



INTERNATIONAL NARCOTICS CONTROL BOARD



# Report 2014

## Press material

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## MESSAGE FROM THE PRESIDENT

The 2014 Annual Report of the International Narcotics Control Board discusses the need for a comprehensive, integrated and balanced approach in addressing the world drug problem. Chapter I of this year's report calls on Governments to give due consideration to universally recognized principles of international law in their interpretation of the provisions of the international drug control treaties as well as in the implementation of the obligations incumbent upon them as States parties to these conventions. Accordingly, the Board encourages Governments to respect all relevant human rights norms in designing drug-related strategies and policies, including the Convention on the Rights of the Child, in order to protect children from the illicit use of narcotic drugs and psychotropic substances, to prevent the use of children in the illicit production and trafficking of such substances, and to ensure that national and international drug control strategies and policies take into consideration the principle of the best interests of the child.



In the foreword to the Annual Report, I also draw attention to our view that “while the determination of specific sanctions applicable to drug-related offences remains the prerogative of States, the Board again encourages those States which retain and continue to impose the death penalty for drug-related offences to consider abolishing the death penalty for such offences.”

The Report also analyses socioeconomic, sociocultural, security and stability factors and warns that efforts to reduce the demand for, and supply of, illicit drugs could be futile if the relevant socioeconomic factors that function as drivers of the drug problem are not addressed in an effective and sustainable manner by Governments.

The Board is encouraged that multilateral drug control has yielded positive results, and today most States in the world are parties to the international drug control treaties, contributing their share towards the goal of the United Nations legal framework on drugs, namely to safeguard the health and welfare of humankind. To pretend, however, that challenges do not exist would be to deny reality. In order to address these challenges, the Board has called for the inclusion of demand reduction interventions into the strategies and action plans of Governments. Overall, when Governments consider their future drug control policies, the long-term health and welfare of their populations should be their primary consideration.

In the pursuit of its mandate, the Board has also consistently called on Governments to make the availability of narcotic drugs and psychotropic substances for medical purposes a public health priority and to provide treatment to drug addicts based on sound medical practice. Indeed, the Board was among the first international bodies to draw attention to major discrepancies in the availability of such drugs around the world. Despite the progress made in some countries and



regions, approximately three quarters of the world population still live in countries with inadequate or non-existent access to medicines containing narcotic drugs and psychotropic substances. As the Report points out, this problem has been exacerbated in the period under review by natural disasters and armed conflict having occurred, which have increased the need for controlled substances to treat the wounded and sick while further complicating efforts to get these substances to those who require them. We draw attention to the measures available to Governments to tackle the availability of narcotic drugs and psychotropic substances in emergency situations in a special topic in chapter II.

Another focal area for INCB is the control of precursor chemicals. Shifts in the sourcing of chemicals, the emergence of designer precursors and more complex trafficking patterns necessitate the fine-tuning of the system. The Board's 2014 report on precursors contributes to this process by providing a review and assessment of the effectiveness and challenges of international precursor control.

One of the basic principles underlying the international drug control system is the limitation of the use of narcotic drugs and psychotropic substances to medical and scientific purposes. While the choice of measures to implement treaty obligations is the prerogative of States parties, such measures must respect both the letter and the spirit of the international legal norms. There are no simple or unilateral solutions, outside the boundaries of the international control framework, available to Governments to address the complexities of the drug problem.

From 9 to 12 March 2015, Governments will hold a special segment of the Commission on Narcotic Drugs on the preparation for the special session of the General Assembly on the World Drug Problem, to be held in 2016. The Board stands ready to engage with the international community and thus to contribute to shaping the architecture of the post-2016 international drug control system through its functions as mandated by the international drug control treaties. International drug control is a complex undertaking which requires a multi-dimensional approach. Governments should continue to base their actions on the drug control treaties and remain engaged in a constructive, frank and forward-looking dialogue to tackle international drug control in a comprehensive, sustained and concerted manner.

**Lochan Naidoo**

President

International Narcotics Control Board



## Factsheet 1

# A BALANCED APPROACH TO THE WORLD DRUG PROBLEM IS A FUNDAMENTAL AND STRATEGIC PRINCIPLE

## Nearly three quarters of the world population still live in countries with inadequate or non-existent access to medicines containing narcotic drugs

Ensuring that internationally controlled substances are available for medical and scientific purposes in all parts of the world is one of the fundamental objectives of the international drug control system. Such substances include opium and its derivatives, but also synthetic drugs such as methadone. This objective is also an obligation of the States parties to the international drug control conventions and must be at the heart of a balanced approach to the world drug problem.

## Discrepancies in the availability of narcotic drugs for licit purposes

The International Narcotics Control Board (INCB) has previously signalled that there are major discrepancies in the availability of narcotic drugs in various countries. The INCB Report for 2014 shows that despite increased consumption in some countries, there are still approximately 5.5 billion people who have limited or no access to medicines containing narcotic drugs such as codeine or morphine. This means that around three quarters of the world's population do not have access to proper pain relief treatment.

What is more, around 92 per cent of morphine used worldwide is consumed by only 17 per cent of the world population, primarily located in the United States, Canada, Western Europe, Australia and New Zealand.

Low demand for opioid analgesics for pain relief in many countries is not the result of a shortage of licitly produced raw material (mainly poppy straw), but of a wide range of other complex factors. These include poor regulatory regimes, lack of training and awareness among medical practitioners, cultural attitudes with respect to the treatment of pain, economic factors, and sourcing and distribution challenges.

## Increasing illicit demand due to drug dependence

Not only are the adoption of measures for the reduction of demand for illicit drugs and the provision of treatment for drug abuse essential elements of a balanced approach, they are also obligations under the international drug control treaties.

Drug dependence is constantly fuelling the illicit demand for drugs. To address it, a common understanding is required that drug dependence is a multi-factorial health disorder. The INCB Report stresses that a comprehensive approach to the demand aspect of the drug problem requires implementing a variety of measures, including prevention, early intervention, treatment, rehabilitation and social reintegration. The effective implementation of these measures requires cooperation



between various stakeholders, such as educational institutions, health-care, social-care, justice, enforcement and employment agencies, faith-based institutions, non-governmental organizations and civil society groups.

These measures should be reflected in national legislation and programmes addressing demand for illicit drug supplies.

Progress in reducing supply also requires developing effective responses to new challenges such as the rapid proliferation of new psychoactive substances, emerging threats from shifting drug trafficking routes, new drug trafficking trends and the use of new communication technologies in drug-related organized crime.

### Socioeconomic aspects – drivers of illicit drug abuse

Poverty, food insecurity, economic inequality, social exclusion, deprivation, displacement, a shortage of educational and recreational facilities and employment prospects, poor parental engagement and guidance during early childhood, and exposure to violence and abuse are some of the socioeconomic factors that have an impact on both the supply and demand sides of the drug problem. These elements are important drivers of the illicit drug phenomenon which need to be taken into consideration when addressing the world drug problem within a comprehensive, integrated and balanced approach.

### What should Governments do to implement a balanced approach?

Governments should ensure that reducing illicit demand is one of the first priorities of their drug control policies and that all aspects of the drug problem are addressed in a balanced and comprehensive manner. The Board recommends that Member States provide political support and appropriate resources to prevention, treatment and rehabilitation and that they also address national and local specificities of the drug problem.

Governments should respect all relevant human rights norms in designing drug-related strategies and policies. They should fully implement the international legal framework to protect children from drug-related activities and to ensure that national and international drug control strategies and policies take into consideration the principle of the best interests of the child.

The International Narcotics Control Board underscores that it is ready to support Governments in their efforts to address the drug problem and stresses the importance of working with the World Health Organization (WHO) and other relevant stakeholders to ensure the availability of internationally controlled substances for medical and scientific purposes.



## Factsheet 2

### IN FOCUS: AFGHANISTAN, URUGUAY

#### Afghanistan

Illicit opium poppy cultivation in Afghanistan continues to increase unabated and in 2014 set another record, with 224,000 hectares cultivated, compared with 209,000 hectares in 2013, matching an area nearly the size of Luxembourg. Afghanistan accounts for an estimated 80 per cent of the estimated global illicit production of opium and more than half of the country's provinces are now actively engaged in illicit opium poppy cultivation in addition to significant cultivation of cannabis.

Annual eradication of opium poppy over the past five years amounted to just 4 per cent of the cultivated area and has yielded no tangible effect on opium production, estimated to be a record 6,400 tons in 2014, an increase of more than 17 per cent over the previous year. There is also evidence that as drug production increased, so too did the number of heroin trafficking routes leading out of Afghanistan. Additionally, alternative livelihood assistance is not available to all farmers, as this is only possible where adequate security and stability can be ensured. With little chance of illicit crops being eradicated and limited alternatives, the benefits of illicit cultivation are perceived by many farmers to far outweigh any risk to their investments.

Increasing production of opium in Afghanistan has also resulted in greater abuse of opiates in the country and in neighbouring countries. One in ten urban households surveyed in Afghanistan had a person who tested positive for drugs, most commonly for potent opiates such as heroin. While a new national drug demand reduction policy aims to prevent vulnerable groups, such as children and adolescents, from becoming drug-dependent, treatment capacity is available for just 6 per cent of the estimated number of opiate-addicted persons.

According to the INCB Report, the lack of security is also closely linked to increased illicit opium poppy cultivation, opium and heroin production and ultimately, drug abuse and trafficking. As the International Security Assistance Force mission has drawn to a close, INCB is concerned that a worsening in the security situation could result in further increases in illicit crop cultivation and could threaten to reverse the limited progress made in Afghanistan.

#### Uruguay

Uruguay has become the first State party to the 1961 Convention to legalize the production, distribution, sale and consumption of cannabis and its derivatives for purposes other than medical and scientific. The relevant law adopted by Uruguay in December 2013 is inconsistent with the provisions of the 1961 Convention, under which cannabis is controlled and which requires States parties to limit its use to medical and scientific purposes.

Cannabis is under strict control in Schedules I and IV of the 1961 Convention and is internationally recognized as a dangerous drug that has serious consequences for human health. The international drug control conventions recognize the health dimensions of drug use, and under article 38 of the



1961 Convention, States parties are required to “give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved”.

The Board will continue its dialogue with the Government of Uruguay with a view to promoting the country’s compliance with the international drug control treaties.



## Factsheet 3

**USE OF MEDICINES CONTAINING CONTROLLED SUBSTANCES****Increased global consumption of methylphenidate**

The Board notes the increased global consumption of methylphenidate, a stimulant which is primarily used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and is included in Schedule II of the 1971 Convention. This increased consumption may be attributable to various factors, such as the increase in the number of patients who are diagnosed with ADHD, a widening of the age group of patients likely to be prescribed methylphenidate, a lack of proper medical guidelines for the prescription of methylphenidate and the influential commercial and marketing practices of the manufacturers of pharmaceutical preparations containing methylphenidate. The Board also notes that prescription drugs containing methylphenidate are abused by a growing number of teenagers and young adults.

The Board encourages all Governments to monitor developments in the diagnosis of ADHD and other behavioural disorders, and the extent to which methylphenidate is prescribed for their treatment, as well as to ensure that prescribing follows sound medical practice. Similarly, Governments are encouraged to ensure that the prohibition on the advertising of such substances to the general public, as set forth in the 1971 Convention, is upheld.



## Factsheet 4

**NEW PSYCHOACTIVE SUBSTANCES**

The number of new psychoactive substances reported by Governments continued to increase, with 388 unique substances identified as of 2014, compared to 348 the previous year. Most of the abused substances are synthetic cannabinoids and synthetic cathinones whose abuse mimics the effects of controlled drugs, such as cannabis and amphetamine. In 2014, the Commission on Narcotic Drugs called upon Governments and international organizations to do more to combat the abuse of these new substances, while in 2015, the Commission is expected to review World Health Organization (WHO) recommendations for the possible international control of 26 non-scheduled substances.

**Country-specific examples** to tackle the rise in the number of new psychoactive substances include China, often cited as a source for new psychoactive substances production. China has taken steps to control several of these substances, including by placing 12 new psychoactive substances under domestic control in 2014 and actively supporting multilateral efforts to investigate, identify and prosecute those responsible for major manufacturing and distribution operations. Consumer countries have also been active in both domestic scheduling and supporting international efforts to stop the trafficking of these substances. In 2014, the United States Drug Enforcement Administration seized hundreds of thousands of retail packages containing new psychoactive substances ready for distribution and millions of dollars in illicit assets during its special operations entitled Project Synergy, in cooperation with numerous international law enforcement agencies.

**Multilateral efforts – Project Ion:** INCB also assists multilateral efforts by Governments to stem the flow and abuse of new psychoactive substances through its new project to coordinate and exchange information on new psychoactive substance trafficking, known as Project Ion. Special operations, directed by the New Psychoactive Substances Task Force, gather information and intelligence related to suspicious shipments, trafficking and production of new psychoactive substances and exchange this information through its global focal point network of more than 100 Governments and international agencies.



## Factsheet 5

## REGIONAL HIGHLIGHTS

## AFRICA

Parts of Africa continue to face significant challenges related to tackling the increased abuse and production of major drugs. Persistent threats to peace and security in parts of the continent have also spurred an increase in illicit drug trafficking. Eastern Africa has increasingly become a transit route for heroin bound for markets in South Africa and West Africa. Southern Africa continues to be a hub for the global transit of heroin and cocaine.

New trends of trafficking in amphetamine-type stimulants (ATS) point to growing domestic markets throughout Africa. Africa is also affected by trafficking in precursor chemicals, notably ephedrine and pseudoephedrine. The prevalence of abuse of cannabis remains a major concern for the continent. Despite some eradication efforts, cannabis is illicitly cultivated throughout the continent. North Africa continues to see an increase in seizures of cannabis resin.

The public health problems of drug abuse continue to worsen as parts of Africa see more manufacturing and trafficking of methamphetamine. Although some countries have taken concrete steps to improve national systems for drug dependence treatment, health-care systems are often lacking and do not meet the needs of the populations. Drug abuse and limited treatment and rehabilitation capacity remain acute challenges in the region.

## AMERICAS

## Central America and the Caribbean

The Central America and the Caribbean region continues to be exploited by local and international organized criminal groups for the transit and trans-shipment of illicit drugs originating in South America and destined for consumer markets in North America and Europe. There is a growing trend towards increased production of illicit drugs in the region and drug abuse also appears to be growing. Cocaine trafficking remains the most lucrative source of income for organized criminal groups in the region and intensified competition in cocaine trafficking has been accompanied by increased levels of violence.

## North America

**Drug use in North America:** Despite a decline compared to previous years, North America continues to have the highest drug-related mortality rate of any region in the world (142.1 per million inhabitants aged 15-64 years). In the United States, drug overdose deaths, primarily related to prescription opioids, outnumber homicides and road accident fatalities. Governments in the region have addressed the problem of prescription drug abuse with targeted measures such as the establishment



of prescription monitoring programmes and “take-back initiatives”. Overprescription and overuse of prescription drugs in the United States continue to represent a significant public health challenge and the Board notes the steps taken. The Board also takes note of measures taken in Mexico to tackle the problem of limited access to these drugs for legitimate medical treatment and encourages the authorities to continue to make progress in this regard.

**A resurgence of heroin abuse in North America:** The tightening of regulatory controls for the dispensing of prescription opioids, coupled with efforts to develop tamper-proof presentations of commonly abused drugs, is believed to have contributed to a major resurgence in heroin abuse in North America, following several years of declining prevalence. Opiate-dependent drug users are increasingly turning to heroin, which is typically easier to find and cheaper than prescription opioids. Law enforcement authorities in the region have also identified significant increases in heroin purity. Increased demand for heroin has also been accompanied by the growing availability of the drug in the region, particularly in the United States. Law enforcement efforts targeting heroin traffickers have led to an increase in seizures greater than 320 per cent along the United States-Mexico border between 2008 and 2013.

**Cannabis as a substance of abuse:** Cannabis continues to be the most widely available, abused and trafficked drug in North America. The United States Drug Enforcement Administration reports that more than a million kilograms of cannabis are seized annually along the United States-Mexico border. Also particularly worrying is the use of cannabis by youth. The 2012-2013 Youth Smoking Survey in Canada, which collected data from Canadian students in grades 6 to 12 (aged approximately 11 to 18) about alcohol, tobacco and illicit drug use, lists cannabis as the substance with the highest annual prevalence of use, after alcohol. Approximately 45 per cent of students in grades 7 to 12 (aged approximately 12 to 18) reported that it would be “fairly easy” or “very easy” to obtain cannabis. These developments illustrate the need for Governments in the region to increase investments in prevention measures, particularly those aimed at young people.

**The legalization of cannabis for medical purposes in the United States:** Twenty-three United States states and the District of Columbia have now enacted legislation allowing for the creation of cannabis for medical purposes programmes. As a result, there are vastly divergent regulatory frameworks for the eligibility of patients and health conditions for which the medical use of cannabis is permitted, as well as for prescription and dispensing practices by health-care professionals and commercial production by licensed suppliers. In November 2014, Florida voters rejected a ballot initiative which would have paved the way for a constitutional amendment allowing the creation of a programme for the medical use of cannabis in the State. The Board remains concerned that many of these schemes do not meet the requirements set out in the drug control treaties for the establishment and operation of cannabis for medical purposes programmes.

**The legalization of cannabis for non-medical purposes in the United States:** On 1 January 2014, state-licensed cannabis retailers in the State of Colorado began selling cannabis for non-medical purposes. In July 2014, sales of cannabis for non-medical purposes began in the State of Washington. In November 2014, voters in the States of Oregon and Alaska, as well as in the District of Columbia, approved ballot initiatives on the non-medical use of cannabis in their respective jurisdictions. These developments have occurred despite being in conflict with the Controlled



Substances Act, a federal statute which prohibits cannabis production, trafficking and possession and classifies cannabis as a substance having a high potential for abuse and no scientifically proven medical value, and the provisions of the 1961 Single Convention on Narcotic Drugs, which limit the use of narcotic drugs to medical and scientific purposes.

## South America

The global supply of cocaine originating in South America has been curtailed to an extent that has had a perceptible effect on major consumer markets, where its availability remains lower than at the peak reached around 2006. The total area under cultivation for coca bush in Bolivia, Colombia and Peru fell by approximately one third between 2007 and 2013. A special concern in South America is the consumption of smokeable forms of cocaine. In Brazil, the number of “regular” users of “crack” (defined as having used the substance on 25 days or more in the previous six months) or other smokeable forms of cocaine (thus excluding cocaine salts) in the Brazilian state capitals and the federal district alone is estimated at approximately 370,000, or 0.81 per cent of their general population.

Treatment data for 2010-2012 also show that cocaine is by far the most prominent primary drug of abuse among persons treated for drug addiction in South American countries, except Colombia, where treatment data for 2012 indicate a complex drug abuse scenario, with cannabis and cocaine each accounting for approximately one third of treatment demand, followed by amphetamine-type stimulants (10 per cent) and heroin (6.6 per cent).

Recently published studies on drug use in South America, while not necessarily representative of the entire region, point to increased cannabis use in Chile and Colombia. Colombia and Paraguay emerge as the most prominent source countries for cannabis herb trafficked across borders in South America.

## ASIA

### East and South-East Asia

**Continued expansion of amphetamine-type stimulants:** Further increases in trafficking and the manufacture of amphetamine-type stimulants constitute the leading sources of drug-related activity in East and South-East Asia, which have some of the world’s largest and most established illicit markets for amphetamine-type stimulants. China is also a source often cited for new psychoactive substances production, and it has taken steps to control these substances and has actively supported multilateral investigative efforts (see factsheet 4).

### South Asia

**Abuse of pharmaceutical preparations:** In South Asia, the rise in the illicit manufacturing, trafficking and abuse of methamphetamine, as well the diversion and abuse of pharmaceutical



preparations containing narcotic drugs and psychotropic substances remain among the major drug-related challenges.

**Increase in the trafficking of Afghan heroin:** Recent trends point to an increase in the trafficking of Afghan heroin in fairly large consignments through Sri Lanka. In 2011 and 2012, average seizures were about 35 kg; in 2013 they increased to 350 kg.

**Availability and access to opioids for pain management:** Access to internationally controlled substances for medical purposes (particularly opiates for pain relief) is limited in the region, and the region's per capita medical consumption is well below the world average. A positive development in the region was the adoption in March 2014 by the Indian Parliament of new legislation enabling the establishment of simplified rules which should result in greater availability of such drugs for pain relief.

## West Asia

Political instability and strife in West Asia have led to deterioration in the ability of several States to exercise effective control over their territory and borders, a situation exploited by drug traffickers. Sustained growth in opiate abuse and illicit opium cultivation in Afghanistan, the source of much of the world's heroin supply, pose major challenges to the region. Annual illicit cultivation of opium poppy in Afghanistan increased 7 per cent to 224,000 hectares, and with no signs of abating, opium production in the country reached 6,400 tons in 2014, an increase of 17 per cent over the previous year. The crisis situation in Syria also creates favourable conditions for the illicit manufacture and trafficking of amphetamine tablets sold as Captagon in the region and the diversion of its key precursor chemical, phenyl-2-propanone, used in its illicit manufacture.

## Europe

**Replacement of heroin with synthetic opioids:** In Western and Central Europe, heroin is being partly replaced as a substance of abuse by synthetic opioids such as fentanyl, buprenorphine and methadone. In some countries of the sub-region, such substances now account for the majority of opioid abuse treatment admissions. Deaths associated with heroin abuse are declining, while deaths linked to synthetic opioids are on the rise. Changing patterns of injecting drug abuse, with a possible trend away from injection of heroin to injection of synthetic opioids, amphetamine-type stimulants or new psychoactive substances, have also been noted in some countries of the sub-region.

**Increased HIV prevalence among injecting drug users:** Eastern and South-Eastern Europe have a significantly higher prevalence of injecting drug abuse, as well as of HIV among people who inject drugs, than the global average. While the number of newly reported HIV cases among people who inject drugs in the European Union and Norway decreased during the period 2006-2010, an increase has been seen since 2010, mainly as a result of outbreaks of HIV among people who inject drugs in Greece and Romania.



**Revival of the Balkan route:** In 2013, an increased use of the Balkan route for trafficking of illicit drugs could be observed, although the amounts involved were not at the same level as during the peak period of 2007. Seizures of heroin along the Balkan route increased, and heroin continued to be redistributed in the Netherlands and, to a lesser extent, in Belgium for illicit markets in Western Europe.

**Illicit production of cannabis is on the rise:** The illicit cultivation of cannabis in Western and Central Europe, primarily for domestic consumption, continues to spread, with some countries reporting an increasing professionalization and scale of cultivation and others reporting a trend towards smaller-scale production sites, such as residential properties. In addition to domestic production, cannabis continues to be trafficked into Western and Central Europe, including through the transport of cannabis resin by sea or air, mainly from Morocco, and the trafficking of cannabis herb, mainly from Albania. Illicit production and use of cannabis, especially a highly potent form of this substance, remained the main illicit drug challenges in South-Eastern Europe.

**Challenge of new psychoactive substances:** As in other regions, the availability and abuse of new psychoactive substances remains a major public health concern, with new substances identified and an increasing involvement of organized criminal groups in the market. Governments are continuing to take measures to address the problem, both nationally and regionally, including by placing individual substances or groups of substances under national control or by introducing temporary bans on potentially harmful substances.

## Oceania

In Oceania, concerns persist about the expanding markets for new psychoactive substances and comparatively high rates of drug abuse, though the available information for the region refers primarily to Australia and New Zealand. Seizures and arrests are at record highs for many drug types. The region provides an expanding market for certain drugs, including cocaine, and is susceptible to illicit manufacturing and trafficking due to the comparatively high price of drugs and precursors. Cannabis remains the most prevalent drug of abuse, and dominates the illicit drug market. Cannabis is produced predominantly locally and there are indications that, in some countries of the region, cannabis use has generally continued to increase. The market for amphetamine-type stimulants also appears to be growing, with illicitly manufactured methamphetamine being the predominant synthetic drug of choice in the region. Given a lack of comprehensive statistics on drug abuse for most countries of the region, it is neither possible to fully assess the overall drug control or drug abuse situation nor the response of Governments to addressing drug abuse as a public health concern.



## Factsheet 6

**PRECURSORS REPORT 2014 – MAKING PRECURSOR CONTROL FIT FOR THE FUTURE**

As international precursor control enters its third decade, INCB has been advocating fine-tuning the control system—placing more emphasis on voluntary measures and cooperation with a range of industries at all levels, domestic controls and international cooperation in investigating the points of, and trafficking organizations behind, actual or attempted diversions.

INCB notes that precursor chemicals can be diverted at all stages of the distribution chain, regardless of whether a country has a manufacturing industry. Diversion from domestic distribution channels is therefore as much a risk as it is from international trade. Political considerations such as the desire not to impede the free movement of goods also impact on the choice and implementation of control measures.

Traffickers are increasingly seeking purpose-made chemicals that are not available off-the-shelf. INCB notes the importance of considering approaches that allow intervention in cases of suspicious transactions without imposing undue burdens upon regulatory authorities and industry. Approaches that do not rely exclusively on identifying individual chemicals by name, such as that known as “immediate precursors” and the reversal of the burden of proof could allow for the refocusing of controls. Such approaches would also prepare the international precursor control system for the challenges presented by the precursors of new psychoactive substances.

**New pre-precursor under international control**

Following a decision by the Commission on Narcotic Drugs in March 2014, alpha-phenylacetone nitrile (APAAN) and its optical isomers were included in Table I of the United Nations Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances of 1988. The decision became effective on 9 October 2014, thus bringing the number of substances in the tables of the 1988 Convention to 24.

**Timor-Leste becomes 189th State party to the 1988 Convention**

Timor-Leste became a State party to the 1988 Convention as of 1 September 2014, leaving just nine States worldwide yet to accede to the Convention, the primary vehicle for international precursor control.



## Factsheet 7

**INCB AND THE INTERNATIONAL DRUG CONTROL SYSTEM**

The International Narcotics Control Board (INCB) was established in 1968 in accordance with the Single Convention on Narcotic Drugs of 1954, which is adhered to by almost all States, illustrating the commitment of Governments to the principle of shared responsibility in ensuring the availability of narcotic drugs for medical and scientific purposes while preventing their diversion and abuse.

To address subsequent drug control challenges such as the abuse of psychotropic substances while ensuring their availability for medical purposes, the use of chemicals in the illicit manufacture of narcotic drugs and psychotropic substances, and drug trafficking, States negotiated and adopted the two other international drug control conventions which enjoy almost universal adherence: the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. The functions of INCB are laid down in these three international drug control treaties. In particular, the 1988 Convention details the mandate of INCB, especially its functions regarding the control of precursors used in the illicit manufacture of narcotic drugs and psychotropic substances, providing the framework for the monitoring of the international legitimate trade in these substances.

INCB, as the independent and quasi-judicial body monitoring and promoting the implementation of the United Nations drug control conventions, consists of 13 members who are elected by the Economic and Social Council (ECOSOC) and who serve in a personal capacity, and not as government representatives. Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by the World Health Organization (WHO) and 10 members are elected from a list of persons nominated by Governments.

Under the mandates given by the three international drug control treaties, INCB publishes an Annual Report, which provides a comprehensive overview of drug control in various parts of the world. The Annual Report is submitted to ECOSOC through the Commission on Narcotic Drugs and is accompanied by an annual report on precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, and by technical publications on narcotic drugs and psychotropic substances.





## 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.