

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*

for Availability and Accessibility of Controlled Medicines. After each mission, it sends the Governments a letter with recommendations that may, if appropriate, include specific passages on ensuring the availability of opioids for the treatment of pain. The Board regularly addresses the availability of narcotic drugs in speeches at meetings of intergovernmental bodies, such as the twentieth special session of the General Assembly, sessions of the Commission on Narcotic Drugs, the Economic and Social Council and the World Health Assembly, and regional meetings of various international organizations.

232. Simplified control measures are in place for the provision of internationally controlled medicines for emergency medical care. Emergencies are defined as “any acute situation (e.g. earthquakes, floods, hurricanes, epidemics, conflicts, displacement of populations) in which the health conditions of a group of individuals are seriously threatened unless immediate and appropriate action is taken, and which demands an extraordinary response and exceptional measures”.³⁵ They occur in the wake of natural or man-made disasters that may lead to a sudden and acute need for medicines containing controlled substances. In 1996, the Board, together with WHO, devised simplified control procedures for the export, transport and import of controlled medicines for emergency medical care. The simplified regulations would remove the need for import authorizations, provided that the import and delivery were handled by established international, governmental and/or non-governmental organizations engaged in the provision of humanitarian assistance in health matters recognized by the control authorities of the exporting countries. Those simplified procedures are available to all States in the Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care.

233. Such an emergency situation arose following the devastating typhoon in the Philippines in November 2013. The need to provide treatment to the many victims led to an acute shortage of medicines. Many of those needed medicines contained narcotic drugs, such as morphine, and psychotropic substances, such as pentazocine, both of which are under international control. Under normal circumstances, the import and transport of those medications are subject to strict regulatory requirements. However, in catastrophic situations compliance may delay the urgent delivery of medications for emergency humanitarian relief, as national authorities may be unable to take the administrative steps required.

³⁵World Health Organization, *Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care* (document WHO/PSA/96.17).

234. Responding to the humanitarian crisis caused by the typhoon, the Board took steps to hasten the supply of controlled medicines. As in earlier emergencies, it reminded all exporting countries that clear guidelines were in place for the international provision of controlled medicines for emergency medical care. Soon after the typhoon struck the Philippines, the Board sent a letter to all countries to remind them that they could apply those simplified control procedures to hasten the supply of urgently needed medicines. The Board also informed providers of humanitarian assistance about the simplified regulations, including the International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières, Merlin/Save the Children and Oxfam International.

235. This solution has been available for a number of years. The Board invites Governments and humanitarian relief agencies to bring to its attention any problems encountered in making deliveries of controlled medicines in emergency situations.

236. The Board would like to remind all Governments that, in acute emergencies, such as the situation following the devastating typhoon in the Philippines, they can apply simplified control procedures for the export, transportation and delivery of medicines containing controlled narcotic drugs or psychotropic substances, and competent authorities may allow their export to the affected country even in the absence of import authorizations or estimated requirements for substances under international control. Emergency deliveries need not be included in the estimates of the receiving country, and exporting Governments may wish to use parts of their special stocks of narcotic drugs and psychotropic substances for this purpose.

237. The Board also reminds all States that, under international humanitarian law, parties to armed conflicts have an obligation not to impede the provision of medical care to civilian populations located in territories under their effective control. This includes access to necessary narcotic drugs and psychotropic substances.

238. The Guidelines are available on the websites of INCB (www.incb.org) and WHO (www.who.int).

3. Use of methylphenidate

239. Methylphenidate, a central nervous stimulant listed in Schedule II of the 1971 Convention, is used for the treatment of various mental and behavioural