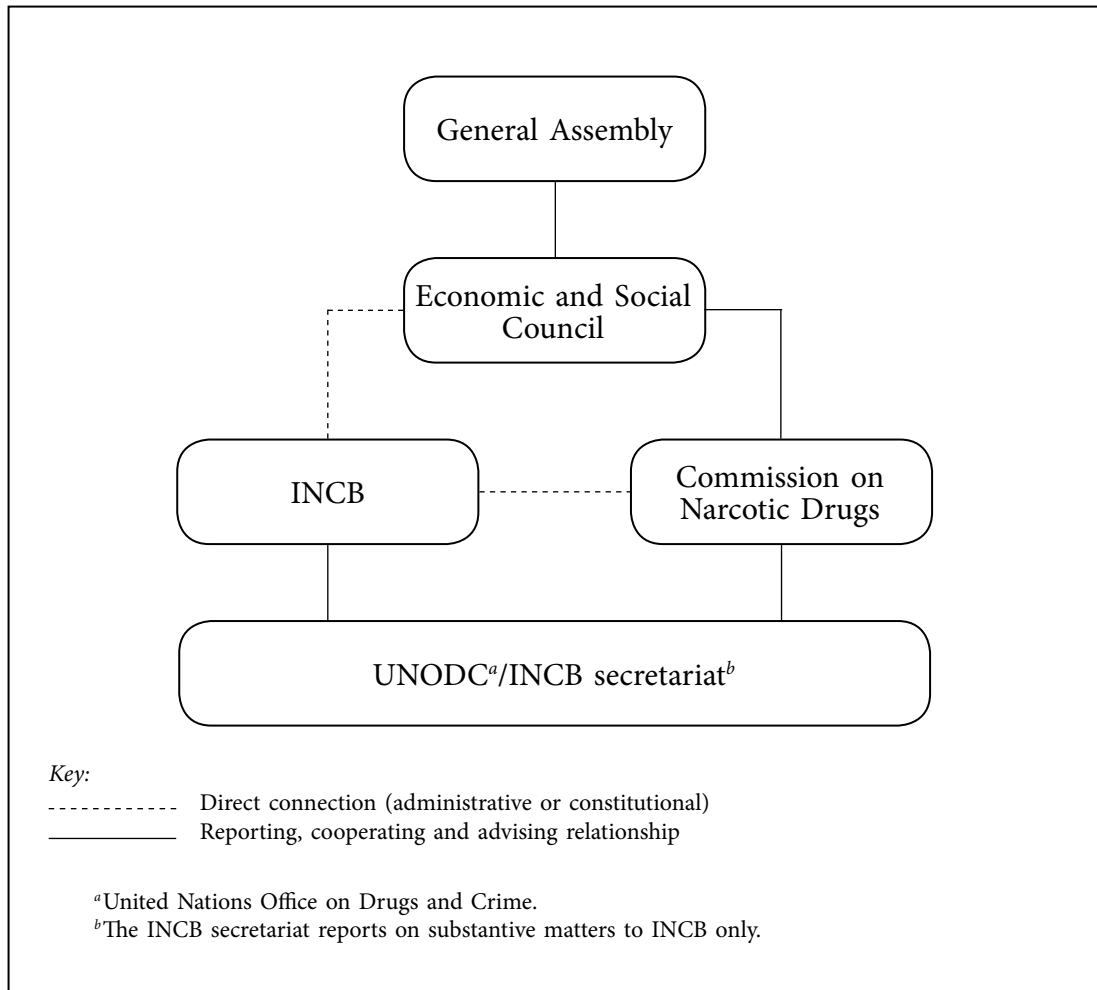
Chapter I of the report of the Board for 2019 is entitled “Improving drug use prevention and treatment services for young people”.

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 global issues and 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.

