

Chapter II.

Functioning of the international drug control system

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

78. The international legal drug control framework consists 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 1988.⁵⁴ Those conventions are among the most widely ratified international instruments, with near universal adherence.

79. Together, the international drug control conventions establish the legal framework for the licit trade in narcotic drugs, psychotropic substances and precursor chemicals. They do this by requiring States parties to create administrative structures responsible for monitoring the production and manufacture of and trade in substances scheduled under the conventions and by establishing an obligation for States parties to report to the Board on their expected licit requirements, actual consumption, international trade and seizures. Through that reporting mechanism, the conventions foster the availability of controlled substances for medical, scientific or industrial use while preventing their diversion into illicit channels. One of the hallmarks of the drug control framework is that it limits the production, manufacture, export, import and distribution of, trade in and possession of drugs exclusively to medical and scientific purposes.

80. The conventions contain the obligation for States parties to make certain drug-related behaviours punishable

offences, and they provide a legal basis for certain investigative techniques such as controlled deliveries, for extradition and for mutual legal assistance between parties. The conventions provide that criminal justice responses to suspected drug-related crime should be consistent with the principle of proportionality and, accordingly, that crimes of lesser gravity may be subject to lesser penalties and crimes committed by people who use drugs may be dealt with through alternative measures to conviction or punishment, including measures of treatment, education, after-care, rehabilitation and social reintegration.

81. States parties to the drug control conventions are also required to develop strategies aimed at prevention and frameworks for the treatment and rehabilitation of people affected by drug dependence.

Status of adherence to the international drug control treaties

82. As at 1 November 2019, the 1961 Convention as amended by the 1972 Protocol had been ratified or acceded to by 186 States, with only 10 States yet to become parties. Of these, two were in Africa (Equatorial Guinea and South Sudan), one in Asia (Timor-Leste) and seven in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu). Chad has ratified the 1961 Convention in its unamended form.

83. The number of States parties to the 1971 Convention has remained unchanged, at 184, over the period under review, with 13 States currently not parties to that Convention.

⁵⁴United Nations, *Treaty Series*, vol. 1582, No. 27627.

84. In August 2019, Palau acceded to the 1988 Convention, becoming the 191st party to the Convention, which has been ratified by 190 States and the European Union. As is the case with the 1961 Convention and the 1971 Convention, most of the non-parties to the 1988 Convention are in Oceania (Kiribati, Papua New Guinea, Solomon Islands and Tuvalu). Three non-parties are in Africa (Equatorial Guinea, Somalia and South Sudan).

85. **INCB continues to actively engage all States having yet to accede to one or more of the international drug control conventions to do so without delay and to ensure their comprehensive implementation into national law. The Board reiterates that universal ratification of the drug control conventions is imperative for strengthening the international legal drug control framework and in ensuring that traffickers do not target non-parties due to actual or perceived weaknesses in the scope of control of scheduled substances.**

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

86. 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.

87. 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 problems.

1. Preventing the diversion of controlled substances

(a) Legislative and administrative basis

88. 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 of an international drug control treaty or transferred from one schedule to another. 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 being applied to 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, 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 would like to remind Governments that in General Assembly resolution S-30/1, entitled “Our joint commitment to effectively addressing and countering the world drug problem”, adopted by the Assembly on 19 April 2016, Member States reaffirmed their commitment to the goals and objectives of the three international drug control conventions.**

89. In March 2019, at its sixty-second session, the Commission on Narcotic Drugs, by its decisions 62/1, 62/2, 62/3 and 62/4, included four new substances in Schedule I of the 1961 Convention as amended, namely parafluorobutyrylfentanyl, orthofluorofentanyl, methoxyacetylfentanyl and cyclopropylfentanyl. 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 23 May 2019 and became effective with respect to each party upon receipt of that notification. **The Board welcomes 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 to apply to those substances all control measures required under the 1961 Convention as amended.**

90. The Commission also decided to include five new substances in the schedules of the 1971 Convention. Pursuant to its decisions 62/5, 62/6, 62/7, 62/8 and 62/9, ADB-FUBINACA, FUB-AMB (MMB-FUBINACA, AMB-FUBINACA), CUMYL-4CN-BINACA, ADB-CHMINACA (MAB-CHMINACA) and *N*-ethylnorpentylone (ephylone) 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 23 May 2019 and became fully effective with respect to each party on 19 November 2019. **The Board welcomes the efforts made by 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 to inform the Board accordingly.**

91. By its decisions 62/10, 62/11, 62/12, the Commission added “3,4-MDP-2-P methyl glycidate” (“PMK glycidate”) (all stereoisomers), 3,4-MDP-2-P methyl glycidic acid (“PMK glycidic acid”) (all stereoisomers) and *alpha*-phenylacetoacetamide (APAA) (including its optical isomers) to Table I of the 1988 Convention. In accordance with article 12, paragraph 6, of the 1988 Convention, those decisions of the Commission were communicated by the Secretary-General to all States and other entities which are or which are entitled to become parties to the Convention, and those decisions became fully effective with respect to each party on 19 November 2019. Furthermore, the Commission also considered hydriodic acid and decided (decision 62/13) not to include it in the tables of the 1988 Convention. **The Board welcomes the efforts made by Governments that have already amended their lists of chemicals controlled at the national level and encourages Governments to use the PEN Online system for shipments of these chemicals in international trade, provide for seizures when there is evidence of illicit use, and cooperate to that end with each other and with the Board in a timely manner.**

92. 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 request made by the Board 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 of 1 November 2019, relevant information was available for 134 countries and territories. Of

those, 127 countries and territories have introduced an import authorization requirement, and one country (the United States of America) requires a pre-import declaration. Three countries and one territory (Cabo Verde, New Zealand, Vanuatu and Gibraltar) do not require an import authorization for zolpidem. 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 72 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.**

(b) Prevention of diversion from international trade

Estimates and assessments of annual requirements for internationally controlled substances

93. 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 both exporting and importing countries 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 is effectively prevented. For narcotic drugs, such a system is mandatory under the 1961 Convention, 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.

94. 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 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 internationally controlled substances into illicit channels. The assessments of annual legitimate requirements for psychotropic substances and annual legitimate requirements for selected precursors help Governments to identify unusual transactions. The diversion of drugs and precursors has been prevented in many cases when the exporting country declined 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.

95. The Board regularly investigates cases involving possible non-compliance by Governments with the system of estimates or assessments, given that 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.

96. 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 is not to 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 to quantities that 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.

97. As in previous years, the Board finds that, in general, the system of imports and exports continues to be respected and works well. In 2019, a total of nine countries were contacted regarding possible excess imports or excess exports identified with regard to international trade in narcotic drugs that had been carried out during the year. As at 1 November 2019, five of those countries had responded. One of those confirmed that excess exports had occurred and was reminded of the need to ensure full compliance with the relevant treaty provisions. Two other countries reported that the drug had been exported to another country and subsequently re-exported by that country, while the last two countries advised that the initial reports had been incorrect and submitted amended statistics. The Board continues to pursue the matter with those countries that have not responded.

98. **The provision of timely and accurate estimates of narcotic drug requirements is an essential step for ensuring the supply of those drugs. Underestimation can contribute to many problems, including shortages. Overestimation, on the other hand, may result in waste and carries with it an increased risk of diversion of those drugs into illicit channels. The Board therefore**

calls upon Governments to ensure that submitted estimates on requirements for narcotic drugs accurately reflect the actual level of narcotic drugs needed in their country for the calendar year.

99. 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 2019, 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.

100. **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, 44 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.

101. 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.

102. 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 2018, the authorities of 20 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.

103. The Commission on Narcotic Drugs, in its resolution 49/3, entitled "Strengthening systems for the control of precursor chemicals used in the illicit manufacture of synthetic drugs", requested Member States to provide the Board, on a voluntary basis, 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 2019, 169 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

104. 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.

105. 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.

106. 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.

107. 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. As at 1 November 2019, 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 to inform the Board in that regard.**

108. While the 1988 Convention does not have a requirement for import and export authorizations for trade in substances listed in Tables I and II of that Convention, Governments that do not apply some system of control over exports and imports of precursors are not fully complying with their treaty obligation to effectively contribute to the prevention of diversion. Under the Convention, countries are also requested to provide advance notification of planned shipments to the authorities of the importing Government with a view to preventing the diversion of those substances (see para. 128 below regarding pre-export notifications for precursor chemicals).

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

109. Pursuant to article 31 of the 1961 Convention as amended, article 12 of the 1971 Convention and relevant resolutions of the Economic and Social Council, international trade in narcotic drugs and psychotropic substances requires both import and export authorizations. Given the growing volume of licit trade in internationally controlled substances, which leads to an increasing workload for competent national authorities, it is essential to modernize the import and export authorization system in order to reduce the risk of diversion while continuing to ensure the adequate availability of and access to those substances.

110. 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, I2ES, to facilitate and expedite the work of competent national authorities and to reduce the risks of diversion of narcotic drugs and psychotropic

substances. 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 was designed to promote paperless trade in internationally controlled substances by facilitating the online exchange of import and export authorizations and enables Governments to generate electronically import and export authorizations for licit imports and exports of narcotic drugs and psychotropic substances, to exchange those authorizations in real time and to verify instantly the legitimacy of individual transactions while ensuring full compliance with the requirements of the international drug control conventions.

111. In March 2019, a user-group meeting was held on the margins of the sixty-second session of the Commission on Narcotic Drugs to gather feedback on I2ES. More than 25 officials from 19 countries participated in that 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 sharing the experiences of competent national authorities from different parts of the world with other users and potential users as a way of promoting greater usage of the system.

112. Available to all Governments free of charge, I2ES serves as a safe and secure platform for generating and exchanging import and export authorizations between trading countries, and its user-friendly interface helps competent national authorities to reduce errors in data entry and save time and communication costs.

113. The estimates of requirements of narcotic drugs and the assessments of psychotropic substances established by States parties and endorsed by the Board are automatically synchronized with I2ES. After an import authorization has been approved, the system calculates in real time the remaining balance of the estimates or assessments available to the importing country. Trading partners registered with the platform can access that information at any time. Authorities of the trading countries can also use the system to securely communicate and exchange information directly with their counterparts if a transaction request requires further clarification.

114. Unlike paper-based systems, in which authorizations can be further processed only after their physical delivery and receipt, the online exchange of import and export authorizations using I2ES enables the

instantaneous transfer of data between trading countries, thus facilitating a much faster approval process. To provide a fully electronic and paperless international trade system, the Board established the possibility for Governments to use electronic signatures along with the import and export authorizations processed through the system.

115. In the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,⁵⁵ Heads of State and Government recommended expediting the process of issuing import and export authorizations for licit international trade on narcotic drugs and psychotropic substances by using I2ES.

116. Through its resolutions 55/6, 57/10, 58/10 and 61/5, the Commission on Narcotic Drugs set out actions to further the establishment of an import and export authorization system, and invited the secretariat of INCB to administer and monitor I2ES and report on the progress made on its implementation.

117. As at 1 November 2019, nearly five years after the launch of I2ES, the Board notes that 66 Governments have registered with I2ES, of which 50 Governments have an active administrator account, an increase of 20 per cent compared with last year, at 1 November 2018. More than one fifth of those countries entered data in the system in 2019.

118. In order to encourage the adoption of I2ES among Member States, INCB carried out multiple activities in 2019 to: (a) raise awareness of the system; and (b) improve the technical capabilities of competent national authorities.

119. In June, an on-site training session took place in Quito, during an INCB Learning workshop, in which I2ES was presented to eight countries⁵⁶ of the Latin America and the Caribbean region. In July, the system was also introduced to officials representing 13 countries of Central, Eastern and South-Eastern Europe, the Caucasus and Central Asia during a workshop on prohibitions, licensing and other quantitative restrictions on international trade, hosted in Vienna by the World Trade Organization.

120. Recognizing the limitations making it impossible to physically reach all countries worldwide that require

⁵⁵General Assembly resolution S-30/1, annex.

⁵⁶Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador and Peru.

technical expertise on I2ES, and being aware of the possibilities of new communication technologies for deploying training in a fast and convenient manner, the Board, through its secretariat, conducted seven webinars for more than 16 countries⁵⁷ in Africa, the Americas, Asia and Europe. Further Member States have expressed an interest in training activities of that type, and accordingly, more online training sessions are planned.

121. The efforts carried out by the Board can be reinforced and complemented only with the continuous commitment of Member States in supporting the adoption of I2ES as the unequivocal choice of a digital international trade system for controlled substances. At its sixty-first session, the Commission on Narcotic Drugs, in its resolution 61/5, invited Member States to maintain that commitment and invited them to consider what further measures should be adopted for the continuing administration and further development of I2ES.

122. A multilingual user interface would ease the adoption of I2ES in countries and regions where English is not a widespread language. The possibility of adding nationally controlled substances in the import authorizations processed via I2ES would enable competent national authorities to comply with domestic legal obligations and avoid the burden at the operational level of running two parallel systems, one for nationally controlled substances and another for internationally controlled substances. In addition, the trading data stored in I2ES could be exported for post-processing purposes, which would help competent authorities to expedite reporting to INCB on substances controlled under the international drug control treaties.

123. At the same time, know-how at the operational level and commitment to use I2ES at the decision-making level continue to be significant barriers to be overcome. The Board reiterates its commitment to working hand in hand with Member States on activities that encourage the wider adoption of the system and greater user engagement.

124. The Board encourages all Member States to contact its secretariat to discuss challenges they face in implementing the system and jointly develop strategies setting out the concrete steps to achieve a road map that integrates I2ES into nationwide governmental procedures and policies for supervising the control of narcotic drugs and psychotropic substances.

125. The Board also invites Member States that are already using I2ES to share their experiences and expertise with the Board and other Governments, in particular, their trading partners that are not currently using the platform. Member States are invited to express their views on I2ES in regional meetings for drug control and health monitoring and engage with their counterparts to facilitate an active cooperation that expands adoption of the system.

126. It is essential for Governments and the Board to continue their cooperation to implement I2ES in order to fully realize the benefits of the platform and facilitate the more rapid trade of internationally controlled substances.

127. **INCB encourages Governments that have not done so yet to request the assistance of the INCB secretariat to implement and integrate I2ES in their national systems, including through the provision of guidance on first steps and additional training. The Board also invites Governments that actively use I2ES to engage with their trading partners that do not use I2ES, with the assistance of the INCB secretariat if required, to facilitate the adoption of the platform. Lastly, the Board encourages Member States to provide additional support, including extrabudgetary resources, to expand the functionalities of I2ES and hasten the adoption of the platform.**

Pre-export notifications for precursor chemicals

128. To assist importing and exporting Governments in communicating with each other in real time as regards international trade in precursors and to provide alerts about any suspicious transactions, in 2006, the Board established a secure web-based tool, PEN Online. As at 1 November 2019, two additional countries, Angola and North Macedonia, had registered with PEN Online, bringing the total number of registered countries and territories to 164. **INCB urges the remaining Governments that have not yet registered with the PEN Online system to do so as soon as possible and calls upon Governments to use PEN Online actively and systematically. The Board stands ready to assist Governments in that regard.**

129. To prevent the diversion of precursors, 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. Since the last issue of the annual report of the Board, no additional

⁵⁷ Afghanistan, Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, Estonia, Indonesia, Kenya, Panama, Paraguay, Peru, Qatar and the United Arab Emirates.

Government has officially requested to be pre-notified, thus leaving the number of Governments that have invoked that provision unchanged at 113. **The Board encourages those Governments that have not formally requested pre-export notifications to invoke article 12, paragraph 10 (a), of the 1988 Convention.**

130. INCB, in its efforts to support Governments in the prevention and investigation of cases of diversion and trafficking of precursors, pre-precursors and other substances not yet under international control, has developed several online platforms, tools and projects to facilitate the real-time exchange of information between Governments. The two initiatives of the Board focusing on precursors used in the illicit manufacture of synthetic drugs and on chemicals related to the illicit manufacture of cocaine and heroin, namely Project Prism and Project Cohesion, respectively, have also contributed to preventing the diversion of controlled substances from international trade and national distribution channels and to closing knowledge gaps during time-bound operations. The Board's new Global Rapid Interdiction of Dangerous Substances (GRIDS) programme consolidates those successful operational initiatives under Project Ion (2013) and the global OPIOIDS project (2017). GRIDS and the Board's ongoing public-private partnerships support government activities aimed at preventing the diversion of, and trafficking in, fentanyl-related substances and other dangerous substances of abuse not yet under international control.

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

131. The system of control measures laid down in the 1961 Convention provides for the monitoring of international trade in narcotic drugs to prevent the diversion of 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.

132. 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.

133. Since May 2019, investigations regarding discrepancies for 2018 related to the trade in narcotic drugs have been initiated with 56 countries. As at 1 November 2019, replies had been received from 33 countries. The responses indicated that the discrepancies had been caused by clerical and technical errors in preparing the reports, reporting on exports or imports of preparations listed 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 trading partners. Reminder letters will be sent to the countries that did not reply.

134. Similarly, with regard to international trade in psychotropic substances, investigations into 293 discrepancies related to 2018 data were initiated with 66 countries. As at 1 November 2019, 24 countries had provided replies relating to those discrepancies, leading to the resolution of 29 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 the responses received indicated that the discrepancies had been 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.

135. With regard to precursors, the 1988 Convention requires parties to prevent the diversion of precursors from international trade to the illicit manufacture of narcotic drugs and psychotropic substances. In line with the provisions of article 12 of the 1988 Convention, which have been complemented by a number of General Assembly, Economic and Social Council and Commission on Narcotic Drugs resolutions, many Governments have adopted and implemented measures that have contributed to the 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. As a result, Governments are facing new challenges, including the emergence of non-scheduled chemicals and diversion of substances listed in Tables I and II from domestic distribution channels. To assist the timely prevention of precursors diversion, voluntary public-private partnerships based on shared goals and responsibility and formalized through agreements have an increasingly important role to play. More information on the public-private partnerships initiative in preventing diversion of precursor chemicals is contained in the report of the Board on the implementation of article 12 of the 1988 Convention.⁵⁸

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

136. In recent years, the Board has observed a shift in the diversion of precursors from international to domestic trade between users located on territory within the same national borders. Diversion of precursors from domestic distribution channels remains a major source of substances listed in Tables I and II of the 1988 Convention that are used for illicit drug manufacture, as the control measures applied by Governments to domestic trade in and distribution of chemical substances vary from one country to another and often fall short of those used in international trade.

137. INCB, in its efforts to support Governments in the prevention and investigation of cases of diversion of precursors, has developed several online platforms, tools and projects to facilitate real-time exchange of information between Governments. The two initiatives of the Board focusing on precursors used in the illicit manufacture of synthetic drugs and on chemicals related to illicit cocaine and heroin manufacture, namely Project Prism and Project Cohesion, respectively, have also contributed to preventing the diversion of controlled substances from international trade and from domestic distribution channels and to closing knowledge gaps during time-bound operations.

138. Detailed analysis of the latest trends and developments in legitimate international trade and in trafficking in precursor chemicals under international control, as well as their non-scheduled substitutes and alternatives, can be found in the report of the Board for 2019 on the implementation of article 12 of the 1988 Convention.

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

139. 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, 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.

140. The lack of availability of controlled narcotic drugs and psychotropic substances for legitimate medical use continues to represent a pressing public health problem in many regions of the world, a situation that has often been falsely attributed to the control requirements of the international drug control framework. In many States, access to and the availability of controlled medicines have been hindered by the lack of capacity and training of national officials, weak and underresourced health-care systems, a lack of know-how for accurately evaluating the needs of the population, inadequate regulation and too few and insufficiently trained health-care professionals. The Board has provided information and recommendations on the availability of controlled substances for medical purposes in the supplement to its annual report for 2018.⁵⁹

141. The Board renews its call to Governments to foster access to and the availability of narcotic drugs and psychotropic substances for medical use through improved access to health services and effective systems of administrative controls that regulate the production, manufacture, import and export of such drugs and substances, keeping in mind that States themselves must adequately evaluate their domestic requirements and report them to INCB.

142. Governments need to address capacity and resource constraints in health-care services, especially in the field of pain management, including by increasing the availability and know-how of health-care professionals, such as doctors, nurses, pharmacists and regulators. Medical practitioners should be adequately trained in the prescription of medicines to those who genuinely

⁵⁸E/INCB/2019/4.

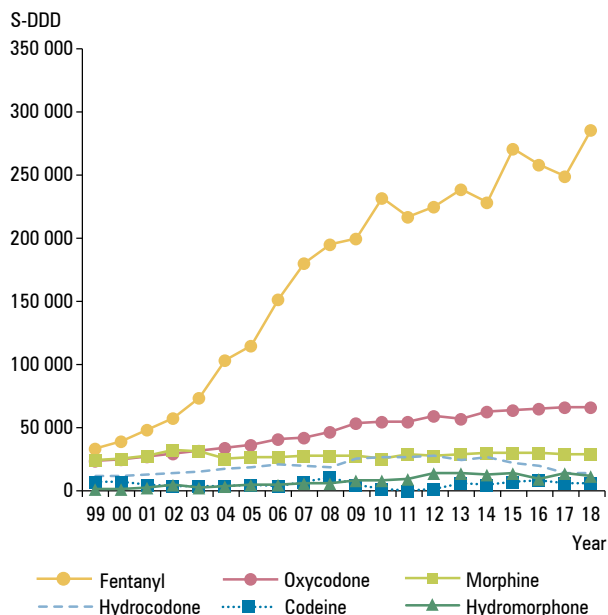
⁵⁹E/INCB/2018/1/Supp.1.

need them and should be able to prescribe medicines without fear of sanction or prosecution.

143. INCB continues to analyse the availability of pain relief medicines on the basis of the consumption of the main opioid analgesics (codeine, fentanyl, hydrocodone, hydromorphone, morphine and oxycodone), expressed in defined daily doses for statistical purposes (S-DDD).⁶⁰

144. Countries reporting the highest average consumption of opioids for pain management in the period 2016–2018 were the United States (27,641 S-DDD), Germany (24,983 S-DDD), Austria (20,452 S-DDD), Canada (16,617 S-DDD) and Belgium (15,910 S-DDD).

Figure IV. Consumption of codeine, fentanyl, hydrocodone, hydromorphone, morphine and oxycodone, expressed in S-DDD, 1999–2018

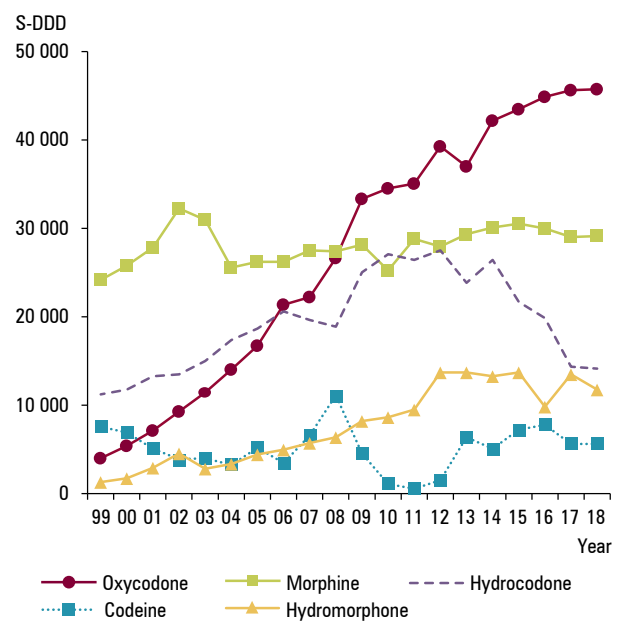


145. A comparison of the trends in the consumption of individual substances is provided in figures IV and V. It is evident that there was an exponential increase in the consumption of fentanyl over the 20-year period 1999–2018. Compared with fentanyl, the consumption of oxycodone was at a lower level; however, it was increasing and, in 2009, it replaced morphine as the second most consumed opioid, reaching an all-time high of 45,717 S-DDD in 2018. The trend in the use of morphine, however, remained relatively stable after the late 1990s. In 2018, consumption of morphine increased slightly

⁶⁰The list of defined daily doses for statistical purposes (S-DDD) and an explanation of that concept are contained in the notes to tables XIV.1.a-i, XIV.2 and XIV.3 of the technical report of the Board for 2019 on narcotic drugs (E/INCB/2019/2).

compared with the level of 2017, from 29,061 to 29,142 S-DDD. Hydrocodone consumption increased for some years but recently started to decline. Hydromorphone consumption decreased after 2014, reaching in 2018 a level of 14,160 S-DDD, the lowest level since 2002. The United States accounted for 99.2 per cent of hydrocodone consumption, whereas the consumption of fentanyl was not concentrated in one country. Although the consumption of fentanyl decreased globally in 2017, especially in North America, there were significant increases in various countries in all other regions.

Figure V. Consumption of codeine, hydrocodone, hydromorphone, morphine and oxycodone, (excluding fentanyl), expressed in S-DDD, 1999–2018



146. Regional analysis confirms the disparity in the consumption of opioid analgesics (see figures VI and VII). The reported consumption of countries in North America, Oceania and Western Europe resulted in regional averages of over 7,000 S-DDD (17,436, 7918 and 12,335 S-DDD, respectively). The analysis in figures VI and VII of the 20-year trend shows in 2017 and 2018 a sharp decrease in consumption, expressed in defined daily doses for statistical purposes, in North America, the region with highest consumption of opioids for pain management in the world. This decrease was driven mainly by the United States. In Oceania, consumption, which had been declining since 2012, was reported to have increased in 2017, to 9,065 S-DDD. In 2018, however, the declining trend continued, reaching 7,918 S-DDD. The general upward trend in consumption is evident in South-Eastern Europe and Western Europe.

Figure VI. Average consumption of opioids for pain management in regions with the highest consumption, expressed in S-DDD, 1999–2018

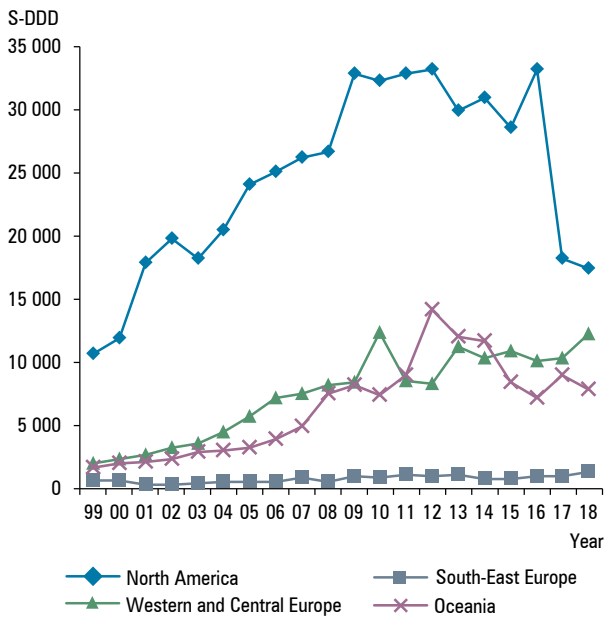
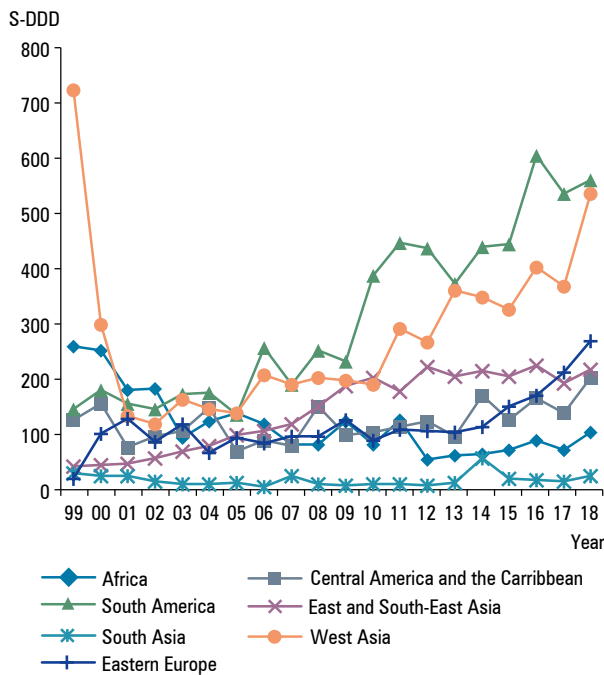


Figure VII. Average consumption of opioids for pain management in the regions with the lowest consumption, expressed in S-DDD, 1999–2018



147. Average consumption well below those values was reported in other regions. A long-term trend of increased consumption was reported in all regions except Africa and South Asia.

Figure VIII. Average consumption of codeine, fentanyl, morphine, pethidine and other opioids, by region, expressed in S-DDD, 2018

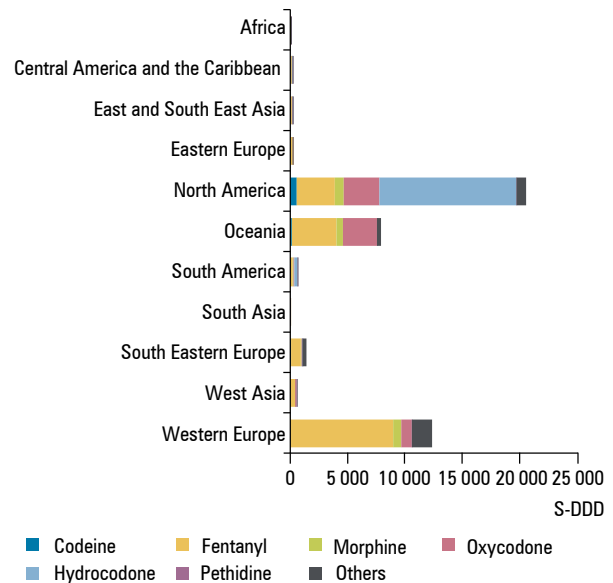
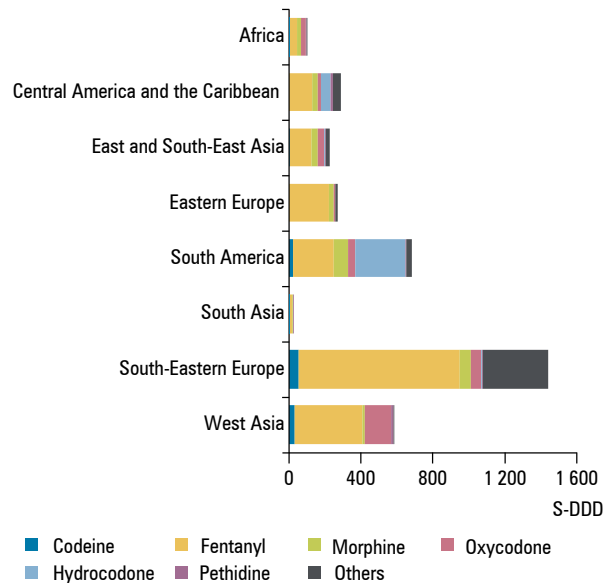


Figure IX. Average consumption in selected regions of codeine, fentanyl, morphine, pethidine and other opioids, expressed in S-DDD, 2018



148. Figures VIII and IX show for 2018 the average consumption of opioid analgesics, expressed in defined daily doses for statistical purposes, in all regions (see figure VIII) and in all regions except North America, Western Europe and Oceania (see figure IX), where the average consumption of analgesics is most concentrated. This analysis highlights once again the prominence of fentanyl in various regions of the world. Oxycodone consumption is more concentrated in North America,

Western Europe and Oceania, although it is also consumed in other regions, such as West Asia, Central America and the Caribbean, and South-Eastern Europe. The share of morphine is less prominent in most regions, the exceptions being Africa, Central America and the Caribbean, and South America.

149. To supplement and increase the effectiveness of the action mentioned above, in 2016, the Board launched a project called INCB Learning. The project provides assistance to 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 appropriate availability of internationally controlled substances, while preventing their abuse and diversion into illicit channels. Several regional training seminars were conducted in 2019 (see paras. 215–230 below for details).

3. Patterns and trends in the production, manufacture, consumption, use and stocks of narcotic drugs and psychotropic substances during 2018

Narcotic drugs

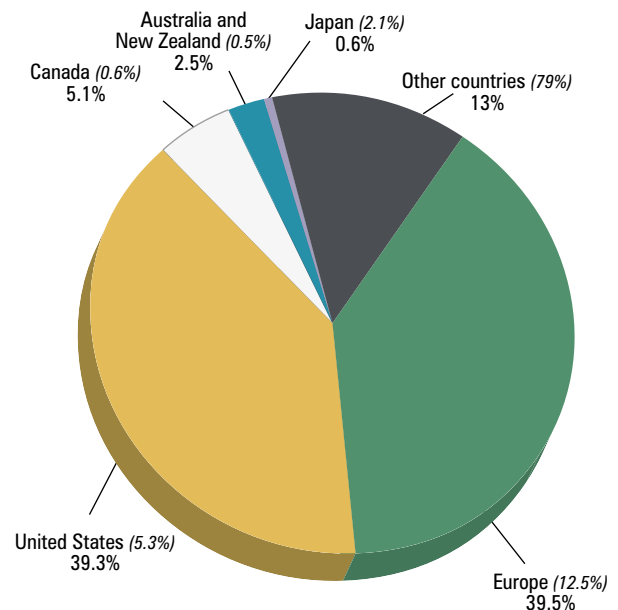
150. After a sharp increase in 2017, the stocks and production of opium decreased in 2018, thus resuming the overall downward trend of the previous 20 years and further signalling the eventual elimination of opium from the international market for opiate raw materials. However, use and imports increased in 2018.

151. Overall, the use of poppy straw and concentrate of poppy straw derived from the morphine-rich variety of poppy straw decreased in 2018 compared with 2017. With fewer than 400 tons in 2018, the global manufacture of morphine followed the trend initiated in 2017, contrary to the situation of the previous 10 years, when the global annual manufacture of morphine was always above 400 tons. More than 80 per cent of the global manufacture of 388.2 tons in 2018 was converted into other narcotic drugs or substances not covered by the 1961 Convention as amended. Of the remaining amount, some 8 per cent was used mainly for palliative care purposes and the rest for preparations listed in Schedule III of the Convention.

152. There continued to be very significant differences in consumption levels among countries (see figure X). In 2018, 79 per cent of the world's population, living mainly

in low- and middle-income countries, consumed only 13 per cent of the total amount of morphine used for the management of pain and suffering, that is, 1 per cent of the morphine manufactured worldwide. While this represents an improvement over 2014, when 80 per cent of the world's population consumed only 9.5 per cent of the morphine used for that purpose, the disparity in the consumption of narcotic drugs for palliative care continues to be a matter of concern.

Figure X. Morphine: distribution of consumption, 2018



Note: The percentages in parentheses refer to the share in the world's population of all countries that submitted data on morphine consumption.

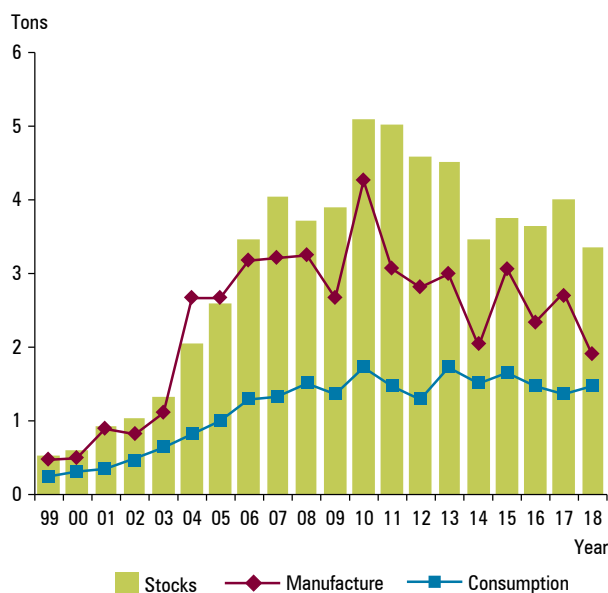
153. The use of poppy straw rich in thebaine increased in 2018, while that of concentrate of poppy straw rich in thebaine decreased. At 127.7 tons, the global manufacture of thebaine remained high but considerably below the record level of 156 tons in 2016. The demand for medicines derived from thebaine may have been affected by the restrictions on prescription drugs imposed in the United States, which is the main market, in response to the abuse of such drugs and the high number of overdose deaths caused by them. Nonetheless, the data continued to indicate a high level of demand.

154. With regard to semi-synthetic opioids, the global manufacture of oxycodone and hydrocodone decreased in 2018, while the manufacture of other such opioids remained relatively stable.

155. With regard to synthetic opioids, the global manufacture of fentanyl continued to fluctuate, with a

substantive decrease to 1.9 tons in 2018 (see figure XI). However, the manufacture of all fentanyl analogues (alfentanil, remifentanil and sufentanil) increased. There was no report of manufacturing of dextropropoxyphene in 2018, while that of ketobemidone was reported after a gap of some years in the manufacture of that substance. Diphenoxylate continued to be manufactured in much smaller quantities than in the past. The manufacture of tilidine decreased further in 2018, reaching a record low of 27 tons. The manufacture of pethidine and trimeperidine continued to fluctuate, increasing in 2018 after having decreased in 2017. The manufacture of methadone remained relatively stable in 2018.

Figure XI. Fentanyl: global manufacture, consumption and stocks,^a 1999–2018



^aStocks as at 31 December of each year.

156. The licit use of cannabis has increased considerably since 2000. Before 2000, the licit use of cannabis was restricted to scientific research and reported only by the United States. Since 2000, however, more and more countries have started to use cannabis and cannabis extracts for medical purposes, as well as for scientific research. In 2000, the total licit production of cannabis was 1.4 tons, while it had increased to 289.5 tons in 2018. Since the licit cultivation of cannabis for medical and scientific purposes has increased considerably in recent years, and the yield and manufacturing processes are not standardized, some data are being clarified with the relevant Governments to ensure consistency.

157. Peru has been the only country that exports coca leaf for the global market since 2000. Its exports amounted

to 127.8 tons in 2018. The United States was the leading importing country, with 148.3 tons of coca leaf, and accounted for nearly 100 per cent of global imports.

158. The other major licit producer of coca leaf, the Plurinational State of Bolivia, accounted for 92 per cent of global production. The cultivation of coca bush for the chewing of coca leaf and the consumption and use of coca leaf in its natural state for cultural and medicinal purposes, such as infusions, are allowed in that country in accordance with the reservation that it entered in 2013 when it reaccessed to the 1961 Convention as amended.

159. The licit manufacture of cocaine continued to fluctuate, as it has done for more than 20 years. In 2018, the global manufacture of cocaine decreased by more than half compared with 2017. However, the licit consumption of cocaine, which had been stable for 20 years, nearly doubled in 2018 compared with 2017, reaching a record high of 394.1 kg.

160. A detailed analysis of the patterns and trends in the production, manufacture, consumption, use and stocks of narcotic drugs is contained in the technical report of the Board for 2019 on narcotic drugs.⁶¹

Psychotropic substances

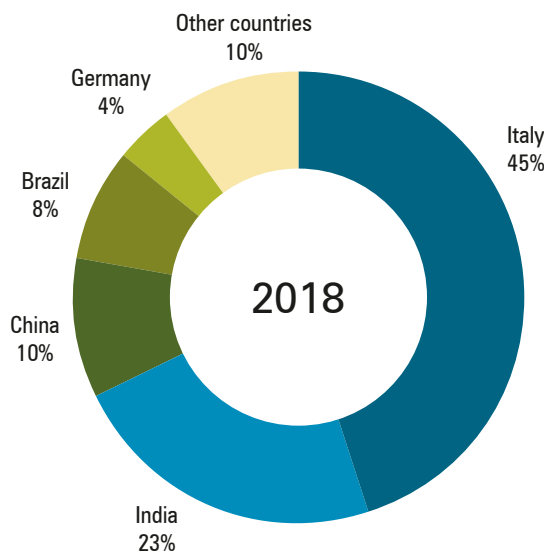
161. The controls on psychotropic substances expanded to six new substances at the end of 2018 with the addition of five synthetic cannabinoids (AB-CHMINACA, 5F-MDMB-PINACA (5F-ADB), AB-PINACA, UR-144 and 5F-PB-22) and of 4-fluoroamphetamine (4-FA), bringing the total number of psychotropic substances under international control to 144. As with other recently controlled synthetic cannabinoids and cathinones, the licit market activity of these substances is extremely limited, with manufacture and trade not exceeding one gram and intended for standard setting or forensic purposes.

162. As in previous years, benzodiazepines accounted for most of the manufacture of, trade in and consumption of internationally controlled psychotropics in 2018. Overall, the major manufacturers of benzodiazepines continued to be Italy, India, China, Brazil and Germany, accounting for more than 90 per cent of total global manufacture (see figure XII). During 2018, the most traded benzodiazepines worldwide were diazepam, midazolam, alprazolam, clonazepam and lorazepam, in descending order. The total global manufacture of benzodiazepines

⁶¹E/INCB/2019/2.

increased by 24 per cent compared with 2017, amounting to 199 tons.

Figure XII. Benzodiazepines with significant presence on the licit market: share of global manufacture by country, 2018



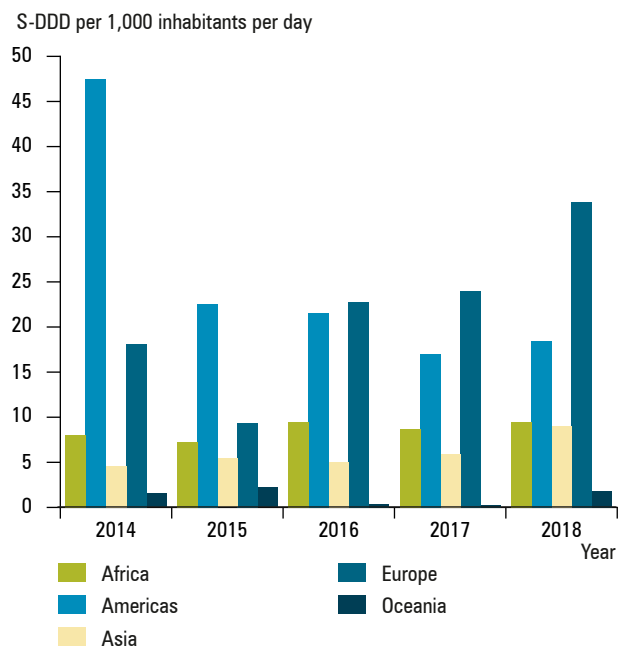
163. More than 100 countries reported the consumption of at least one benzodiazepine, representing a significant increase compared with 2017, when 82 countries reported such consumption. Europe and the Americas had the highest rate of countries reporting the consumption of benzodiazepines, followed by Asia, Oceania and Africa. Alprazolam has been the most consumed benzodiazepine for the past five years, with more than 70 countries reporting its consumption in 2018. In 2018, 11 countries reported consumption higher than 10 S-DDD per 1,000 inhabitants per day, while 25 countries reported the consumption of more than two S-DDD per 1,000 inhabitants per day. The consumption of diazepam, a substance included on the WHO Model List of Essential Medicines, was reported by 92 countries in 2018, with countries in Europe and the Americas having the highest levels of reported consumption.

164. Phenobarbital, a substance included on the WHO Model List of Essential Medicines for treating epilepsy, is one of the most traded internationally controlled psychotropic substances, with more than 161 countries reporting imports of the substance in 2018. China is the lead manufacturing country of phenobarbital, having produced 154 tons in 2018, followed by India and Hungary, at 87.2 tons and 32.3 tons, respectively.

165. Phenobarbital, which is widely traded, along with some benzodiazepines, is one of the most consumed

internationally controlled psychotropic substances. Nonetheless, regional disparities regarding the consumption of phenobarbital have persisted over the past five years, with Europe and the Americas reporting the highest levels of consumption (see figure XIII). Some of the disparities may be attributed to the lack of consumption data from countries that report imports of the substance.

Figure XIII. Phenobarbital: total global consumption by region, 2014–2018

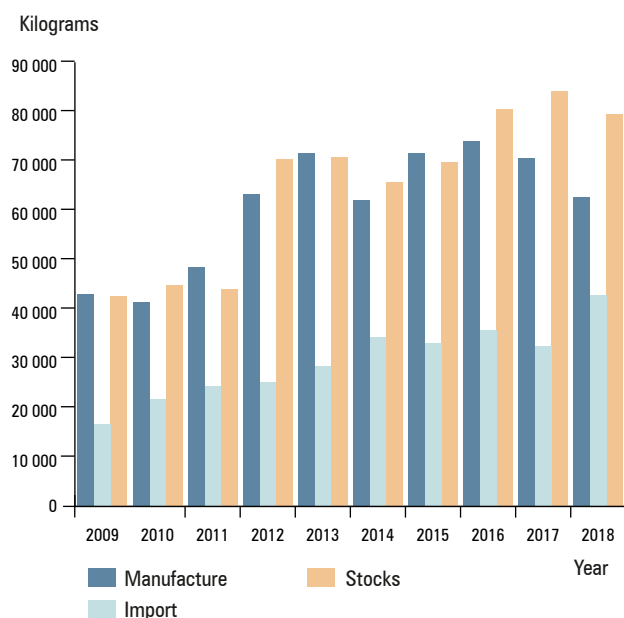


166. The manufacture of methylphenidate dropped from 70.6 tons in 2017 to 62.7 tons in 2018, while imports of the substance rose from 32.5 tons to 42.9 tons over the same period. The decrease is due to a drop in manufacture in Switzerland, the United Kingdom of Great Britain and Northern Ireland and the United States. More than 120 countries reported importing methylphenidate in 2018, a new high since the substance has been under international control. Overall, the market activity of methylphenidate has seen a steady rise over the past 10 years, with total global imports in 2018 being more than twice those of 2009 (see figure XIV).

167. Along with the increase in the manufacture of, trade in and stocks of methylphenidate in the past 10 years, global consumption levels of the substance have also risen and consumption was reported by 67 countries in 2018. Some of the highest levels of consumption were reported in northern Europe, with Iceland reporting a consumption of 29 S-DDD per 1,000 inhabitants per day. High levels of consumption were also reported in North America and other parts of

Europe. Total consumption of methylphenidate of all reporting countries has risen since 2014 and has been more than 115 S-DDD per 1,000 inhabitants per day since 2016.

Figure XIV. Methylphenidate: global manufacture, imports and stocks, 2009–2018



168. A detailed analysis of the patterns and trends in the production, manufacture, consumption, use and stocks of psychotropic substances is contained in the technical report of the Board for 2019 on psychotropic substances.⁶²

Supply of and demand for opiate raw materials

169. The Board, in fulfilment of the functions assigned to it under the 1961 Convention as amended 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.

170. The Board analyses the data provided by Governments on opiate raw materials and opiates manufactured from those raw materials to establish the status of the supply of and the demand for opiate raw materials globally. In addition, the Board analyses information on the use 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 the demand for opiate raw materials is contained in the technical report of the Board for 2019 on narcotic drugs.

171. The combined total area of cultivation of opium poppy rich in morphine and opium poppy rich in thebaine increased by a significant 32 per cent in 2018, compared with 2017. Over the same period, however, the production of opiate raw materials rich in morphine and opium raw materials rich in thebaine showed an increase of only 8 per cent and 0.4 per cent, respectively.

Morphine

172. The total actual harvested area of opium rich in morphine increased from 44,024 ha in 2017 to 60,418 ha in 2018. Compared with 2017, the actual harvested area increased by 90 per cent in Turkey, 15 per cent in France and 1 per cent in Spain, while it decreased by 74 per cent in Hungary, 46 per cent in India and 7 per cent in Australia. India is the only opium-producing country included in the present analysis. Australia and Spain were the only two countries that cultivated opium poppy rich in codeine in 2018. The harvested area with this variety increased considerably in Australia, from 960 ha in 2017 to 2,683 ha in 2018. In Spain, the harvested area of opium poppy rich in codeine was 1,990 ha in 2018, which was slightly lower than in 2017, when it reached 2,001 ha.

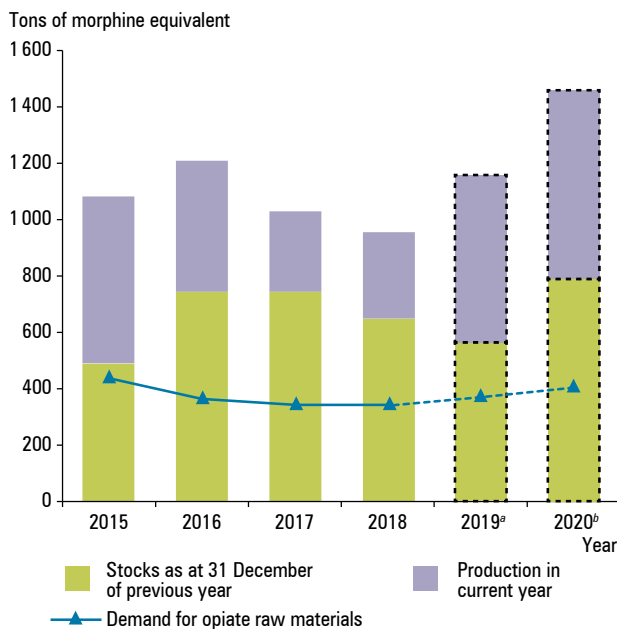
173. The global production of morphine-rich opiate raw materials in the main producing countries increased to 304 tons in morphine equivalent in 2018, compared with 282 tons in 2017. Turkey was the largest producer, with 102 tons in morphine equivalent, followed by Australia, France, Spain, India and Hungary. The production in Turkey in 2018 increased by 85 per cent compared with 2017, mostly because of the increase in the harvested area of opium poppy rich in morphine. Australia, France, Turkey and Spain accounted for 88 per cent of global production in 2018.

174. At the end of 2018, the global stock of opiate raw materials rich in morphine, which includes poppy straw, concentrate of poppy straw and opium, amounted to 564 tons in morphine equivalent, a decrease from 650 tons at the end of 2017. Those stocks were considered to be sufficient to cover 18 months of expected global demand by manufacturers, on the basis of advance data for the level of demand in 2019 (see figure XV). In 2018, Turkey continued to be the country with the largest stocks of opiate raw materials rich in morphine, with 161 tons in morphine equivalent, mainly in the form of poppy straw and

⁶²E/INCB/2019/3.

concentrate of poppy straw, followed by Spain (78 tons), France (73 tons), India (58 tons, all in the form of opium), Australia (57 tons), the United Kingdom (54 tons), the United States (43 tons), Slovakia (21 tons), Japan (18 tons) and Belgium (7 tons). Together, those 10 countries accounted for 99.8 per cent of the global stock of opiate raw materials rich in morphine. The remaining stocks were held in other producing countries and in countries importing opiate raw materials.

Figure XV. Production of and demand for opiate raw materials rich in morphine, in morphine equivalent, 2015–2020



^aData based on advance data submitted by Governments.

^bData based on estimates submitted by Governments.

175. At the end of 2018, global stocks of opiates based on morphine-rich raw materials, mainly in the form of codeine and morphine, amounted to 484 tons in morphine equivalent. This was considered sufficient to cover global demand for about 19 months. On the basis of data reported by Governments, it appears that total stocks of both opiates and opiate raw materials are amply sufficient to cover demand for medical and scientific purposes.

176. From 2009 to 2016, the global production of opiate raw materials rich in morphine exceeded global demand, with a resulting increase in stocks, with some fluctuations. However, since 2017, production has been lower than demand. The production amount in 2018 continued to be lower than demand, which again led to a decrease in stocks (to 564 tons in morphine equivalent) at the end of the year.

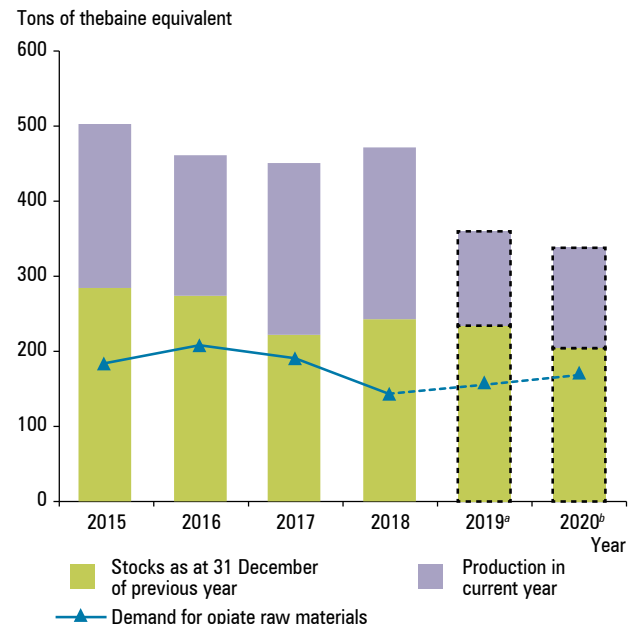
Thebaine

177. The total actual harvested area of opium poppy rich in thebaine decreased slightly from 2017 to 2018, from 9,819 ha to 9,755 ha. The area decreased by 77 per cent in France but increased by 56 per cent in Australia and 1.4 per cent in Spain. Hungary stopped cultivating this variety in 2018.

178. In 2018, the global production of opiate raw materials rich in thebaine was 230 tons in thebaine equivalent, of which Australia accounted for about 90 per cent, followed by Spain (4 per cent), France (3 per cent) and India (2 per cent). The remaining 1 per cent was held by other countries. The production of opium poppy rich in thebaine was almost equivalent to that of 2017.

179. Stocks of opiate raw materials rich in thebaine, namely, poppy straw, concentrate of poppy straw and opium, decreased to 235 tons in thebaine equivalent at the end of 2018, from 244 tons at the end of 2017. Those stocks are considered sufficient to cover the expected global demand by manufacturers for about 18 months (see figure XVI).

Figure XVI. Production of and demand for opiate raw materials rich in thebaine, in thebaine equivalent, 2015–2020



^aData based on advance data submitted by Governments.

^bData based on estimates submitted by Governments.

180. The global stock of thebaine-based opiates (oxycodone, thebaine and a small quantity of oxymorphone) amounted to 248 tons in thebaine equivalent at the end

of 2018, compared with 269 tons at the end of 2017. Stocks were considered sufficient to cover the global demand of thebaine-based opiates for medical and scientific purposes for more than two years.

181. The global production of opiate raw materials rich in thebaine in 2018 (230 tons) was almost equivalent to that of 2017 (229 tons). On the other hand, the demand for this variety declined from 190 tons in 2017 to 144 tons in 2018. While it was expected that this would increase the quantity of stock at the end of 2018, according to the data submitted by countries, the stock level at the end of 2018 was 235 tons, compared with 244 tons at the end of 2017. The stock at the end of 2018 was considered sufficient to cover the global demand for 18 months.

Noscapine

182. Even though noscapine is not under international control, a significant amount of morphine can be extracted from opium poppy rich in noscapine. Cultivation of noscapine-rich opium poppy plants for the purpose of opiate production was reported by France in 2018. France harvested 2,053 ha of opium poppy rich in noscapine in 2018 and produced noscapine-rich poppy straw with a gross weight of 1,173 tons.

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

183. In accordance with its mandate, the Board publishes its 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, consumption, utilization and stocks of and trade in internationally controlled substances, together with an analysis of estimates and assessments of requirements for those substances.

184. The Board's reports and technical publications are produced on the basis of 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.

185. 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

186. Governments have an obligation to furnish to the Board the annual and quarterly statistical reports required by the international drug control conventions.

(a) Narcotic drugs

187. As at 1 November 2019, the Board had received annual statistics reports from 173 States (both parties and non-parties) and territories on the production, manufacture, consumption, stocks and seizures of narcotic drugs covering the calendar year 2018 (form C), or about 81 per cent of those requested. That number was higher than in 2018 (when 167 reports pertaining to 2017 were received) and higher than in 2017 (when 149 reports pertaining to 2016 were received). **The Board notes with satisfaction that the submission rate for annual statistics has continuously increased over the past two years.**

188. A total of 97 Governments (46 per cent) submitted their data on time, that is, by the deadline of 30 June 2019, which was fewer than in 2018 but more than in 2017 (114 countries in 2018, and 89 countries in 2017). As at 1 November 2019, 40 Governments (19 per cent) — that is, 35 countries and 5 territories — had not submitted their annual statistics for 2018. It is expected that several additional countries and territories will be submitting the data over the coming months. Most countries and territories that have not submitted their reports are in Africa, the Caribbean, Asia and Oceania, which could be indicative of a lack of capacity in the drug control administrations of some countries in those regions.

189. Almost all countries that produced, manufactured, imported, exported or consumed large amounts of narcotic drugs 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. **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-collection systems, training staff of the competent national authorities and ensuring close cooperation with companies licensed to deal with internationally controlled substances.**

190. As at 1 November 2019, the complete set of four quarterly statistics of imports and exports of narcotic drugs for 2018 (form A) had been received from 171 Governments (153 countries and 18 territories), or about 80 per cent of the 213 Governments requested. In addition, 11 Governments (about 5 per cent) had submitted at least one quarterly report. A total of 30 countries (about 14 per cent) had failed to submit any quarterly statistics for 2018.

(b) Psychotropic substances

191. As at 1 November 2019, annual statistical reports for 2018 on psychotropic substances (form P) had been submitted to the Board in accordance with article 16 of the 1971 Convention by 184 countries and territories. Of 197 countries and territories subject to the reporting requirements of the Convention, 178 (90 per cent) submitted their annual statistical report for 2018. Furthermore, of the 13 countries not subject to the reporting requirements of the Convention, 6 (46 per cent) submitted their annual statistical report for 2018. In addition, 111 Governments voluntarily submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II of the 1971 Convention for 2018, as requested by the Economic and Social Council in its resolution 1981/7, and a further 45 Governments submitted at least one quarterly report for 2018. **The Board notes with satisfaction the significantly improved rate of submission of the annual statistical reports for 2018 on psychotropic substances and the number of non-party**

countries and territories that have submitted an annual report.

192. While the majority of Governments regularly submit their mandatory and voluntary statistical reports, the cooperation of some has not been satisfactory. In 2019, about 86 per cent of the countries that submitted form P for 2018 did so by the deadline of 30 June 2019. Among those that failed to submit form P by the deadline were major manufacturing, importing and exporting countries such as Australia, Belgium, Brazil, Canada, China, Denmark, France, India, Japan, Luxembourg and Spain.

193. The Board notes with concern that the number of countries and territories that have not furnished form P continues to be highest in Africa, followed by Oceania, and Central America and the Caribbean. A total of 18 countries and territories in Africa⁶³ (32 per cent of those in that region) failed to furnish form P for 2018. Likewise, 23 per cent of the countries and territories in Oceania⁶⁴ and 16 per cent of those in Central America and the Caribbean failed to do so. Form P for 2018 was furnished by all countries and territories in Europe and by all countries in North America except one. In Central America and the Caribbean, 2 countries and 2 territories out of 29 failed to submit form P in 2018.⁶⁵ In South America, one country failed to furnish form P for 2018.⁶⁶ In Asia, two countries did not furnish form P for 2018.⁶⁷

194. 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 at 1 November 2019, complete details on such trade had been submitted by 166 Governments (90 per cent of all submissions of form P for 2018), which is a much higher submission rate than in 2018. The remaining 18 Governments submitted blank forms or forms containing incomplete trade data for 2018.

195. 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

⁶³Ascension Island, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea-Bissau, Libya, Sao Tome and Principe, Somalia, South Sudan and Tristan da Cunha.

⁶⁴Cook Islands, Nauru, Samoa, Tuvalu and Vanuatu.

⁶⁵Antigua and Barbuda, Aruba, British Virgin Islands and Cuba.

⁶⁶Bolivarian Republic of Venezuela.

⁶⁷Cambodia and Turkmenistan.

54/6. Thus, for 2018, a total of 99 countries and territories submitted data on the consumption of some or all psychotropic substances, which is more than for 2017. **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.**

196. The Board notes with appreciation that reports on seizures of psychotropic substances were furnished by the Governments of Kuwait and India, as well as notifications of seizures of internationally controlled licit substances smuggled through the mail, including those ordered over the Internet, furnished by the Governments of Estonia, Latvia, Lithuania and Norway pursuant to Commission on Narcotic Drugs resolution 50/11. **The Board acknowledges the interdiction efforts of the Governments concerned and calls upon all Governments to furnish regularly to the Board information on seizures of psychotropic substances ordered over the Internet and delivered through the mail, pursuant to Commission on Narcotic Drugs resolution 50/11.**

(c) Precursors

197. In accordance with 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, assists the Board in monitoring and identifying trends in trafficking in precursors and the illicit manufacture of drugs. It also enables the Board to provide Governments with recommendations concerning remedial action and policies, as necessary.

198. As at 1 November 2019, a total of 123 Governments had submitted form D for 2018. However, there continued to be a number of Governments that submitted blank forms or forms containing incomplete information.

199. Of the Governments that provided data on form D for 2018, 71 reported the mandatory information on seizures of substances in Table I or Table II of the 1988 Convention, and 49 reported seizures of non-scheduled substances. As in previous years, most Governments did not provide details on the methods of diversion and illicit manufacture.

200. 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 2019, 112 Governments had provided such information for 2018 to the Board, and 106 had furnished data on licit uses of and/or requirements for one or more of the substances in Table I and Table II of the 1988 Convention.

201. Complementing PEN Online, as well as the aggregated seizure data received annually from Governments through form D, 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 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 has 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.

202. As at 1 November 2019, PICS had registered users from more than 270 agencies in 117 countries and territories who had shared information about more than 2,700 incidents. During the reporting period, more than 320 new incidents were communicated through PICS.

3. Submission of estimates and assessments

(a) Narcotic drugs

203. Under the 1961 Convention, parties and non-parties are requested to provide the Board each year with estimates of their requirements for narcotic drugs for the following year. As at 1 November 2019, a total of 180 States and territories, 84 per cent of those required, had submitted estimates of their requirements for narcotic drugs for 2020 for confirmation by the Board, an increase over 2019, when 175 Governments submitted estimates. Confirmed estimates are valid until 31 December of each year and need to be revised annually by Governments.

204. As in previous years and in line with the provisions of article 12, paragraph 3, the Board established estimates for those countries and territories that had not submitted their estimates on time in accordance with article 12 of the 1961 Convention to ensure that these narcotic drugs, many of which are essential in medical practice, can be imported.

About 90 Governments adjusted their estimates throughout the year through the submission of supplementary estimates to the Board. Special provisions of the Convention may be used to ensure access to narcotic drugs during acute emergencies.

(b) Psychotropic substances

205. As at 1 November 2019, 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.

206. 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 2019, 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.**

207. Between 1 November 2018 and 1 November 2019, a total of 81 countries and 7 territories submitted fully revised assessments of their requirements for psychotropic substances, and a further 81 Governments submitted modifications to their assessments for one or more substances. As at 1 November 2019, 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

208. 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

Narcotic 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 those substances.

209. Although those estimates are provided to the Board on a voluntary basis, as at 1 November 2019, 169 Governments had provided an estimate of their annual legitimate requirement for at least one of the above-mentioned substances. During the reporting period, more than 95 Governments reconfirmed or updated their annual legitimate requirements for at least one substance.

210. Governments provide estimates of annual legitimate requirements for precursors 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.

4. Improving the quality of information provided to the Board

211. The regular submission of comprehensive and reliable statistical data from Governments to the Board is vital for the proper overall functioning of the international drug control system and the analysis of global trends. Good-quality data also provide essential information that is necessary to uncover diversions of controlled substances for illicit purposes.

212. Incomplete submissions, data gaps and other 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.

213. **The Board strongly recommends that Governments strengthen 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-collection 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.

214. **The Board invites all Governments concerned to identify the causes of deficiencies in reporting statistics and/or estimates and assessments to the Board and to inform the Board accordingly with a view to resolving 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 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 those tools in their efforts to comply with the international drug control treaties.**

INCB Learning: building capacity to ensure adequate access to controlled medicines and to improve reporting performance

215. The Board is grateful for the contributions made to INCB Learning⁶⁸ by the Governments of Australia, Belgium, France, the Russian Federation, Thailand and the United States.

216. The importance of capacity-building for ensuring the adequate availability of internationally controlled substances for medical and scientific purposes while preventing diversion and abuse was recognized by the international community in the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”. That commitment was reiterated by Member States through the adoption, in March 2019, of Commission on Narcotic Drugs resolution 62/5, entitled “Enhancing the capacity of Member States to adequately estimate and assess the need for internationally controlled substances for medical and scientific purposes”. In that resolution, the Commission encourages the Board to continue implementing capacity-building and training activities for competent national authorities through the INCB Learning global project.

217. Aimed at supporting the efforts of Governments to fulfil their responsibilities under the international drug control conventions, INCB Learning has been providing regional training seminars for officials of competent national authorities since 2016.

218. By building capacities to ensure adequate access to controlled substances, INCB Learning is assisting Member States in their efforts to achieve Sustainable Development Goal 3 (Ensuring healthy lives and promoting well-being for all at all ages). INCB Learning addresses the barriers to adequate availability of the indispensable narcotic and psychotropic substances required for medical treatments, in particular by providing training on adequately estimating and assessing the need for internationally controlled substances for medical and scientific purposes.

219. In the first semester of 2019, two regional training seminars were held to strengthen the capacity of Governments to accurately estimate their requirements for controlled substances and to manage their licit trade in those substances.

220. A follow-up workshop for El Salvador, Guatemala and Honduras took place in Vienna in January 2019. Nine officials from the competent national authorities of the three countries participated in bilateral consultations and sessions dedicated to the importance of ensuring adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes and received a briefing from the UNODC Laboratory and Scientific Section, including an explanatory visit of the UNODC laboratory. The seminar took place in the framework of an extended initiative to support the subregion of Central America and the Caribbean.

221. A second regional training seminar took place in Quito from 3 to 6 June 2019 for 43 officials of the competent national authorities of Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador and Peru. Specialized training was provided to the newly established INCB Learning focal point units on treaty requirements regarding the regulatory control and monitoring of licit trade in narcotic drugs, psychotropic substances and precursor chemicals. The seminar provided training on the responsibilities of Governments under the conventions and raised awareness of the importance of timely and adequate reporting.

222. On 7 June 2019, a national awareness-raising workshop on the availability of narcotic drugs and psychotropic substances for medical and scientific purposes was jointly organized by INCB and the Ministry of Foreign

⁶⁸Further information on INCB Learning is available at www.incb.org/incb/en/learning.html.

Affairs and Human Mobility of Ecuador. The workshop, hosted by the Ministry, brought together about 60 participants from several national authorities, international organizations, civil society and the private sector to discuss the importance of ensuring access to medicines containing substances under international control. The training seminar and the workshop in Ecuador were held in cooperation with WHO and UNODC.

223. The eight regional training seminars conducted between April 2016 and November 2019 resulted in the training of 237 officials from 88 countries and territories that are home to more than half the world's population.

224. At the time of finalizing the annual report, preparations were underway for a training seminar for Russian-speaking countries, to be held in Moscow in December 2019. The activity includes a regional workshop to raise awareness of the importance of access to controlled substances for medical and scientific purposes, hosted at the Ministry of Foreign Affairs of the Russian Federation.

Impact of INCB Learning

225. The Board welcomes the accession of Palau to the 1988 Convention on 14 August 2019, confirming the commitment of Palau to participating in regional and international efforts to combat drug abuse and illicit trafficking. The Board takes this opportunity to urge the other countries in Oceania that participated in the awareness-raising workshop conducted under the INCB Learning initiative held in Australia in November 2017 that have not yet ratified any of the international drug control treaties to identify specific obstacles that may have impeded their accession to the respective international drug control treaties and to take practical steps to ensure that they become a party to those conventions at the earliest opportunity. The regional training seminar attended by officials from Palau and other countries in Oceania addressed the importance of ratifying the three international drug control conventions, which have almost universal adherence, except in Oceania, the subregion with the largest number of countries that have not yet ratified those treaties. As part of the follow-up conducted by the secretariat of the Board, training materials and further guidance on the steps required for treaty accession were shared with participants and other Government representatives.

226. The impact of INCB Learning training sessions in Africa is evidenced by the improved reporting performance of several participating countries. That

includes the submission by one country of estimates and assessments for narcotic drugs and psychotropic substances for the first time, in 2018, after seven years of non-submission, another country providing estimates for narcotic drugs in October 2018 after a four-year gap, the resubmission by another country of more complete and accurate estimates for narcotic drugs for 2019, and the submission by one country of an updated assessment of requirements for psychotropic substances. One country submitted, in 2019, its assessment of requirements for psychotropic substances for the first time in 10 years, as well as, for the first time ever, its full annual statistics for psychotropic substances. Two countries submitted quarterly trade statistics for narcotic drugs for the first time, in 2019, after six years of not providing submissions, which suggests an increase in their licit trade monitoring capacity.

227. A preliminary analysis, done on 6 September 2019, of submissions of estimates for narcotic drugs of the eight countries that had benefited from the INCB Learning capacity-building training seminar held in Quito in June 2019 shows that all eight countries had submitted their estimates for narcotic drugs for 2020 by that date. Three of those eight submissions of estimates were submitted by the submission deadline set at 30 June. One country submitted annual estimates for narcotic drugs (form B) before the deadline for the first time in nine years, considerably improving the timeliness of its submission of estimates. Following the training seminar in Quito, updated assessments for psychotropic substances were received from four countries at the time of the analysis of 6 September 2019. Seven of the eight countries furnished annual statistics for narcotic drugs, and all eight countries submitted annual statistics for psychotropic substances.

228. Available data suggest there have been some improvements in the quality of estimates for narcotic drugs submitted by countries participating in the Quito workshop of June 2019. For example, one country revised its estimated consumption of narcotic drugs, a key step in ensuring adequate availability of narcotic drugs for medical purposes. In that case, follow-up contacts with another country's competent national authority facilitated clarifications before the submission of estimates.

229. Through INCB Learning, INCB has developed e-learning modules to support Governments in adequately estimating and assessing their needs for internationally controlled substances. The e-learning modules, covering narcotic drugs, psychotropic substances and precursors, are available upon registration to officials of competent national authorities at no cost. There is no limitation on the number of staff of competent national authorities that

can be registered by Governments. On 17 October 2019, INCB sent a circular to all Governments inviting them to register the staff of their competent national authorities to use the modules. As at 1 November 2019, the authorities of 28 countries and territories had requested access to the e-learning modules for 125 officials of their competent authorities. The Board urges all Governments to register pertinent officials of their competent national authorities to benefit from the e-learning modules and provide feedback and suggestions for areas in which the development of further training is needed.

230. With a view to facilitating the implementation of Commission on Narcotic Drugs resolution 62/5, the Board invites Governments to consider actively supporting INCB Learning by participating in its activities and providing the resources required to ensure the project's continuation and expansion.

D. Evaluation of overall treaty compliance

1. New developments with regard to overall treaty compliance in selected countries

231. As part of its treaty monitoring functions, the Board continuously reviews implementation of the international drug control conventions by States parties. The Board examines developments in the drug control field in States parties in order to identify areas which may require increased dialogue or possible remedial actions. When shortcomings are noted, the Board, through close collaboration with Governments, identifies and recommends specific good practices and measures that can be implemented with a view to improving compliance with the international drug control treaties.

232. States parties to the international drug control conventions have substantial levels of discretion when engaging in domestic drug policy actions. Although the legislative and policy choices made in implementing the treaty obligations can vary widely, the Board notes that these policy choices should adhere to the provisions of the treaties. Namely, the States parties must limit the use of narcotic drugs and psychotropic substances exclusively to medical and scientific purposes and adopt policies that respect human rights and safeguard the health of humanity.

233. In 2019, the Board reviewed drug control developments in Georgia, New Zealand, Nigeria, the Philippines

and Sri Lanka and examined measures taken in those countries through the prism of dialogue, which include correspondence and meetings with government representatives and their submission of statistical data. As a result of this review process, the Board looks forward to continued exchange of information, the conduct of country missions and the enhanced participation of States parties in INCB projects and initiatives.

(a) Georgia

234. During the reporting period, the Board continued to follow the developments in Georgia regarding drug control. In particular, the Board engaged in close dialogue with the Government of Georgia on the judgment of the Constitutional Court of Georgia of 30 July 2018, in which the Court ruled that the imposition of administrative punishment for non-medical use of cannabis was unconstitutional, as, according to the Constitutional Court, it would violate the right of the person to "free development".

235. A meeting was held with representatives of the Government of Georgia on the margins of the sixty-second session of the Commission on Narcotic Drugs, where they informed the Board that until 2011 the drug policy of Georgia had been heavily focused on supply reduction and law enforcement and that since 2012 there had been a shift towards a balanced approach with a focus on health and welfare, including the treatment and rehabilitation of drug users. In 2013, the Inter-agency Coordinating Council for Combating Drug Abuse approved a national drug strategy and action plan which took a comprehensive approach to drug policy, including: (a) supply reduction measures, (b) demand reduction measures, as well as measures aimed at minimizing the adverse public health and social consequences of drug abuse, (c) activities to overcome stigmatization and discrimination, (d) the promotion of coordination and international cooperation, and (e) facilitation of research and analysis. The current action plan to implement that strategy covers the period 2019–2020.

236. A judgment by the Constitutional Court of Georgia issued in 2015 removed imprisonment as a punishment for the possession of up to 70 grams of cannabis but kept other administrative penalties such as fines. The subsequent judgment of the Constitutional Court of Georgia, issued on 30 July 2018, removed any penalties, including administrative fines, for non-prescribed use of cannabis. The Government of Georgia stressed to the Board that the latest judgment of the Constitutional Court was related to the consumption or possession of "small"

amounts of cannabis for personal consumption in “private”, and according to the current legislation that would amount to 5 grams.

237. The Ministry of Internal Affairs of Georgia took the lead in developing implementing legislation that followed that judgment, which was adopted in October 2018. It defined “private” as a private dwelling or home. However, it was noted that even in “private” circumstances, the consumption of cannabis was prohibited in the presence of minors. The law also prohibited any consumption of cannabis in public places, public transport, the workplace and schools and other educational facilities and adjacent territories, and a breach of those prohibitions would constitute a punishable offence. The law also prohibited the consumption of cannabis by persons under 21 years of age. Cultivation of cannabis even in “private” places remained prohibited and was a punishable offence.

238. The Government also informed the effective work of the Inter-agency Coordinating Council for Combating Drug Abuse, which included the implementation of recent reforms in the area of drug treatment and rehabilitation, including the introduction of treatment programmes in the penitentiary services, an increase in beneficiaries in drug abuse prevention and treatment programmes, the increased length of rehabilitation programmes for drug users and the adoption of national treatment and rehabilitation standards, with the involvement of all relevant agencies.

239. The Board will continue to monitor drug control developments in Georgia and engage in a dialogue with the Government to support the full implementation of the international drug control treaties.

(b) New Zealand

240. Over the period under review, the Board has continued to monitor drug control developments in New Zealand and engage with the Government on matters related to the implementation of its legal obligations as a State party to the three international drug control conventions.

241. The Board notes that in December 2018, the Misuse of Drugs (Medicinal Cannabis) Amendment Act came into effect, with specific regulations on medicinal cannabis products expected within a year. As it has done with other countries that have legalized the use of cannabis for medical purposes, in accordance with the 1961 Convention as amended, the Board has emphasized that in order to be consistent with the Convention, any

regulatory programme must respect the conditions established in articles 23 and 28 of the Convention.

242. In addition, a Government cabinet decision in New Zealand has led to expectations that there will be a binding public referendum on the regulation of cannabis for personal use. The referendum will be part of the national general election in 2020.

243. The New Zealand Ministry of Justice and Cabinet released a document detailing information about proposals for the binding referendum on non-medical cannabis and the legislative implications. Only one option for a regulatory framework will be selected and presented for public vote in the referendum. According to the Government of New Zealand, regulating cannabis is supposed to provide safe and legal access to the substance and control the harmful aspects of cannabis use throughout the whole supply chain.

244. In its exchanges with States parties to the international drug control conventions, including New Zealand, the Board has reiterated that any and all legislative or regulatory measures aimed at the legalization of cannabis for non-medical purposes are inconsistent with the provisions of the 1961 Convention as amended, in particular article 4 (c), which requires States parties to limit the use of narcotic drugs exclusively to medical and scientific purposes, and article 3, paragraph 1 (a)(i), of the 1988 Convention, which creates the obligation for States to establish as criminal offences, when committed intentionally, “the production, manufacture, extraction, preparation, offering for sale, distribution, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation or exportation of any narcotic drug or psychotropic substance contrary to the provisions of the 1961 Convention, the 1961 Convention as amended or the 1971 Convention”.

245. The Board will continue to monitor policy and legal developments in New Zealand pertaining to drug control and encourages the Government of New Zealand to continue its constructive dialogue with the Board to ensure consistency with the drug control conventions.

(c) Nigeria

246. The Board takes note of the importance of the first-ever national drug use survey in Nigeria, the National Survey on *Drug Use and Health*, the results of which were published in January 2019, in particular the survey’s role in promoting evidence-based drug policy development and effective implementation of the drug control

conventions. The comprehensive examination of drug use and health in Nigeria revealed that the prevalence of past-year drug use in Nigeria is more than twice the global average of 5.6 per cent, and is estimated at 14.4 per cent of people aged 15–64. The findings of the national survey are discussed in detail in chapter III of the present report.

247. The UNODC report *Drug Use in Nigeria 2018*, covering the findings of the National Survey on Drug Use and Health of Nigeria, notes that the country is addressing issues regarding access to and control of narcotics and psychotropic substances for medical and scientific purposes. As part of the national efforts to remove barriers and impediments to the availability of life-saving medications, Nigeria has published its National Policy for Controlled Medicines, including the National Guidelines for Quantification of Narcotic Medicines and National Guidelines for Estimation of Psychotropic Substances and Precursors.

248. The Board commends Nigeria on its cooperation with international partners to develop evidence-based approaches to drug control. In line with the international drug control conventions, the Board will continue to monitor the outcomes of the efforts of Nigeria to fulfil its obligations under the international drug control treaties, which will also promote attainment of Sustainable Development Goal 3, which will help ensure healthy lives and promote well-being for all Nigerians.

(d) Philippines

249. The Board continued to closely monitor the ongoing developments in the Philippines related to drug control. During the current reporting period, the Philippines continued the implementation of its anti-drug strategy, with police operations at the centre of national efforts, which have been accompanied by more reports of extrajudicial targeting of people suspected of drug-related activity.

250. INCB reiterates that acts taken to prevent drug abuse and trafficking must be carried out adopting humane, health-based approaches that respect human rights and the rule of law. Drug trafficking can never justify human rights violations or excuse extrajudicial actions. That long-standing position of the Board is based on the underlying aim of the international drug control conventions of ensuring public health and welfare while preventing the diversion of controlled substances into illicit channels, a position which is also consistent with human rights instruments.

251. During the reporting period, the Board took note of Human Rights Council decision 41/2 of 11 July 2019 on the promotion and protection of human rights in the Philippines, specifically with respect to the country's campaign against drug trafficking and use. In its decision, the Council urged the Government of the Philippines to take all necessary measures to prevent extrajudicial killings and enforced disappearances, to carry out impartial investigations and to hold perpetrators accountable, in accordance with international norms and standards, including on due process and the rule of law.

252. On 17 March 2019, the decision of the Philippines to withdraw from the Statute of the International Criminal Court officially took effect. Previously, in 2018, the Prosecutor of the International Criminal Court opened a preliminary examination of the country situation based on a review of communications and reports documenting alleged crimes as part of the nationwide anti-drug campaign, including thousands of extrajudicial killings. The International Criminal Court continues to have jurisdiction over crimes under the Rome Statute that occurred in the Philippines during the period when it was a State party to the Statute.

253. The Board calls on the Government of the Philippines to issue an immediate and unequivocal condemnation and denunciation of extrajudicial actions against individuals suspected of involvement in the illicit drug trade or of drug use, to put an immediate stop to such actions and to ensure that the perpetrators of such acts are brought to justice in full observance of due process and the rule of law.

254. The Board has been active in trying to secure an effective dialogue with the Government of the Philippines. The Board has suggested a country mission to the Philippines with a view to a closer examination of drug-related developments in the country, which the Government has accepted in principle. However, there has been no progress in obtaining acceptance of the Board's suggested mission dates over the past several years. The Board has also, on several occasions, invited representatives of the Government to attend a session of the Board for consultations. At the time of finalizing the present report, the Government of the Philippines has not yet communicated its acceptance of that invitation by the Board.

(e) Sri Lanka

255. In July 2018, the Government of Sri Lanka announced that it would resume the use of the death penalty for drug-related offences and would execute drug

dealers who were on death row. Although Sri Lanka has not enforced the death penalty for decades, courts have continued to hand out death sentences for serious offences, including murder, rape and certain drug offences. In June 2019, the President announced that he had signed the death warrants ordering the execution of four drug offenders. If Sri Lanka carries out these executions, it would end a moratorium on death sentences that has been in effect since 1976.

256. Several members of the international community and international and local human rights groups called on the Government of Sri Lanka to reconsider plans to implement the death penalty and to maintain the country's de facto moratorium on the implementation of capital punishment including for drug-related crimes.

257. While acknowledging the challenges faced by Sri Lanka regarding drug trafficking and abuse, the Board wishes to reiterate its repeatedly expressed concerns with respect to the imposition of the death penalty for drug-related offences by States parties to the international drug control conventions in the light of the relevant international conventions and protocols and resolutions of the General Assembly, the Economic and Social Council and United Nations bodies pertaining to the death penalty. In this context, the Board wishes to note that, as discussed in its annual report for 2017, although the determination of sanctions applicable to drug-related crime remains the prerogative of States parties to the conventions, the Board continues to encourage States that retain capital punishment 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.

2. Country missions

258. The Board periodically undertakes country missions to monitor compliance with the international drug control treaties and promote effective implementation of those treaties.

259. During these country missions, the Board discusses with relevant national authorities of the countries hosting the mission the legislative, institutional and practical measures implemented at the national level in the areas of licit manufacture of and trade in controlled substances with a view to facilitating the availability of those substances for medical and scientific purposes while preventing their diversion into illicit channels. The Board also engages with the countries visited in dialogue on national mechanisms for preventing and addressing illicit

manufacture, trafficking and abuse of narcotic drugs and psychotropic substances.

260. Based on the results of carrying out those treaty-monitoring functions, the Board adopts recommendations that are communicated confidentially to the Governments in question. These recommendations propose measures aimed at improving compliance of national drug control systems with the international drug control conventions.

261. During the period under review, the Board undertook missions to Austria, Chile, Côte d'Ivoire, the Democratic People's Republic of Korea, Jamaica, Jordan, Kosovo,⁶⁹ Madagascar, Mauritania, Montenegro, New Zealand, Norway, Paraguay, Sri Lanka, Trinidad and Tobago, Ukraine and Uzbekistan. Additional missions have been accepted in principle by the Governments of the Bahamas, Brunei Darussalam, Colombia, Dominica, Eswatini, Greece, Kyrgyzstan, the Niger, the Philippines, Tajikistan, Thailand and Yemen, but plans for those missions have not yet been finalized. In addition, the Board has contacted the Governments of Belize, Cameroon, Cyprus, Djibouti, the Gambia, Grenada, Guinea, Japan, Kazakhstan, Kuwait, Maldives, Mali, North Macedonia, Rwanda, Saint Lucia, South Sudan, Suriname and the United States.

262. In the cases of the United States and the Philippines, the Board has invited their representatives to attend the 126th session of the Board, to take place in October–November 2019, for consultations. At the time of finalizing the present report, the Board has received confirmation that the Government of the United States will be sending a delegation to attend the Board's session to be held in February 2020. In the case of the Philippines, the Board has not received formal acceptance of the invitation from the Government. In the case of the Bahamas, the mission, which was initially scheduled to take place in September 2019, could not take place due to the emergency situation in the country caused by a hurricane.

(a) Austria

263. The Board conducted a mission to Austria in June 2019 to discuss the country's efforts to implement its national drug policy and respond to the health needs of the country's drug users. With the objective of discussing national developments, the Board undertook a mission to review the drug control policies and obtain examples of

⁶⁹References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999).

Austrian experiences in the areas of prevention and treatment.

264. Since the previous Board mission to Austria in 2001, Austria has provided updates on developments in national drug control and coordination and new early warning measures. The Board took note of the positive effects of implementation of the policy called “therapy not punishment” on fulfilling the aims of the international drug control conventions through well-designed therapeutic treatment options.

265. The Board welcomes the commitment of Austria to sharing information and experiences at the international level and recognizes that Austria has given high priority to providing drug-related treatment and health responses in outpatient and inpatient centres. The mission also served to strengthen channels of communication between the Board and the Government of Austria.

(b) Côte d’Ivoire

266. In April 2019, the Board undertook a mission to Côte d’Ivoire to discuss developments related to the country’s implementation of the three international drug control treaties since the Board’s previous mission in 1998.

267. In recent years, Côte d’Ivoire has seen a surge in the trafficking and abuse of tramadol, an opioid analgesic not under international control. Cannabis remains a major drug of abuse and is trafficked into the country, while trafficking in cocaine appears to have reduced. While it is believed that drug use is a major problem for Côte d’Ivoire, a lack of data makes it difficult to determine the extent that drugs are abused among the population.

268. The Board notes that Côte d’Ivoire has a well-established institutional framework for drug control and that legislative and policy reforms are under way with the aim of ensuring proportionate responses to drug offences, improving drug treatment services and strengthening drug use prevention programmes.

(c) Chile

269. An INCB mission visited Chile in March 2019. The objective of the mission was to review the drug control situation in Chile and the implementation of the three international drug control conventions, to which Chile is a party, including reporting to, and cooperation with, INCB in accordance with the conventions. The mission

also discussed the actions taken by the Government to counter drug trafficking, to prevent drug abuse and to provide treatment and rehabilitation services for drug-dependent persons.

270. The Government of Chile described the measures aimed at the prevention, treatment, rehabilitation and social reintegration of drug users, as well as its supply reduction efforts to address the trafficking of cocaine and cannabis and chemical precursors across its borders with Bolivia (the Plurinational State of) and Peru.

271. The Board noted the developments with respect to the cultivation of cannabis for medical purposes in Chile, as well as the increase in the non-medical use of cannabis, in particular among young people. The Government of Chile has initiated a programme of drug and/or alcohol treatment courts for first offenders who have committed minor offences and who, if they are recognized as drug-dependent, have their penal proceedings suspended and are referred to a drug and/or alcohol treatment court so that they can be assisted in the recovery process.

(d) Democratic People’s Republic of Korea

272. In September 2019, the Board conducted a mission to the Democratic People’s Republic of Korea to discuss the drug control situation in the country and progress made in the implementation of the three international drug control conventions to which the country became a party in 2007. A previous INCB mission visited the country in 2006, the year before it acceded to the treaties.

273. The reported consumption of narcotic drugs and psychotropic substances for medical purposes in the country is low, and the Government recognizes the importance of ensuring adequate access to medicines for the population and the contribution of such access to a functioning health system. According to the Government, illicit use of drugs is said to be almost non-existent in the country, but epidemiological studies, drug use assessments or surveys and other information on this phenomenon are not available.

274. The Board noted that national drug control legislation which gives effect to the provisions of the international drug control treaties has been continuously updated over the years to ensure that effective control is exercised over narcotic drugs, psychotropic substances and precursors that are needed for medical, scientific and other legitimate purposes and that scheduling decisions of the Commission on Narcotic Drugs are implemented at the national level in a timely manner.

(e) Jamaica

275. An INCB mission visited Jamaica in November 2018. The objective of the mission was to review the drug control situation in Jamaica and the implementation of the three international drug control conventions to which the country is a party and compliance with their requirements. Also, the mission reviewed the efforts of the Government to combat drug trafficking and drug-related criminal activities, as well as the actions to prevent drug abuse and to ensure access to treatment and rehabilitation services for drug-dependent persons.

276. The Board noted the legislative amendment that modifies penalties for the possession of cannabis in specified small quantities and the smoking of cannabis in specified circumstances (including religious use), and establishes a scheme of licences and permits and grants other authorizations for medical, therapeutic or scientific purposes. The Board reiterated to the Government of Jamaica that possession and cultivation of cannabis for personal therapeutic or medical purposes by households in Jamaica is inconsistent with the provisions of the 1961 Convention, especially taking into account the inherent difficulties for the Government of restricting cultivation, distribution and use for medical purposes and the inherent risk of diversion posed by personal possession and cultivation.

277. The Board was informed of the efforts made by Jamaica to address the trafficking of cannabis from Jamaica to North America and the transit through its territory of cocaine trafficked from South America to North America and other illicit markets.

(f) Jordan

278. In October 2019, the Board undertook a mission to Jordan with the objective of discussing the country's implementation of the three international drug control conventions and examining policy developments since the last mission of the Board in 2009.

279. Jordan has, in recent years, seen an increase in seizures on its territory. While considered to be mainly a transit country, it has been facing a number of domestic drug-related challenges in the light of the wider political situation of the region. Illicit drug use is thought to be moderate. However, its exact extent is difficult to measure given the limited drug prevalence data available.

280. The Board notes the new legislative framework in the field of drug control and acknowledges the

Government's efforts in the area of drug use prevention. The Board further welcomes efforts to tackle drug trafficking, in particular the interdiction efforts undertaken by law enforcement and customs authorities. During the mission, information regarding the country's drug treatment and rehabilitation programmes was discussed.

(g) Kosovo

281. In June 2019, the Board undertook a mission to Pristina, Kosovo, to review the drug control situation with a view to facilitating access to controlled substances while preventing their diversion. The previous mission to Kosovo took place in 2002.

282. Kosovo is located on the so-called "Balkan route", one of the major routes for the trafficking of opiates originating in Afghanistan to destination markets in Western and Central Europe. In recent years, Kosovo has seen a decline in trafficking of opiates through its territory, while trafficking and abuse of cannabis seem to have been on the rise. The most frequently abused drugs in Kosovo are cannabis, cocaine and heroin, but due to the lack of any recent studies or surveys on drug abuse, there are no reliable data on the true extent of the drug abuse in Kosovo.

283. The Board notes the efforts of Kosovo in implementation of its drug control policy, including through adoption of the strategy against narcotics of Kosovo and action plan for the period of 2018–2022, which focus on the reduction of demand for and the supply of controlled substances, the promotion of cooperation and coordination across Kosovo, and the strengthening of supervision and monitoring mechanisms for drug control. Kosovo also adopted drug control legislation and regulations aimed at regulating the licit supply of controlled substances while preventing their diversion.

(h) Madagascar

284. In September 2019, the Board conducted a mission to Madagascar with the purpose of discussing challenges related to the implementation of the international drug control conventions that have been encountered since the last INCB mission to the country in 2004.

285. The drug control situation in Madagascar poses several challenges owing to limited resources, geographical facts and demographic realities. As one of the largest island nations in the world, law enforcement agencies of Madagascar are confronted with the difficulty of patrolling the country's nearly 5,000 km of coastline with

limited resources. The country's population, half of which is below the age of 20, also requires a drug policy that emphasizes education and prevention. The availability of narcotic drugs and psychotropic substances for medical purposes in the country is among the lowest in the region.

286. The Board notes the efforts deployed by the Government of Madagascar in seeking to address drug trafficking through law enforcement and border control activities and increased regional cooperation. The Board also notes the Government's efforts to coordinate stakeholder action in the area of drug control through the work of the country's interministerial commission for coordinating the fight against drugs, which includes non-governmental organizations and community-based organizations.

(i) Mauritania

287. In April 2019, the Board conducted a mission to Mauritania with the purpose of discussing challenges related to the implementation of the international drug control conventions since the last INCB mission to the country in 2004.

288. The strategic geographical position of Mauritania at the crossroads between continents, its vast territory and coastline and its proximity to areas affected by political instability have led to the country being increasingly targeted by trafficking syndicates. While the prevalence of drug use is thought to be limited, epidemiological data are lacking. Prevention initiatives and access to treatment remain limited, and access to controlled narcotic drugs and psychotropic substances is low.

289. The Board notes the efforts deployed by the Mauritanian authorities to effectively address drug trafficking by strengthening the country's law enforcement and border control activities and its cooperation with neighbouring States. The Board also notes the preliminary efforts currently under way in Mauritania to develop effective prevention programmes and treatment strategies and to re-evaluate the country's legitimate consumption needs for narcotic drugs and psychotropic substances.

(j) Montenegro

290. In April 2019, the Board carried out a mission to Montenegro to review the drug control situation in the country and to discuss with the Government of Montenegro its implementation of the three international drug control conventions, to which the country is party.

It was the first mission of the Board to Montenegro, which became independent in 2006.

291. The mission held consultations with the Minister of Health and senior officials of various ministries and governmental bodies and met with representatives of civil society.

292. The country faces the challenge of preventing the trafficking of narcotic drugs, in particular cannabis and heroin, through its territory to countries in Western Europe. The Board notes the efforts being made by the Government of Montenegro in addressing drug trafficking, in particular in the context of progress towards entering the European Union.

293. The Board notes the efforts by the Government to implement the Strategy of Montenegro for the Prevention of Drug Abuse for the period 2013–2020 and the supporting Action Plan for the period 2019–2020.

(k) New Zealand

294. In September 2019, the Board undertook a mission to New Zealand to discuss developments related to the country's implementation of the three international drug control treaties since the Board's previous mission in 1996.

295. In recent years, New Zealand has seen a surge in the trafficking of methamphetamine, in particular from East and South-East Asia, which has also led to a surge in the abuse of the drug. The country was confronted with a major health crisis several years ago, when there were several dozen deaths linked to the proliferation of new psychoactive substances, but interventions on the part of the Government has brought the situation under control. The country also faces the growing challenge of trafficking in cocaine, which reaches the country after being trafficked through the Pacific islands.

296. The Board notes that New Zealand has a robust and well-established institutional framework for drug control and has taken significant measures to address the drug problem, with major reforms recently being undertaken in the health and law enforcement sectors to reduce harms related to illicit drug consumption. In addition, the Board notes that the Government is making significant efforts to ensure the availability of programmes and services to address drug abuse within indigenous communities in New Zealand, which are disproportionately affected by the harms of drug abuse.

(l) Norway

297. In May 2019, the Board undertook a mission to Norway to discuss the country's implementation of the three international drug control conventions since the previous mission to the country, in 2001.

298. Norway continues to closely monitor its drug use situation and has had a low level of drug use in general. The relatively high number of deaths resulting from overdose, however, continues to be of great concern to the country's authorities. The Government plans to transfer the responsibility for implementation policy on the illegal use and possession of drugs from the justice sector to the health sector through drug policy reform, and to that end consultations were under way among authorities and stakeholders.

299. The Board acknowledges the commitment of Norway to dialogue on drug policy reform and welcomes the inclusive approach adopted by the Government in soliciting views from all stakeholders. It also notes the significant efforts devoted to monitoring the drug use situation and limiting the negative impacts associated with drug use.

(m) Paraguay

300. In December 2018, the Board undertook a mission to Paraguay with the objective of maintaining a direct dialogue with the Government on matters related to the implementation of the international drug control conventions and reviewing legislative and administrative measures, as well as achievements in preventing drug abuse and combating drug trafficking, since the Board's previous mission to the country in 2005.

301. Paraguay is targeted for use as a major trans-shipment hub for drug trafficking. Its geographical location, with the tri-border area, and the presence of criminal organizations involved in trafficking and operating in the tri-border area exacerbates the use of Paraguay as transit country for the trafficking of coca products to drug abuse markets within the region and beyond.

302. The country also faces challenges associated with being the main source of illicitly produced cannabis in South America. While illicit cannabis cultivation is concentrated in the eastern part of the country and the cannabis is trafficked mainly to Argentina and Brazil, the number of hectares of that cultivation is not known because assessments based on a systematic and verifiable methodology are still required.

303. The Board acknowledges the commitment of the Government of Paraguay to dialogue on drug policy issues and notes that various legislative and regulatory reforms in the field of drug control are currently under way in Paraguay.

(n) Sri Lanka

304. In March 2019, the Board undertook a mission to Sri Lanka with the objective of discussing developments related to the country's implementation of the three international drug control conventions since the previous mission to the country in 2002.

305. Considerable progress has been achieved by Sri Lanka in the adoption and implementation of two pieces of new drug control legislation. The country has also made improvements in fulfilling its reporting obligations and becoming an active member in the regional and international arena. There continues to be a strong need to further strengthen the technical capabilities related to law enforcement and forensic science, especially in the light of growing drug trafficking activities in the country.

306. The Board acknowledges the challenges faced by Sri Lanka as a transit country and the considerable efforts deployed by the Government regarding supply reduction. However, it would also like to remind the Government to give due regard to the principle of proportionality in sentencing and the possibility offered by the conventions to provide, in cases where users of drugs have committed such offences, for measures of referral for treatment, education, aftercare, rehabilitation and social reintegration, either as an alternative to conviction and punishment or in addition to conviction or punishment. Moreover, regarding the developments on capital punishment in the country, the Board wishes to encourage all States that retain capital punishment 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.

(o) Trinidad and Tobago

307. In September 2019, the Board undertook a mission to Trinidad and Tobago to discuss issues related to the implementation of the three international drug control treaties, to which Trinidad and Tobago is a party. The previous mission to the country was conducted in 2002.

308. Trinidad and Tobago, because of its proximity to major cocaine-manufacturing countries and its geographical location, is attractive for major drug trafficking operations, in particular trafficking of cocaine that originates in Colombia and is trafficked through the Bolivarian Republic of Venezuela for trans-shipment to other countries in the Caribbean, the United States and Europe. Drug-related incidents are also assumed to be one of the reasons for the high crime rate in the capital of Trinidad and Tobago.

309. The Board noted the efforts and commitment of the Government of Trinidad and Tobago in regard to the national drug control policy issues.

(p) Uzbekistan

310. In March 2019, the Board undertook its first ever mission to Uzbekistan to discuss the drug control situation in the country and the status of implementation of the three international drug control conventions, to which Uzbekistan is a party.

311. As a neighbouring country to Afghanistan, Uzbekistan continued to be a likely target for drug traffickers seeking to smuggle opiates across the borders to destinations north and west of the country. At the same time, seizures of opiates declined over the last few years, and a shift from heroin abuse to the non-medical use of pharmaceutical opioids, in particular tramadol and codeine, as well as alcohol, was observed over the same period.

312. The Board took note of various drug control initiatives that were under way in the country, including draft legislation aimed at expanding and improving treatment for drug users receiving treatment and plans to conduct a country-wide survey on drug abuse prevalence.

(q) Ukraine

313. A mission of the Board to Ukraine was conducted in September 2019. The purpose of the country visit was to have direct dialogue with the Government of Ukraine on matters relating to the implementation of the provisions of the international drug control conventions. The last visit of the Board to Ukraine was in 2008.

314. The mission provided an opportunity to discuss Ukraine's experiences in implementing the drug treaties through national legislation and regulatory reforms, especially with respect to treatment and prevention. National

health and education policies, as well as the role of sports in counteracting drug use among youth, were highlights of the prevention efforts of Ukraine.

315. The Board takes note of the commitment of Ukraine to working closely with the international community on developing effective state policies and institutions in the sphere of drug control. Ukraine has placed significant emphasis on evaluating the trends of the national and regional situation relating to drug abuse and trafficking.

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

316. The Board annually reviews developments in countries that hosted INCB missions two to three years previously. Governments are requested to apprise INCB of relevant developments in the country since the mission, including any legislative or policy actions taken to implement the Board's post-mission recommendations. This annual review helps build on the momentum created by the missions.

317. In 2019, the Board invited the Governments of Afghanistan, Argentina, Bolivia (the Plurinational State of), Israel, Myanmar, Oman, Senegal, South Africa, the State of Palestine and Viet Nam, to which missions were conducted in 2016, to report on drug policy related developments, in particular any that resulted from the Board's mission recommendations.

318. The Board wishes to express its appreciation to the Governments of Argentina, Bolivia (the Plurinational State of), Myanmar, Senegal and South Africa for submitting timely responses to the Board and renews its call to the Governments of Afghanistan, Israel, Oman, the State of Palestine and Viet Nam to provide the information requested.

(a) Argentina

319. The Board notes that the Government of Argentina has made major efforts to implement the recommendations of the Board following the mission in 2016. Since 2016, there have been efforts to enact new legislation, which resulted in the establishment of the Federal Council of Precursor Chemicals, an advisory body of the

authority responsible for operation of the National Registry of Chemical Precursors. In November 2016, harsher penalties were established for the intentional diversion of precursor chemicals, and legislation was enacted to establish the tools to investigate, prevent and combat complex offences, incorporating the use of controlled deliveries. As part of efforts to tackle drug trafficking by criminal groups, Argentina provided information about activities taken to recover illicitly acquired assets, including termination of ownership.

320. The Government of Argentina provided updates to the Board about the establishment of inter-agency task forces on drug trafficking, consisting of federal and provincial forces. Other task forces were also formed, including the Joint Airport Interdiction Task Force, which operates within the framework of the Airport Communication Project funded by the European Union. Additional inter-agency task forces include the Seaport Cooperation Project and the joint task force on laundering of the proceeds of drug-related crime, which operates in coordination with the Financial Information Unit of Argentina.

321. The work undertaken by joint task forces has resulted in early warning data and intelligence about emerging drugs and new patterns of consumption and trade. Harmonization of data collection by the federal forces and the provincial police bodies has progressed, and procedures for the detection of shipments containing narcotic drugs and psychotropic substances have been improved. With respect to precursors, Argentina has instituted an early warning system to report on suspicious transactions involving precursor chemicals, with the country making full use of the tools of the Board in this respect, in particular PICS and IONICS. The Board has noted the results of the Safe Neighbourhoods Programme, which increased the seizures of cocaine base paste by more than 3,000 per cent and seizures of cocaine by 181 per cent. Nationwide drug incineration events led to more than 180 tons of cocaine and cannabis and 90,000 tablets being destroyed.

322. Argentina has informed the Board that it is actively strengthening its international, regional and cross-border cooperation. Cooperation agreements were signed between Argentina and Bolivia (the Plurinational State of), China, Israel, Germany, Paraguay, the Russian Federation and the United States. Argentina organized a seminar on combating money-laundering and the financing of terrorism jointly with the South American Working Group. In addition, the country hosted a high-level meeting of the Cooperation Programme on Drugs Policies between the European Union and Latin American and Caribbean countries. In November 2018, Argentina was

elected to chair CICAD of OAS and was elected to chair the CICAD Group of Experts on Chemical Substances and Pharmaceutical Products.

323. With respect to addiction prevention, Argentina established the “Municipalities in Action” programme, which promotes the prevention and treatment of problematic use of psychoactive substances in the municipal policy agenda. The “Argentina prevents” programme, which was launched in 2017, has funded at least 80 prevention projects implemented by civil society organizations. In socially disadvantaged areas, accessibility of treatment has improved, and treatment coverage has been expanded by more than 375 per cent compared with 2015 through community care and support centres. A prevention programme has been introduced in every school in the country’s 23 provinces and Buenos Aires, with gender and sexual diversity being given due consideration in strategic planning concerning problematic consumption of illicit drugs.

324. The Board acknowledges the effective cooperation of the Government of Argentina in fulfilling the country’s obligations under the international drug control treaties, and notes that it will continue working closely with the Government of Argentina to facilitate the implementation of the recommendations of the Board following its mission to the country in 2016.

(b) Bolivia (Plurinational State of)

325. The Government of the Plurinational State of Bolivia provided information about drug-related developments in the country since the Board’s mission of October 2016. In the past three years, the country has demonstrated the will to address drug control matters that followed re-accession in 2013 to the 1961 Convention as amended by developing regulations for the licit production and consumption of coca bush and coca leaf, including for cultural purposes. Coca leaf is used in the manufacture of food and medicinal products, including other industrial uses, such as natural wool dye.

326. According to the Government’s update, the General Law on Coca (Act No. 906) was passed into law in 2017 with a view to (a) shaping national policy on the cultural reaffirmation, production, movement, transport, sale, consumption, research, industrial use and the promotion of coca in its natural state; (b) establishing an institutional framework for regulation, control and monitoring; and (c) regulating administrative fees. The General Law on Coca and its implementing regulations establish mechanisms to strengthen control of surplus crops, including through satellite monitoring of coca crops, the

establishment of authorized areas of coca production, registration and licensing procedures, and continuous consultation with producers to raise awareness about the role of communities in controlling coca production.

327. In 2017, the Law on the Fight against Illicit Trafficking in Controlled Substances was promulgated. The substantive regulations attached to that law provide new tools for criminal investigation including financial compensation for informants and the interception of communications related to offences involving controlled substances. In demonstration of the enhanced regional cooperation on drug trafficking, the Plurinational State of Bolivia established the Regional Centre for Anti-Narcotics Intelligence, a joint project with Argentina and Brazil.

328. The Board notes the efforts of the Government to ensure that none of the coca crops produced within the scope of the treaty reservation are diverted for use in other activities. The Office of the Deputy Minister for Social Defence and Controlled Substances, through the Directorate General of the Special Force to Fight Drug Trafficking, conducts actions and operations by way of the Special Group for Coca Control, which detects incidents of diversion of coca leaf in breach of the country's General Law on Coca. In addition, the Ministry for Rural Development and Land and the Ministry of Productive Development and the Plural Economy issue regulations to ensure compliance with the quality standards for the industrial use of coca.

329. Measures were adopted by the Plurinational State of Bolivia to develop and implement studies to determine the average coca leaf yield for the regions of Yungas and Trópico de Cochabamba and the northern provinces of La Paz. An inter-institutional technical committee comprising Government institutions and UNODC has been formed to carry out the study. The committee will coordinate the activities necessary to study the coca yield in the country. European Union funding has been secured for the preparation and implementation of the study.

330. The Board looks forward to continued cooperation with the Plurinational State of Bolivia and thanks the Government for its regular exchange of information with the Board.

(c) Myanmar

331. The Board undertook a mission to Myanmar in June 2016 and notes three years later that considerable progress has been achieved through new drug control legislation and the conduct of a national drug use survey,

with efforts ongoing to ensure adequate availability of opioids for medical purposes. The Government of Myanmar has supplemented its action plan for the elimination of illicit drugs for the period 1999–2014 with a five-year action plan for the period 2015–2019.

332. In 2018, Myanmar enacted the Narcotic Drugs and Psychotropic Substances Law, which amended the previous law of 1993 to provide better medical treatment opportunities in accordance with international standards. The amended law paves the way for moving to a more health-oriented approach to the prevention and treatment of drug use. The Central Committee for Drug Abuse Control adopted a new drug control policy which reflects the outcome document of the thirtieth special session of the General Assembly, on the world drug problem, held in 2016, and uses approaches designed to meet the Sustainable Development Goals.

333. Drug law enforcement activities are being carried out in close cooperation between the Armed Forces, the Police Force and the Customs Department of Myanmar. The Drug Enforcement Division of the Police Force conducted four special operations in 2018, including joint Myanmar-Thailand measures. Cross-border law enforcement operations, with the cooperation of border liaison offices of China, the Lao People's Democratic Republic and Thailand, have enhanced drug control efforts. Myanmar has also hosted the Safe Mekong Coordination Center and facilitated the sharing of experiences among countries of the Mekong region. Myanmar has also been actively tackling the illicit manufacture of and trafficking in amphetamine-type stimulants, including through cross-border drug law enforcement operations and information exchange with China. The Board recognizes the continued challenges faced by Myanmar with respect to controlling and detecting precursors and equipment being used in the manufacture of illicit drugs.

334. The Board takes note of the public-awareness measures and drug use prevention efforts of Myanmar, including outreach to communities, schools and universities. Alternative development projects and drug eradication efforts were also carried out from 2012 to 2017, contributing to progress in the peace process. There have been benefits obtained from the cultivation of alternative crops, including avocado trees and coffee, such as the development of infrastructure and livestock breeding. Several districts now have access to clean drinking water and irrigation, and family incomes have also increased. The Board commends the efforts to implement these opium poppy substitution pilot programmes and prevention efforts, which have reportedly led to annual decreases in opium poppy cultivation and production. Additional

efforts are ongoing to ensure access and availability of controlled substances for medical and research purposes.

335. Concerning drug demand reduction, Myanmar reported that at the end of 2018, there were 55 methadone clinics across the country and more than 16,000 patients taking methadone every day. From January to September 2018, there were a total of 5,490 new methadone patients. The rate of completion of six months of methadone maintenance therapy by patients is 70 per cent. The Myanmar National Strategic Plan on HIV and AIDS for the period 2016–2020 has been operationalized at the subnational level and provides a road map for concrete strategies and steps to reach the populations most vulnerable to HIV transmission. A national strategic framework on health and drugs is being developed by the Ministry of Health and Sport, in coordination with the Ministry of Home Affairs and Ministry of Social Welfare, Relief and Resettlement. By the end of 2018, the Government reported that approximately one third of the people who injected drugs had access to HIV prevention and measures aimed at minimizing the adverse public health and social consequences of drug abuse. There is a national goal to reach 90 per cent of people who inject drugs through HIV prevention, treatment and health-care programmes.

336. The Board looks forward to a continued dialogue with Myanmar about its comprehensive drug control efforts and any continued challenges faced by the country as it implements activities within the framework of the amended legislation and a health-oriented approach.

(d) Senegal

337. The Government of Senegal has provided information to the Board about national drug control measures adopted since the Board's mission in October 2016. Senegal has reported progress in creating a more effective legislative and regulatory drug control infrastructure. National measures have included the adoption of the National Strategic Plan for the period 2016–2020, which has been a key reference document for the country's drug policy. Since 2018, additional financial resources have been allocated from the State budget for implementation of the National Strategic Plan.

338. The Board takes note of the efforts of Senegal to improve access to and availability of narcotics drugs and psychotropic substances for medical purposes, including the use of opioids for the treatment of pain, and to ensure their rational medical use. The Government of Senegal has held training workshops for cancer specialists and pharmacists responsible for managing morphine-based

medicines with the support of the National Pharmaceutical Supplier and WHO.

339. Efforts undertaken by the Government of Senegal in the area of drug abuse and treatment have included preparations for the establishment of a national monitoring centre for drugs and addiction. The new centre would operate in addition to the Dakar addiction treatment centre, which dispenses methadone (for opioid substitution treatment) and is specialized in treating all addictions. Senegal has also held large-scale awareness-raising campaigns during an annual national drug awareness and prevention week. Awareness-raising activities are aimed at combating the stigmatization and marginalization of drug users. They are also intended to provide information about the availability of care and access to treatment centres and to reduce the risks associated with drug use by injection.

340. The Government of Senegal also reported on the intensification of its efforts to address drug trafficking and foster increased cooperation within the region. Specifically, a joint airport interdiction task force was established at the Blaise Diagne International Airport and a joint container and vessel control unit was created at the Autonomous Port of Dakar. Those joint operational bodies are composed of police, gendarmerie and customs officers. Capacity-building initiatives were also undertaken for law enforcement agencies, in particular the holding of training workshops on detection, investigations and inquiries. With regard to international cooperation, the Government of Senegal provided information about bilateral agreements signed in the area of security that provide for joint investigations, the exchange of information and intelligence and the sharing of experiences and good practices, and also provided information on the holding of joint operations such as "Operation Open roads", which was conducted in 2018 as part of an action plan on cross-border cooperation between the Gambia, Guinea-Bissau and Senegal.

341. The Board encourages the Government of Senegal to continue its efforts to implement the provisions of the drug control conventions and looks forward to continued cooperation with the Government's authorities on drug control matters.

(e) South Africa

342. The Government of South Africa has communicated national drug control developments since the Board's mission of October 2016. The country's National Drug Master Plan has been renewed for the period 2018–2022, with an implementation plan that seeks to reduce

supply and demand for drugs for non-medical use, increase measures aimed at minimizing the adverse public health and social consequences of drug abuse, control drugs for medical use, and prevent new drugs from entering the illicit market. As part of efforts to improve coordination among national drug control stakeholders, the country's Department of Social Development provides technical support to the Central Drug Authority, which coordinates with the other government agencies in the field of combating substance abuse in South Africa.

343. Through its National Department of Health, South Africa has adopted the health sector drug master plan for the period 2019–2023, in line with the National Drug Master Plan and the country's Prevention of and Treatment for Substance Abuse Act of 2008. The health sector plan is aimed at enhancing drug control coordination in the health sector at the national, provincial and district levels. The country's Department of Health works in collaboration with the South African National AIDS Council and other stakeholders to develop and implement targeted interventions for HIV-affected population groups. Data regarding the nature and extent of drug use among people affected by HIV are being collected through health surveys.

344. The Government, through the South African Police Service, has adopted measures to ensure compliance with precursor pre-export notifications, including submission of data on precursors and new psychoactive substances, as well as participating in the international operational initiatives launched by INCB. The South African Narcotics Enforcement Bureau serves as the focal point for the submission of data to INCB and participation in operational actions, together with the Forensic Science Laboratory of the Police Service.

345. As part of the efforts to understand the extent of drug use and the scope of available treatment, the National Department of Health has a system in place to monitor drug abuse in the country. That surveillance system is funded by the Department of Health and is part of the South African Medical Research Council. Data are also available through the South Africa Demographic and Health Survey and the South African National Health and Nutrition Examination Survey. The Government has also been supportive of the South African Community Epidemiology Network on Drug Use to monitor the trends of substance use in drug treatment facilities.

346. The Board welcomes the regular exchange of information with South Africa and looks forward to continued cooperation with the authorities.

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

347. Where the Board has objective reason to believe that the aims of the international drug control conventions are being seriously endangered by the failure of a party, State or territory to comply with the obligations contained in one of the conventions, the Board can invoke certain measures to facilitate compliance. These measures, consisting of a series of steps, are set out in article 14 of the 1961 Convention as amended, article 19 of the 1971 Convention and article 22 of the 1988 Convention. Under these articles, the Board engages in a dialogue with the State or States in question with a view to facilitating compliance with the conventions when all other means have been unsuccessful.

348. Throughout its history, INCB has invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention with respect to a number of States and has engaged in dialogue with the Governments of those States with a view to bringing about compliance with the conventions. In such cases, the name of the State concerned is not publicly disclosed and related consultations with the Board are confidential, unless the Board decides to bring the situation to the attention of the parties, the Economic and Social Council or the Commission on Narcotic Drugs following its consultations with the Government in question.

349. The present section includes a discussion on measures taken by the Board regarding Afghanistan because, in 2001, the Board determined that a serious situation existed that called for cooperative action at the international level and with the authorities of any future governing body in Afghanistan, whether transitional or permanent, and decided to use its annual report to call the parties to the 1961 Convention as amended by the 1972 Protocol, the Economic and Social Council and the Commission on Narcotic Drugs to the situation in Afghanistan, pursuant to article 14, paragraph 1 (*d*), of the 1961 Convention as amended.

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

350. The Board and its secretariat have been in regular contact with the Government of Afghanistan throughout the period under review and have met with senior representatives of the Government on several occasions to discuss the most effective way of securing international assistance for the country following the Board's invocation in May 2018 of article 14 bis of the 1961 Convention as amended, with the consent of the Government. In particular, in February 2019, the President of the Board and the Permanent Representative of Afghanistan to the United Nations (Vienna) met to discuss the drug control situation in the country, as well as matters pertaining to the implementation of the Board's recommendations following its mission to Afghanistan in May 2016, and the actions to be undertaken under article 14 bis of the 1961 Convention as amended.

351. In March 2019, the President of the Board met with the delegation of Afghanistan to the sixty-second session of the Commission on Narcotic Drugs, led by the Deputy Foreign Minister for Political Affairs of Afghanistan, to discuss the needs and challenges of Afghanistan in drug control.

United Nations action

352. On 15 March 2019, Security Council unanimously adopted resolution 2460 (2019), in which it decided to extend until September 2019 the mandate of UNAMA, recognized that the renewed mandate of UNAMA was in support of the country's full assumption of ownership in the security, governance and development areas, consistent with priorities outlined in the Transformation Decade (2015–2024). In the same resolution, the Council stressed the central importance of a comprehensive and inclusive Afghan-led and Afghan-owned political process towards a peaceful resolution of the conflict and a comprehensive political settlement and welcomed progress in that regard. In addition, the Council stressed the critical importance of a continued and appropriate presence of UNAMA and other United Nations agencies, funds and programmes in the provinces, based on a "One United Nations" approach and in close consultation and coordination with and in support of the priorities of the Afghan Government, in response to needs and with a view to security and including the objective of overall United Nations effectiveness.

353. On 17 September 2019, the Security Council adopted resolution 2489 (2019) in which it decided to extend the mandate of UNAMA until 17 September 2020. In the same resolution the Council decided that the Special Representative of the Secretary-General for Afghanistan and Head of UNAMA would continue to lead and coordinate the international civilian efforts, in full cooperation with the Government of Afghanistan, focusing on priorities that included providing outreach and good offices to support, in close consultation with the Government of Afghanistan, the Afghan-led and Afghan-owned peace process.

Situation in Afghanistan

354. The security situation in Afghanistan continued to be highly volatile. In 2018, UNAMA recorded 22,478 security incidents, a decrease of 5 per cent compared with the figure for 2017 (23,744 security incidents), which was the highest figure ever recorded. The southern and eastern parts of Afghanistan saw the largest number of security incidents in 2018, accounting for 52 per cent of all security incidents in the country. The number of targeted killings and abductions increased by 9 per cent in 2018 compared with the previous year, and the number of suicide attacks increased by 5 per cent. UNAMA also recorded 13,805 armed clashes in 2018 (a decrease of 10 per cent compared with the figure for 2017), which accounted for 61 per cent of all security-related incidents in the country. There were 1,352 airstrikes reported in 2018, which is a substantial increase (42 per cent) compared with the figure for 2017.

355. Despite the intensification of peace talks in the first half of 2019, the Taliban announced the start of its offensive in April 2019. Throughout 2018, the Taliban temporarily captured 21 district administrative centres. In April 2019, the Taliban announced that, in the areas in Afghanistan under its control, it had temporarily prevented ICRC and WHO from carrying out relief work and that it had revoked security guarantees for their staff. In September 2019, the Taliban announced that it had revoked its ban on ICRC in Afghanistan and that, in the areas under its control, it would guarantee security of ICRC staff providing humanitarian assistance.

356. Several Taliban-led attacks in September 2019 caused substantial casualties among civilians in Afghanistan. Following an attack on 6 September, in which a United States soldier and 11 others were killed, the President of the United States announced the withdrawal of the United States from negotiations with the Taliban.

357. In April 2019, a four-day Consultative Peace Loya Jirga was convened by the President of Afghanistan with the aim of discussing the framework for negotiations with the Taliban. The Loya Jirga brought together about 3,200 elders, religious scholars and other prominent Afghans, representing all parts of Afghanistan and all ethnic groups in the country. However, many political figures and parties, including the Chief Executive of Afghanistan, refused to participate in the four-day gathering, claiming that they had not been involved in any of the prior consultations.

358. After several months of delay, the electoral management bodies finalized the results of the 2018 parliamentary elections, which led to the inauguration of a new parliament for the first time since 2011. On 29 May 2019, the Independent Election Commission announced that the presidential election would be held on 28 September 2019.

359. Afghanistan undertook structural reforms that resulted in the merger of the Ministry of Counter Narcotics and the Ministry of the Interior in April 2019.

360. In their meetings with the Board, representatives of the Afghan Government emphasized that the Government would continue to attach the highest importance to its drug control efforts, even though those efforts continued to be hampered by structural issues facing the country, such as armed insurgency and terrorist acts and security threats; limited alternative livelihood opportunities; and poor prevention, treatment and rehabilitation programmes due to limited resources. The representatives noted the grave consequences of drug abuse on the Afghan population and the disproportionate impact of drug abuse on women, given their role as primary caregivers and given the lack of resources earmarked specifically for their treatment, rehabilitation and social reintegration.

361. In July 2019, UNODC issued *Afghanistan Opium Survey 2018: Challenges to Sustainable Development, Peace and Security*, which had been prepared in close collaboration with the Ministry of Counter Narcotics of Afghanistan. According to the publication, in 2018, the total area under illicit opium poppy cultivation in Afghanistan was reduced by 20 per cent and, as a result, the amount of opium produced dropped by 29 per cent to an estimated 6,400 tons. These sharp decreases came after sustained lack of rain and snow during the 2017/18 wet season. A severe drought affected crops in more than two thirds of Afghanistan, devastating the agricultural sector, and incomes reportedly fell by about a half in severely affected areas. The gross value of the Afghan opiate economy fell by two thirds, from between \$4.1 billion and \$6.6 billion in 2017 to between \$1.2 billion and

\$2.2 billion in 2018. However, the opiate economy still accounted for 6–11 per cent of the country's gross domestic product and exceeded the value of its officially recorded licit exports of goods and services.

362. In the meantime, international partners of Afghanistan, including UNODC, continued to provide assistance in the area of drug control. Under a joint initiative of the Ministry of Agriculture, Irrigation and Livestock, the Ministry of Counter Narcotics and UNODC, a two-day conference on the role of agricultural extension in the promotion of alternative development in Afghanistan was held in Kabul in October 2018. About 150 agricultural workers attended the event, which showcased agricultural products and technological advances in the private sector and provided marketing opportunities for crop and livestock products. A one-day national conference focusing on investment in the development of the pine nut trade as an alternative development initiative was held in Kabul in January 2019.

Cooperation with the international community

363. At the Thirteenth Triangular Initiative Senior Officials Meeting, held in Islamabad in December 2018 with the support of UNODC, the drug control authorities of Afghanistan, Iran (Islamic Republic of) and Pakistan discussed ways to improve regional drug control cooperation. The senior officials agreed on conducting joint activities, including joint patrolling operations, intelligence-led drug interdiction operations and controlled delivery operations.

364. Afghanistan continued to pursue regional and international cooperation under the Heart of Asia – Istanbul Process. Under this platform, a regional technical group meeting on culture and education was held in Tehran in August 2018, a meeting on counter-terrorism was held in Kabul in September 2018, a meeting on trade and commerce was held in New Delhi in October 2018, a meeting on counter-narcotics was held in Moscow in October 2018 and a meeting of senior officials was held in Ankara in June 2019.

365. The President of Afghanistan attended a meeting of the Council of Heads of State of the member States of SCO held in Bishkek in June 2019. At that meeting, representatives of member States of SCO reaffirmed their intention to step up joint efforts to combat drug trafficking, including under the three international drug control conventions and other related legal instruments. They also reaffirmed their determination to ensure regional security

and stability and expressed their support for the work being carried out by the Government and people of Afghanistan, with the assistance of the international community, that was aimed at restoring peace and ensuring the sustained development of the country. They expressed their willingness to facilitate a political settlement under the guidance of the people of Afghanistan and with their involvement on a bilateral basis and within the framework of the contact group on Afghanistan of SCO.

Conclusions

366. Afghanistan continued to face complex challenges to its security and peacebuilding efforts. While between January and September 2019, there was an intensification of peace talks, including those facilitated by the international community, as well as the intra-Afghan peace dialogue, the conflict continued, resulting in numerous casualties among the civilian population. The negotiation efforts led by the United States seem to have come to a standstill following a spate of Taliban-led attacks in September 2019.

367. Despite the sharp drop in the total area under illicit opium poppy cultivation and the estimated amount of opium produced in Afghanistan in 2018, which were mainly attributable to severe drought, the opiate economy continued to be substantial, even exceeding the value of the country's licit exports of goods and services. The Government continued to express its commitment to tackling the drug situation in the country, while underlining the need for continued regional and international cooperation and assistance in the area of drug control.

368. The Board is committed to continuing its consultations with the Government of Afghanistan, in particular, with a view to effectively implementing article 14 bis of the 1961 Convention as amended. In this regard, the Board will continue to engage with the Government of Afghanistan, the competent United Nations organs and specialized agencies, in order to facilitate the delivery of assistance to Afghanistan in addressing drug control challenges in the country and to ensure that sustainable development is an essential component of drug control in the country.