



INTERNATIONAL NARCOTICS CONTROL BOARD



# Report 2015

## Press material

### EMBARGO

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## MESSAGE FROM THE PRESIDENT

The INCB Annual Report for 2015—together with the Annual Report on precursor chemicals<sup>1</sup> and the special Report on the availability of internationally controlled drugs<sup>2</sup>—is published at a critical juncture in international cooperation in drug control, just weeks before the special session of the United Nations General Assembly on the world drug problem, which is to be held in April 2016.



The special session will review progress in international cooperation in countering the drug problem and assess the achievements and challenges in global drug control. INCB is contributing to the special session with experience and insight accumulated over decades of monitoring the implementation of the three international drug control conventions and identifying achievements, challenges and gaps in drug control.

The thematic chapter of this annual report has been prepared as a specific contribution to the forthcoming special session. It is titled “The health and welfare of mankind: challenges and opportunities for the international control of drugs”, recalling that the ultimate goal of the three international drug control treaties is to protect public and individual health and welfare.

Indeed, the treaties do promote the availability of controlled drugs for medical purposes. At the same time, they limit the use of drugs exclusively to medical and scientific purposes in order to protect the public from the dangers associated with drug abuse, illicit drug cultivation and production, and drug trafficking. The treaties ensure health and welfare, so long as they are fully implemented in a balanced and proportional manner, with full respect for human rights, and with consideration of local socioeconomic and sociocultural conditions.

At a time of debate on the best way forward in drug policy, INCB stresses in the thematic chapter that the conventions do not mandate a “war on drugs”. The option for future drug policy is not to choose between “militarized” drug law enforcement on one hand and the legalization of non-medical use of drugs on the other, but to put health and welfare at the centre of drug policy and to fully implement the goals and principles of the conventions and the political declarations.

The conventions provide Governments with flexibility in their implementation. While the conventions unambiguously require that the use of drugs must be limited exclusively to medical and scientific purposes, they give room for flexible responses to unlawful behaviour: any reaction to drug-related offences must be proportionate. Moreover, States have a certain flexibility in designing the appropriate punishment, namely regarding the legal consequences for the possession of drugs for personal use. Besides that, States can provide for alternatives to punishment for minor offences.

<sup>1</sup> Report of the International Narcotics Control Board for 2015 on the implementation of article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

<sup>2</sup> Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes.



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As INCB shows in the report, by providing prevention, education, treatment, rehabilitation and social reintegration as alternatives to conviction and punishment, States can better focus limited law enforcement capacity on drug trafficking and illicit drug cultivation and production. By ensuring the provision of prevention and treatment services, Governments not only promote the health of their citizens but they also contribute to reducing traffickers' user base.

The commitment made by States, in adopting the conventions, to ensuring availability of controlled substances for medical and scientific purposes has not yet been met in all countries. Around three quarters of the global population does not have access to proper pain relief treatment, and around 90 per cent of the morphine used globally is consumed in countries representing less than 20 per cent of the world population.

In view of this grave situation, INCB decided to publish a special report on the matter, reviewing progress made since its last such report in 2010, identifying impediments and making recommendations to Governments and international organizations to improve the situation.

The INCB 2015 report on the control of precursor chemicals highlights, in the lead-up to the special session of the General Assembly, the considerable achievements in the monitoring of legitimate international trade in precursor chemicals. Statistics show that the diversion of licit substances into illicit drug manufacturing channels has shifted considerably from the international (cross-border) to the domestic level. The report presents recent trends and challenges such as the continued diversification in illicit drug manufacture and the great variety of non-scheduled substances used to circumvent existing controls, along with vast numbers of continually emerging new psychoactive substances. INCB's efforts working with Governments to address these challenges are also covered in the report.

INCB publishes annually, in addition to the above-mentioned reports, technical publications on the international control of the licit trade in narcotic drugs and psychotropic substances. The technical publications are a useful tool for the administration of national control systems, with a view to preventing diversion from licit to illicit channels while at the same time ensuring adequate availability for medical and scientific purposes.

As we approach the special session of the General Assembly, I urge Governments—as well as civil society—to keep in mind, in reviewing the progress made and challenges remaining in international drug control, the principles of the three drug control conventions, which enjoy universal adherence and which have at their core the fundamental goal of the health and welfare of mankind. When considering the effectiveness of the current drug control system, States should distinguish between the principles of the conventions and their implementation in practice. INCB is convinced that the best way forward is to ensure the full and balanced implementation of the treaties, with full respect for human rights.

**Werner Sipp**

President

International Narcotics Control Board



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## THE INTERNATIONAL DRUG CONTROL TREATIES DO NOT MANDATE A “WAR ON DRUGS”, SAYS INCB REPORT

In the run-up to the special session of the General Assembly on the world drug problem to be held in April 2016, the International Narcotics Control Board (INCB), in its 2015 Annual Report:

- Recalls that the ultimate goal of the drug control treaties is to ensure the health and welfare of mankind
- Cites a balanced and humane approach as key to meeting health and welfare aims
- Encourages Governments to devise practical and realistic measures to protect the public from the harms posed by the increasingly large number of new psychoactive substances
- Calls on Governments to ensure health-care providers do not overprescribe sedatives, particularly among elderly people
- Calls for a realistic assessment of the state of the international precursor control system

Just weeks ahead of the 2016 special session of the General Assembly, the Vienna-based INCB says, in its Annual Report for 2015, that the international drug control treaties do not mandate a “war on drugs”.

At a time of debate on drug policy, INCB stresses in its Report that ensuring the availability of drugs for medical purposes—as stipulated by the international drug control treaties—and reducing the illicit supply of drugs needs to be carefully balanced.

INCB President Werner Sipp said: “It is not the case that the world must choose between ‘militarized’ drug law enforcement on one hand and the legalization of non-medical use of drugs on the other; but rather to put health and welfare at the centre of a balanced drug policy.”

The 2016 special session, a meeting of United Nations Member States to review the achievements of and challenges to the international drug control system, will take place from 19 to 21 April 2016 at United Nations Headquarters in New York.

### New psychoactive substances: a growing threat

New psychoactive substances have continued to emerge in increasingly high numbers over the past year. By October 2015, Members States had reported 602 new substances. This represents a 55 per cent increase from the previous year, when 388 new substances were reported.

Keeping up with this pace represents a key challenge for the international drug control system, which will need to come up with more flexible and workable approaches to tackle the threat of new psychoactive substances.



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In 2015, 10 new psychoactive substances were placed under international control by the Commission on Narcotic Drugs, and national control of such substances was expanded in a number of countries, including China and India.

INCB launched in 2015 the Project ION Incident Communication System (IONICS) to allow for real-time communication among Governments about incidents involving new psychoactive substances. So far, more than 170 users from 60 countries have used the system, communicating over 500 incidents—such as suspicious shipments, trafficking, manufacture or production of new psychoactive substances—within as little as two days of their occurrence.

## Overprescribing of insomnia drugs to older people

In its Report, the Board notes with concern the risks of the unwarranted prescribing and overuse of benzodiazepines, a class of drugs used to treat insomnia and anxiety, by older people. This could be dangerous, as older patients often have more health complaints for which they receive more than one medication at a time. Insomnia seems common among this category of patients, making them an attractive target group for manufacturers of sleeping pills.

This is despite studies that have shown there is a risk of drug dependence as a result of unnecessary use of these substances. What is more, patients over the age of 65 using benzodiazepines have been shown to have a 50 per cent higher chance of developing dementia within 15 years, compared with patients who have never used them.

The Board calls on Governments to ensure that health-care providers follow sound medical practice when prescribing benzodiazepines. Health-care staff, especially in nursing homes, but also family members and caregivers of elderly people, need to be made aware of the risks of overusing benzodiazepines.

## Afghanistan: fewer opium-free provinces, but overall illicit opium cultivation decreased

For the first time in six years, the estimated area under illicit cultivation of opium poppy in Afghanistan has decreased. Nevertheless, levels of illicit opium poppy cultivation in Afghanistan continue to be high in absolute terms, even though 40 per cent more opium poppy was eradicated in 2015. The Report notes the fundamental role played by alternative development initiatives in curbing opium poppy cultivation and providing farmers with legitimate alternatives for supporting themselves and their families.



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## Availability of pain relief medications

As stated in the Board's special Report on Availability of Internationally Controlled Drugs, people in many low- and middle-income countries still have inadequate access to pain relief medications (opioid analgesic medicines), even though the use of such medications has more than doubled globally since the beginning of this century. Meanwhile, people in Europe and North America use almost 95 per cent of all pain relief medication consumed globally. Governments reported to INCB that the problem is not insufficient global supply, but rather a lack of training and a fear of addiction.

## Precursors Report

Recent seizure statistics show that the diversion of precursor chemicals into illicit manufacturing channels is increasingly occurring within domestic trade rather than international trade. *alpha*-Phenylacetoacetonitrile (APAAN), which had been widely used to produce amphetamine and methamphetamine, was placed under international control in 2014. As a result, APAAN seems to have lost its prominence, as the number of seizures in 2015 decreased and confiscations occurred less frequently at international borders, suggesting that international controls are having the desired effect.

In its Precursors Report, the Board highlights the need for a realistic assessment of the state of the international precursor control system in the run-up to the special session of the General Assembly. According to INCB, the international precursor control system has been increasingly successful in monitoring legitimate trade in a defined set of precursor chemicals to prevent them from being diverted into illicit channels. However, drugs of abuse are still being manufactured using constantly emerging new chemicals which are not under international control.

The Board is convinced it is time to take new paths. This could include voluntary public-private partnerships between Government and industry and new legal instruments for law enforcement when there is evidence that a substance is intended for use in the illicit manufacture of drugs.



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## AFRICA

**Africa key transit point for drug trafficking:** Africa continues to be one of the main transit areas for drug trafficking. West Africa is used by traffickers to smuggle cocaine and other drugs into Europe. North Africa remains a primary source of drugs entering Europe, while East Africa is increasingly being used as a trafficking hub for Afghan heroin destined for Europe.

**Drug trafficking leads to increasing drug abuse:** The increase in drug trafficking has not only been accompanied by a rise in activities of organized criminal groups, but also by growing illicit drug use, especially among young people. In West Africa in particular, the rise in illicit drug use is creating security challenges in addition to having negative health and social impacts.

**The growing middle class in parts of Africa is an emerging market for drugs:** Traffickers in search of new illicit markets for cocaine and heroin have targeted the growing middle class in a number of African countries, such as Benin, which has been used as a transit country for many decades, and Namibia, a transit country which is becoming a consumer country.

**Cannabis use remains high, heroin comes second:** Annual prevalence of cannabis use in the region remains high (at 7.5 per cent of the population aged 15-64) at almost double the global annual average (3.9 per cent). The figure is particularly high in West and Central Africa (12.4 per cent). Cannabis remains the primary drug for which people in Africa receive treatment for substance abuse, followed by heroin. Opiates are abused by around 0.3 per cent of people aged 15-64 (or about 1.88 million individuals) (annual prevalence).

**Only 1 out of 18 people who need treatment receive it:** Although the prevention and treatment of drug abuse are part of the main provisions of the international drug control conventions, in Africa only an estimated 1 out of 18 people suffering from drug use disorders or drug dependence receive treatment each year.

**Unsafe injecting practices lead to rise in HIV:** The fact that almost half of the problem drug users who inject drugs follow unsafe injecting practices is contributing to a rise in HIV rates. In Southern Africa, for example, evidence indicates that high-risk injecting practices, such as the reuse and sharing of needles and syringes and the ineffective cleaning of injecting equipment, contribute to HIV transmission among people who inject drugs.

**Increase in drug trafficking between South America and Europe through West Africa:** For West Africa, cocaine trafficking remains a major concern. There has been an overall increase in drug trafficking between South America and Europe using Africa as a transit hub, and cocaine arriving from South America transits mainly through West Africa on its way to Europe.

**Online trafficking in precursor chemicals is on the rise:** An additional challenge has emerged with the sale of controlled drugs via the Internet. The increase in online trafficking has made it difficult for law enforcement authorities to identify website owners and users involved in trafficking precursor chemicals.



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## AMERICAS

### Central America and the Caribbean

**Drug-related murders and crimes:** Central America and the Caribbean are among the regions with the highest violence and homicide rates worldwide, and continue to be affected by drug trafficking and drug-related violence. The number of killings linked to organized crime has risen in areas where criminal groups fight to gain control of the local drug market. Criminal groups' struggles to control local markets as well as the increasing availability of drugs have led to a rise in crime and homicide rates.

**Increase in drug abuse:** Drug trafficking has become a major security threat and is contributing to an increase in drug abuse. An additional factor is that drug traffickers are often paid in drugs, rather than cash. Cocaine abuse in the region remains higher than the global average and inhalant abuse is particularly high in the Caribbean.

**Changes in drug trafficking patterns:** Law enforcement authorities have reported a significant change in trafficking patterns: drug traffickers often cancel confirmed flights at the last minute, only to make new bookings immediately afterwards on the same flight, in an attempt to avoid being detected during the process of passenger list screening.

**Supplier of cannabis:** The Central America and Caribbean region remains a significant supplier of cannabis and a transit route for cocaine to North America and Europe.

### North America

**Highest rate of drug-related deaths worldwide:** North America continues to have the highest drug-related mortality rates in the world. In 2013, 43,000 drug-related deaths were reported, which is equivalent to 136.8 deaths per million inhabitants. This is significantly higher than the estimated global average rate of 40.8-50.5 deaths per million inhabitants. One in every five drug-related deaths worldwide occurs in the United States of America.

In addition to this, opioid abuse is still one of the major challenges facing North America and is significantly higher than the global average (annual prevalence of 3.8 per cent in 2013, compared to the global average of 0.7 per cent). Indeed, in the United States, the number of people dying from a heroin overdose increased by 39 per cent between 2012 and 2013. In the United States, drug overdose deaths, which are mainly caused by prescription drugs, are the single leading cause of "injury deaths"—higher than the number of deaths caused by car accidents.

**The expansion of the illicit market for prescription drugs:** The widespread abuse of prescription drugs continues to be the biggest challenge to drug control efforts in North America and carries a heavy human and economic toll. In the past, the illicit trade in prescription drugs was in the hands of small-scale dealers and street gangs; however, the growth and lucrative nature of this market is increasingly attracting organized transnational criminal groups. In the United States, people dying from overdoses as a result of abusing prescription drugs outnumber those dying



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from heroin and cocaine overdoses combined. The Drug Enforcement Administration of the United States estimates that the costs of abusing prescription drugs alone total more than US\$ 53 billion per year. In Canada, pharmaceutical fentanyl products, which are diverted and illicitly resold, are a growing public health threat.

**Resurgence of heroin abuse:** Better and more targeted controls of the dispensing of prescription opioids are likely to have contributed to a resurgence of heroin abuse in North America. This phenomenon has been especially pronounced in suburban and rural areas of the north-east and north-central regions of the United States, where large-scale drug abuse had not been a problem. The number of opiate-dependent drug users in the United States, who are replacing prescription opioids with heroin, as well as the number of new and inexperienced heroin users, have increased significantly. According to United States public health officials and law enforcement authorities, this may be because heroin is becoming purer, more easily available and cheaper. Law enforcement operations targeting heroin traffickers have led to an increase in heroin seizures, and the number of heroin-related arrests doubled between 2007 and 2014.

The resurgence of heroin abuse is a severe public health threat and the number of deaths due to heroin overdose tripled from 2010 to 2013, reaching 8,620 deaths in 2013. According to the United States authorities, the real number of deaths due to heroin overdoses might be even higher since heroin is rapidly metabolized into morphine, and therefore difficult to detect.

**Cannabis is becoming more potent and its abuse is growing:** Cannabis continues to be the most available and commonly abused drug among 15- to 64-year-olds in North America (with 11.6 per cent of the population affected). According to the United Nations Office on Drugs and Crime (UNODC), cannabis abuse in the United States is growing, also among young people, such as high school students. At the same time, there was a 62 per cent increase in the number of cannabis-related emergency department visits between 2004 and 2011. The United States Drug Enforcement Administration has also reported that the psychoactive constituent, tetrahydrocannabinol (THC), of cannabis seized is on the rise, with THC levels up from 3.96 per cent in 1995 to more than 12 per cent in 2013.

Cannabis is illicitly cultivated all over North America and constitutes the most trafficked drug in the region, with large quantities being smuggled into the United States from Mexico.

**The legalization of cannabis for medical purposes in the United States:** In some of the states that have legalized medical cannabis programmes, cannabis from these programmes is being diverted to illicit drug markets and has become a significant source of illicit drug use, especially among young people. According to the United States Drug Enforcement Administration, in states allowing cannabis for medical purposes, a third of all 12th grade students who have consumed cannabis in the past 12 months, said that one of their sources of the drug was medical cannabis that had been prescribed to another person.

**Spillover effects of cannabis legalization for non-medical purposes in the United States:** States bordering those in which cannabis has been legalized for recreational use have reported negative impacts as a result of cannabis trafficking into their jurisdictions. With high taxes and restrictions in place, legalizing cannabis for non-medical or scientific purposes has not eliminated the illicit market for cannabis, according to the United States Drug Enforcement Administration.



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## South America

**Trends in coca bush cultivation and cocaine supply:** Although virtually all the world's coca paste and cocaine is still supplied by South America, the efforts of the Governments of Bolivia (Plurinational State of), Colombia and Peru in 2013 have led to the lowest level of coca bush cultivation since 1990. According to United Nations Office on Drugs and Crime (UNODC), this trend may have helped to reduce the global supply of cocaine. Coca bush cultivation continued to decrease in Bolivia (Plurinational State of) and Peru in 2014, whereas Colombia reported an increase of 44 per cent in the area of cultivation compared with 2013, making it once again the country with the largest area of coca bushes in the world. One of the factors that may explain the increase in coca bush cultivation in Colombia, as UNODC has pointed out, is the expected benefit for coca-growing farmers in the context of the negotiations for a peace agreement with the Revolutionary Armed Forces of Colombia (FARC), as there is a perceived leverage associated with growing coca bush in the negotiations with the Government. Another factor may also be increases in the price of coca leaf, as well as the fact that the extent of eradication, notably aerial spraying, has declined in recent years and was suspended in 2015.

**New cannabis laws in the making:** Several countries, including Brazil, Chile, Colombia, Ecuador and Uruguay, are debating and putting into force new legislation, decisions and resolutions on the use of cannabis. These range from regulating the cultivation of cannabis plants and the import of medicines containing cannabidiol, to further regulating a market for cannabis for non-medical use, as is the case in Uruguay. INCB holds the view that legislation permitting the non-medical use of cannabis is contrary to the provisions of the international drug control conventions.

**Making narcotic drugs and psychotropic substances available for medical purposes:** The countries of the region are working to ensure availability of narcotic drugs and psychotropic substances for medical purposes. The Inter-American Convention on Protecting the Human Rights of Older Persons, adopted in June 2015 by the General Assembly of the Organization of American States (OAS), urges Member States to make available controlled medicines for the rehabilitation and palliative care of older persons. Some countries in the region have reported low levels of consumption of narcotic drugs and psychotropic substances for medical use.

**Increased cocaine abuse in Brazil:** Experts in South America are observing an increase in cocaine use in the region, considered to be driven by increased abuse in Brazil. The increasing abuse of smokable cocaine has received particular attention from national authorities. Brazil is investing in improving data collection on drug abuse, including conducting a survey among prisoners.



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## ASIA

### West Asia and Middle East

**Refugees fleeing conflict zones at high risk of exposure to drug trafficking and abuse:** The difficult and traumatic situation of refugees escaping conflict zones, in particular in Iraq and the Syrian Arab Republic, makes them especially vulnerable to addiction and puts them at high risk of exposure to drug trafficking. Poor border controls and the increased movement of people across borders contribute to a situation favourable to illicit drug trafficking to markets in the region. This in turn can lead to a greater number of individuals affected by drug abuse.

**Emergency medical aid and humanitarian access:** The armed conflicts and refugee crises have also led to an increased demand for emergency supplies, including internationally controlled substances for medical purposes. However, the delivery of such substances is dependent on humanitarian access, which in various areas has been severely limited. Against this background, INCB again reminds all States that, under international humanitarian law, parties to armed conflicts have an obligation not to impede the provision of medical care—including the necessary narcotic drugs and psychotropic substances—to civilian populations in territories under their effective control.

**Instability and insecurity undermine law enforcement efforts:** The continuing instability and climate of insecurity that prevail in some parts of the Middle East, in particular Iraq, the Syrian Arab Republic and Yemen, continue to undermine law enforcement and pose a challenge to drug control among countries in the region. Insufficient governmental control and a general atmosphere of lawlessness in many areas also make it virtually impossible to monitor drug control activities.

**Trafficking and use of counterfeit Captagon:** The trafficking of counterfeit Captagon tablets (containing amphetamine) in the region has continued unabated. While there remains a lack of official sources of reliable information on illicit drug production, trafficking and abuse among countries in the region, there have been several media and anecdotal reports about the widespread abuse of amphetamines traded as counterfeit Captagon tablets among all parties engaged in armed violence in the Syrian Arab Republic.

**Illicit cultivation of opium poppy in Afghanistan decreased for the first time since 2009:** For the first time in six years, the estimated area under illicit cultivation of opium poppy in Afghanistan has decreased—from 224,000 hectares in 2014 to 183,000 hectares in 2015, according to figures released by United Nations Office on Drugs and Crime. However, the level of illicit opium cultivation in Afghanistan continues to be high in absolute terms; the estimated potential opium production was around 3,300 tons, which is 48 per cent less than in the previous year. Although this development is potentially significant for the drug control situation in the region, the reasons behind it are complex: a water shortage during the reporting period affected the opium yield; Government-led eradication efforts increased in the past years; and the estimation methodology has been improved, which makes comparison less straightforward.



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## South Asia

**Afghan heroin remains among greatest challenges facing the region:** The greatest drug-related challenges facing South Asia remain trafficking in Afghan heroin; the rise in illicit manufacturing, trafficking and abuse of methamphetamine; and the diversion and abuse of pharmaceutical preparations which contain narcotic drugs and psychotropic substances.

**Low availability of and access to pain relief treatment:** The availability of internationally controlled substances for medical purposes (particularly opioids for pain relief) is relatively low in all countries of the region, and the region's per capita medical consumption remains below the world average.

## East and South-East Asia

**New drug trafficking routes:** The greatest drug threat continues to be amphetamine-type stimulants, in particular methamphetamine. The growing amount of methamphetamine trafficked from outside East and South-East Asia suggests that new trafficking routes have been established connecting markets that were not linked before. Drug syndicates in other regions, attracted by the size of the markets in East and South-East Asia, have recently become involved in a number of countries in the region.

**New psychoactive substances are marketed as “legal highs”:** The rapid emergence of new psychoactive substances, together with the abuse of ketamine and its trafficking, remains another area of concern. Exploiting gaps in legislation and creating an illusion of legality, new psychoactive substances are marketed as “legal highs”.



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## EUROPE

**Drug abuse in the European Union remains widespread:** Almost a quarter of the adult population in the European Union (EU) have tried illicit drugs at least once in their lives. The most commonly used drug in the EU (according to past-year prevalence among adults between 15 and 64 years of age) is cannabis (19.3 million), followed by cocaine (3.4 million), “ecstasy” (2.1 million) and amphetamines (1.6 million). Denmark, France and the United Kingdom are among the EU countries with the highest rate of people who have abused drugs at least once in their lifetime. While abuse of heroin and synthetic opioids remains relatively low, abuse of cocaine remained high, and abuse of amphetamines remained stable. Abuse of new psychoactive substances is posing a challenge.

**Europe remains a key market for drug traffickers:** Europe continues to be an important market for locally produced drugs as well as those smuggled from other regions, in particular Latin America, West Asia and North Africa. The synthetic drugs produced in Western and Central Europe supply illicit markets both locally as well as in other parts of the world. In recent years, Eastern Europe has emerged as a transit and destination area for cocaine, although the amounts of cocaine seized remain relatively small.

**Undiminished emergence of new psychoactive substances:** The continued increase in the distribution and abuse of new psychoactive substances poses a public health challenge in many European countries. By March 2015, more than 450 new psychoactive substances were being monitored by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). During 2014 alone, 101 new psychoactive substances were reported for the first time via the EU early warning system.

**The Internet and social media have become important tools in the marketing of drugs:** According to EMCDDA, more than 600 websites selling new psychoactive substances, sometimes by the kilogram, were identified in the EU in 2013 and 2014. Assessing the size of the online drug market is not easy and more awareness is needed about the growing role of the Internet and cryptocurrencies, such as bitcoin, in the sale of both established drugs and new psychoactive substances.

**Opioids are the drugs linked to the greatest proportion of drug-related diseases:** Although abuse of heroin and synthetic opioids is relatively low in the EU, at only around 0.4 per cent of 15- to 64-year-olds (annual prevalence), opioids continue to be linked to the greatest proportion of drug-related diseases, deaths and treatment costs. In 2013, opioids were the primary drugs of abuse for 41 per cent of all those receiving drug abuse treatment in Western and Central Europe.

**Cannabis remains the most commonly seized drug:** Cannabis accounts for about 80 per cent of all drug seizures in Western and Central Europe. With 62.6 tons seized in the EU in 2013, cocaine ranks second overall. The number of cocaine seizures accounts for more than double the number of seizures of amphetamines or heroin.

**Drugs of abuse are becoming more potent and purer:** Both the purity and the potency of all the



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drugs of abuse commonly found in Western and Central Europe, including cannabis, have increased. One of the reasons behind the increased potency of cannabis herb and resin may be the more intensive production techniques in Europe and, more recently, the increased THC concentration of cannabis plants cultivated in Morocco.

**Drug abuse by injection and HIV:** In Eastern and South-Eastern Europe, rates of drug abuse by injection are nearly five times the world average. The number of people in this region who abuse drugs by injection is estimated to be 2.91 million, which is almost one quarter (24 per cent) of the global figure. Approximately 40 per cent of the estimated global number of people who abuse drugs by injection and who are living with HIV live in Eastern and South-Eastern Europe.



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## OCEANIA

**Patterns of drug abuse and trafficking:** Oceania is vulnerable to the trafficking, manufacture and abuse of a wide range of drugs. Countries are reporting significant seizures of many substances, including cocaine, heroin, MDMA (commonly known as “ecstasy”), and precursor chemicals.

**Cannabis remains the most abused drug, new psychoactive substances on the rise:** The most trafficked and abused drug in the region is cannabis. However, other drugs, particularly methamphetamine, also pose serious threats to the countries of Oceania. New psychoactive substances, including a large number of synthetic cannabinoids, continue to appear in the region and drug abuse rates have increased significantly.

**New laws adopted to tackle new psychoactive substances:** Some countries in the region have adopted new laws or amended existing ones to tackle the problem of new psychoactive substances and address their widespread availability and constantly changing composition.

**Joint action to tackle drug trafficking:** In the period from July 2013 to June 2014, Australia recorded 93,000 drug seizures weighing more than 27 tons in total—the highest numbers on national record. In 2014, New Zealand also witnessed significant increases in seizures of certain substances, including cocaine. To address this challenge, countries in the region are working together to improve regional border security and information sharing on the flows and transshipments of drugs. Regional joint operations led to large methamphetamine seizures. Drug enforcement agencies have also strengthened their partnerships to identify members of organized criminal groups and reduce the supply of precursors.



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## 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.

States negotiated and adopted the two other international drug control conventions in order to address subsequent drug control challenges, such as limiting 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. Those two treaties, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, enjoy almost universal adherence.

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, 1954. 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.