

Chapter II.

Functioning of the international drug control system

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

42. The main corpus of the international legal framework for drug control is composed of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

43. The elaboration of this framework by the international community was the product of a widespread consensus, reflecting the realization that the adoption of common approaches and concerted action to the regulation, availability and use of controlled substances was imperative for the protection of the health and welfare of humanity.

44. Becoming a State party to the drug control conventions is a solemn undertaking through which Governments commit to adopting legislative, regulatory and policy measures necessary to ensure the full implementation of their legal obligations in their national systems.

45. In particular, the drug control conventions enjoin States to adopt measures for the control of licit trade in narcotic drugs, psychotropic substances and precursor chemicals used in their illicit manufacture, and to facilitate their availability for legitimate medical purposes while preventing their diversion into illicit channels. They require States to elaborate strategies for the prevention of

drug use and mechanisms to address addiction through treatment, rehabilitation, aftercare and social reintegration. They provide for State responses to suspected drug-related criminality that are humane and proportionate as well as grounded in the respect for human dignity, the presumption of innocence and the rule of law, and they categorically reject those that are not. Together they are also a vehicle for facilitating mutual legal assistance and extradition between States and for combating money-laundering.

Status of adherence to the international drug control treaties

46. While there were no new accessions to the three international drug control treaties for the period under review, the 1961 Convention as amended, the 1971 Convention and the 1988 Convention are among the most widely ratified international instruments, benefiting from near-universal adherence.

47. As at 1 November 2017, 185 States had ratified or acceded to the 1961 Convention as amended. Among those States having yet to accede, two were located in Africa (Equatorial Guinea and South Sudan), two in Asia (State of Palestine and Timor-Leste) and seven in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu). Chad remained the sole State having ratified the 1961 Convention in its unamended form.

48. The number of States having ratified or acceded to the 1971 Convention remained at 183, with 14 States yet to become parties to the convention, namely three African

States (Equatorial Guinea, Liberia and South Sudan), one State in the Americas (Haiti), two in Asia (State of Palestine and Timor-Leste) and eight in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tuvalu and Vanuatu).

49. In the lead-up to the 30th anniversary of its adoption, the 1988 Convention is the most widely ratified of the three drug control conventions, with 189 parties (188 States and the European Union). Most States that are yet to become parties are located in Oceania (Kiribati, Palau, Papua New Guinea, Solomon Islands and Tuvalu). In Africa, only three countries have yet to ratify or accede to the 1988 Convention (Equatorial Guinea, Somalia and South Sudan) and in Asia, only one (State of Palestine).

50. **The Board reiterates its call to all States having not yet become Parties to one or more of the international drug control conventions to do so at the earliest opportunity, and to take all legislative and policy action necessary to ensure their comprehensive implementation at the national level.**

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

51. The fundamental goal of the international drug control system is assuring the health and welfare of humankind. That goal is to be achieved through two, twin actions: ensuring the availability of internationally controlled substances for medical and scientific purposes and, in the case of precursor chemicals, also ensuring their legitimate industrial use; and preventing the diversion of controlled substances into illicit channels.

52. To monitor compliance with the international drug control treaties, the Board examines action taken by Governments to implement the treaty provisions aimed at achieving the overall goals of the conventions. Over the years, the treaty provisions have been supplemented with additional control measures adopted by the Economic and Social Council and the Commission on Narcotic Drugs to enhance their effectiveness. In the present section, the Board highlights action that needs to be taken to implement the international drug control system, describes problems encountered in that regard and provides specific recommendations on how to deal with those challenges.

1. Preventing the diversion of controlled substances

(a) Legislative and administrative basis

53. Governments have to ensure that national legislation complies with the provisions of the international drug control treaties. They also have the obligation to amend lists of the substances controlled at the national level when a substance is included in a schedule or transferred from one schedule to another of an international drug control treaty. Inadequate legislation or implementation mechanisms at the national level or delays in bringing lists of substances controlled at the national level into line with the schedules of the international drug control treaties will result in inadequate national controls of substances under international control and may lead to the diversion of substances into illicit channels. The Board is therefore pleased to note that, as in previous years, most Governments have continued to furnish information to the Board on legislative or administrative measures taken to ensure compliance with the provisions of the international drug control treaties. At the same time, the Board is concerned that some Governments have introduced or are planning to introduce legislative measures in contravention of the requirements of the international drug control treaties. **The Board reminds Governments that in resolution S-30/1, entitled “Our joint commitment to effectively addressing and countering the world drug problem”, adopted by the General Assembly on 19 April 2016, Member States reaffirmed their commitment to the goals and objectives of the three international drug control conventions.**

54. On 16 March 2017, the Commission on Narcotic Drugs in its decisions 60/2 and 60/3 included U-47700 and butyrfentanyl in Schedule I of the 1961 Convention as amended. In accordance with article 3, paragraph 7, of the 1961 Convention as amended, that decision was communicated by the Secretary-General to all Governments, WHO and the Board on 21 April 2017, and became effective with respect to each party upon receipt of that notification. **The Board acknowledges the efforts made by Governments that have already put those substances under control and urges all other Governments to amend the lists of substances controlled at the national level accordingly, and apply to those substances the control measures required under the 1961 Convention as amended, and inform the Board in this regard.**

55. The Board also wishes to draw the attention of Governments to the fact that eight substances were placed under international control under the 1971 Convention

by the Commission on Narcotic Drugs on the same date. Pursuant to Commission decisions 60/4, 60/5, 60/6, 60/7, 60/8, 60/9, 60/10 and 60/11, 4-MEC (4-methylethcathinone), ethylone, pentedrone, ethylphenidate, MPA (methiopropamine), MDMB-CHMICA, 5F-APINACA (5F-AKB-48) and XLR-11 were added to Schedule II of the 1971 Convention. In accordance with article 2, paragraph 7, of the 1971 Convention, those decisions of the Commission were communicated by the Secretary-General to all Governments, WHO and the Board on 21 April 2017, and became fully effective with respect to each party on 18 October 2017. **The Board acknowledges the efforts made by some Governments that have already put those substances under control and urges all other Governments to amend their lists of substances controlled at the national level accordingly, to apply to those substances the control measures required under the 1971 Convention, as well as in the relevant resolutions of the Commission and the Council, and inform the Board accordingly.**

56. In accordance with Economic and Social Council resolutions 1985/15, 1987/30 and 1993/38, Governments are required to introduce an import authorization requirement for zolpidem, a substance that was included in Schedule IV of the 1971 Convention in 2001. In response to the Board's request made in its annual reports for 2012 and 2013 and a circular letter sent in 2016, a number of Governments have provided the requisite information. As at 1 November 2017, relevant information was available for 130 countries and territories. Of those, 121 countries and territories have introduced an import authorization requirement, and one country (the United States of America) requires a pre-import declaration. Six countries and territories do not require an import authorization for zolpidem (Cabo Verde, Ireland, New Zealand, Singapore, Vanuatu and Gibraltar). Imports of zolpidem into Azerbaijan are prohibited, and Ethiopia does not import the substance. At the same time, information on the control of zolpidem remains unknown for 84 countries and territories. **The Board therefore again urges the Governments of countries and territories that have not yet done so to supply it with information on the control status of zolpidem as soon as possible.**

57. On 16 March 2017, the Commission on Narcotic Drugs decided to include N-phenethyl-4-piperidone (NPP) and 4-anilino-N-phenethyl-4-piperidine (ANPP), two precursors of fentanyl and of a few "designer" fentanyls, in Table I of the 1988 Convention. The decision became effective on 18 October 2017. **Governments are thus requested to implement these decisions at the national level and inform the Board accordingly.**

(b) Prevention of diversion from international trade

Estimates and assessments of annual requirements for internationally controlled substances

58. The system of estimates and assessments of annual licit requirements for narcotic drugs and psychotropic substances is the cornerstone of the international drug control system. It enables exporting and importing countries alike to ensure that trade in those substances stays within the limits determined by the Governments of importing countries and that diversion of controlled substances from international trade are effectively prevented. For narcotic drugs, such a system is mandatory under the 1961 Convention as amended, and the estimates furnished by Governments need to be confirmed by the Board before becoming the basis for calculating the limits on manufacture and import.

59. The system of assessments of annual requirements for psychotropic substances was adopted by the Economic and Social Council in its resolutions 1981/7, 1991/44, 1993/38 and 1996/30, and the system of estimates of annual legitimate requirements for selected precursors was adopted by the Commission on Narcotic Drugs in its resolution 49/3, to help Governments to prevent attempts by traffickers to divert controlled substances into illicit channels. The assessments of annual legitimate requirements for psychotropic substances and estimates of annual legitimate requirements for selected precursors help Governments to identify unusual transactions. In many cases, the diversion of a drug has been prevented when the exporting country refused to authorize the export of the substance because the quantities of the substance to be exported would have exceeded the quantities required in the importing country.

60. The Board regularly investigates cases involving possible non-compliance by Governments with the system of estimates or assessments; as such, non-compliance could facilitate the diversion of controlled substances from licit international trade into illicit channels. In that connection, the Board provides information, support and guidance to Governments on the working of the system for estimates or assessments, as necessary.

61. Governments are obliged to comply with the limits on imports and exports of narcotic drugs provided for under articles 21 and 31 of the 1961 Convention. Article 21 stipulates, inter alia, that the total of the quantities of each drug manufactured and imported by any

country or territory in a given year shall not exceed the sum of the following: the quantity consumed for medical and scientific purposes; the quantity used, within the limits of the relevant estimates, for the manufacture of other drugs, preparations or substances; the quantity exported; the quantity added to the stock for the purpose of bringing that stock up to the level specified in the relevant estimate; and the quantity acquired within the limit of the relevant estimate for special purposes. Article 31 requires all exporting countries to limit the export of narcotic drugs to any country or territory so that the quantities imported fall within the limits of the total of the estimates of the importing country or territory, with the addition of the amounts intended for re-export.

62. As in previous years, the Board finds that the system of imports and exports of narcotic drugs generally continues to be respected and works well. In July 2017, a total of 9 countries were contacted regarding possible excess imports or excess exports identified with regard to international trade in narcotic drugs that had been effected during the year. As at 1 November 2017, two replies had been received, from Czechia and Saudi Arabia, and reminder letters were sent to the countries that did not reply. The Board will continue to pursue the matter with those countries that have failed to respond.

63. Pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of annual domestic medical and scientific requirements for psychotropic substances listed in Schedules II, III and IV of the 1971 Convention. The assessments received are communicated to all States and territories to assist the competent authorities of exporting countries when approving exports of psychotropic substances. As at 1 November 2017, the Governments of all countries and territories, except for South Sudan, for which assessments were established by the Board in 2011, had submitted at least one assessment of their annual medical requirements for psychotropic substances.

64. **The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years.** However, 26 Governments have not submitted a revision of their legitimate requirements for psychotropic substances for three years or more. The assessments valid for those countries and territories may therefore no longer reflect their actual medical and scientific requirements for psychotropic substances.

65. When assessments are lower than the actual legitimate requirements, the importation of psychotropic

substances needed for medical or scientific purposes may be delayed. When assessments are significantly higher than legitimate needs, the risk of psychotropic substances being diverted into illicit channels may be increased. The Board has repeatedly reminded countries that it is important that Governments estimate and assess correctly and realistically the initial needs of their country.

66. As in previous years, the system of assessments of annual requirements for psychotropic substances continues to function well and is respected by most countries and territories. In 2016, the authorities of 29 countries issued import authorizations for substances for which they had not established any such assessments or for quantities that significantly exceeded their assessments. Only two countries were identified as having exported psychotropic substances in quantities exceeding the relevant assessment.

67. In line with the Commission on Narcotics Drugs resolution 49/3, entitled “Strengthening systems for the control of precursor chemicals used in the illicit manufacture of synthetic drugs”, Member States are requested, on a voluntary basis, to provide the Board with annual legitimate requirements for imports of four precursors of amphetamine-type stimulants and, to the extent possible, preparations containing those substances. As at 1 November 2017, 166 Governments had provided an estimate for at least one of those substances, thus providing the competent authorities of exporting countries with an indication of the legitimate requirements of importing countries and thereby preventing diversion attempts.

Requirement for import and export authorizations

68. The universal application of the requirement for import and export authorizations laid down in the 1961 and 1971 Conventions is key to preventing the diversion of drugs into the illicit market. Such authorizations are required for transactions involving any of the substances controlled under the 1961 Convention or listed in Schedules I and II of the 1971 Convention. Competent national authorities are required by those conventions to issue import authorizations for transactions involving the importation of such substances into their country. The competent national authorities of exporting countries must verify the authenticity of such import authorizations before issuing the export authorizations required to allow shipments containing the substances to leave their country.

69. The 1971 Convention does not require import and export authorizations for trade in the psychotropic

substances listed in its Schedules III and IV. However, in view of the widespread diversion of those substances from licit international trade during the 1970s and 1980s, the Economic and Social Council, in its resolutions 1985/15, 1987/30 and 1993/38, requested Governments to extend the system of import and export authorizations to cover those psychotropic substances as well.

70. Most countries and territories have already introduced an import and export authorization requirement for psychotropic substances listed in Schedules III and IV of the 1971 Convention, in accordance with the above-mentioned Economic and Social Council resolutions. In response to a circular letter sent in 2016, the Board also received additional and updated information from the Governments of Dominica, the Lao People's Democratic Republic, Lesotho, Morocco, the Philippines and Thailand. In particular, some of these Governments have updated their import and export authorization requirement for phenazepam, which was added to Schedule IV of the 1971 Convention in 2016. By 1 November 2017, specific information had been made available to the Board by 206 countries and territories, showing that all major importing and exporting countries now require import and export authorizations for all psychotropic substances in Schedules III and IV of the 1971 Convention. Twice a year, the Board disseminates to all Governments a table showing the import authorization requirements for substances in Schedules III and IV pursuant to the relevant Economic and Social Council resolutions. That table is also published in the secure area of the Board's website, which is accessible only to specifically authorized government officials, so that the competent national authorities of exporting countries may be informed as soon as possible of changes in import authorization requirements in importing countries. **The Board urges the Governments of the few remaining States in which national legislation and/or regulations do not yet require import and export authorizations for all psychotropic substances, regardless of whether they are States parties to the 1971 Convention, to extend such controls to all substances in Schedules III and IV of the 1971 Convention as soon as possible, and inform the Board in this regard.**

71. The 1988 Convention does not require import and export authorizations for trade in substances listed in Tables I and II of that Convention. However, with a view to preventing the diversion of those substances, the Convention provides for the advance notification of planned shipments to the authorities of the importing Government (see paras. 74 and 75 below regarding pre-export notifications for precursor chemicals).

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

72. As part of its endeavours to harness technological progress for the effective and efficient implementation of the import and export authorization regime for licit international trade in narcotic drugs and psychotropic substances, the Board has spearheaded efforts to develop an electronic tool to facilitate and expedite the work of competent national authorities and to reduce the risks of diversion of those drugs and substances. The International Import and Export Authorization System (I2ES) is an innovative, web-based application that was developed by the Board in cooperation with UNODC and with the support of Member States. I2ES allows Governments electronically to generate import and export authorizations for licit imports and exports of narcotic drugs and psychotropic substances, to exchange those authorizations in real time and instantly to verify the legitimacy of individual transactions while ensuring full compliance with the requirements of the international drug control conventions. I2ES significantly reduces the risk of drug consignments being diverted into illicit channels (see section F ("Special topics") below for more details).

73. I2ES was officially launched in 2015 and competent national authorities from 40 countries have registered with the system. In March 2017, a user-group meeting to gather feedback on the system was held on the margins of the sixtieth session of the Commission on Narcotic Drugs. Some 40 experts from 30 countries participated in that user-group meeting. The meeting afforded government officials of participating countries a valuable opportunity to exchange ideas on bringing about the fuller implementation of I2ES and to provide feedback to INCB and the information technology service of UNODC to guide future action and the further development of the system. The user group emphasized the importance of a high level of enrolment in and usage of I2ES by the competent national authorities of Governments around the world, and encouraged all Governments to register and to use the system. **The Board wishes to encourage all competent national authorities that have not yet done so to register with and start using I2ES as soon as possible, as only through its widespread application will Governments be able to avail themselves of all the advantages that the tool provides. The Board stands ready to assist in that regard. The Board reiterates the call to Member States contained in Commission on Narcotic Drugs resolution 58/10 to provide the fullest possible financial support to enable the secretariat of the Board to continue administering and monitoring the system, and the need for support for the system's implementation and further development.**

Pre-export notifications for precursor chemicals

74. Article 12, paragraph 10 (a), of the 1988 Convention allows the Governments of importing countries to make it mandatory for exporting countries to inform them of any planned export of precursors to their territory. As at 1 November 2017, 112 States and territories had invoked the provision and had formally requested pre-export notifications, thus allowing them to carry out the prior verification of the legitimacy of a planned transaction. **To increase the awareness of, and reduce the vulnerability to, precursor chemicals entering their territory, the remaining Governments not having formally requested pre-export notifications are encouraged to invoke article 12, paragraph 10 (a), of the 1988 Convention without further delay.**

75. The Pre-Export Notification Online (PEN Online) system, a secure web-based tool provided by INCB free of charge, allows importing and exporting Governments to communicate with each other as regards the international trade in precursor chemicals and to provide alerts of any suspicious transactions. As at 1 November 2017, a total of 157 Governments had registered to use it. Although this represents an increase compared with the previous year, there is still a noteworthy number of Governments that have not yet registered to use the system. **INCB calls on Governments actively and systematically to use PEN Online and urges the remaining States that have not yet registered to use the system to do so as soon as possible. The Board stands ready to assist Governments in this regard.**

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

76. The system of control measures laid down in the 1961 Convention provides effective protection to international trade in narcotic drugs against attempts to divert such drugs into illicit channels. Similarly, as a result of the almost universal implementation of the control measures stipulated in the 1971 Convention and the relevant Economic and Social Council resolutions, there have been no identified cases involving the diversion of psychotropic substances from international trade into illicit channels in recent years. In addition, the 1988 Convention requires parties to prevent the diversion of precursor chemicals from international trade to the illicit manufacture of narcotic drugs and psychotropic substances. The Board has also developed various systems to monitor compliance

with that aspect of the 1988 Convention and to facilitate cooperation between Governments to that end.

77. Discrepancies in government reports on international trade in narcotic drugs and psychotropic substances are regularly investigated with the competent authorities of the relevant countries to ensure that no diversion of narcotic drugs and psychotropic substances from licit international trade takes place. Those investigations may reveal shortcomings in the implementation of control measures for narcotic drugs and psychotropic substances, including the failure of companies to comply with national drug control provisions.

78. Investigations regarding discrepancies for 2016 related to trade in narcotic drugs have been initiated with 39 countries. As at 1 November 2017, replies had been received from 28 countries. The responses indicated that the discrepancies were caused by clerical and technical errors in preparing the reports, reporting on exports or imports of preparations in Schedule III of the 1961 Convention without indicating it on the form, or inadvertent reporting of transit countries as trading partners. In some cases, countries confirmed the quantities reported by them, resulting in the initiation of follow-up investigations with their respective trading partners. Reminder letters were sent to the countries that did not reply.

79. Similarly, with regard to international trade in psychotropic substances, investigations into 655 discrepancies related to 2015 data were initiated with 52 countries. As at 1 November 2017, 31 countries had provided replies relating to those discrepancies, leading to the resolution of 475 of those discrepancies. In all cases in which the data provided were confirmed by the responding countries, follow-up actions with the counterpart countries were initiated as required. All responses received indicated that the discrepancies were caused by clerical or technical errors: in most cases, either the failure to convert amounts into anhydrous base or “overlapping”, i.e., an export in a given year being received by the importing country only at the beginning of the following year. None of the cases investigated indicated a possible diversion of psychotropic substances from international trade.

80. With regard to precursors, the provisions of article 12 of the 1988 Convention have been complemented over the years by a number of resolutions of the General Assembly, the Economic and Social Council and the Commission on Narcotic Drugs. The adoption and implementation by Governments of such voluntary measures has contributed to effective monitoring of the movement of substances listed in Tables I and II of that Convention and to limiting cases of diversion from licit international

trade. To respond to new challenges that Governments and the international community are facing today, the Commission on Narcotic Drugs, in its resolution 60/5 of March 2017, calls for a set of voluntary measures and enhanced cooperation among Governments and with INCB to address the issue of non-scheduled precursor chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances; in that resolution, the Commission also called for action to address criminal activities conducted via the Internet relating to precursors.

81. A critical element in INCB efforts to support Governments in the prevention and investigation of chemical diversion is the real-time nature of the information communicated between Governments. Specifically, the online tools developed by INCB facilitate immediate cooperation and follow-up to identify those responsible for the diversion of and trafficking in precursors. With regard to pre-export notifications, the Board continues to flag suspicious shipments and request explicit clarifications, as necessary. Over the years, these tools have notably developed in terms of the usage as well as the volume and the details of information provided by some Governments.

82. Two initiatives of the Board, Project Prism and Project Cohesion, focusing on precursors used in the illicit manufacture of amphetamine-type stimulants, and cocaine and heroin, have also contributed to closing knowledge gaps and preventing the diversion of controlled substances from international trade as well as from domestic distribution channels.

83. Details related to these projects as well as an in-depth analysis of recent trends and developments observed can be found in the Board's report on the implementation of article 12 of the 1988 Convention for 2017.⁶³ Chapter IV of that report explores Internet-facilitated trade in precursors.

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

84. Diversion from domestic distribution channels remains a major source of substances in Tables I and II used for illicit drug manufacture, as the control measures applied by Governments to domestic trade in and distribution of chemical substances often lag behind those used in international trade and vary from one country to another. One of the loopholes identified in several

national precursor control systems relates to registration requirements for new precursor operators and their practical implementation.

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

85. In line with its mandate to ensure the availability of internationally controlled substances for medical and scientific purposes, the Board carries out various activities related to narcotic drugs and psychotropic substances. The Board monitors action taken by Governments and works with other international organizations and other bodies to support the availability and rational use of controlled substances for medical and scientific purposes and provides, through its secretariat, technical support and guidance to Governments in their implementation of the provisions of the international drug control treaties.

86. To supplement and increase the effectiveness of the action mentioned above, in 2016, the Board launched a project called INCB Learning. The project assists Member States in their efforts to achieve full compliance with the provisions of the international drug control treaties. One of the objectives of the project is to ensure the adequate availability of internationally controlled substances while preventing their abuse and diversion into illicit channels.

87. Under INCB Learning, in 2017 a regional training seminar for competent national authorities of Europe was conducted in Vienna in July 2017 with 57 participants from the national authorities of Albania, Andorra, Austria, Belgium, Bulgaria, Czechia, Denmark, Estonia, Finland, Germany, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Montenegro, the Netherlands, Norway, Poland, Portugal, Romania, the Russian Federation, Serbia, Slovenia, Spain and Sweden. The training also included discussion on the importance of ensuring the availability of opioid analgesics and psychotropic substances for medical and scientific purposes. A training seminar for countries in Oceania was held in Sydney, Australia, in November 2017, and preparations were under way for a training workshop for States members of the Central American Integration System, to be held in Guatemala City in December 2017. As at 1 November 2017, 116 officials from 56 countries, together representing almost half of the world population, had received training under the project (see section F below for more details).

⁶³E/INCB/2017/4.

(a) Supply of and demand for opiate raw materials

88. The Board, in fulfilment of the functions assigned to it under the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol and the relevant resolutions of the Economic and Social Council and the Commission on Narcotic Drugs, regularly examines issues affecting the supply of and the demand for opiates for licit requirements, and endeavours to ensure a standing balance between that supply and demand. The present section contains an analysis of the current situation based on the data provided by Governments.⁶⁴

89. In order to establish the status of the supply of and demand for opiate raw materials, the Board analyses the data on opiate raw materials and on opiates manufactured from those raw materials provided by Governments. In addition, the Board analyses information on the utilization of those raw materials, estimated consumption for licit use and stocks at the global level. A detailed analysis of the current situation as it pertains to the supply of and demand for opiate raw materials is contained in the 2017 technical report of the Board on narcotic drugs.⁶⁵

Morphine

90. Over the last four years, the average annual estimated area to be cultivated with opium poppy rich in morphine was 119,370 ha. The area sown and the actual area harvested were always less than the estimate. On average in the period 2013–2016, the actual area sown was 72 per cent of the estimated area (77 per cent in 2016). The actual harvested area was on average 58 per cent of the estimate (48 per cent in 2016). The actual area harvested was on average 80 per cent of the area sown (only 63 per cent in 2016). The advance data for 2017 indicate an estimated decrease of more than 10 per cent in the total area of opium poppy rich in morphine harvested in major producing countries. For 2018, estimates for cultivation of opium poppy rich in morphine will decrease by about 20 per cent relative to 2017.

Thebaine

91. Over the last four years the average estimated area to be cultivated with opium poppy rich in thebaine was

20,089 ha. The area sown and the actual area harvested were always less than the estimated area, but the difference was not as much as in the case of opium poppy rich in morphine. On average, for the years in the period 2013–2016, the actual area sown was 87 per cent of the estimated area (75 per cent in 2016). The actual harvested area was on average 80 per cent of the estimate (70 per cent in 2016). The actual harvested area was on average 92 per cent of the area sown (93 per cent in 2016). In 2017 and 2018, the cultivation of opium poppy rich in thebaine, measured in terms of area harvested, is expected to decrease in some countries while increasing in others.

Codeine

92. The actual area harvested for opium poppy rich in codeine in 2016 decreased by 85 per cent in Australia and 70 per cent in France compared with the previous year. In 2017, Australia is expected to increase its cultivation by 40 per cent, while France stopped its cultivation of this variety of opium poppy. Australia, being the only country among the major producers that is cultivating opium poppy rich in codeine in 2017 and 2018, is projecting an increase in 2018.

Noscapine

93. Recently, an increase in the cultivation of opium poppy rich in noscapine in some producing countries was reported. Noscapine is not under international control. The quantity of opiates under international control that were obtained from the cultivation of this particular variety were included in the analysis of the supply of opiate raw materials and the demand for opiates for medical and scientific purposes where it was appropriate. In 2016, France and Hungary were the only countries that reported the cultivation of opium poppy rich in noscapine. According to the advance data for 2017, Australia expects the production of 1,487 tons of this variety of opium poppy (940 ha area to be harvested). The expected area to be harvested in Hungary in 2017 is reported to be 254 hectares. Australia, France and Hungary are expecting to increase further their cultivation in 2018.

(b) Production of opiate raw materials

Morphine

94. The total production of morphine-rich opiate raw materials in the main producing countries decreased to

⁶⁴The analysis excludes data on China and the Democratic People's Republic of Korea, which produce opiate raw materials solely for domestic use. It also excludes data on the utilization of seized opium that were released for licit use in the Islamic Republic of Iran and on the demand for opiates derived from such opium.

⁶⁵E/INCB/2017/2.

463 tons⁶⁶ in morphine equivalent in 2016 from 586 tons in 2015. Global production of opiate raw materials rich in morphine is expected to rise again to about 577 tons in morphine equivalent in 2017. Of that quantity, poppy straw will account for 529 tons (92 per cent) and opium will account for 48 tons (8 per cent). For 2018, it is estimated that global production of opiate raw materials rich in morphine will decrease to 528 tons in morphine equivalent in 2018.

Thebaine

95. In 2016, the global production of opiate raw materials rich in thebaine was 187 tons⁶⁷ in thebaine equivalent. Global production of opiate raw materials rich in thebaine is expected to increase to about 292 tons in thebaine equivalent in 2017 as a result of the expected increases in all producing countries. Production of thebaine-rich raw materials in 2018 is expected to increase slightly further to 297 tons.

(c) Global stocks of opiate raw materials and of opiates derived from them

Morphine

96. Stocks of opiate raw materials rich in morphine (poppy straw, concentrate of poppy straw and opium) amounted to about 747 tons in morphine equivalent at the end of 2016 at the same level of 2015. Those stocks were considered to be sufficient to cover 19 months of expected global demand by manufacturers at the 2017 level of demand. Global stocks of opiates based on morphine-rich raw materials, mainly in the form of codeine and morphine, held at the end of 2016 (534 tons in morphine equivalent) were sufficient to cover global demand for those opiates for about 15 months at the expected level of demand for 2017. On the basis of data reported by Governments, total stocks of both opiates and opiate raw materials are fully sufficient to cover demand for morphine-based opiates for medical and scientific purposes for 2018.

⁶⁶The analysis is based predominantly on raw materials obtained from opium poppy rich in morphine but includes the morphine alkaloid contained in opium poppy rich in thebaine and in opium poppy rich in codeine whenever appropriate.

⁶⁷The analysis is based predominantly on raw materials obtained from opium poppy rich in thebaine but includes the thebaine alkaloid contained in opium poppy rich in morphine whenever appropriate.

Thebaine

97. Stocks of opiate raw materials rich in thebaine (poppy straw, concentrate of poppy straw and opium) decreased to about 224 tons in thebaine equivalent by the end of 2016, from 274 tons in 2015. Those stocks are sufficient to cover the expected global demand by manufacturers in 2017 for about 12 months. Global stocks of opiates based on thebaine-rich raw material (oxycodone, thebaine and a small quantity of oxymorphone) remained stable at 242 tons in thebaine equivalent at the end of 2016 and were sufficient to cover global demand for medical and scientific purposes for thebaine-based opiates for about 18 months.

(d) Demand for opiate raw materials by manufacturers measured as utilization of raw materials

98. The global demand by manufacturers for opiate raw materials rich in morphine (particularly opium and poppy straw) has been decreasing since 2014. In 2016, it declined to 367 tons in morphine equivalent. However, it is expected to increase again in 2017 and 2018 to 460 and 470 tons, respectively.

99. Global demand by manufacturers for opiate raw materials rich in thebaine decreased from 2012 to 2015, but increased from 183 tons of thebaine equivalent in 2015 to 210 tons in 2016. Global demand for raw materials rich in thebaine is expected to increase further, to 220 tons and 230 tons of thebaine equivalents in 2017 and 2018, respectively.

(e) Balance between the supply of and demand for opiate raw materials

Morphine

100. The global production of opiate raw materials rich in morphine has exceeded the global demand for those raw materials since 2009. As a result, stocks have been increasing, with some fluctuations. In 2015, stocks increased to 746 tons and stayed at 747 tons in morphine equivalent in 2016, which were sufficient to cover the expected global demand for about 19 months. In 2017, global production of opiate raw materials rich in morphine is expected to exceed global demand again, with the result that global stocks of those raw materials will further increase in 2018. Stocks are expected to reach

864 tons by the end of 2017, which is equivalent to about 22 months of expected global demand at the 2018 level of demand (although not all data are available for a complete forecast). For 2018, producing countries have indicated that they plan to decrease production. Stocks are anticipated to reach about 922 tons at the end of 2018, sufficient to cover more than one year of expected global demand. The global supply of opiate raw materials rich in morphine (stocks and production) will remain fully sufficient to cover global demand.

Thebaine

101. In 2016, global production of opiate raw materials rich in thebaine (187 tons) was less than demand (210 tons) for the first time in five years and led to a decrease in stocks (224 tons) at the end of 2016. Those stocks were equivalent to global demand for 12 months. Production is expected to increase in 2017 and 2018. By the end of 2017, global stocks of opiate raw materials rich in thebaine will likely reach 296 tons, sufficient to cover global demand for about 15 months, and at the end of 2018 may reach 363 tons, sufficient to cover global demand for more than one year. The global supply of opiate raw materials rich in thebaine (stocks and production) will be more than sufficient to cover global demand in 2017 and 2018.

Trends in consumption levels of opioids

102. Over the past 20 years, the global consumption of opioids has more than tripled. The share of consumption of opiates in the total consumption of opioids fluctuated between 59 per cent in 1997 and 51 per cent in 2008. After reaching a peak of a share of 68 per cent of total opioid consumption in 2014, consumption of opiates has been decreasing. In 2016, it decreased to 61 per cent. As a result, the share of synthetic opioids, which are used for the same indications as opiates, increased from 32 per cent in 2014 to 39 per cent in 2016. The overall trend indicates that demand for opiates is expected to increase in the future, but it is not clear if their share in the total consumption of opioids will increase or decline in relation to the consumption of synthetic opioids.

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

103. The Board is mandated to publish each year two reports: the annual report and the report of the Board on the implementation of article 12 of the 1988 Convention. It also publishes technical reports that provide Governments with an analysis of statistical information on the manufacture, trade, consumption, utilization and stocks of internationally controlled substances, and with an analysis of estimates and assessments of requirements for those substances.

104. The Board's reports and technical publications are based on information that parties to the international drug control treaties are obligated to submit. In addition, pursuant to resolutions of the Economic and Social Council and the Commission on Narcotic Drugs, Governments voluntarily provide information in order to facilitate an accurate and comprehensive evaluation of the functioning of the international drug and precursor control system.

105. The data and other information received from Governments enable the Board to monitor licit activities involving narcotic drugs, psychotropic substances and precursor chemicals and to evaluate treaty compliance and the overall functioning of the international drug control system. On the basis of its analysis, the Board makes recommendations to improve the workings of the system with a view to ensuring the availability of narcotic drugs and psychotropic substances for medical and scientific needs, while at the same time preventing their diversion from licit into illicit channels and preventing the diversion of precursors to illicit drug manufacture.

2. Submission of statistical information

106. Governments have an obligation to furnish to the Board the statistical reports required by the international drug control conventions on an annual basis and in a timely manner.

(a) Narcotic drugs

107. As at 1 November 2017, the Board had received annual statistics reports from 152 States (both parties and non-parties) and territories on the production,

manufacture, consumption, stocks and seizures of narcotic drugs covering the calendar year 2016 (form C), or about 71 per cent of those requested. That number was higher than in 2016 (148 reports pertaining to 2015) and 2015 (140 reports pertaining to 2014).

108. A total of 89 Governments (42 per cent) had submitted their data on time, i.e., by the deadline of 30 June 2017, which was more than in the two preceding years (84 countries in 2016, and 83 in 2015). As at 1 November 2017, 61 Governments (29 per cent of all Governments) had not submitted their annual statistics for 2016: that is, 56 countries (26 per cent of countries) and 5 territories (24 per cent of territories). Those countries and territories that had failed to submit their reports were in Africa,⁶⁸ the Americas,⁶⁹ Asia,⁷⁰ Europe⁷¹ and Oceania.⁷² It is expected that several additional countries and territories will submit the data after 1 November 2017.

109. Almost all countries where major amounts of narcotic drugs were being produced, manufactured, imported, exported or consumed had submitted annual statistics. In its annual report for 2016, INCB highlighted the importance of accurate and timely reporting for the effectiveness and efficiency of the operation of the international drug control system and the significant impact that the availability of reliable data had on the ability of the Board to accurately monitor the world situation. The Board, however, remains very concerned about the quality of some of the data provided, especially those from some of the major producing and manufacturing countries, as they indicate deficiencies in national mechanisms for regulating and monitoring internationally controlled substances. **INCB urges Governments to enhance their national mechanisms to monitor the cultivation, production and manufacture of and trade in controlled substances. This may be achieved, in part, by improving and developing national data systems, training staff of the competent national authorities and ensuring that companies licensed to deal with internationally controlled substances fulfil the legal requirements associated with their licences.**

⁶⁸ Angola, Burundi, Cameroon, Central African Republic, Chad, Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Guinea, Lesotho, Liberia, Libya, Malawi, Mali, Mauritania, Namibia, Niger, Sao Tome and Principe, Senegal, Somalia, South Sudan, Tristan da Cunha and Zambia.

⁶⁹ Antigua and Barbuda, Aruba, Bahamas, Bermuda, Cayman Islands, Cuba, Grenada, Haiti, Mexico, Paraguay, Saint Kitts and Nevis, Suriname and Turks and Caicos Islands.

⁷⁰ Bhutan, Cambodia, Iraq, Kyrgyzstan, Singapore, Tajikistan, Viet Nam and Yemen, as well as Hong Kong, China.

⁷¹ Bosnia and Herzegovina, Luxembourg and Romania.

⁷² Kiribati, Marshall Islands, Nauru, Niue, Samoa, Solomon Islands, Tuvalu, Vanuatu, and Wallis and Futuna.

110. As at 1 November 2017, the complete set of four quarterly statistics of imports and exports of narcotic drugs for 2016 (form A) had been received from 153 Governments (139 countries and 14 territories), i.e., about 72 per cent of the 213 Governments requested. In addition, 19 Governments (about 9 per cent) had submitted at least one quarterly report. A total of 36 countries and 5 territories (about 19 per cent) had failed to submit any quarterly statistics for 2016.

(b) Psychotropic substances

111. As at 1 November 2017, annual statistical reports for 2016 on psychotropic substances (form P) had been submitted to the Board in conformity with article 16 of the 1971 Convention by 151 States and territories, amounting to 71 per cent of those required to do so. The Board notes with appreciation that this rate of submission is higher than for 2015. In addition, 107 Governments voluntarily submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II of the 1971 Convention for 2016, in conformity with Economic and Social Council resolution 1981/7, and a further 38 Governments submitted several quarterly reports.

112. While the majority of Governments regularly submit their mandatory and voluntary statistical reports, the cooperation of some has not been satisfactory. In 2017, about 63 per cent of the countries that submitted form P for 2016 did so within the deadline of 30 June 2017. Among those that failed to submit form P within the deadline were major manufacturing, importing and exporting countries such as Belgium, Brazil, Canada, China, France, India and the United Kingdom. The Board notes with concern that the Republic of Korea, a significant importer and exporter of psychotropic substances, had failed to furnish its reports for both 2015 and 2016, notwithstanding periodic reminders as sent to all tardy and defaulting Governments.

113. The Board notes with concern that the number of countries and territories that have not furnished form P is highest in Africa, followed by Oceania, and Central America and the Caribbean. A total of 26 countries and territories in Africa⁷³ (46 per cent of those in that region) failed to furnish form P for 2016. Likewise, 45 per cent

⁷³ Ascension Island, Burundi, Cameroon, Central African Republic, Congo, Côte d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Guinea, Guinea-Bissau, Lesotho, Libya, Malawi, Mali, Mauritania, Niger, Sao Tome and Principe, Senegal, Somalia, South Sudan, Tristan da Cunha and Zambia.

of the countries and territories in Oceania,⁷⁴ and 39 per cent of those in Central America and the Caribbean⁷⁵ failed to do so. In Europe, form P for 2016 was furnished by 93 per cent of all countries and territories, but three countries did not furnish it for 2016 (Bosnia and Herzegovina, Luxembourg and Romania). In South America, similar to last year, a total of three countries failed to furnish form P for 2016 (Ecuador, Paraguay and Suriname). In Asia, 19 per cent of countries and territories did not furnish form P for 2016.⁷⁶

114. The Economic and Social Council, in its resolutions 1985/15 and 1987/30, requested Governments to provide the Board with details on trade (data broken down by countries of origin and destination) in substances listed in Schedules III and IV of the 1971 Convention in their annual statistical reports on psychotropic substances. As of 1 November 2017, complete details on such trade were submitted by 120 Governments (79 per cent of all submissions of form P for 2016), which is more than for the year before. The remaining 31 Governments submitted blank forms or forms containing incomplete trade data for 2016.

115. The Board notes with appreciation that a number of countries have already submitted consumption data for psychotropic substances on a voluntary basis in accordance with Commission on Narcotic Drugs resolution 54/6. Thus, for 2016, a total of 72 countries and territories submitted data on the consumption of some or all psychotropic substances, more than the 58 countries and territories that did so for 2015 by the corresponding date of the previous year. **The Board appreciates the cooperation of the Governments concerned and calls upon all Governments to report on the consumption of psychotropic substances on an annual basis pursuant to Commission resolution 54/6, as such data are essential for an improved evaluation of the availability of psychotropic substances for medical and scientific purposes.**

116. The Board notes with appreciation that reports on seizures of psychotropic substances were furnished by the Governments of Belgium, India and the Russian Federation, as well as notifications on seizures of internationally controlled licit substances smuggled through the mail, including those ordered via the Internet, furnished by the Governments of Norway, Estonia and

Lithuania pursuant to Commission on Narcotic Drugs resolution 50/11. **The Board acknowledges the interdiction efforts of the Governments concerned and calls on all Governments regularly to furnish to the Board information on seizures of psychotropic substances ordered via the Internet and delivered through the mail, pursuant to Commission on Narcotic Drugs resolution 50/11.**

(c) Precursors

117. Under article 12 of the 1988 Convention, parties are obliged to furnish information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. That information, provided on form D, helps the Board to monitor and identify trends in trafficking in precursors and the illicit manufacture of drugs. It also enables INCB to offer Governments recommendations concerning remedial action and policies, as necessary.

118. As at 1 November 2017, a total of 125 States parties, corresponding to 66 per cent of the States parties to the 1988 Convention, had submitted form D for 2016. However, 52 States parties submitted blank forms or the information contained in them was incomplete. The Board notes with concern that 60 States parties of the 1988 Convention failed to report to the Board.

119. Of the States parties that provided data on form D for 2016, 89 reported the mandatory information on seizures of substances in Table I or Table II of the 1988 Convention, and 60 reported seizures of non-scheduled substances. As in previous years, most Governments did not provide details on the methods of diversion and illicit manufacture.

120. Pursuant to Economic and Social Council resolution 1995/20, Governments are also requested to provide information regarding their licit trade in substances listed in Table I and Table II of the 1988 Convention on a voluntary and confidential basis. As at 1 November 2017, 117 States parties had provided information on licit trade for 2016 to the Board, and 114 had furnished data on licit uses of and/or requirements for one or more of the substances in Tables I and II of the 1988 Convention.

121. Complementing PEN Online, as well as the aggregated seizure data received annually from Governments through form D, the Precursors Incident Communication System (PICS) has since early 2012 provided a secure online platform for sharing information in real time on chemical-related incidents such as seizures, shipments stopped in transit, diversion attempts and the dismantling

⁷⁴Fiji, Kiribati, Marshall Islands, Nauru, Niue, Samoa, Solomon Islands, Tuvalu, Vanuatu and Wallis and Futuna.

⁷⁵Antigua and Barbuda, Aruba, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Grenada, Guatemala, Saint Kitts and Nevis, Trinidad and Tobago, and Turks and Caicos Islands.

⁷⁶Cambodia, Iraq, Kyrgyzstan, Maldives, Republic of Korea, Turkmenistan, Viet Nam and Yemen, as well as Hong Kong, China.

of illicit laboratories. PICS has provided leads for national authorities to initiate backtracking investigations and, on several occasions, the timely communication of details of precursor incidents has led to further seizures or prevented diversion attempts. The usefulness of PICS, however, depends largely on the timeliness of the information provided so that it can facilitate immediate follow-up and cooperation to identify those responsible for the diversion of and trafficking in precursors.

122. As at 1 November 2017, PICS had nearly 480 registered users from more than 240 agencies in 104 countries, who had shared information about almost 2,000 incidents. During the reporting period, more than 300 new incidents were communicated through PICS.

3. Submission of estimates and assessments

(a) Narcotic drugs

123. Under the 1961 Convention, parties are obliged to provide the Board each year with estimates of their requirements for narcotic drugs for the following year. As at 1 November 2017, a total of 158 States and territories, 74 per cent of those required, had submitted estimates of their requirements for narcotic drugs for 2018 for confirmation by the Board. As in previous years, the Board established estimates for those States and territories that had not submitted their estimates on time in accordance with article 12 of the 1961 Convention.

(b) Psychotropic substances

124. As at 1 November 2017, the Governments of all countries except South Sudan and all territories had submitted to the Board at least one assessment of their annual medical and scientific requirements for psychotropic substances. In accordance with Economic and Social Council resolution 1996/30, the Board established the assessments of requirements for South Sudan in 2011 to enable that country to import psychotropic substances for medical purposes without undue delay.

125. In line with Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of their annual medical and scientific requirements for psychotropic substances listed in Schedules II, III and IV of the 1971 Convention. Assessments for psychotropic substances remain in force until Governments modify them to reflect

changes in national requirements. To facilitate the submission of such modifications by competent national authorities, the Board created a form, entitled “Supplement to form B/P”, which has been made available to all Governments in the six official languages of the United Nations since October 2014 and can be accessed on the website of INCB. As at 1 November 2017, three years after its release, almost all countries were using it. **The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least once every three years.**

126. Between 1 November 2016 and 1 November 2017, a total of 93 countries and 9 territories submitted fully revised assessments of their requirements for psychotropic substances, and a further 30 Governments submitted modifications to their assessments for one or more substances. As at 1 November 2017, Governments of 36 countries and 4 territories had not submitted any revision of their legitimate requirements for psychotropic substances for over three years.

(c) Precursors

127. In its resolution 49/3, entitled “Strengthening systems for the control of precursor chemicals used in the illicit manufacture of synthetic drugs”, the Commission on Narcotics Drugs requested Member States to provide the Board with annual legitimate requirements for imports of four precursors of amphetamine-type stimulants — ephedrine, pseudoephedrine, 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), and 1-phenyl-2-propanone (P-2-P) — and, to the extent possible, preparations containing those substances that could be easily used or recovered by readily applicable means. The estimates help Governments to assess the legitimacy of shipments and to identify any excesses in pre-export notifications for these substances.

128. Although provided on a voluntary basis, the number of Governments that have provided an estimate of their annual legitimate requirement for at least one of the above-mentioned substances continued to increase, compared with the previous year, and reached 166 Governments as at 1 November 2017. Similarly, the number of estimates provided (which are published in the annual report of the Board for 2016 on the implementation of article 12 of the 1988 Convention) increased from 851 to 872 in 2017. In 2017, more than 100 Governments have reconfirmed or updated their annual legitimate requirements for at least one substance.

129. Governments provide estimates of annual legitimate requirements on form D and can update them at any time throughout the year. The latest annual legitimate requirements, as submitted by countries and territories, are regularly updated and published on the Board's website. They are also accessible to registered users through PEN Online.

130. In conclusion, the Board wishes to remind all Governments that the total estimates of annual medical and scientific requirements for narcotic drugs and the assessments of requirements for psychotropic substances are published in yearly and quarterly publications and that monthly updates are publicly available on the Board's website. Updated annual estimates of legitimate requirements for precursors of amphetamine-type stimulants are also available on the website.

4. Improving the quality of information provided to the Board

131. It is critical that Governments provide regular, reliable statistical data to the Board for the detection of diversions of controlled substances for illicit purposes, the analysis of trends in the licit international trade in controlled substances and the proper overall functioning of the international drug control system.

132. Problems encountered by Governments in furnishing adequate statistics and/or estimates and assessments to the Board are often an indication of deficiencies in their national control mechanisms and/or health-care systems. Such deficiencies may reflect problems in the implementation of treaty provisions, for instance gaps in national legislation, shortcomings in administrative regulations or a lack of training for staff of competent national authorities.

133. **The Board urges Governments to enhance their national mechanisms to monitor the cultivation, production and manufacture of and trade in controlled substances. This may be achieved, in part, by improving and developing national data systems, training staff of the competent national authorities and ensuring that companies licensed to deal with internationally controlled substances fulfil the legal requirements associated with their licences.**

134. **The Board invites all Governments concerned to find the causes for such deficiencies in reporting statistics and/or estimates and assessments to the Board and to inform the Board accordingly with a view to resolving those problems and ensuring adequate and timely reporting. To assist Governments, the Board has developed**

tools and kits, as well as several sets of guidelines, for use by competent national authorities. They are available on its website (www.incb.org) free of charge and include training materials and the *Guide on Estimating Requirements for Substances under International Control*. Governments are invited to make full use of these tools in their efforts to comply with the international drug control treaties. The Board also wishes to encourage Governments to avail themselves of the specific training that is provided by INCB upon request.

D. Evaluation of overall treaty compliance

1. Evaluation of overall treaty compliance in selected countries

135. The scope of the international drug control conventions is vast. It includes the establishment of a regulatory framework to monitor the licit production, manufacture and trade in controlled substances; the adoption of national drug control legislation and policy measures; action to combat drug trafficking and diversion; the provision of prevention, treatment, rehabilitation, aftercare and social reintegration services; and the availability of narcotic drugs and psychotropic substances for rational medical use. The conventions also mandate cooperation with the Board in the form of timely and accurate reporting and responses to Board requests for additional information.

136. In accordance with its treaty mandate as a semi-judicial monitoring body, INCB assists States in the comprehensive implementation of the three drug control conventions. In doing so, the Board is called upon to review the drug control situation in various countries, to engage with Governments in an ongoing dialogue aimed at identifying good practices and areas where implementation of the conventions needs to be strengthened, and to suggest remedial measures, as necessary.

137. In 2017, the Board reviewed the drug control situation in Bolivia (Plurinational State of), Mauritania, Myanmar, the Netherlands and the United Kingdom, and examined the measures taken by the Governments of those countries to implement the international drug control treaties. The Board also reviewed developments in several countries with respect to the adoption of legislative and policy measures regarding medical cannabis programmes, drug consumption rooms and the legalization of cannabis for non-medical purposes.

(a) Plurinational State of Bolivia

138. As part of its ongoing review of compliance by States parties with their treaty-based obligations, INCB has closely followed, over the past years, developments in the Plurinational State of Bolivia with regard to its policies on the cultivation of coca bush and coca leaf production. The Board notes that, following its continuous dialogue with the Government, the Government has raised the level of its cooperation with the Board. The Government is committed to an integrated approach to ensuring that internationally controlled substances are placed under national control and are addressed effectively, and that their diversion from licit distribution channels is countered by effective control measures.

139. The Board notes that the Plurinational State of Bolivia adopted two new laws in March 2017, a significant shift in the country's drug control policy, allowing a significant increase in the area that may be used for licit coca bush cultivation. The general law on coca (Law No. 906) establishes the institutional framework for the regulation, control and monitoring of the production, transportation, sale and revaluation, including by industrial means, of coca in its natural state. The law on combating trafficking in controlled substances (Law No. 913) establishes a mechanism to counter trafficking in controlled substances, including precursor chemicals used in the illicit manufacture of drugs.

140. The Board notes that the Government of the Plurinational State of Bolivia has replaced its previous drug control law with two new drug control laws. The purpose of the change is to enable the use of coca leaf for traditional purposes and for processing into a wide range of industrial products. Some of those products may be intended for export. At the same time, the Plurinational State of Bolivia is committed to continuing to take all necessary measures to control the cultivation of coca bush as well as to prevent its abuse and the illicit production of narcotic drugs that may be extracted from the leaf.

141. However, the Board remains concerned about the recent increase in both the reported total area under coca bush cultivation and the expected coca leaf production. Despite the social control measures currently being pursued by the Government to reduce coca bush cultivation and coca leaf production, the total area under coca bush cultivation in the country in 2016 increased to 23,100 ha, 14 per cent more than in 2015 (20,200 ha). Consequently, the total quantity of coca leaf available for sale on premises authorized by the Government increased by 4 per cent in 2016 to almost 22,000 tons compared with about 21,200 tons in 2015. On the other hand, the total area of

so-called surplus coca bush eradicated yearly in the country appears to have declined constantly since the peak reported for 2012. The Board is concerned that those developments have had a negative impact on the Government's ability to control the availability of coca leaves for domestic traditional consumption and have increased the risk of coca leaves being diverted for use in the illicit manufacture of cocaine.

142. The Board expresses serious concern at the fact that, under the new legislation, the total area allowed for the cultivation of coca bush for the purposes referred to in the reservation made by the Plurinational State of Bolivia, in particular traditional coca leaf chewing, has nearly been doubled.⁷⁷ The Board wishes to point out that the country has reserved the right to allow in its territory: traditional coca leaf chewing; the consumption and use of the coca leaf in its natural state for cultural and medicinal purposes, such as its use in infusions; and also the cultivation, trade and possession of the coca leaf only to the extent necessary for these purposes.

143. The Board stresses the importance of implementing the treaty obligations under article 26 of the 1961 Convention as amended by the 1972 Protocol, effectively. Those obligations also apply to the Plurinational State of Bolivia and require States allowing the cultivation of coca bush to establish a national coca leaf agency in accordance with the framework provided for in article 23, which outlines the mandate and functions of national opium agencies. Other specific obligations include, but are not limited to: (a) the designation of areas and plots of land where cultivation is permitted (article 23, paragraph 2 (a)); (b) the licensing of cultivators (article 23, paragraph 2 (b) and article 23, paragraph 2 (c)); (c) the taking of physical possession of crops by the national coca leaf agency as soon as possible after the harvest (article 26, paragraph 1); and the uprooting of all coca bushes that grow wild and the destruction of coca bushes cultivated illegally (article 26, paragraph 2).

144. Furthermore, the Board wishes to invite the Plurinational State of Bolivia, in analogy to article 27, paragraph 2, and article 49, paragraph 3 (b), of the 1961 Convention as amended, to furnish to it separate estimates and statistical reports in respect of the reserved activities, in addition to the estimates and statistics mandatory under article 19, article 20 and article 27, paragraph 2, of the 1961 Convention as amended. These estimates and statistical reports should specify the

⁷⁷The Plurinational State of Bolivia made the reservation in question at the time of its re-accession to the 1961 Convention as amended by the 1972 Protocol, effective on 10 February 2013 in accordance with article 41, paragraph 2, of that Convention.

quantities of coca leaf that are estimated to be used and actually used in the country for the reserved purposes. Such information will enable the Board, other States parties and the international community to assess whether the Plurinational State of Bolivia is ensuring that the limits of the reservation are observed, as well as its commitment to the overall fulfilment of the obligations set out in the 1961 Convention as amended, with a view to achieving its purpose.

145. The reservation entered by the Plurinational State of Bolivia is explicitly limited to activities within its territory, thus not conferring and/or broadening any rights to engage in international trade of any kind related to coca leaf other than those explicitly recognized within the legal framework established by the 1961 Convention as amended.

146. **The Board recalls that the Government of the Plurinational State of Bolivia, when introducing its present policies towards coca bush cultivation and coca leaf production, expressed its commitment to continuing to take all measures necessary to control the cultivation of coca bush, applying all the aforementioned provisions of the Convention, in order to prevent the abuse of coca and the illicit production of narcotic drugs that may be extracted from coca leaves. The Plurinational State of Bolivia must ensure full compliance with its obligation under the 1961 Convention as amended, to eliminate all uses of coca leaf other than those provided for in the Convention and those included in its reservation to the Convention. The Board urges the Government to adopt effective policies and to be proactive in the elimination of so-called surplus illicit coca bush cultivation and coca leaf production in the country, as well as to take decisive steps to address the illicit production of and trafficking in cocaine.**

147. The Board will continue to monitor drug control developments in the Plurinational State of Bolivia and maintain an ongoing dialogue with the Government. The Board trusts that the Government will continue to strengthen its efforts in drug control and stands ready to provide further assistance when required.

(b) Mauritania

148. In addition to their activities in local illicit drug production, organized criminal groups have increasingly used West Africa as a transit region in recent years for cocaine originating in South America and destined for Europe. Mauritania has been particularly affected by this type of trafficking, and increased drug abuse has been reported among the local population by countries around the Sahel region. The Board is concerned at the increase in illegal activities

in the region, which further strains the already fragile health and economic systems of the affected countries.

149. INCB continues to have concerns regarding the situation in Mauritania. Areas of concern include the lack of adequate national drug control legislation, the absence of a mechanism for government coordination in the area of drug control, and unsatisfactory cooperation with the Board, in particular in the submission of mandatory statistical data on licit trade, consumption and seizures. The Government has not submitted any statistical information to INCB since 2015, although it is required to do so in order to fulfil its reporting obligations under the international drug control treaties.

150. INCB commends the political leadership shown by the Sahel countries (Burkina Faso, Chad, Mali, Mauritania and Niger), the African Union, the Economic Community of West African States (ECOWAS) and UNODC in confronting the immense security issues, the illicit activities (including drug trafficking) and the development challenges facing the region. The Board welcomes the activities undertaken under the project “Support to the ECOWAS regional action plan to address illicit drug trafficking, organized crime and drug abuse in West Africa for the period 2016–2020”, as well as its new action plan for the period 2015–2019, which is funded by the European Union and implemented in cooperation with UNODC. The purpose of the project is to strengthen the capacity of ECOWAS and its member States to take sustainable action against drug trafficking, drug abuse and transnational organized crime.

151. The Board notes that UNODC has aligned its new regional programme with the priorities defined in the new ECOWAS “regional action plan to address illicit drug trafficking, organized crime and drug abuse in West Africa for the period 2016–2020”. To achieve the objectives of the project, UNODC has committed itself to conducting activities in the areas of drug abuse prevention and drug dependence treatment, legislative development, forensics, and drug law enforcement. Concretely, a project management structure has been in place in Nouakchott since 2016 for building capacity in Mauritania.

152. The Board reiterates the importance of international cooperation in drug control in West Africa and urges the Government of Mauritania to strengthen its cooperation with the Governments of neighbouring countries and with international organizations active in the region. In particular, the Board encourages the Government to seek further support from UNODC and the ECOWAS Commission to implement the ECOWAS action plan, the aims of which are to: (a) enhance the availability of reliable and comparable data on drugs for

the development of evidence-based drug policies and programmes; (b) strengthen regional capacity to identify and disseminate best practices on drug demand reduction; and (c) enhance the capacity of judicial and enforcement authorities and strengthen subregional and regional cooperation and coordination mechanisms.

153. In several of its communications sent to the Government since 2016, the Board invited Mauritania to send a delegation to one of its sessions to brief the Board on the drug control situation in the country and the measures taken to counter the increase in drug trafficking and abuse. At the time of writing, that invitation was yet to be accepted. The Board trusts that the Government of Mauritania will improve its cooperation with the Board and step up its efforts to ensure that significant progress is achieved towards compliance with the international drug control treaties and their reporting requirements. The Board will continue its endeavours to enhance its dialogue with the Government with a view to promoting the country's compliance with the international drug control treaties.

(c) Myanmar

154. Illicit opium poppy cultivation in Myanmar, in particular in Shan State, remains an issue of major concern to the international community. According to UNODC data, illicit opium poppy cultivation in the country, mainly concentrated in Shan State stabilized in 2016 after increasing threefold in the previous decade. Despite this development, Myanmar remains the second largest producer of opium poppy in the world, after Afghanistan. In addition, the diversion of precursor chemicals and the production of and trafficking in methamphetamine in the country has been on the increase.

155. The Government of Myanmar has taken steps to address the drug-related challenges in the country. In 2017, with the support of UNODC, it continued to reform its drug legislation and policy with a view to adopting a drug-control framework consistent with the outcome document of the special session of the General Assembly on the world drug problem held in 2016.

156. Myanmar has continued to play an active part in the Mekong Memorandum of Understanding mechanism, a six-country regional initiative with its neighbours Cambodia, China, the Lao People's Democratic Republic, Thailand and Viet Nam. The mechanism is supported by UNODC and is aimed at strengthening regional cooperation on drug control matters.

157. The prevalence of drug abuse in Myanmar is difficult to gauge in the absence of comprehensive drug use surveys. The Board notes that UNODC is currently supporting the Government in the development of the first national survey on drug use in the country.

158. Myanmar continues to be affected by high rates of HIV/AIDS prevalence among persons who abuse drugs by injection. For 2015, the Government estimated the HIV prevalence among that population to be 28.5 per cent. In May 2017, the Ministry of Health and Sports of Myanmar launched its national strategic plan on HIV and AIDS for 2016–2020, the third of its kind. The plan is aimed at ending HIV as a public health threat by 2030 by bolstering the country's prevention, education, care and treatment infrastructures.

159. As in many countries in the region, the availability of narcotic drugs and psychotropic substances for licit purposes in Myanmar is very low and likely insufficient to meet medical needs. The Board has therefore continued to encourage the Government to review its methodology for evaluating its needs regarding narcotic drugs and psychotropic substances, identifying obstacles to availability and taking corrective action to ensure that actual medical needs are met.

160. The Board is concerned by reports of the forced displacement of persons belonging to minority ethnic groups in Rakhine State and by the humanitarian crisis it has caused in Myanmar and in neighbouring countries, in particular Bangladesh. The Board calls upon the international community to provide aid to affected persons, including, as required, through the provision of emergency medical supplies.

161. In the pursuit of its mandate, the Board stands ready to assist the Government of Myanmar in whatever way possible in the implementation of the international drug control conventions.

(d) Netherlands

162. During the reporting period, the Board has continued its dialogue with the Government of the Netherlands on several drug-related developments, including its "coffee shop" policy and legislative initiatives related to the cultivation of cannabis. In order to discuss matters pertaining to drug control in the country, the President of the Board met with a delegation of the Netherlands on the margins of the sixtieth session of the Commission on Narcotic Drugs, in March 2017. The Board received

communications from the Government of the Netherlands providing further explanations on the issues discussed.

163. In February 2017, the lower house of parliament of the Netherlands narrowly voted to approve a bill regulating the cultivation of cannabis for non-medical purposes. Once the bill becomes law, it will exempt licensed cannabis growers from prosecution, provided they meet certain conditions. According to the information available to the Board, the public prosecution office of the Netherlands has raised concerns that legalizing cultivation of cannabis for non-medical purposes would put the Netherlands in contravention of the international drug control treaties. The Ministry of Health, Welfare and Sport has also been critical of the legislative initiative. According to the communication received from the Government in August 2017, the bill still needed to be approved by the upper house of parliament to become law. The Board reiterates that, should the bill become law, the provisions permitting cultivation, production and distribution of cannabis for non-medical purposes would be inconsistent with the 1961 Convention as amended, in particular article 4, paragraph (c), which requires States parties to limit those activities to medical and scientific purposes.

164. The Board continued to monitor the developments regarding enforcement in municipalities of the Netherlands of the criterion according to which only residents of the Netherlands can be admitted to “coffee shops”. The residence criterion was introduced in January 2013. According to the information provided by the Government in August 2017, enforcing the residence criterion is the responsibility of local authorities. Out of the 102 municipalities that have one or more coffee shops, 83 municipalities have included the residence criterion in their local drug policies, while 16 municipalities have declared their intention to do so in the future. The Government stressed that the aim of its policy is to make the “coffee shops” smaller and more manageable and reduce “drug tourism”. The Government had observed only a minor increase in “drug tourism” in 2015 compared with 2014. **While noting the efforts of the Government to contain the number of its “coffee shops” and their effects, the Board reiterates its call upon the Government to take steps to close its “coffee shops”, because that policy contravenes the provisions of the international drug control treaties.**

165. The Board notes that cocaine seizures in the port of Rotterdam in 2016 reached a record high of 13 tons, surpassing the previous peak of 9.8 tons for 2013. While the number of cocaine seizures remained stable, there was an increase in the amounts of cocaine per seizure. The intercepted cocaine shipments ranged from 1.5 kg to nearly 4 tons. The port of Rotterdam (together with the

port of Antwerp, Belgium) appears to remain a major hub for the smuggling of heroin and cocaine into the European Union. The Board acknowledges the cooperation it has continued to receive from the Government in the provision of up-to-date information on the drug control policies of the country, and looks forward to continuing its dialogue with the Government to promote the implementation of the international drug control treaties.

(e) United Kingdom

166. The Board has continued to monitor the implementation of the three international drug control treaties by the Government of the United Kingdom, including on matters related to licit trade, timely mandatory reporting and estimates of annual medical and scientific requirements for narcotic drugs and psychotropic substances. The Board appreciates the effective cooperation received from the Government on these matters and continues to monitor the drug control efforts of the country.

167. The Board notes the adoption, in July 2017, by the Government of the United Kingdom of *Drug Strategy 2017*, which builds upon the 2010 drug strategy it replaces. The new strategy set out in the document confronts several threats, including: drug abuse, in particular among young people; emerging markets for new psychoactive substances; abuse of so-called “image- and performance-enhancing drugs” (substances that promote weight loss, change skin colour, build muscle and allow longer, harder training); “chem-sex” drugs (used before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience), prescription medicines and drug-related criminality.

168. As noted in *Drug Strategy 2017*, the economic cost related to drug abuse in the United Kingdom is estimated to be 10.7 billion pounds a year, with drug-related theft (e.g., burglary, robbery, shoplifting) alone costing 6 billion pounds. In 2016, almost 8 per cent of 16- to 59-year-olds in England and Wales, or 2.7 million persons, had used illicit drugs in the past year. The proportion of young people taking drugs is higher: 18 per cent of 16- to 24-year-olds. The document discusses the rapid appearance of new psychoactive substances on the market and notes problem use among homeless persons and prison inmates. Emerging problems such as use of “image- and performance-enhancing drugs” and polydrug use are highlighted, as is the dramatic increase in drug misuse deaths in the country since 2013.

169. The Board notes that the new strategy encourages cooperative action between police, health agencies and local communities, and focuses on four areas: demand reduction, supply reduction, recovery and global action.

The strategy includes targeted interventions to give drug users tailored support, including treatment, rehabilitation, employment and housing. Finally, it provides for stronger border control and intelligence-sharing, and calls for increased international cooperation.

170. The Board notes that, as stated in *Drug Strategy 2017*, the Government of the United Kingdom is committed to cooperating with European partners, including the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), while the United Kingdom is still a member of the European Union. The United Kingdom has also committed itself to working with European and other international partners once the country will have left the European Union.

171. The Board calls upon the Government of the United Kingdom and the relevant institutions of the European Union to continue effective cooperation under existing mechanisms where possible and/or to agree on cooperation arrangements facilitating effective drug control in Europe in the future.

172. The Board will continue to monitor developments in the United Kingdom with respect to drug control, including the progress with implementing the new strategy. The Board looks forward to continuing its close cooperation with the Government of the United Kingdom on matters relating to drug control.

(f) Medical use of cannabis and its derivatives

173. The 1961 Convention as amended, restricts the use of narcotic drugs under international control to medical and scientific purposes, subject to certain conditions. Those conditions, or control measures, vary from substance to substance according to their placement under the Convention's various schedules.

174. The Board notes that, since the publication of its annual report for 2016, additional States have taken legislative or regulatory measures to provide for the medical use of cannabis or its derivatives for medical purposes.⁷⁸

175. While the 1961 Convention as amended, provides for the use by States of cannabis for medical purposes, the drug is controlled under Schedules I and IV and is therefore subject to the most stringent control measures under

⁷⁸The following States have reported to the Board consumption of cannabis of over 10 kg in 2016 and are known by the Board to allow the use of cannabis and/or its derivatives for medical purposes: Australia, Austria, Belgium, Canada, Czechia, Denmark, Finland, Germany, Israel, Italy, The Netherlands, Norway, Poland, Spain, Sweden and Switzerland.

the Convention. This is due to the recognition by States of the particularly dangerous properties of these drugs.

176. As is the case for other substances controlled under the 1961 Convention as amended, the use of cannabis for medical purposes is subject to the general licensing and reporting obligations. However, States setting up medical cannabis programmes must comply with the additional obligations laid down in articles 23 and 28 of the 1961 Convention as amended. Those articles require States providing for the use of cannabis for medical purposes to establish a national cannabis agency to control, supervise and license its cultivation. Such agencies must designate the areas in which the cultivation of cannabis is permitted; ensure the licensing of producers; purchase and take physical possession of stocks; and maintain a monopoly on wholesale trading and maintaining stocks.

177. States must take measures to prohibit the unauthorized cultivation of cannabis plants, to seize and destroy illicit crops, and to prevent the misuse of and trafficking in cannabis. **Similarly, the Board wishes to draw the attention of all Governments to its previously stated position that personal cultivation of cannabis for medical purposes is inconsistent with the 1961 Convention as amended because, inter alia, it heightens the risk of diversion. All medical cannabis programmes must be developed and implemented under the full authority of the State concerned, in accordance with the requirements laid down in articles 23 and 28 of the Convention.**

178. The Board urges all States having established medical cannabis programmes or considering doing so, to ensure that effective legislative and regulatory frameworks are put in place to ensure rational, medically supervised use and to prevent diversion, in accordance with the 1961 Convention as amended. The Board calls upon Governments allowing the medical use of cannabis to ensure that cannabis is prescribed by competent medical practitioners according to sound medical practice and based on sound scientific evidence.

(g) Legalization of cannabis for non-medical purposes

179. Over the period under review, some States parties to the international drug control conventions have taken steps to establish or further develop legal and regulatory frameworks for the non-medical use of cannabis.

180. **The Board wishes to reiterate that any measures that permit or would permit the use of cannabis for**

non-medical purposes are in clear violation of article 4, paragraph (c), and article 36 of the 1961 Convention as amended, and article 3, paragraph 1 (a), of the 1988 Convention. INCB also reiterates that the limitation of the use of controlled substances to medical and scientific purposes is a fundamental principle to which no derogation is permitted by the 1961 Convention as amended.

181. The Board has continued its dialogue with the States parties concerned to foster compliance with international drug control conventions, which set out legal obligations to which all States parties have agreed to be bound.

182. In March 2017, Uruguay submitted a report to the Board on the status of implementation of Law No. 19.172 adopted in December 2013, which had created a regulated market for the non-medical use of cannabis. Uruguay continued to develop its institutional and regulatory framework for the implementation of the law, covering such areas as the sale of cannabis for non-medical purposes in pharmacies; the establishment of the procedures to be followed in the event of consumption of cannabis and other drugs in the workplace; and the registration, sale and dispensation of cannabis for non-medical use.

183. As of January 2017, the national regulatory authorities had registered 6,057 individual domestic growers of cannabis for non-medical purposes and 33 “members’ clubs”, which are groupings of 15–45 persons created for the purpose of planting, cultivating and distributing cannabis for non-medical purposes.

184. In July 2017, pharmacies in Uruguay started selling cannabis to registered users for non-medical use. The Board takes note of the Government’s plans to assess the public health consequences of the law in the near future and inform the Board about the outcome of the assessment. At the same time, the Board reiterates that the legalization and regulation of cannabis for non-medical purposes is contrary to the relevant international legal framework, which categorically restricts the use of controlled substances such as cannabis to medical and scientific purposes (article 4, paragraph (c), of the 1961 Convention as amended).

185. The Board notes with concern that in Canada, draft legislation intended to authorize and regulate the non-medical consumption of cannabis was introduced in the House of Commons in April 2017. The draft legislation, which the Government aims to have adopted by July 2018, provides for a framework for controlling the production, distribution, sale and possession of cannabis for non-medical purposes. As the Board has stated repeatedly, if passed into law, provisions of Bill C-45, which

permit non-medical and non-scientific use of cannabis would be incompatible with the obligations assumed by Canada under the 1961 Convention as amended.

186. As discussed in paragraph 163 above, in February 2017, the lower house of parliament of the Netherlands approved a bill authorizing and regulating the cultivation of cannabis for non-medical purposes. Once enacted, the legislation would allow the cultivation of cannabis by licensed growers, subject to certain conditions. To become law, the bill still needs to be approved by the upper house of parliament. The Board takes note of steps taken by municipalities in the Netherlands to contain “drug tourism” from outside the country by restricting admission to “coffee shops” to residents of the Netherlands. Nonetheless, the Board reiterates that the operation of “coffee shops” is inconsistent with the 1961 Convention as amended.

187. The Board continued to monitor the developments in the United States regarding the control of cannabis, including the initiatives taken at the level of the country’s constituent states to legalize cannabis for non-medical purposes through ballot initiatives.

188. Jamaica continued to apply its legislation, amended in 2015, that decriminalizes certain conduct relating to the cultivation, sale and transporting of cannabis and allows the cultivation of cannabis plants for religious reasons. The Board reminds the Government of Jamaica and all other parties that under article 4, paragraph (c), of the 1961 Convention as amended only the medical and scientific use of cannabis is authorized and that use for any other purposes, including religious, is not permitted.

(h) “Drug consumption rooms”

189. As it has done in the past, including in its annual report for 2016, the Board reiterates that the ultimate objective of “drug consumption rooms” is to reduce the adverse consequences of drug abuse without condoning or encouraging drug use and trafficking. Accordingly, any such facility must provide, or refer patients to, treatment, rehabilitation and social reintegration services. Governments must also take note that the establishment of drug consumption facilities does not replace other initiatives aimed at preventing drug abuse, which remain of fundamental importance.

190. During the period under review, there were developments in several States with respect to the establishment or continued operation of supervised drug consumption facilities or “drug consumption rooms”. For several years, the Board has expressed reservations

concerning the operation of “drug consumption rooms” because of concerns that their operation may increase the risk of drug abuse and trafficking. The Board has also expressed unease at the provenance of the substances used in “drug consumption rooms”, as they are or may have been illicitly obtained.

191. In France, the Government continued to implement Law No. 2016-41, adopted in January 2016, which provided the legal basis for the opening of “lower-risk drug consumption rooms”. In November 2016, the second such facility was opened in Strasbourg, the first having been established earlier that year in Paris. The facilities in question provide medical, social and psychological services to the individuals frequenting them.

192. In Canada, in May 2017, bill C-37 amending the Controlled Drugs and Substances Act and related legislation received royal assent. The amendments contained in the bill simplify the process of applying for permission to open a supervised consumption site by reducing the number of application criteria from 26 to 8. They also allow the review of applications to begin before all supporting documentation is formally received by Health Canada, increase transparency in the decision-making process by making both the decisions and any grounds for refusal public, as applicable, and simplifying the renewal process. The approval process will continue to require broad-based consultations with stakeholders and community representatives, as well as the provision of satisfactory information about the security of the site and the safety of those who use the facilities, those employed there and members of the surrounding communities. To date, 16 facilities, located in the provinces of British Columbia, Ontario and Québec, have been approved, with other applications under review.

193. In May 2017, the President of Ireland signed into law the Misuse of Drugs (Supervised Injecting Facilities) Act 2017. The Act provides for the licensing and establishment of supervised injecting facilities by the Minister for Health. The Act also grants authorized users dispensation from the criminal provisions on possession while they are at the facility with the permission of the licence holder. In July 2017, the Government of Ireland released a new national drug strategy entitled “Reducing harm, supporting recovery: a health-led response to drug and alcohol use in Ireland 2017-2025”. The strategy provides for supervised injecting facilities and commits the Government to enabling the operation of such facilities in order to stem the problem of street drug injection.

2. Country missions

194. In order to gain a comprehensive overview of the drug control situation in States parties to the international drug control treaties, the Board periodically undertakes country missions.

195. While in a country, the INCB delegation holds meetings with major stakeholders in the drug control field, including executive government officials and officers responsible for regulatory authorities, providers of treatment and rehabilitation services, and representatives of civil society groups.

196. Based on the findings, the Board then adopts confidential recommendations to improve compliance with the international drug control framework, which are communicated to the Government in question.

197. Recommendations issued by the Board may cover several areas, including: national drug policy; inter-agency cooperation; the regulation of the licit production of and trade in substances subject to international control under the drug control conventions; the prevention of drug abuse and the treatment and rehabilitation of drug users; access to narcotic drugs and psychotropic substances for rational medical use; law enforcement; measures to address illicit drug production and manufacture, and drug trafficking; and the control of precursor chemicals and new psychoactive substances.

198. During the period under review, the Board undertook a mission to Egypt. As at 1 November 2017, additional missions to Australia, Guyana, the Russian Federation and Switzerland were scheduled to take place before the end of 2017.

199. Additional missions have been accepted, in principle, by the Governments of Colombia, Jamaica, Kuwait and Uzbekistan. However, those have not yet been carried out as the Governments in question have failed to communicate dates or ensure appropriate arrangements for the missions’ conduct. In addition, the Board has contacted the Governments of the Democratic Republic of the Congo, Papua New Guinea and Qatar, but has not yet received confirmation that they would accept a mission. In the case of Papua New Guinea, the Board has invited the authorities to attend one of its sessions for consultations, but so far without success. The Board is currently in discussion with other States for the holding of future INCB missions in 2018 and 2019. **INCB reminds all States parties of the importance of cooperating with the Board in the exercise of its mandate, including by facilitating the holding of country missions, so that the Board may be**

fully appraised of national developments in the field of drug control and be able to provide feedback and advice to Governments on fulfilling their treaty obligations.

Egypt

200. In June 2017, an INCB mission visited Egypt. The objective was to review the drug control situation and the Government's compliance with the three international drug control conventions.

201. The Board notes that, since its last mission in 2001, the Government has made progress in various areas of drug control. The Board also notes the commitment of the Government to complying with the international drug control treaties, in particular through the work of the Anti-Narcotics General Administration. The Government has taken tangible steps to address the problems generated by increasing levels of drug trafficking and abuse and the need to provide adequate treatment to the affected population. The Board commends Egypt for the progress made in areas of law enforcement and encourages the Government to continue implementing vigorous supply reduction measures to further reduce the availability of illicit drugs trafficked through Egypt.

202. Egypt continues to be used as a transit country for illicit shipments of drugs and precursor chemicals on their way to markets in West Asia and North Africa. Further measures need to be taken to step up specialized training to law enforcement authorities. The Board encourages the Government to continue strengthening border control, regional cooperation and information-sharing mechanisms to prevent drug trafficking within and through Egypt.

203. Significant challenges remain, in particular in the areas of prevention, treatment and rehabilitation. The Board discussed with the authorities the need to carry out regular national drug use surveys, in particular among young people, and use the findings to further adjust drug control policies and the services provided as necessary to cover the entire affected population.

204. In Egypt, the availability of narcotic drugs and psychotropic substances for pain management and the treatment of disease remains relatively limited. The Board therefore discussed with the Government the need to better assess the requirements for narcotic drugs for purposes of pain management, to identify possible impediments to their availability and to ensure that narcotic drugs and psychotropic substances are available in adequate quantities to those in need.

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

205. To follow up on the implementation by Governments of the Board's post-mission recommendations, the Board undertakes an annual review of drug control developments. Three to four years after a country has received a mission, the Board solicits detailed information from the Government on the legislative and policy measures adopted in furtherance of the Board's recommendations.

206. In 2017, the Board invited the Governments of Bahrain, Iceland, the United Republic of Tanzania and Venezuela (Bolivarian Republic of), which had received INCB missions in 2014, to report how their drug control situations had developed in the intervening time.

207. The Board wishes to express its appreciation to the Governments of Bahrain, the United Republic of Tanzania and Venezuela (Bolivarian Republic of) for the information received. Their cooperation has assisted the Board in its review of their treaty implementation and has contributed to the important dialogue that the Board maintains with States parties to the international drug control conventions through the active exchange of information.

208. The Board renews its call to the Government of Iceland to provide the information requested. Once it is received, the Board will review the information with a view to including it in its annual report for 2018.

(a) United Republic of Tanzania

209. The Board notes that the Government of the United Republic of Tanzania has made some progress in the implementation of its recommendations since the INCB mission to that country in 2014.

210. In 2015, the United Republic of Tanzania adopted the Drug Control and Enforcement Act, 2015, pursuant to which the Drug Control and Enforcement Authority was established. The Authority has been empowered with a broad mandate in the control of drug trafficking and abuse, including executive powers to seize illicit drugs and arrest, investigate and prosecute persons suspected of involvement in drug-related crimes. The Board trusts that the establishment and continued activities of the Authority will contribute to strengthening the Government's efforts to effectively address challenges posed by drug trafficking and abuse in the United Republic of Tanzania.

211. The Board further welcomes the establishment of a multisectoral defence and security task force made up of representatives from the Police Force, the Immigration Department, the Revenue Authority, the National Intelligence Department and other government offices working at the country's border control points. The task force monitors the movement of products crossing the country's borders, including drugs and precursor chemicals, verifies the legitimacy of cargo, intercepts suspicious cargo and reports to the Drug Control and Enforcement Authority.

212. While acknowledging these positive developments, the Board notes that the United Republic of Tanzania still lacks a comprehensive national drug control strategy. Additional progress is needed in the implementation of the Board's recommendation with regard to effective interministerial coordination and cooperation in drug control activities. The Board encourages the Government to continue its drug control efforts and, in particular, to take the steps necessary to ensure, as soon as possible, the adoption of a national drug control strategy and the elaboration of an action plan aimed at ensuring that strategy's effective implementation.

213. While the availability of illicit drugs in the United Republic of Tanzania is increasing, the extent of drug abuse in the country is not yet fully known to the authorities. The Board wishes to remind the Government of the importance of carrying out a comprehensive national assessment that includes the collection and analysis of data on the incidence and prevalence of drug use in order to determine the extent and nature of drug abuse in the country, and of tailoring its drug control policies on the findings. An objective assessment is indispensable for the effective design of programmes for the prevention of drug use and the treatment and rehabilitation of those affected. The Board recommends that the Government of the United Republic of Tanzania increase its drug abuse prevention activities and ensure that they are broad enough to include all segments of the population. The Board notes that further action is needed in the areas of treatment, rehabilitation and social reintegration of drug-dependent persons.

214. The Board further notes that progress is still lacking in many areas in which it has identified room for improvement. In particular, the Board continues to encourage the Government of the United Republic of Tanzania to take additional measures to promote the adequate availability and rational use of narcotic drugs and psychotropic substances for medical purposes, including through the adequate provision of training for medical students and health-care professionals on the rational use of medicines containing controlled substances. INCB also

encourages the Government to review current laws and regulations that may unnecessarily restrict the licit manufacture, import, distribution, prescription or dispensing of narcotic drugs and psychotropic substances for medical purposes.

215. The Board encourages the Government to take the steps necessary to ensure that further progress is made in the areas identified above so as to ensure full compliance with the international drug control treaties, including with assistance from the international community.

(b) Bolivarian Republic of Venezuela

216. The Board notes that, since its mission to the Bolivarian Republic of Venezuela in 2014, the Government has taken a number of measures to implement the Board's recommendations and that progress has been made in certain areas of drug control. Shortly after the Board's mission, the Government adopted the national anti-drug plan 2015–2019, which is aimed at reducing drug abuse and stepping up activities in drug abuse prevention. The national anti-drug office has expanded its anti-drug education training and its programmes to raise awareness of drug reduction and prevention activities throughout the country.

217. The Bolivarian Republic of Venezuela has further strengthened its regional and cross-border cooperation in tackling drug trafficking by engaging with international organizations and the relevant agencies of other Governments. The Board notes the active participation of the Government in the second phase of the Cooperation Programme on Drug Policies between Latin America and the European Union, in which countries from both regions carried out joint activities to address the world drug problem. Another example is the fourth joint committee on drugs of the Bolivarian Republic of Venezuela and the Netherlands, which met in The Hague in May 2016 and offered an opportunity to exchange experiences on policies to prevent illicit drug use. During the sixtieth session of the Commission on Narcotic Drugs, in March 2017, the Government of the Bolivarian Republic of Venezuela held a side event entitled "The promotion of citizenship participation in the prevention of illicit traffic in and abuse of drugs: the experience of Venezuela's national anti-drugs fund". The Board welcomes such exchanges and encourages the Government to continue its involvement in international cooperation in drug control matters.

218. The Board notes that the Government has continued to implement its air control and interception

programme based on its law regulating comprehensive airspace defence. According to the Government, that law is consistent with relevant international standards and protocols, in particular the Convention on International Civil Aviation of 1944.

219. The Board, while acknowledging those positive developments, notes that significant challenges remain for the Government of the Bolivarian Republic of Venezuela. Despite the concrete steps it has taken, opium poppy and cannabis continue to be cultivated on a substantial scale and drug trafficking continues to pose serious problems. In addition, though the Government continues to make considerable efforts, the rate of drug abuse remains high, in particular among schoolchildren and young people. The Board encourages the Government to conduct an assessment survey of the drug abuse situation in the country in order to develop an evidence-based drug control policy, tailored to the specific needs of the country's population.

220. The Board notes that there appears to be limited progress in several other areas, including efforts to ensure the adequate availability of narcotic drugs for medical needs, in particular pain management. The Board is encouraged by the fact that the Government, in line with the recommendations of the Board resulting from its 2014 mission, guarantees its citizens access to opioid analgesics for the treatment of acute and chronic pain.

221. The Board also notes that the competent national authorities have revised their estimates of the requirements for narcotic drugs and have made adjustments to increase the domestic supply of narcotic drugs and psychotropic substances for medical purposes. Nevertheless, the availability of opiates for the treatment of pain in medical institutions continues to be inadequate according to the data the Government has reported to the Board.

222. According to the national anti-drug office, an evaluation of the estimates compared to the actual quantities of drugs consumed is conducted at the end of each year with a view to adjusting the amounts required to meet the real needs of the population. The Board requests the Government to examine the current situation and take the steps necessary to ensure that narcotic drugs and psychotropic substances, including opiates, are made available in adequate amounts to meet medical needs. In order to do so, the Board recommends that the competent authorities of the Bolivarian Republic of Venezuela consider the recommendations contained in the Board's report *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes — Indispensable, Adequately Available and Not*

Unduly Restricted,⁷⁹ as well as the *Guide on Estimating Requirements for Substances under International Control*, developed by the Board and WHO.

223. The Board notes that there appear to be weaknesses in the inspection of retail outlets dispensing pharmaceutical preparations containing controlled substances. There also continues to be a need to provide training for pharmacists in ensuring that the dispensing of controlled substances is appropriately monitored and that such substances are used only for medical purposes.

224. The Board urges the Government to make additional efforts so that progress is made in the above-mentioned areas. The Board acknowledges the commitment of the Government of the Bolivarian Republic of Venezuela to drug control and trusts that measures will continue to be taken against illicit crop cultivation, illicit drug manufacture and drug trafficking, the diversion of controlled substances and drug abuse. The Board encourages the Government of the Bolivarian Republic of Venezuela to continue its efforts to implement and fully comply with the international drug control treaties and stands ready to assist the Government, in accordance with its mandate.

E. Action taken by the Board to ensure the implementation of the international drug control treaties

1. Action taken by the Board pursuant to article 14 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol and article 19 of the Convention on Psychotropic Substances of 1971

225. Where the Board has reason to believe that the aims of the Conventions are being seriously endangered by the failure of a State party to implement their provisions, it may invoke the provisions of the conventions related to compliance by States parties.

226. The provisions in question are article 14 of the 1961 Single Convention as amended by the 1972 Protocol, article 19 of the 1971 Convention and article 22 of the 1988 Convention. These articles set out a process through which the Board engages in a dialogue with the States in

⁷⁹E/INCB/2015/1/Supp.1.

question in order to foster compliance with the Conventions when all other means have been unsuccessful.

227. In the past, INCB has invoked article 14 of the 1961 Single Convention and/or article 19 of the 1971 Convention with respect to a limited number of States. Following a confidential process of engagement and dialogue, most of the States concerned have taken remedial measures to address the Board's concerns, resulting in a decision by the Board to terminate the action taken under those articles with regard to those States.

228. The Board first invoked article 14, paragraph 1 (a), of the 1961 Single Convention to encourage dialogue with the authorities of Afghanistan to promote compliance with the Convention in 2000. In 2001, the Board invoked article 14, paragraph 1 (d), of that Convention, in order to bring about cooperative action at the international level to assist the Government of Afghanistan in ensuring compliance with the Convention. Afghanistan remains the only State for which article 14 of the 1961 Single Convention is currently invoked.

2. Consultation with the Government of Afghanistan pursuant to article 14 of the 1961 Single Convention on Narcotic Drugs as amended by the 1972 Protocol

229. During the current reporting period, the Board's consultations with the Government of Afghanistan have continued. Following the high-level INCB mission to Afghanistan in May 2016, the Board adopted a set of recommendations for addressing the drug control situation in the country and improving compliance with the international drug control treaties through legislative, policy, institutional and practical measures. These recommendations were communicated to the Government in December 2016, and since then, the Board has been engaged in an ongoing dialogue with the Government of Afghanistan to facilitate the implementation of these recommendations.

230. **The Board remains concerned about the overall drug control situation in Afghanistan. INCB once again draws the attention of the international community to the challenges faced by Afghanistan and stresses that efforts to stabilize the country will not be sustainable without also effectively controlling the country's illicit drug economy. The Board reiterates to the international community that drug control is a cross-cutting issue. Unless local, national, regional and international efforts to address this challenge are effectively pursued, poverty, insurgency, terrorism and obstacles to development will remain unaddressed.**

Cooperation with the Board

231. Consultations between the Board and the Government of Afghanistan pursuant to article 14 of the 1961 Convention continued over the reporting period. In January 2017, the Secretary of the Board met with the Chargé d'affaires of the Permanent Mission of Afghanistan to the United Nations in Vienna to discuss the Government's implementation of the international drug control treaties, including matters relating to follow-up action taken by the authorities towards the implementation of the Board's recommendations following the high-level mission of May 2016.

232. In March 2017, the President of the Board met with the delegation of Afghanistan led by the Deputy Minister of the Interior for Counter-Narcotics on the margins of the sixtieth session of the Commission on Narcotic Drugs, held in Vienna. The meeting focused on the challenges and opportunities existing in the country to improve the drug control situation and to strengthen Afghanistan's implementation of the international legal framework relating to drugs. The President of the Board mentioned that he brought to the attention of the sixtieth session of the Commission the concerns of the Board regarding developments in Afghanistan and the need for further international technical and financial assistance to the country. He also informed the delegation that INCB continued to call the attention of the international community to the drug challenges in the country by issuing a statement in advance of the Brussels Conference on Afghanistan held in October 2016, stressing that sustainable development was not possible without effective drug control in the country. The President of the Board encouraged the Government of Afghanistan to continue to share with the international donor community tangible results achieved in the field of drug control, such as the inauguration of a major new drug abuse treatment facility in Kabul in May 2016.

233. In July 2017, the President of the Board held consultations with the Permanent Representative of Afghanistan to the United Nations in New York on drug-related developments and challenges in the country and the need to effectively implement the Board's recommendations following its high-level mission to Afghanistan of May 2016.

234. At the coordination and management meeting of the Economic and Social Council held in July 2017, the President of the Board also reiterated to the Council the Board's grave concern about the deteriorating drug control and security situation in Afghanistan and the need for sustained international assistance to the country in the spirit of common and shared responsibility. During the same mission to New York, the President of the Board

also held consultations on Afghanistan with the President of the Economic and Social Council and the President of the General Assembly.

United Nations action

235. In March 2017, the Security Council unanimously adopted resolution 2344 (2017), in which it extended the mandate of the United Nations Assistance Mission in Afghanistan (UNAMA) until 17 March 2018. In the resolution, the Security Council decided that UNAMA and the Special Representative of the Secretary-General for Afghanistan would continue to lead and coordinate international civilian efforts to assist Afghanistan, guided by the principle of reinforcing the country's sovereignty, leadership and ownership, and that UNAMA and the Special Representative would promote more coherent support by the international community to the Government's development and governance priorities. In the resolution, the Security Council also called upon States to strengthen international and regional cooperation to counter the threat to the international community posed by the production of, trafficking in and consumption of illicit drugs originating in Afghanistan in accordance with the principle of common and shared responsibility.

Situation in Afghanistan

236. The security situation continued to deteriorate during 2016 and 2017. The United Nations recorded 23,712 security incidents in 2016, which represented an increase of almost 5 per cent compared to 2015 and was the highest number of security incidents ever recorded by UNAMA in a single year. The security forces of Afghanistan continued to face significant challenges, in particular regarding operational capacity. According to UNAMA, the challenges included shortcomings in the areas of command and control, leadership and logistics, and high attrition rates.

237. The Board remains extremely concerned about the substantial increase in the illicit cultivation of opium poppy and production of opium in the country over the past two years. According to the *Afghanistan Opium Survey 2017*, released by UNODC and the Ministry of Counter-Narcotics on 15 November 2017, opium production in Afghanistan increased by an astounding 87 per cent compared with 2016, reaching a record level of 9,000 tons in 2017. The survey also found that the total area under cultivation in 2017 had soared to 63 per cent more than in 2016, reaching 328,000 ha. These are the highest levels ever recorded for opium poppy cultivation and opium production, surpassing the previous record levels of 2014. The increase in

production is mainly attributed to an increase in the area under opium poppy cultivation, as well as to an increase in opium yield per hectare. Opium poppy cultivation expanded into new areas, resulting in an increase from 21 provinces to 24 provinces affected by such cultivation. The survey also indicated large increases in cultivation in almost all major poppy-cultivating provinces, including in Helmand (an increase of 63,700 ha, or 79 per cent), Balkh (an increase of 10,000 ha, or 37 per cent), Kandahar (an increase of 7,500 ha, or 37 per cent), Nimroz (an increase of 6,200 ha, or 116 per cent) and Uruzgan (an increase of 6,000 ha, or 39 per cent). Most of the cultivation took place in the southern region of the country (almost 60 per cent of total cultivation), followed by the western region (17 per cent), northern region (13 per cent) and eastern region (7 per cent).

238. Afghanistan began its annual opium poppy eradication effort in March 2017. In 2017, the Afghan Ministry of Counter-Narcotics and UNODC experts verified that a total of 750 ha of poppy fields had been eradicated in a Governor-led effort. While that represents an 111 per cent increase in the area eradicated compared with 2016, when 355 ha were eradicated, it is negligible in the context of the overall cultivation reported for that year, as the area eradicated amounted to less than one quarter of 1 per cent of the total cultivated area. The eradication mainly took place in 14 provinces of Afghanistan, compared with 7 provinces in 2016. The main reason for the extremely low overall level of eradication was the poor security situation in most of the provinces that had the highest levels of opium poppy cultivation. In addition, there has been resistance by some farmers to opium poppy eradication campaigns, including in the form of violence, resulting in human casualties.

239. There are also growing concerns about trafficking in and the production and abuse of synthetic drugs in Afghanistan. There have been reports of growing numbers of methamphetamine seizures, an increase in the manufacture of methamphetamine and a rise in the number of admissions into treatment of people with drug use disorders in certain parts of the country.

240. Afghanistan is developing a new drug control law. An initial draft was approved by the Council of Ministers in 2016. As of 1 November 2017, the draft was being considered by the National Assembly. Once enacted, the new law is expected to restructure the drug control infrastructure in the country and bolster the coordination of drug control initiatives through increased oversight by the President's office.

Cooperation with the international community

241. Afghanistan continued to intensify its bilateral cooperation with neighbouring countries. During the reporting period, high-level delegations from Afghanistan visited Iran (Islamic Republic of), the Russian Federation, the United Arab Emirates and Uzbekistan to discuss bilateral relations on a range of cooperation issues, including economic, security and political issues.

242. At the same time, bilateral relations between Afghanistan and Pakistan were strained. On 16 February 2017, Pakistan closed its border with Afghanistan to all traffic for approximately one month and conducted cross-border shelling, targeting suspected militants inside Afghanistan. The border was reopened on 20 March by order of the Prime Minister of Pakistan. The United Kingdom hosted high-level bilateral talks in March 2017 with the aim of building confidence. The talks, which were attended by the national security adviser to the President of Afghanistan and the adviser to the Prime Minister of Pakistan on foreign affairs, resulted in the establishment of a cross-border cooperation mechanism between the two countries.

243. Afghanistan also continued to strengthen its participation in multilateral diplomacy. Under the Heart of Asia initiative, a ministerial conference was held in Amritsar, India, in December 2016. In February 2017, Afghanistan, China, India, Iran (Islamic Republic of), Pakistan and the Russian Federation came together to discuss the deteriorating security situation in Afghanistan and explore ways to accelerate their joint efforts to support the peace process in Afghanistan. At a meeting of senior officials involved in the Heart of Asia initiative held in Baku in March 2017, participants reaffirmed their commitment to enhancing economic and security cooperation through the Heart of Asia-Istanbul process.

244. In April 2017, a ministerial meeting of the Shanghai Cooperation Organization (SCO) was held in Astana. Participants reiterated the Organization's commitment to initiating a political dialogue between parties to the conflict in Afghanistan.

245. In August 2017, the President of the United States made a statement in which he expressed the view that a precipitous withdrawal of foreign troops from Afghanistan would create a vacuum for terrorist groups, including Al-Qaida and Islamic State in Iraq and the Levant. According to his revised strategy, the United States would continue its support for the Government and the military of Afghanistan, although the involvement of the United States would depend on a set of specific conditions rather than on any time limit.

Conclusions

246. After years of conflict and struggle, Afghanistan faces significant and complex challenges that are related to security, the peace process and political transformation, and that stand in the way of establishing a unified Government capable of territorial control and providing leadership, vision and reconciliation. The year 2016 marked a new record in the number of security incidents in the country identified by the United Nations. While negotiations on the designation of responsibilities among senior government officials continued, several key positions in the Government remained vacant. There was no tangible progress in establishing peace between the Government and the Taliban, despite statements by the Government affirming its intention to engage the Taliban in a constructive dialogue. In addition, the reporting period saw a straining of bilateral relations with Pakistan, although they seem to have improved again thanks to efforts to create mechanisms for better cross-border cooperation. Cooperation with the rest of the neighbouring countries seems to have strengthened.

247. In 2017, there was a substantial increase in the cultivation of opium poppy and the production of opium, continuing the alarming trend observed over the previous two years, following the decline in 2015. Although eradication efforts in the country have increased somewhat, they are still not adequate to make a meaningful impact on the level of cultivation, owing to resource limitations and the poor security situation in many provinces. In addition, there are growing concerns about the manufacture of synthetic drugs and their abuse in Afghanistan.

248. **The Board is aware of the challenges and difficulties that the Government and people of Afghanistan continue to face. Nevertheless, because Afghanistan's extraordinary drug-related challenges must be effectively addressed in order to stabilize the country, the Board again calls upon the Government, in cooperation with local, regional and international partners, to develop and implement a balanced, effective and comprehensive strategy to address those challenges. Such a strategy must involve local as well as national political leaders and include eradication, interdiction and the effective use of Afghan and international law enforcement capacity to deter involvement in the illicit drug-based economy. The prevention of drug use and the treatment of people with substance use disorders should be an integral component of such a strategy.**

F. Special topics

1. Drug control and human rights: marking the anniversaries of the Universal Declaration of Human Rights and the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights

249. The year 2018 will be a milestone marking several anniversaries: the seventieth anniversary of the adoption of the Universal Declaration of Human Rights in 1948, the twenty-fifth anniversary of the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights in 1993 and the thirtieth anniversary of the adoption of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. These anniversaries provide a unique opportunity to reflect on the relationship between drug control and human rights and on the implications of that relationship for national responses to the world drug problem.

250. In the outcome document of the special session of the General Assembly on the world drug problem held in 2016, the international community reiterated its commitment to respecting, protecting and promoting all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies. One of the operational recommendations contained in the outcome document is to enhance the knowledge of policymakers and the capacity, as appropriate, of relevant national authorities on various aspects of the world drug problem in order to ensure that national drug policies, as part of a comprehensive, integrated and balanced approach, fully respect all human rights and fundamental freedoms and protect the health, safety and well-being of individuals, families, vulnerable members of society, communities and society as a whole, and to that end encourage cooperation with and among UNODC, INCB, WHO and other relevant United Nations entities, within their respective mandates. The importance of protecting and advancing human rights principles and standards has also been fully recognized and reflected in all 17 Sustainable Development Goals of 2030 Agenda for Sustainable Development, adopted by world leaders in September 2015.

251. The Board has repeatedly stressed the importance of respecting and protecting human rights and fundamental freedoms as part of the effective implementation of the international drug control treaties. **The Board continues to emphasize that for drug control action to be**

successful and sustainable, it must be consistent with international human rights standards.

252. The right to health is set out in article 25 of the Universal Declaration of Human Rights in the context of the right to an adequate standard of living. The right to the highest attainable standard of health is recognized in article 12 of the International Covenant on Economic, Social and Cultural Rights. For the full enjoyment of the right to health it is important to have access to essential medicines.⁸⁰ WHO has compiled a list of medicines considered essential to satisfying the priority health-care needs of the population. The list contains several narcotic drugs and psychotropic substances under international control. The international drug control treaties require States parties to ensure the availability and rational use of internationally controlled narcotic drugs and psychotropic substances for medical purposes.⁸¹ Since its establishment, the Board has promoted national and international measures to strive towards an adequate availability of internationally controlled drugs for medical purposes that is not unduly restricted.

253. For the full enjoyment of the right to health it is also important that States provide equal opportunities for everyone to enjoy the highest attainable level of health and the right to the prevention and treatment of diseases. The international drug control treaties require parties to take measures to prevent drug abuse and to ensure the early identification, treatment, education, aftercare, rehabilitation and social reintegration of those who abuse drugs.⁸² The need for non-discriminatory access to health care, rehabilitation and social reintegration services, in particular for women, including in prison and post-prison settings, was underscored in the 2016 report of the Board. The Board highlighted the importance of giving priority to providing easily accessible health care, including targeted and evidence-based interventions, to drug-dependent women. Drug-dependent women often face stigma preventing them from seeking and/or accessing the services they need. The Board also discussed the need for effective preventive measures in its annual reports for

⁸⁰See also general comment No. 14 (2000) on the right to the highest attainable standard of health, adopted by the Committee on Economic, Social and Cultural Rights (E/C.12/2004/4), and OHCHR, *Fact Sheet No. 31, Human Rights Fact Sheet Series* (Geneva, June 2008).

⁸¹In the preambles of the 1961 Convention as amended by the 1972 Protocol and the 1971 Convention, the States parties recognized that adequate provision must be made to ensure the availability of narcotic drugs and psychotropic substances, respectively, for medical purposes. See also art. 9, para. 4 of the 1961 Convention as amended by the 1972 Protocol, which requires INCB, in cooperation with Governments, to ensure the availability of narcotic drugs for medical and scientific purposes.

⁸²See art. 38 of the 1961 Convention as amended by the 1972 Protocol and art. 20 of the 1971 Convention.

1997 and 2009, whose thematic chapters were devoted to preventing drug abuse in an environment of illicit drug promotion and to primary prevention of drug abuse. The annual report for 2013 discussed how drug abuse could disproportionately affect specific populations such as women, low-income populations and children. The Board stresses the importance of protecting the rights of persons with mental illness and improving mental health care in line with General Assembly resolution 46/119 of 1991 and the Convention on the Rights of Persons with Disabilities. The Board also highlights the need to protect children from drug abuse and prevent the use of children in the illicit production of and trafficking in illicit substances, in accordance with the Convention on the Rights of the Child, in particular its article 33.

254. The Board stresses the need to protect the rights of alleged drug offenders and drug users at all stages of the criminal justice process. The prohibition of arbitrary arrest and detention, torture and other forms of ill treatment, the right to life, the prohibition of discrimination, the presumption of innocence and the right to a fair trial are among the important elements of an effective criminal justice system, as provided for in the international human rights instruments. Violations of these principles undermine the rule of law and are contrary to the aims of the international drug control treaties. The international drug control treaties, the Political Declaration adopted by the General Assembly at its twentieth special session and the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem all call for a balanced approach, respect for the principle of proportionality and respect for human rights.

255. Under the international drug control treaties, States are required to be proportionate in their responses to drug-related offences and their treatment of suspected offenders. The obligation under the international drug control conventions to establish certain types of conduct as punishable offences and to ensure that serious offences are liable to adequate punishment is subject to the constitutional principles of States and to the principle of proportionality. While serious offences may be punishable by incarceration, other forms of deprivation of liberty, pecuniary sanctions or confiscation, offences of lesser gravity are not necessarily subject to such punitive sanctions. In appropriate cases of a minor nature, States are encouraged to provide alternative measures such as education, rehabilitation or social reintegration, in particular for persons affected by drug abuse.

256. Extrajudicial responses to drug-related criminality are in clear violation of the international drug control

conventions, which require that drug-related crime be addressed through formal criminal justice responses, as well as of the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, which require adherence to internationally recognized due process standards.

257. Although the determination of sanctions is a prerogative of States, the Board continues to encourage all States that retain the death penalty for drug-related offences to commute death sentences that have already been handed down and to consider the abolition of the death penalty for drug-related offences in view of the relevant international conventions and protocols, and resolutions of the General Assembly, the Economic and Social Council and other United Nations bodies on the application of the death penalty.

258. States parties have achieved varying levels of progress in the adoption of drug control policies that are consistent with international human rights law. The Board will continue to highlight the importance of respect for human rights and fundamental freedoms in the implementation of international drug control conventions and invites all States to seize the opportunity provided by the anniversaries noted above to reflect and to act on this important issue.

2. The risk of long-term opioid use and the consumption of opioid analgesics

259. Based on its mandate, the Board has been drawing the attention of States parties to the importance of ensuring the availability of internationally controlled drugs for medical purposes, and has highlighted the great disparity in that availability around the world. The Board has encouraged countries to ensure adequate access to opioid analgesics in countries with low levels of consumption. The Board has continued to emphasize the importance of ensuring the rational medical use of opioid analgesics. However, despite the emphasis on the need for the adequate availability of controlled drugs for medical and scientific purposes, it remains of great importance for States parties to ensure rational prescribing and implement measures to prevent the diversion and the risk of abuse of these drugs.

260. Global consumption of opioid analgesics has been increasing in recent decades. In particular, the consumption of fentanyl increased considerably from 2000 to 2010. Since then it has fluctuated at relatively high levels. The largest consumer, the United States, has seen a decrease in consumption since 2013 due to the introduction of stricter

prescription requirements. Similar patterns were recorded for other opioid analgesics such as hydrocodone, hydro-morphine morphine and oxycodone. Canada, Australia and Belgium have experienced a similar development in the consumption of fentanyl, albeit at lower levels. Some other countries, such as Germany, Spain and Italy, have not experienced the same level of consumption and some of its consequences (such as overdose deaths), and their consumption of fentanyl has been increasing steadily.

261. The strong increases in the consumption of opioid analgesics since 2000, particularly in high-income countries, does not seem to be related to a proportionate increase in the morbidity rate of cancer but rather to the increase in the prescription of strong opioid analgesics for the treatment of chronic non-cancer pain. There are a number of factors that have influenced this development, including social and economic issues that made certain demographic groups more vulnerable than others. Among the suggested causes of the extensive prescription and subsequent abuse of opioid analgesics are overprescribing by medical professionals, and aggressive marketing by pharmaceutical companies combined with the targeted training of practitioners by the same companies offering various incentives to prescribers. These are considered to be two of the most significant drivers in the increase in prescribing opioid analgesics.

262. Another factor contributing to the increasing prescription of opioid analgesics is the use of the limited findings of some studies on hospitalized cancer patients showing evidence that strong opioids had low risk of causing dependence. These findings were frequently quoted in peer-reviewed journals and were used to justify the widespread prescription of strong opioids for non-cancer chronic pain.

263. However, a more recent study by the Centers for Disease Control and Prevention of the United States on the characteristics of initial prescription episodes and the likelihood of long-term opioid use in the country between 2006 and 2015 highlighted the opposite, namely that people who received a prescription for opioid pain relievers for non-cancer pain were highly likely to develop opioid dependence.

264. Once the authorities in the United States intervened by introducing stricter regulations, many of those dependent on prescription opioids had difficulties in obtaining them switched to illicitly procured prescription opioids or heroin that in many cases was mixed with fentanyl and fentanyl analogues to reproduce the strength of the synthetic opioids previously used. The mixing of heroin with stronger synthetic opioids has exponentially increased the number

of overdose deaths because users are not aware of the adulteration of heroin or do not understand the risk associated with even very small quantities of strong opioids.

265. The opioid overdose crisis has been most visible and received most publicity in the United States, but it has also affected Canada, Australia and, to a limited extent, the United Kingdom and some other European countries. In the United States, the number of deaths caused by overdoses of opiates has reached historical levels. Drug overdose deaths nearly tripled from 1999 to 2014. In 2014, among 47,055 drug overdose deaths, 61 per cent involved opioids. Drug overdoses killed about 64,000 people in the United States in 2016, according to the National Center for Health Statistics at the Centers for Disease Control and Prevention. From 2013 to 2014, deaths associated with the most commonly prescribed opioids (natural and semi-synthetic opioids) continued to increase slightly. However, the rapid increase in overdose deaths appears to have been driven by heroin and synthetic opioids other than methadone. From 2014 to 2015, the death rate from fentanyl and other synthetic opioids other than methadone increased by 72.2 per cent. The death rate for heroin increased by 20.6 per cent.

266. In Canada, the dispensing rate for high-dose opioid formulations such as morphine, oxycodone and fentanyl, increased by 23 per cent between 2006 and 2011. The 2013 tobacco, alcohol and drugs survey conducted by Health Canada found that nearly one in six Canadians older than 14 had used opioids in the preceding 12 months. Between 2009 and 2014 there were at least 655 deaths in Canada where fentanyl was determined to be a cause or a contributing cause, and at least 1,019 deaths where post-mortem toxicological screening indicated the presence of fentanyl.

267. A report published in Australia by the National Illicit Drug Indicators Project reported 597 accidental opioid overdose deaths for 2013 among those aged 15 to 54, compared to 564 reported for 2012, and 668 deaths across all ages for 2013 compared to 639 for 2012. In 2013, 32 per cent of accidental opioid deaths among Australians aged 15 to 54 were due to heroin, while the rest were due to prescription opioids.

268. EMCDDA reported the detection of 25 new synthetic opioids between 2009 and 2016 and 18 new fentanyls between 2012 and 2016. According to the 2017 European Drug Report, a total of 8,441 overdose deaths, mainly related to heroin and other opioids, were estimated to have occurred in Europe in 2015, a 6 per cent increase on the estimated 7,950 deaths in 2014. Increases were reported for almost all age groups. The United Kingdom accounts for 2,655 of those deaths, or 31 per cent. Germany is a distant second with 15 per cent.

269. The increase in the abuse of prescription opioids and the consequent increase in overdose deaths has so far been limited to certain countries. However, all Governments should be aware of the risks associated with the abuse of prescription drugs as they work to ensure that controlled substances are available for medical and scientific purposes. Some Governments have introduced measures and the Board would like to draw the attention of all Governments to this issue.

270. Several countries are requiring the prescription of controlled substances by medical and health professionals to be guided by a rational approach to prescribing as described in the WHO *Guide to Good Prescribing: A Practical Manual*,⁸³ which recommends that patients receive medications appropriate to their clinical needs and for a specific therapeutic objective, in doses that meet their own individual requirements, with information, instruction and warnings, for an adequate period of time during which the treatment is monitored and eventually stopped, at the lowest cost to them and their community. In addition, when prescribing controlled substances that may entail risks of generating dependence, medical practitioners should conduct clinical interviews to assess the risk of dependence and the concomitant presence of health conditions that may make the individual more vulnerable to the development of drug use disorders.

271. For patients suffering chronic non-cancer pain, national health authorities in some countries have developed guidelines recommending alternatives to opioid analgesics.

272. Some government agencies responsible for the safe use of controlled substances have introduced control measures to reduce and eliminate the misuse of prescription drugs. Those measures include programmes to monitor electronic or digital prescriptions to ensure that only the prescribed amount is dispensed to the patient.

273. Various countries have taken regular initiatives to take back prescription drugs to ensure that expired and/or unused medications are returned, properly disposed of and not used improperly.

274. In some countries, health-care professionals are required to receive adequate independent and unbiased training on the use of medications, including ways to avoid the associated risk of dependence and measures to mitigate those risks. In addition, national health authorities have put in place campaigns to raise public

awareness of the risk of dependence and of the proper use of medications.

275. Some countries have expanded treatment services for opioid use disorders, while ensuring that opioid substitution therapies (such as medication-assisted treatments with methadone and buprenorphine) are available and accessible to patients and that first responders in areas affected by the abuse of opioids have access to overdose reversing medication (such as naloxone).

276. Abuse deterrent formulations are promoted by some companies as the solution to the problem of prescription drug abuse, despite the fact that to date there is virtually no evidence of their effectiveness in reducing the risk of abuse. Further research is required to find effective technological solutions to address the abuse of pharmaceutical formulations containing opioids, as such solutions appear to be still some distance away from being found.

277. The Board encourages Governments to adopt, wherever appropriate to their national situation, some of the measures described in this section and work together with public health officials, pharmacists, manufacturers and distributors of pharmaceutical products, physicians, consumer protection associations and law enforcement agencies to promote public education about the risks associated with prescription drugs, their abuse and their potential to cause dependence, in particular those prescription drugs containing narcotic drugs and psychotropic substances under international control.

3. National requirements for travellers carrying medical preparations containing internationally controlled substances

278. The international drug control system allows travellers to carry small quantities of preparations containing narcotic drugs and psychotropic substances for personal medical use only. The drug control treaties do not regulate this matter directly, but article 4 of the 1971 Convention permits Governments to introduce special provisions for international travellers to carry small quantities of preparations with psychotropic substances other than those listed in Schedule I of that Convention. The 1961 Convention as amended by the 1972 Protocol, does not contain any provision to that effect. In its report for 2000, INCB recommended the development of guidelines for national regulations concerning international travellers under treatment with internationally controlled drugs.

⁸³WHO/DAP/94.11.

279. Pursuant to Commission on Narcotic Drugs resolution 44/15, UNODC convened a meeting of experts to develop such guidelines in cooperation with INCB and WHO. The resulting international guidelines for national regulations concerning travellers under treatment with internationally controlled drugs were published in 2003 in the six official languages of the United Nations.⁸⁴

280. The guidelines are intended to support competent national authorities in establishing a regulatory framework for travellers under treatment carrying small quantities of preparations containing internationally controlled substances. Although it is not compulsory for States to implement the unified procedures suggested in the guidelines, their wide application would facilitate both the mutual disclosure of relevant information through INCB and the work of government authorities.

281. In 2003, mindful of the need for travellers to be kept informed of relevant national requirements, the Commission adopted resolution 46/6. In it, the Commission strongly encouraged parties to the 1961 Convention, that Convention as amended by the 1972 Protocol and the 1971 Convention to notify INCB of restrictions currently applicable to travellers under medical treatment with internationally controlled substances and requested INCB to publish the above-mentioned information in a unified form, in order to ensure its wide dissemination.

282. Consequently, in 2004, INCB sent all Governments a circular letter in which it asked them to provide the information required by the Commission. Since then, INCB has continued to seek regular information updates from Governments and has compiled and published standardized summaries for each country that has provided the requested information. The summaries are published on the INCB website. They provide the following information to competent national authorities and prospective travellers: documentation required for carrying medical preparations containing internationally controlled substances (e.g., medical prescriptions), qualitative and/or quantitative restrictions (e.g., doses sufficient for a specific maximum amount of time) and contact details of the competent national authority in the intended country of destination or transit of the prospective travellers.

283. Over the years, many prospective travellers have asked INCB about the regulations applicable to medical preparations in the countries they were planning to visit and transit through. Most travellers, when approaching the Board, expressed their concern over the possibility of not having access to the medical preparations necessary

to continue their treatment while in a foreign country. Some expressed genuine fears of being accused of, or imprisoned for, attempted drug trafficking. Others, planning to stay abroad for several months, wished to know whether they could carry with them doses sufficient for the entire duration of their visit.

284. As of 1 November 2017, information regarding national requirements for travellers under medical treatment who carry small quantities of substances under international control has been obtained from 107 countries. In the light of the growing mobility of travellers under treatment and the concerns expressed by many of them, INCB strives to provide the necessary assistance and disseminates the latest information at its disposal. The relevant information INCB possesses is directly received from the Governments and their competent national authorities, and the Board solely depends on them to provide it.

285. Many countries have not submitted the relevant information to date, while others have not updated the information they had initially provided. **Given the importance of ensuring that patients are not forced to discontinue their medical treatments while travelling abroad and that their safety, security and even their freedom should not be put at risk because of their need for medication while travelling, the Board urges all States parties to the 1961 and 1971 Conventions to notify INCB, through their competent authorities, of restrictions currently applicable in their national jurisdictions to travellers under medical treatment with internationally controlled drugs, using the forms available on the Board's website (www.incb.org). The Board also wishes to invite countries that have already submitted information to inform INCB about the validity of the summary published on the INCB website concerning their domestic regulations and to submit updated information as necessary as early as practicable.**

286. Furthermore, the Board encourages all Governments to deepen the cooperation among their competent national authorities, law enforcement agencies, customs, immigration and border control authorities, and tour operators so that all are aware of their national regulations permitting travellers under medical treatment who are carrying prescription medications containing substances under international control to enter their territory and not be unduly delayed or otherwise importuned when crossing international borders.

⁸⁴ Available at www.incb.org.

4. The therapeutic use of cannabinoids

287. A growing number of Governments around the world are authorizing the use of cannabinoids for medicinal purposes. Such use is permissible under the 1961 Convention as amended by the 1972 Protocol provided that a number of conditions are met. In several cases, the issue of legitimate access to cannabinoids for medical purposes has been brought to the attention of national and local legislatures and sometimes the courts. In some situations, legislative bodies have passed legislation in an attempt to regulate access and use, or the courts have handed down judgments confirming the right of people to access the medication they need.

288. The 1961 Convention addresses cannabis, cannabis resin and extracts and tinctures of cannabis, and places them in Schedule I (substances whose use should be limited to medical and scientific purposes), and cannabis and cannabis resin are also controlled under schedule IV (substances liable to abuse and to produce ill effects and such liability is not offset by substantial therapeutic advantages). The 1971 Convention lists in Schedule II *delta-9-tetrahydrocannabinol* (THC) obtained through chemical synthesis.

289. There is a large variety of preparations containing cannabinoids in various regions of the world, with different dosage forms and concentrations of active and psychoactive ingredients, and using different routes of administration. They are used for the alleviation of a wide range of symptoms. While there are indications that some cannabinoids could be used for the treatment of certain health conditions and while some countries have authorized their medical use, evidence for their therapeutic value is not conclusive and — more importantly — there is no clarity about the composition of medications containing cannabinoids (active principles and dosage), the best route of administration (the medical community generally agrees that smoking is not recommended), or the side effects.

290. Even though there is still insufficient evidence for the therapeutic value of cannabinoids, the 1961 Convention as amended assigns national authorities the responsibility for permitting its use for medical purposes, as the Board stated in its annual report for 2003. That implies that the requirements of the 1961 Convention as amended are to be fulfilled.

291. The Board is mandated to monitor the implementation of the international drug control conventions. The conventions require parties to ensure the adequate availability of narcotic drugs and psychotropic substances for

medical and scientific purposes, while ensuring that they are not diverted for illicit purposes. In its annual report for 2014, the Board devoted a special topic to the control measures applicable to programmes for the use of cannabinoids for medical purposes pursuant to the 1961 Convention as amended.

292. After detailing the requirements and provisions contained in the Convention, the Board urged “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”.

293. Article 4 of the 1961 Convention as amended requires parties to take legislative and administrative measures to limit exclusively to medical and scientific purposes the production, manufacture, export, import and distribution of, trade in, use and possession of drugs.

294. According to the Commentary on the Single Convention on Narcotic Drugs, 1961, the term “medical purposes” has not been uniformly interpreted by Governments when applying the provisions of the Convention. The Commentary states: “Its interpretation must depend on the stage of medical science at the particular time in question; and not only modern medicine, sometimes also referred to as ‘western medicine’, but also legitimate systems of indigenous medicine such as those which exist in China, India and Pakistan, may be taken into account in this connexion.”

295. In its annual report for 2003, the Board stated that, because of the differences in the experience of therapeutic usefulness, safety and efficacy of a drug between countries, “it seems that the drafters of the international drug control conventions did not purposely leave the term ‘medical use’ ambiguous but it is that they could not reach agreement on a universal definition.” In the same report, the Board, while reminding parties that the 1961 Convention as amended leaves the definition of the term up to them, stressed that the 1971 Convention requires from WHO an assessment of the “usefulness” of a substance when it is considered for international control. The 1961 Convention as amended also assigns WHO the responsibility of establishing the substance’s liability to abuse and potential therapeutic advantages as part of the scheduling process.

296. In its annual report for 2003, the Board stated that “the usefulness of the drug must take into account the balance between risk and benefit. ... Therapeutic efficacy

and safety are basic conditions that have to be established before the drug can be marketed. Many Governments have accepted the responsibility of ensuring that the drugs made available comply with established standards of efficacy and safety.”

297. In addition to the specific references in the international drug control conventions, the WHO Constitution states that the mandate of WHO is to “develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products” (article 2). Over the years, Member States have relied on WHO for expertise and guidance regarding the regulation, safety and quality assurance of medicines through the development and promotion of international norms, standards, guidelines and nomenclature.

298. In 1999, the World Health Assembly, in its resolution on the revised drug strategy (WHA52.19), urged member States “to establish and enforce regulations that ensure good uniform standards of quality assurance for all pharmaceutical materials and products manufactured in, imported to, exported from, or in transit through their countries” and “to enact and enforce legislation or regulations in accordance with the principles of the WHO Ethical Criteria for Medicinal Drug Promotion, to encourage the pharmaceutical industry and the health community to establish an ethical code, and to monitor drug promotion in collaboration with interested parties”.

299. In the past, the Board has invited WHO to evaluate the potential medical utility of cannabinoids and the extent to which cannabis poses a danger to human health, in line with its mandate under the 1961 Convention as amended. The Board takes note of the recommendation of the thirty-eighth meeting of the WHO Expert Committee on Drug Dependence, held from 14 to 18 November 2016, to conduct pre-reviews of the cannabis plant, cannabis resin, extracts of cannabis and tinctures of cannabis to establish their abuse and dependence potential as well as their therapeutic efficacy and safety for a number of specific medical conditions. The Board also takes note of the 2016 WHO report entitled “The health and social effects of nonmedical cannabis use”.

300. WHO has provided guidance on good manufacturing practice with guidelines on the development of quality management, which ensures that products are consistently produced and controlled according to the quality standards appropriate to their intended use and as required by the marketing authorization, clinical trial authorization or product specification. WHO has also developed guidelines on good clinical practice for trials on pharmaceutical products.

301. The medical use of narcotic drugs is considered “indispensable” in the preamble of the 1961 Convention as amended. Therefore, if the symptoms of certain clinical conditions may be relieved by treatment with cannabinoids, it is important for countries to carefully establish the therapeutic value of such treatment through the collection of concrete evidence, and to clearly establish the active principles and the dosages to be used. Several countries have conducted or are conducting studies and trials to establish the best therapeutic applications of cannabinoids for the treatment of certain health conditions.

302. **The Board recommends Governments that are considering such medical use of cannabinoids to examine the results of those studies and trials and to ensure that the prescription of cannabinoids for medical use is performed with competent medical knowledge and supervision and that prescription practice is based on available scientific evidence and the consideration of potential side effects. Also, Governments should ensure that pharmaceutical material containing cannabinoids is made available to patients in line with the WHO guidelines mentioned above and with the international drug control conventions.**

5. New psychoactive substances

303. Since the publication of its annual report for 2010, the Board has been warning the international community about the problem of trafficking in and abuse of new psychoactive substances. New psychoactive substances are substances that are abused either in their pure form or in a preparation and that may pose a threat to public health, although they are not controlled under the 1961 Convention as amended by the 1972 Protocol, or under the 1971 Convention.⁸⁵ They can be made of natural materials or synthetic substances and are often deliberately chemically engineered to circumvent existing international and domestic drug control measures.

304. New psychoactive substances are a very heterogeneous category. Their number continues to grow in every region of the world. As at September 2017, the UNODC early warning advisory on new psychoactive substances, a system that monitors the emergence of new psychoactive substances as reported by Member States, listed 796 unique substances, a steady increase from the 739 substances reported by 2016. The most reported substances continued to be synthetic cannabinoids, synthetic

⁸⁵Other definitions of new psychoactive substances may also be used occasionally. For example, the definition used for the UNODC early warning advisory encompasses both synthetic and plant-based substances, as well as substances with established medical use.

cathinones and phenethylamines, which together accounted for over two thirds of all the substances reported. While many of the detected substances do not stay on the market for a long time, at least 76 different types of substances have been involved in incidents taking place in 2017 as at 1 November, according to the INCB Project Ion Incident Communication System (IONICS).⁸⁶

305. To assist Member States in coping with the ever-growing number of new psychoactive substances and the challenges associated with their transient nature, the Board, through Project Ion, provides national authorities with infrastructure to share information in real time on incidents involving new psychoactive substances (such as suspicious shipments, trafficking and manufacture or production) and to follow up on those incidents. The aim of Project Ion is to prevent new psychoactive substances from reaching consumer markets by assisting Governments to conduct their investigations and devising practical solutions. The Project Ion global network of focal points for new psychoactive substances has expanded to 125 countries and territories in every region of the world. The INCB task force on new psychoactive substances, which steers Project Ion activities, held two meetings in 2017.

306. IONICS was launched in December 2014. IONICS is a secured web-based platform for the real-time communication of incidents involving suspicious shipments, or involving trafficking in, the manufacture of or the production of new psychoactive substances. As at 1 November 2017, after almost three years of operation, the system had over 210 users from 75 countries, and almost 1,100 incidents had been communicated through the system. The majority of those incidents involved synthetic cathinones (e.g., methylone (*beta*-keto-MDMA), mephedrone, 4-chloromethcathinone (4-CMC), *alpha*-pyrrolidinopentiophenone (*alpha*-PVP), 3-methyl-*N*-methylcathinone (3-MMC) and *N*-ethylbuphedrone (NEB)) and synthetic cannabinoids (e.g., 5-fluoro-AMB and 5F-APINACA). Since 2016, IONICS has received reports of at least 25 incidents involving five types of fentanyl analogues: acryl fentanyl, carfentanil, furanyl fentanyl, (iso)butyryl fentanyl and *para*-fluorofentanyl. The incidents were communicated by three countries in Europe. Information communicated through IONICS has triggered several follow-up investigations in the countries of destination and origin.

⁸⁶As IONICS is a communication platform through which registered users from participating national authorities voluntarily exchange information related to a limited number of incidents, data from IONICS, including the number of substances reported during a certain period of time, do not represent a comprehensive view of NPS situations in the world.

307. In March 2016, in response to growing concerns over risks of synthetic opioid abuse and overdoses in North America spreading worldwide, the INCB task force on new psychoactive substances decided to pursue operational activities to examine global patterns in the sources of, the flows of, the illicit manufacture of and trafficking in fentanyl, designer fentanyls, other opioid-type new psychoactive substances and their precursors. Following the task force's decision, the Board, in early 2017, conducted a survey on fentanyls. The survey was focused on target substances encountered in 2015 and 2016.

308. Forty-nine countries and territories, as well as the European Commission, returned the questionnaire, providing information about the situation in 58 countries and territories. Twenty countries from Europe returned the questionnaire and the European Commission supplemented information on nine countries that did not return the questionnaire directly. The results therefore describe the situation in Europe in greater detail than they do for other regions, and they should not be understood to give a comprehensive picture of opioid prevalence in the world.

309. Forty types of opioids (fentanyl, fentanyl analogues and other opioids) were encountered in 37 countries and territories; 26 of those were in Western and Central Europe, 2 in South-Eastern Europe, 2 in East and South-East Asia, 3 in West Asia, 3 in North America and 1 in Oceania. The substances had originated from 18 countries and territories; 13 of those were in Western and Central Europe, 2 in East and South-East Asia, 2 in North America and 1 in Eastern Europe. The risks of synthetic opioid abuse and overdoses spreading worldwide appear to be serious, as synthetic opioids are being seized in various parts of the world.

310. New psychoactive substances are traded in part through online platforms. Unlike narcotic drugs and psychotropic substances under international control, which are often traded through the so-called darknet, new psychoactive substances, in most cases, are openly sold on the ordinary Internet, such as in online new psychoactive substances shops and business-to-business trading platforms. Dedicated online shops selling new psychoactive substances are sometimes closed down by the law enforcement authorities of the countries where they are located. By contrast, sale offers and purchase requests regarding new psychoactive substances exchanged through legitimate business-to-business trading platforms are often not investigated because the platforms themselves are legitimate and are often located in third-party jurisdictions where neither the sellers nor the buyers are located.

311. As national control is expanded to cover more new psychoactive substances, there is an increased risk of

legitimate business-to-business trading platforms being used for the sale and purchase of substances under national control. While misuse of legitimate platforms for illicit purposes needs to be prevented, hindering the development of legitimate economic activities through the Internet needs to be avoided. **The Board encourages Governments to consider appropriate measures, in accordance with national law, to monitor and act on attempts to trade in new psychoactive substances through online trading platforms, including, possibly, voluntary monitoring and information-sharing, and to consider involving the operators of trading platforms.**

6. Illegal Internet pharmacies and the sale of internationally controlled drugs on the Internet

312. The Internet has permeated every aspect of people's lives in recent years and that includes matters of health. This has made it possible to buy medicines online, including those containing internationally controlled drugs. Unfortunately the online sale of medicines is sometimes conducted illegally, since some Internet pharmacies operate without licenses or registration and dispense pharmaceutical preparations containing narcotic drugs and psychotropic substances without requiring a prescription.

313. Illegal Internet pharmacies usually have dedicated websites. Those may be portal sites that advertise drugs and act as conduits to other websites where customers place their actual orders and pay. The drugs most frequently sold online include narcotic drugs, mostly oxycodone, hydrocodone, dextropropoxyphene and other opioids, and psychotropic substances, in particular benzodiazepines, stimulants and barbiturates. Precursors, i.e. chemicals that are frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, are also traded online. In recent years the Internet-facilitated trade in precursors has expanded, an issue that is further examined in a special section of the report of the Board for 2017 on the implementation of article 12 of the 1988 Convention.⁸⁷

314. The scope of the phenomenon and the number of customers frequenting illegal Internet pharmacies is hard to gauge, as there have been no global data surveys or extensive clinical case studies on the matter. The Alliance for Safe Online Pharmacies, a non-governmental organization based in the United States, estimates that some

36 million Americans have purchased medications without a prescription at some point in their lives. A scientific systematic review has found that the number of people reporting that they have purchased medicines online, mostly from studies in the United States, ranges between 1 and 6 per cent of the population, a figure that is slightly higher in studies where the intention to buy online was also considered.

315. Illegal Internet pharmacies are often international operations with servers, pharmacy shipping operations and other parts of the business located in different countries. Most illegally operating Internet pharmacies do not require prescriptions from their customers at all, while some issue "prescriptions" after a brief online consultation or the completion of a short questionnaire. Illegally operating Internet pharmacies are the main sources of prescription-only medicines sold without prescriptions and of falsified prescription-only medicines.

316. Actions taken against illegal Internet pharmacies include helping the general public to identify websites that sell medicines legally. In the European Union, a common logo has been established indicating in which member State an online pharmacy or other type of online medicine retailer is based. The logo appears on the websites of all online medicine retailers registered with one of the national regulatory authorities in the European Union. A similar scheme exists in the United States, where the dot-pharmacy programme of verified websites is operated by the National Association of Boards of Pharmacy with the aim of ensuring that participating pharmacies are operating safely and legitimately.

317. To assist Governments in their endeavours to address the challenge of illegal Internet pharmacies, the Board has published the *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*,⁸⁸ available on the Board's website (www.incb.org). The *Guidelines* were developed with the help of national experts and relevant international organizations such as the International Criminal Police Organization (INTERPOL), the Universal Postal Union, Internet service providers, financial service providers and pharmaceutical associations. The publication contains 25 individual guidelines that cover legislative and regulatory provisions, general measures and national and international cooperation. Their aim is to provide authorities assistance in formulating national legislation and policies to prevent the illegal sale of internationally controlled drugs through the Internet. Illegal Internet pharmacies are a growing phenomenon that has the potential to cause serious public health problems.

⁸⁷E/INCB/2017/4, chap. IV.

⁸⁸United Nations publication, Sales No. E.09.XI.6.

318. Governments in all regions have used the *Guidelines* in drafting and subsequently adopting legislation that empowers authorities to investigate and take legal action against illegal Internet pharmacies. This includes legislation allowing for the inspection of shipments by mail suspected of containing internationally controlled substances and legislation providing a framework for the operation of Internet pharmacies.

319. The continued growth of Internet access around the world, the widespread availability of online communication channels and the vastness of the deep web, the part of the Internet that is not accessible to search engines, all contribute to making drug trafficking over the Internet, whether through illegal Internet pharmacies or by other means, a significant crime threat. **In that connection the Board calls on Governments to continue to use the *Guidelines* pursuant to the recommendation expressed in the outcome document of the special session of the General Assembly on the world drug problem held in 2016.**⁸⁹

7. The International Import and Export Authorization System (I2ES): modernizing import and export authorization to ensure the availability of and access to controlled substances

320. Making indispensable narcotic drugs and psychotropic substances available for medical and scientific purposes while ensuring that there is no diversion or abuse: these two fundamental principles were set forth in the 1961 Convention as amended by the 1972 Protocol and the 1971 Convention. The commitment of the international community towards these goals was further reiterated in the outcome document of the special session of the General Assembly on the world drug problem held in 2016.

321. Pursuant to the 1961 and 1971 Conventions and to relevant resolutions of the Economic and Social Council, import and export authorizations are required for the international trade in narcotic drugs and psychotropic substances. An efficient and effective import and export authorization system that enables competent national authorities to expedite the process is crucial to ensuring the adequate availability of and access to controlled substances and to reducing the risk of diversion.

322. The volume of licit trade in narcotic drugs and psychotropic substances under international control has increased continuously over the last decade. That rise is

expected to persist, as the availability of and access to internationally controlled substances for medical and scientific purposes increases in more and more countries.

323. I2ES, a web-based electronic system developed by the Board together with UNODC and with the generous financial and technical support of Member States, was designed to modernize the import and export authorization system and assist competent national authorities in managing their increasing workload. By achieving these goals, I2ES contributes to the implementation of the import and export authorization system as stipulated in the Conventions, and operational recommendation 2 (c), contained in the outcome document of the thirtieth special session of the General Assembly, on ensuring the availability of and access to controlled substances for medical and scientific purposes.

324. I2ES is provided to all Governments free of charge and serves as a secure and safe platform for uploading and exchanging import and export authorizations between trading countries. Competent national authorities can save much time and resources on verifying the authenticity of import and export authorizations via the secure portal. Real-time communication and exchange of information between authorities of trading countries is also possible whenever transactions require clarification or further processing.

325. The new tool modernizes the import and export authorization system while taking into consideration the needs and national systems of various Governments. I2ES enables countries with no existing national electronic systems to generate and transmit import and export authorizations electronically and to download and print them as necessary. It also provides them with a repository and data-bank of all their international trade in controlled substances, making it easier for them to monitor the trends in the use of controlled substances. Governments with existing national electronic systems can link up their systems with I2ES so that relevant data can be utilized for the further processing and exchange of import and export authorizations.

326. Throughout the development of I2ES, the Board has ensured that all business rules underlying the system fully comply with the relevant provisions of the 1961 and 1971 Conventions regarding import and export authorizations, and that the format and content of the authorizations fulfil all the requirements provided for in the Conventions and relevant decisions of the Commission.

327. With a number of built-in functions and automatic alerts, I2ES enables Governments to monitor the licit trade of internationally controlled substances and prevent their diversion. When, for a particular substance, the

⁸⁹General Assembly resolution S-30/1.

envisaged trading volume exceeds the latest estimate or assessment of the importing country, a warning message is displayed automatically and further processing is blocked until the relevant estimates and/or assessments are updated. Furthermore, by enabling authorities of an importing country to verify in real time the amounts actually received, authorities of the exporting country can be notified immediately should those quantities be smaller or larger than those authorized for export.

328. The Commission on Narcotic Drugs, in its resolution 58/10 of March 2015, welcomed the launch of I2ES and urged Member States to promote and facilitate the fullest possible use of the system. It also invited the secretariat of INCB to administer the system and encouraged Member States to provide the fullest possible financial support for its administration and maintenance and the provision of trainings.

329. User-group meetings were held on the margins of the fifty-ninth and sixtieth sessions of the Commission in March 2016 and March 2017. Authorities from around 40 countries, together with the INCB secretariat and UNODC, shared their views on and experience with using I2ES. In particular, participants assessed the progress made, gave feedback and suggestions regarding the further development of I2ES and identified specific actions to promote its use.

330. One user-group meeting focused on the latest version of the UNODC National Drug Control System and the technical aspects of its data exchange with I2ES. The meeting was organized jointly by the competent national authorities of Switzerland and UNODC, and was held at the beginning of October 2017. The secretariat of INCB participated and gave an overview of I2ES. Authorities from about 15 major countries trading in narcotic drugs and psychotropic substances shared their experiences with and vision for using these applications.

331. The Board wishes to express its appreciation to all Governments that have provided financial, political and technical support during the development and testing of I2ES. **While its development was completed entirely with extrabudgetary resources, further funding is required to enable the secretariat of INCB to administer I2ES in line with its mandate and in accordance with all relevant resolutions of the Commission.**

332. As at 1 November 2017, 40 countries (Afghanistan, Algeria, Australia, Austria, Bangladesh, Belgium, Brazil, Canada, Chile, China, Colombia, Comoros, Estonia, Finland, Germany, Hungary, India, Indonesia, Italy, Jordan, Lao People's Democratic Republic, Lithuania,

Luxembourg, Malaysia, Maldives, Mexico, Papua New Guinea, Peru, Poland, Portugal, Romania, Rwanda, Saint Lucia, Saudi Arabia, Singapore, Spain, Switzerland, Thailand, Turkey and Zambia) had registered with I2ES.

333. **The Board would like to encourage all competent national authorities to register with I2ES as soon as possible and start utilizing it.** As more and more Governments join hands in issuing and exchanging import and export authorizations via the system, its power and effectiveness in expediting the process increase rapidly. In particular, the active participation of major trading countries for narcotic drugs and psychotropic substances is of paramount importance. More widespread utilization of I2ES will not only improve the efficiency and workflow of competent national authorities, but also serve as a basis for further strengthening the international drug control system.

334. Applying the principle of common and shared responsibility, States parties have successfully reduced the diversion of controlled substances thanks to their concerted efforts to implement the import and export authorization system and regulate the licit trade of narcotic drugs and psychotropic substances under international control. It is time to apply the same spirit to realizing the full potential of I2ES so as to modernize the import and export authorization system and ensure adequate availability of and access to controlled substances for medical and scientific purposes.

335. **The Board would like to invite Member States to consider what further measures would be needed to ensure the fullest utilization of I2ES, its maintenance and further development.**

8. Training for competent national authorities, and INCB Learning

336. The provision of estimates, assessments and statistics to the Board, together with the control over international trade lie at the core of the international drug control system. The Board has observed, however, that many countries have difficulties in meeting the requirements set out in the international drug control conventions and related resolutions of the Economic and Social Council and the Commission on Narcotic Drugs.

337. The insufficient capacity of some Governments to comply with the provisions of the international drug control conventions increases the risks of diversion, trafficking and abuse and can lead to inadequate availability of controlled substances for medical, scientific and, in the case of precursor chemicals, legitimate industrial

purposes. This can result in medical centres, pharmacies and doctors not having access to essential medicines, in diseases going untreated, in unnecessary suffering and in the diversion and non-medical use of controlled substances, with considerable impact on the health and welfare of society. With regard to precursors, the difficulties some Governments face in establishing a balanced monitoring system may hamper legitimate international trade and fuel the illicit manufacture of drugs and drug abuse in their own countries and abroad.

338. Over the years and through its secretariat, the Board has been providing training to Governments on an ad hoc basis on the margins of the annual sessions of the Commission on Narcotic Drugs and through the Board's participation in meetings of the Commission's subsidiary bodies, at conferences and meetings of regional organizations, in specific events and through the visits of staff of competent national authorities to the offices of the secretariat of the Board.

339. In early 2016 and in response to requests from Member States, the Board launched INCB Learning as a global project in order to strengthen the capacity of Governments in the regulatory control and monitoring of the licit trade in narcotic drugs, psychotropic substances and precursor chemicals. The ultimate goal of the project is to support Governments in ensuring the adequate availability of controlled substances while preventing their diversion, trafficking and abuse. With the INCB Learning initiative, the Board contributes to efforts to achieve Sustainable Development Goal 3, to ensure healthy lives and promote well-being for all at all ages.

340. To provide training in a cost-effective manner, regional seminars are held under INCB Learning for staff from competent national authorities. The first training seminars were conducted in Nairobi in April 2016 for countries in East Africa, and in Bangkok in July 2016, for countries in South and East Asia and the Pacific. A seminar for European countries followed in Vienna in July 2017. A training seminar for countries in Oceania was held in Sydney, Australia, in November 2017 and a training workshop for States members of the Central American Integration System, to be held in Guatemala City, was under preparation. As of 1 November 2017, 116 officials from 56 countries, together representing almost half of the world population, had received training under the project.

341. Also through INCB Learning, the Board is updating its training materials for competent national authorities and is developing e-learning courses to enable the staff of those authorities to receive INCB training on

demand. It is expected that this approach will help to ensure that competent national authorities retain the relevant knowledge even at times of staff turnover. Under the project, pilot e-learning courses have been developed focusing on the estimates system for narcotic drugs, on the assessment system for psychotropic substances and on the estimates of annual legitimate requirements for imports of certain precursors of amphetamine-type stimulants. In addition to those training activities, national workshops have been conducted under INCB Learning in an effort to raise awareness of the importance of ensuring the availability of and access to narcotic drugs and psychotropic substances for medical and scientific purposes. Workshops for Kenya and Thailand brought together participants from national authorities, the international community and civil society to discuss national challenges and opportunities to improve medical access to controlled substances.

342. INCB Learning responds to the operational recommendations contained in the outcome document adopted at the special session of the General Assembly on the world drug problem held in 2016 entitled "Our joint commitment to effectively addressing and countering the world drug problem". In it, Governments agreed to a set of recommended measures designed to ensure the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion. Paragraph 2 of the outcome document specifically recommends the strengthening of the proper functioning of the national drug control systems and domestic assessment mechanisms and programmes. It also recommends the training of competent national authorities and the conducting of awareness-raising campaigns to ensure access to controlled substances for medical and scientific purposes. INCB Learning collaborates with WHO and UNODC, which have contributed to and participated in INCB Learning training seminars and awareness-raising workshops, providing inputs in the area of essential medicines and palliative care. The operational recommendations of the outcome document of the special session also make reference to the Board's online tools, such as I2ES and PEN Online, for which training is provided during the seminars.

343. In the spirit of article 9, paragraph 5 of the 1961 Convention as amended by the 1972 Protocol, the Board assists Governments in complying with the international drug control conventions. As the repository of technical expertise, the secretariat of the Board is in a unique position to provide training to competent national authorities. Training conducted under INCB Learning has proved to be an effective tool for increasing Member States' compliance with the conventions and related resolutions of

the Economic and Social Council and the Commission on Narcotic Drugs. Very positive feedback has been received in which participants stress the high relevance of the training for their work and the need to sustain, repeat and further develop INCB Learning.

344. Notwithstanding the assistance provided by INCB, it is the responsibility of Governments under the international drug control treaties to enable their competent national authorities to receive training. The importance of ensuring that national drug administrators have adequate qualifications for the effective and faithful execution of treaty provisions is highlighted in article 34 (a) of the 1961 Convention. Article 38, paragraphs 2 and 3, of the 1961 Convention and article 20, paragraphs 2 and 3, of the 1971 Convention require States parties to provide training to prevent the abuse of narcotic drugs and psychotropic substances. Such training should target, among other things, the capacity of competent national authorities to determine legitimate requirements of narcotic drugs and psychotropic substances, to monitor and control their use, and to furnish accurate reports to INCB. The need for appropriate training of law enforcement and other personnel on the control of narcotic drugs, psychotropic substances and precursor chemicals is also covered by article 9, paragraphs 2 and 3, of the 1988 Convention.

345. The international drug control conventions and the outcome document of the special session, in its paragraph 6, call on the international community to enhance cooperation and lend technical and financial assistance to countries requesting support. INCB Learning stands ready to assist, in collaboration with other United Nations entities such as WHO and UNODC, countries in fulfilling their treaty obligations in order to strengthen the international drug control system and ensure the adequate availability of narcotic drugs, psychotropic substances and precursor chemicals for licit purposes. To achieve that goal and to support Governments, the Board relies on voluntary contributions from Governments to its capacity-building activities. **The Board is grateful for the contributions to INCB Learning made by the Governments of Australia, France and the United States, and for the in-kind support provided by the Government of Thailand. The Board calls on Governments to provide further and regular contributions to sustain and expand activities under the INCB Learning initiative. Such commitment by Governments is required to ensure broad geographical coverage, the sustainability of the project and the provision of support and advice to all Governments.**

9. Upgrading the International Drug Control System platform

346. The international drug control system is based on three international conventions: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. The 1961 Convention as amended and the 1971 Convention established control measures for narcotic drugs and psychotropic substances, whereas the 1988 Convention established control measures for precursor chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances. By becoming parties to these conventions, States accept the obligation to implement in their national legislation the provisions of the conventions.

347. The international drug control conventions were elaborated in recognition of the fact that certain substances, while of great benefit to humankind, also had the potential to cause harm. Therefore, the conventions established a control system that would ensure the availability of controlled substances for medical and scientific purposes while preventing their illicit production, trafficking and abuse. If applied correctly, this system should not hinder but rather promote access to controlled substances and prevent their diversion.

348. INCB is the body responsible for monitoring the compliance of Governments with the international drug control treaties and for providing support to Governments in this respect. The capacity of INCB to monitor the functioning of the international drug control mechanisms established by the conventions relies, in part, on the ability of Governments to provide it with estimated quantities of controlled substances required for legitimate purposes in their countries. These quantities are known as estimates when referring to narcotic drugs, as assessments when referring to psychotropic substances, and as annual legitimate requirements for precursor chemicals and substances frequently used in the illicit manufacture of amphetamine-type stimulants.

349. The accurate estimation of requirements for controlled substances is an essential step in ensuring their adequate supply for medical and scientific purposes. While underestimation of requirements can contribute to problems, notably shortages, overestimation can lead to surpluses, waste and increased risk of diversion of controlled substances. To supplement its annual report, the Board publishes three technical reports on narcotic drugs, psychotropic substances and precursor chemicals. These reports are based on information furnished by Governments

to the Board in accordance with the relevant provisions of the international drug control conventions.

350. The data provided by countries are stored in the INCB International Drug Control System (IDS), an information management system that provides automated analysis tools and reporting facilities to INCB while implementing its mandate of monitoring compliance with the international drug control treaties. IDS became operational in 2004 and was formally launched at the margins of the forty-eighth session of the Commission on Narcotics Drugs in March 2005.

351. The system provides tools for INCB to monitor the implementation of the drug control treaties and facilitate the management of data received from reporting countries and territories to INCB under these treaties. It also provides tools to monitor and control the global import and export of narcotic drugs and psychotropic substances as well as precursors. The system is a tool for INCB to monitor the information on licit production, cultivation, utilization and stocks of the controlled substances by the countries and territories. The system is capable of providing several automated control mechanisms, analysis and reporting tools to the Board.

352. IDS has been used by INCB for 13 years, and it was enhanced and extended according to the requirements over the years. It is a vital tool for the Board to monitor compliance with the international drug control treaties. IDS is used for the processing of the data furnished by the countries and territories submitted in different forms to INCB throughout the year.

353. The data contained in IDS are analysed for the preparation of the publications of the Board. The publication of statistical data provides information for analytical purposes, inter alia, on the availability and use of narcotic drugs, psychotropic substances and precursor chemicals in various countries and territories. The preparation of estimates and statistics for submission to the Board requires the participation of several national administrative departments (health, police, customs, justice, etc.). IDS is used to analyse the global situation with respect to ensuring the availability of internationally controlled substances for medical and scientific purposes. The analysis tools for the quarterly statistics are used for identifying and reporting on trade discrepancies and import/export excesses.

354. One of the core activities of INCB is to monitor the licit trade of precursor chemicals listed in Tables I and II of the 1988 Convention and to assist Governments in preventing the diversion of such chemicals into illicit traffic. The exchange of pre-export notifications among

exporting and importing Governments remains the most effective means of verifying the legitimacy of individual trade transactions. The information on the licit trade of precursor chemicals is instantly recorded in the IDS database with the PEN Online system acting as the main data entry mechanism for precursors in IDS since its launch in March 2006.

355. Since the systematic collection of pre-export notifications began in 1997, about 269,000 notifications have been recorded and processed in the IDS database, of which 87 per cent have been received, in real time, via the PEN Online system. IDS enables INCB to conduct timely assessments and analyses of trade information (substances, amounts, countries, companies) to identify licit trends and possible diversion and illicit traffic, based on which potential weaknesses in national control systems can be identified and proposals for remedial action be made, thus contributing to effectively carrying out the Board's function as mandated under the 1988 Convention. Furthermore, IDS contains seizure and licit trade information received on the yearly form D submissions, which is essential for the preparation of the report of the Board on the implementation of article 12 of the 1988 Convention, as well as for the coordination and support of regional and international precursor control initiatives.

356. However, IDS needs to be upgraded. IDS was implemented with the technologies that were available more than 13 years ago. As information system technologies rapidly evolve and advance, the system is becoming obsolete. It is now becoming increasingly difficult to support and maintain the current system as the software tool underpinning it is rapidly disappearing from the market, making it increasingly difficult to find computer specialists able to provide support for the now outdated technologies used by IDS.

357. A system upgrade can take advantage of improvements in hardware and networking. Modern software systems offer better user interfaces and incorporate common user experiences. An upgraded system will make IDS more compatible with the new hardware and software tools. For example, as increasing numbers of new psychoactive substances are brought under international control following the recent scheduling of a significant number of substances by the Commission, there is a need to develop new business functionalities into IDS. The current system is not flexible enough to cover all these changing needs. An upgraded IDS will be able to interact better with the national systems of Governments, which would increase the treaty compliance monitoring capacity of the Board, while providing a more secure platform for Governments to integrate their national systems.

358. The data available to INCB would be much easier to publish on the web or in response to queries from mobile devices. The technical tables and statistical information, which are made publicly available through the INCB annual report and the supplementary technical publications, could be shared and made accessible through various media.

359. IDS currently accepts XML-based submissions of the various forms for the statistical information furnished by Governments. With an upgrade, IDS would gain the capacity to receive this information online through a secure web interface. This would enable Governments to upload their statistical information in an effective and efficient manner. Competent national authorities and the Board could save much time and resources when entering and verifying statistical information.

360. IDS is the main information management system supporting the work of INCB in implementing its mandate of monitoring compliance with the international drug control treaties. The technological advances of today were unforeseeable 13 years ago when the system was developed, and INCB should adapt its operations to these advancements and upgrade its system.

361. The effectiveness of the international drug control system relies on Member States' collective efforts to implement and monitor the implementation of the conventions. **The modernization of IDS (development and maintenance) has financial implications, and INCB would like to urge Governments to consider providing the financial support needed for upgrading the system to ensure that the Board continues to operate efficiently and effectively while also simplifying the work of competent national authorities in the submission of treaty-mandated information.**