

received governmental support to those where the Government has no or little control. According to the Government, in the past alternative livelihood projects have not been very effective, because many of them were implemented in more accessible areas while the major cultivation took place in the remote districts. Therefore, a memorandum of understanding was signed between the Government and the donor community to revise the projects so as to address those shortcomings. Nevertheless, according to the Government, the current level of funding and the number of projects were not sufficient to sustain alternative livelihood initiatives.

Conclusions

216. Afghanistan continues to face several major challenges, which in the period under review have included presidential elections and their aftermath, the transition of security functions from international military assistance to the national army and police, the ongoing national reconciliation process and increasing drug trafficking and abuse in the country. Despite these challenges, the Government expressed its commitment to address the illicit cultivation of opium poppy and cannabis plant in the country, drug trafficking and drug abuse through eradication campaigns, law enforcement measures, alternative livelihood initiatives and drug demand reduction efforts. The Government has taken steps to ratify the 1972 Protocol amending the Single Convention. The Government has been fully cooperative with the Board, including through its readiness to facilitate a high-level mission of the Board to Afghanistan and its submission of a progress report on the drug-related situation in the country.

217. The Board, while noting the commitment expressed by the Government, remains concerned about the deteriorating drug control situation in Afghanistan, which constitutes a significant challenge in the country and for drug control in the region as a whole. The Board recommends that the Government of Afghanistan continue strengthening its counter-narcotics capacity in line with the international drug control treaties. The Board also encourages the Government to continue seeking international assistance in addressing the drug problem and to strengthen its cooperation at the regional and international levels in addressing drug trafficking and abuse. The Board will continue to closely monitor the drug control situation in Afghanistan in cooperation with the authorities, as well as measures taken and progress made by the Government of Afghanistan in all areas of drug control.

F. Special topics

1. Control measures applicable to programmes for the use of cannabis for medical purposes pursuant to the 1961 Single Convention on Narcotic Drugs

218. The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol limits the use of narcotic drugs, including cannabis, to medical and scientific purposes. Like other narcotic drugs under international control, cannabis is subject to a variety of control measures aimed at preventing its diversion into illicit channels and its abuse. In recognition of the risks of cannabis abuse, the substance has been subjected to the highest levels of control under the Single Convention through its inclusion in its Schedules I and IV, the latter of which contains substances particularly liable to abuse and to produce ill effects.

219. The Single Convention allows States parties to use cannabis for medical purposes. Reflecting concerns about abuse and diversion, the Single Convention establishes an additional set of control measures, which should be implemented in order for programmes for the use of cannabis for medical purposes to be compliant with the Single Convention.

220. The Board reminds all governments in jurisdictions having established programmes for the use of cannabis for medical purposes, or considering doing so, that, in addition to reporting and licensing obligations applicable to all narcotic drugs, the Single Convention requires that States having such programmes comply with several specific obligations.

221. Pursuant to articles 23 and 28 of the Single Convention, States wishing to establish programmes for the use of cannabis for medical purposes that are consistent with the requirements of the Single Convention must establish a national cannabis agency to control, supervise and license the cultivation of cannabis crops. The obligations incumbent upon national cannabis agencies include the designation of the areas in which cultivation is permitted, the licensing of cultivators, and the purchase and taking of physical possession of crops; they also have the exclusive right of wholesale trading and maintaining stocks.

222. In addition, governments must work to prohibit the unauthorized cultivation of cannabis plants, and seize and destroy illicit crops, whenever the prevailing

conditions in their territories render such measures the most suitable course of action, in order to protect public health and prevent illicit traffic, in accordance with articles 2 and 22 of the Single Convention.

223. Finally, governments must adopt such measures as may be necessary to prevent the misuse of, and illicit traffic in, cannabis leaves, in accordance with article 28 of the Single Convention.

224. The Board has reviewed the issue of cultivation of cannabis for personal medical use and has determined that, in the light of the heightened risk of diversion it represents, such cultivation does not meet the minimum control requirements set out in the Single Convention. Accordingly, the Board has consistently maintained the position that a State which allows individuals to cultivate cannabis for personal use would not be in compliance with its legal obligations under the Single Convention.

225. In addition to the risks of diversion cited above, allowing private individuals to produce cannabis for personal medical consumption may present health risks, in that dosages and levels of tetrahydrocannabinol (THC) consumed may be different from those medically prescribed.

226. The Board reminds all governments in jurisdictions that have established programmes for the use of cannabis for medical purposes, or that are considering doing so, about the aforementioned requirements of the Single Convention. The Board notes that the control measures in place under many existing programmes in different countries fall short of the requirements set out above, and encourages all governments in jurisdictions that have approved or plan to implement such programmes to take measures to ensure that these programmes fully implement the measures provided for in the Single Convention, which are aimed at ensuring that stocks of cannabis produced for medical use are reserved for the patients for whom they are prescribed and are not diverted into illicit channels.

227. The Board urges all governments in jurisdictions that have established programmes for the use of cannabis for medical purposes to ensure that the prescription of cannabis for medical use is performed with competent medical knowledge and supervision and that prescription practice is based on available scientific evidence and consideration of potential side effects. The Board reiterates its invitation to WHO to evaluate the potential medical utility of cannabis and the extent to which cannabis poses a danger to human health, in line with its mandate under the Single Convention.

2. Availability of narcotic drugs and psychotropic substances in emergency situations

228. The objective of the international drug control conventions is to ensure adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes while ensuring that they are not diverted for illicit purposes. The International Narcotics Control Board (INCB) is mandated to monitor the implementation of this treaty objective, and has repeatedly voiced its concern about the unequal and inadequate access to controlled substances for medical and scientific purposes worldwide.

229. The conventions established a control regime to serve a dual purpose: to ensure the availability of controlled substances for medical and scientific ends while preventing the illicit production of, trafficking in and abuse of such substances. The Single Convention on Narcotic Drugs of 1961, while recognizing that addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to humankind, affirms that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes. Likewise, in the Convention on Psychotropic Substances of 1971, parties expressed their determination to prevent and combat the abuse of certain psychotropic substances and the illicit traffic to which it gives rise, while recognizing that the use of such substances for medical and scientific purposes is indispensable, and that their availability for such purposes should not be unduly restricted.

230. Most narcotic drugs and a large number of psychotropic substances controlled under the international treaties are indispensable in medical practice. Opioid analgesics, such as codeine and morphine, and semi-synthetic and synthetic opioids are essential for the treatment of pain. Similarly, psychotropic substances such as benzodiazepine-type anxiolytics, sedative-hypnotics and barbiturates are indispensable for the treatment of neurological and mental disorders. Pharmaceutical preparations containing internationally controlled substances play an essential role in relieving pain and suffering.

231. During its missions, the Board discusses the availability of opioids for the treatment of pain with individual Governments and provides competent national authorities with informational material that always includes the WHO publication entitled *Ensuring Balance in National Policies on Controlled Substances: Guidance*