

Chapter II.

Functioning of the international drug control system

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

46. In its capacity as custodian of the three international drug control conventions, the International Narcotics Control Board (INCB) works closely with Governments to ensure that the conventions receive the widest possible ratification. Reflecting this fact, INCB has continued to engage the Governments of States parties and non-parties alike in an effort to promote the universal ratification and comprehensive implementation of the conventions.

47. As in the past, this has been accomplished through regular consultations in the form of sustained dialogue with Governments, including high-level meetings, country missions, extensive correspondence on technical and policy matters and the delivery of training activities.

48. INCB has urged Governments, in their implementation of the treaty obligations incumbent upon them, to take a balanced approach to the formulation of drug policy. Such an approach should have the welfare of humankind at its centre and should reflect the following imperatives: the need to control licit trade in controlled substances to prevent their diversion for trafficking purposes while not hindering their availability for legitimate medical and scientific purposes; the need to have structures in place for the prevention of drug abuse, the early identification and treatment of drug abuse and the education, aftercare, rehabilitation and social reintegration of persons affected by drug abuse; and the need to have drug policies that respect human rights and penal policies that

are proportionate and measured, in keeping with the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.

Status of adherence to the international drug control treaties

49. Reflecting the widespread consensus they enjoy among States, the international drug control treaties are among the most widely ratified international legal instruments.

50. Following the accession of Afghanistan, as at 1 November 2015, the number of States parties to the 1961 Convention as amended by the 1972 Protocol was 185. Prior to that accession, Afghanistan had been a party to the Single Convention on Narcotic Drugs of 1961 in its unamended form. Chad is now the only State party to the 1961 Convention that has not yet acceded to the 1972 Protocol. Only 11 States have yet to accede to the 1961 Convention as amended: 2 States in Africa (Equatorial Guinea and South Sudan), 2 in Asia (State of Palestine and Timor-Leste) and 7 in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu).

51. In 2015, the number of States parties to the 1971 Convention remained 183, with 14 States not yet parties to that Convention: 3 States in Africa (Equatorial Guinea, Liberia and South Sudan), 1 State in the Americas (Haiti), 2 States in Asia (State of Palestine and Timor-Leste) and 8 in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tuvalu and Vanuatu).

52. The 1988 Convention has been ratified or acceded to by a total of 189 States. As at 1 November 2015, nine States were not party to the 1988 Convention: three States in Africa (Equatorial Guinea, Somalia and South Sudan), one in Asia (State of Palestine) and five in Oceania (Kiribati, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

53. INCB welcomes the near universal ratification of the drug control conventions by States and reminds those States that have not yet acceded to one or more of the conventions of the importance of doing so without further delay and of ensuring their comprehensive implementation within the national legal order.

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

54. The fundamental goal of the international drug control systems is assuring the health and welfare of humankind. This goal is to be achieved through two, twin actions: ensuring the availability of internationally controlled substances for medical and scientific purposes; and preventing the diversion of controlled substances into illicit channels or, in the case of precursor chemicals, for use in the illicit manufacture of narcotic drugs and psychotropic substances.

55. 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

56. 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 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.

57. In its decision 58/3 of 13 March 2015, the Commission on Narcotic Drugs decided to include AH-7921 in Schedule I of the 1961 Convention as amended. In accordance with article 3, paragraph 7, of the 1961 Convention as amended, that decision was communicated by the Secretary-General to all Governments, to the World Health Organization (WHO) and to the Board on 8 May 2015, and became effective with respect to each party on the receipt of that notification. **INCB therefore requests all 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.**

58. The Board also wishes to draw the attention of Governments to the fact that nine substances were put under international control under the 1971 Convention by the Commission on Narcotic Drugs in March 2015. The substances concerned are 25B-NBOMe (2C-B-NBOMe), 25C-NBOMe (2C-C-NBOMe) and 25I-NBOMe (2C-I-NBOMe), which were added to Schedule I of the 1971 Convention, and AM-2201, JWH-018, 3-4-methylenedioxypropylvalerone (MDPV), mephedrone (4-methylmethcathinone), methylone (*beta*-keto-MDMA) and *N*-benzylpiperazine (BZP), which were added to Schedule II of that Convention in accordance with Commission decisions 58/1, 58/6, 58/7, 58/8, 58/9, 58/10, 58/11, 58/12 and 58/13 of 13 March 2015. 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, to WHO and to the Board on 8 May 2015, and became fully effective with respect to each party on 4 November 2015. **INCB therefore requests all 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 1971 Convention.**

59. The Board wishes to remind Governments that *gamma*-hydroxybutyric acid (GHB) was transferred from Schedule IV to Schedule II of the 1971 Convention, in accordance with Commission on Narcotic Drugs decision 56/1 of 13 March 2013. The decision of the Commission became fully effective with respect to each party on 4 December 2013. The Board notes that some States parties have not yet reflected this change in their national regulatory systems. **INCB therefore reminds all Governments of their obligations to amend the list of substances controlled at the national level accordingly, and to apply to GHB all control measures foreseen for the substances in Schedule II of the 1971 Convention, including the introduction of an import and export authorization requirement.**

60. In accordance with Economic and Social Council resolutions 1985/15, 1987/30 and 1993/38, Governments are required to introduce an import authorization requirement for zolpidem, a substance that was included in Schedule IV of the 1971 Convention in 2001. In response to the Board's request made in its annual reports for 2012 and 2013, a number of additional Governments have provided the requisite information. Thus, as at 1 November 2015, relevant information is now available for 128 countries and territories. Of those, 118 countries and territories have introduced an import authorization requirement, and 2 countries (Indonesia and the United States of America) require a pre-import declaration. Six countries and territories do not require an import authorization for zolpidem (Cabo Verde, Ireland, New Zealand, Singapore, Vanuatu and Gibraltar). Imports of zolpidem into Azerbaijan are prohibited, and Ethiopia does not import the substance. At the same time, information on the control of zolpidem remains unknown for 86 countries and territories. **INCB therefore again invites the Governments of those countries and territories to supply it with information on the control status of zolpidem as soon as possible.**

61. With regard to precursor chemicals, the Board notes that in a number of countries, the necessary legislation and control measures are still not in place or fully implemented. As a Government's domestic regulatory system is also a prerequisite for being able to notify importing countries of exports of chemicals prior to their departure, Governments are requested to adopt and implement national control measures to effectively monitor the movement of precursor chemicals. Governments are also requested to further strengthen existing precursor control measures, should any weaknesses be identified. By implementing those measures, countries will limit their exposure to the risk of being targeted by drug traffickers.

(b) Prevention of diversion from international trade

Estimates and assessments of annual requirements for controlled substances

62. The system of estimates and assessments of annual licit requirements for narcotic drugs and psychotropic substances is the cornerstone of the international drug control system. It enables exporting and importing countries alike to ensure that trade in those substances stays within the limits determined by the Governments of importing countries and that diversions of controlled substances from international trade are 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 or import. The system of assessments of annual requirements for psychotropic substances was adopted by the Economic and Social Council and the system of estimates of annual requirements for selected precursors was adopted by the Commission on Narcotic Drugs, in its resolution 49/3, to help Governments to prevent attempts by traffickers to divert controlled substances into illicit channels. The assessments of annual requirements for psychotropic substances and estimates of annual requirements for selected precursors help Governments to identify unusual transactions. In many cases, the diversion of a controlled substance has been prevented when the exporting country refused to authorize the export of the substance because the quantities of the substance to be exported would have exceeded the quantities required in the importing country.

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

64. Governments have the obligation to comply with the limits on imports and exports of narcotic drugs provided for under articles 21 and 31 of the 1961 Convention. Article 21 stipulates, inter alia, that the total of the quantities of each drug manufactured and imported by any country or territory in a given year shall not exceed the sum of the quantity consumed for medical and scientific purposes; the quantity used, within the limits of the

relevant estimates, for the manufacture of other drugs, preparations or substances; the quantity exported; the quantity added to the stock for the purpose of bringing that stock up to the level specified in the relevant estimate; and the quantity acquired within the limit of the relevant estimate for special purposes. Article 31 requires all exporting countries to limit the export of narcotic drugs to any country or territory so that the quantities imported fall within the limits of the total of the estimates of the importing country or territory, with the addition of the amounts intended for re-export.

65. As in previous years, the Board found that the system of imports and exports generally continues to be respected and works well. In 2015, a total of 14 countries were contacted regarding possible excess imports or excess exports identified with regard to international trade in narcotic drugs that had been effected during 2014. Most of the cases were clarified as: (a) a result of errors in reporting on imports or exports; (b) substances imported for re-export; (c) a result of errors in the reporting of the substance or trading partner; and (d) seized drugs imported as court evidence. However, four countries confirmed that excess exports or excess imports had actually occurred and they were reminded of the need to ensure full compliance with the relevant treaty provisions. The Board continues to pursue the matter with those countries that have failed to respond.

66. 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 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 2015, 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.

67. 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, 24 Governments have not submitted a revision of their legitimate requirements for psychotropic substances for at least three years. The assessments valid for those countries and territories may therefore no longer reflect their actual medical and scientific requirements for psychotropic substances.

68. 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. In its interaction with State parties, the Board has repeatedly reminded countries that it is important that Governments estimate and assess correctly and accurately the initial needs of their country. **Therefore, INCB calls upon all Governments to review and update their assessments and estimates on a regular basis and to keep it informed of all modifications, with a view to preventing any unnecessary importation and, at the same time, facilitating the timely importation of psychotropic substances needed for medical purposes.**

69. 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 2014, the authorities of eight 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 exported psychotropic substances in quantities exceeding the relevant assessment.

Requirement for import and export authorizations

70. One of the main pillars of the international drug control system is the universal application of the requirement for import and export authorizations. Such authorizations are required for transactions involving any of the substances controlled under the 1961 Convention or listed in Schedules I and II of the 1971 Convention. Competent national authorities are required by those conventions to issue import authorizations for transactions involving the importation of such substances into their country. The competent national authorities of exporting countries must verify the authenticity of such import authorizations before issuing the export authorizations required to allow shipments containing the substances to leave their country.

71. The 1971 Convention does not require import and export authorizations for trade in the psychotropic substances listed in Schedules III and IV of the Convention. However, in view of the widespread diversion of those substances from licit international trade in 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.

72. Most countries and territories have already introduced an import and export authorization requirement for psychotropic substances in Schedules III and IV of the 1971 Convention, in accordance with the above-mentioned Economic and Social Council resolutions. By 1 November 2015, 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. A table showing the import authorization requirements for substances in Schedules III and IV applied pursuant to the relevant Economic and Social Council resolutions by individual countries is disseminated by the Board to all Governments twice a year. 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. **INCB urges the Governments of the few States in which national legislation does 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 accordingly.**

Developing an international electronic import and export authorization system for narcotic drugs and psychotropic substances

73. Import and export authorizations are required for narcotic drugs in all Schedules of the 1961 Convention and for psychotropic substances listed in Schedules I and II of the 1971 Convention. Furthermore, pursuant to the relevant Economic and Social Council resolutions, Governments are urged to apply an import and export authorization requirement to substances listed in Schedules III and IV as well. As part of its endeavours to harness technological progress to the effective and efficient implementation of the import and export authorization regime for licit international trade in narcotic drugs and psychotropic substances, the Board has spearheaded efforts to develop an electronic tool to facilitate and expedite the work of competent national authorities and to reduce the risks of diversion of those drugs and substances. The new tool, called the International Import and Export Authorization System (I2ES), is an innovative, web-based application that was developed by the Board in cooperation with UNODC and with the support of Member States. I2ES allows Governments to electronically generate import and export authorizations for

licit imports and exports of narcotic drugs and psychotropic substances, to exchange those authorizations in real time and to instantly verify the legitimacy of individual transactions while ensuring full compliance with the requirements of the international drug control conventions. I2ES significantly reduces the risk of drug consignments being diverted into illicit channels.

74. As all participating Government officials are individually pre-screened by the INCB secretariat before being given "administrator" access to I2ES, Governments can know with certainty that any I2ES-generated authorization is legitimate and authentic. I2ES automatically checks the amount(s) to be imported against the estimates and assessments of importing countries and alerts users to excess imports. I2ES also sends electronic alerts when the amounts actually received in the importing country are smaller than the amounts that were authorized for export.

75. Designed to complement, but not replace, existing national electronic systems, I2ES is able to link with other national electronic systems so that Governments do not need to abandon their own domestic electronic monitoring systems. For countries without national electronic monitoring systems, it is possible to generate import and export authorizations in I2ES and to download and print them as necessary. The system is expected to streamline and facilitate the process of verification of import and export authorizations by the competent national authorities. In developing I2ES, the Board has ensured that the format of and the types of information to be included in those electronic authorizations meet all the requirements provided for in the international drug control conventions.

76. I2ES was officially launched on the margins of the fifty-eighth session of the Commission on Narcotic Drugs, held in Vienna in March 2015. In its resolution 58/10, the Commission welcomed the launch of I2ES, urged Member States to promote and facilitate the fullest possible use of the system and invited Member States to provide voluntary financial contributions for its administration and maintenance. Since its launch, I2ES has been open for registration by competent national authorities. So far, competent national authorities from 15 countries (Algeria, Australia, Bangladesh, Brazil, Canada, Chile, Colombia, Germany, Malaysia, Peru, Singapore, Switzerland, Thailand, Turkey and Zambia) have registered. The Board stands ready to provide further information on I2ES to interested Governments at any time. Detailed information on I2ES is also available on the Board's website (www.incb.org), in the secure area for Governments. **INCB wishes to encourage all competent national authorities that have not yet done so to register and start using I2ES as soon as possible, as only through its widespread application will Governments be able to avail themselves**

of all the advantages that the tool provides. The Board stands ready to assist in that regard. The Board reiterates the call to Member States contained in Commission on Narcotic Drugs resolution 58/10 to provide the fullest possible financial support to enable the secretariat of the Board to continue administering and monitoring the system.

Pre-export notifications for precursor chemicals

77. To help prevent the diversion of precursor chemicals from international trade, the 1988 Convention, and specifically its article 12, paragraph 10 (a), 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. The importing country has the opportunity to verify the shipment's legitimacy using that pre-export notification. Currently, 113 States and territories have invoked the provision and have formally requested pre-export notifications. Although this represents an increase compared with the previous year, there is still a significant number of Governments and regions that remain unaware of, and vulnerable to, precursors entering their territory. **INCB encourages the remaining Governments to invoke article 12, paragraph 10 (a), of the 1988 Convention without further delay.**

78. To help Member States easily provide each other with information on planned exports of precursor chemicals, the Board established Pre-Export Notification Online (PEN Online) in 2006. PEN Online allows users to raise alerts when the legitimacy of a given shipment is suspect. A total of 151 countries and territories have registered to use PEN Online, and increasing use has led to an average of more than 2,600 pre-export notifications communicated each month. The Board is aware that some countries continue to export scheduled chemicals without sending pre-export notifications via the PEN Online system, in some cases despite the fact that the importing country requires such pre-export notifications. **INCB calls on Governments to actively and systematically use PEN Online and urges the remaining States that have not registered to use the system to do so as soon as possible.**

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

79. The system of control measures laid down in the 1961 Convention provides effective protection to international trade in narcotic drugs against attempts to divert such

drugs into illicit channels. Similarly, as a result of the almost universal implementation of the control measures stipulated in the 1971 Convention and the related Economic and Social Council resolutions, in recent years there have been no identified cases involving the diversion of psychotropic substances from international trade into illicit channels. In addition, the 1988 Convention obliges parties to prevent the diversion of precursor chemicals from international trade to the manufacture of narcotic drugs and psychotropic substances. The Board has developed various systems to monitor compliance with that aspect of the 1988 Convention and has recorded limited cases of diversion from licit international trade.

80. 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.

81. Since May 2015, investigations regarding discrepancies for 2014 related to the trade in narcotic drugs have been initiated with 32 countries. The responses indicated that the discrepancies were caused by clerical and technical errors in preparing the reports, reporting on exports or imports of preparations in Schedule III of the 1961 Convention without indicating it on the form, and inadvertent reporting of transit countries as trading partners. In some cases, countries confirmed the quantities reported by them, resulting in follow-up investigations with their respective trading partners being initiated. Reminder letters were sent to the countries that did not reply.

82. Similarly, with regard to international trade in psychotropic substances, investigations into 549 discrepancies related to 2013 data were initiated with 74 countries. As at 4 September 2015, 28 countries had provided replies relating to 393 cases involving discrepancies, leading to the resolution of 107 of those cases. In all cases in which the data provided were confirmed by the responding countries, follow-up actions with the counterpart countries were initiated. All responses received so far indicate that the discrepancies were caused by clerical or technical errors, in most cases either the failure to convert amounts into anhydrous base or "overlapping", i.e. an export in a given year was received by the importing country only at the beginning of the following year. None of the cases investigated showed a possible diversion of psychotropic substances from international trade.

83. INCB calls upon Governments to continue to monitor international trade in narcotic drugs, psychotropic substances and precursors by using the tools mentioned above. Competent national authorities are encouraged to request the Board to assist in verifying the legitimacy of suspicious individual transactions.

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

84. Diversion from domestic distribution channels has become a major source of precursors used for illicit drug manufacture, including methamphetamine. The control measures applied to domestic trade in and distribution of chemical substances often lag behind those used in international trade, and the extent of control over domestic trade and distribution varies significantly from one country to another. More information on diversion from domestic distribution channels can be found in the report of the Board for 2015 on precursors. INCB encourages Governments to actively participate in the activities under Project Prism and Project Cohesion, the two international initiatives focusing on precursors used in the illicit manufacture of amphetamine-type stimulants, and cocaine and heroin, respectively. The Board also recommends that all Governments regularly review their annual legitimate requirements for the import of pseudoephedrine and ephedrine, as published, amend them as necessary utilizing the most recent market data and inform the Board accordingly.

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

85. In line with its mandate to ensure the availability of internationally controlled substances for medical and scientific purposes, the Board carries out various activities related to narcotic drugs and psychotropic substances. The Board monitors action taken by Governments, international organizations and other bodies to support the availability and rational use of controlled substances for medical and scientific purposes.

(a) Supply of and demand for opiate raw materials

86. INCB regularly examines issues affecting the supply of and demand for opiates for licit requirements, and endeavours to ensure a standing balance between that

supply and demand on the basis of data provided by Governments.

87. To establish the status of the supply of and demand for opiate raw materials, the Board analyses the data provided by Governments on opiate raw materials and on opiates manufactured from those raw materials. In addition, INCB also analyses information on the utilization of those raw materials, estimated consumption for licit use and stocks at the global level. A detailed analysis of the current situation with regard to the supply of and demand for opiate raw materials is contained in the 2015 technical report of the Board on narcotic drugs.⁹ The following paragraphs provide a summary of that analysis.

88. INCB recommends that global stocks of opiate raw materials be maintained at a level sufficient to cover global demand for approximately one year, in order to ensure the availability of opiates for medical needs in case of an unexpected shortfall in production, for example, caused by adverse weather conditions in producing countries, and, at the same time, limit the risk of diversion associated with excessive stocks.

89. In 2014, the area sown with opium poppy rich in morphine in major producing countries decreased compared with the levels of the previous year in Australia and France, but increased slightly in Turkey and stayed at the same level in India and Spain. In Hungary, the actual area harvested more than doubled in 2014. The advance data for 2015 show a 12 per cent increase in the total estimated area of opium poppy rich in morphine harvested in major producing countries. That may be attributed to the expected increase in Turkey (131 per cent). In 2016, the cultivation of opium poppy rich in morphine will increase relative to 2015 in Spain, but it will decrease in most of the other main producing countries. It is expected to stay at the same level in Turkey.

90. India is the only opium-producing country that exports opium. It reduced its cultivation of opium poppy by 75 per cent in 2013, and its cultivation in 2014 remained at that 2013 level, with 5,329 ha actually harvested in 2014.

91. In 2014, the cultivation of opium poppy rich in thebaine increased in France and Spain and decreased in Australia. In 2015, the cultivation of opium poppy rich in thebaine measured in terms of area harvested is expected to decrease in Australia and to increase in Spain. France is not expected to cultivate opium poppy rich in thebaine in 2015.

⁹E/INCB/2015/2.

92. The actual area harvested for opium poppy rich in codeine in 2014 was 2,117 ha for Australia and 1,859 ha for France. Both Australia and France, being the only countries among the main producers that cultivate opium poppy rich in codeine, are expected to increase their cultivation in 2015. However, Australia has forecast a dramatic decrease in the cultivation of opium poppy rich in codeine, from 5,220 ha in 2015 to 662 ha in 2016, while France has forecast an increase in the cultivation of that variety of opium poppy.

93. The total production of morphine-rich opiate raw materials in the main producing countries increased to 534 tons¹⁰ in morphine equivalent in 2014 and it is expected to be about 626 tons in morphine equivalent in 2015. Of that quantity, poppy straw will account for 596 tons (95 per cent) and opium will account for 30 tons (5 per cent). In 2016, it is estimated that global production will increase further, to 739 tons in morphine equivalent. In 2014, the global production of opiate raw materials rich in thebaine was 364 tons¹¹ in thebaine equivalent. It is expected to increase to about 376 tons in thebaine equivalent in 2015 but to decrease to about 309 tons in 2016. As in previous years, the actual production of opiate raw materials in 2015 and 2016 may differ considerably from the estimates, depending on weather and other conditions.

94. INCB measures demand for opiates in two ways: (a) in terms of the utilization of opiate raw materials, in order to reflect demand by manufacturers; and (b) in terms of global consumption of all opiates controlled under the 1961 Convention for medical and scientific purposes.¹²

95. Stocks of opiate raw materials rich in morphine in the form of poppy straw, concentrate of poppy straw and opium amounted to about 495 tons in morphine

equivalent at the end of 2014. Those stocks were considered to be sufficient to cover 13 months of expected global demand by manufacturers at the 2015 level. Stocks of opiate raw materials rich in thebaine (poppy straw, concentrate of poppy straw and opium) increased to about 287 tons in thebaine equivalent by the end of 2014. Those stocks would be sufficient to cover the expected global demand by manufacturers in 2015 for about 14 months.

96. Global stocks of opiates based on morphine-rich opiate raw material, mainly in the form of codeine and morphine, held at the end of 2014 (574 tons in morphine equivalent) were sufficient to cover global demand for medical and scientific purposes for those opiates for about 17 months. On the basis of data reported by Governments, total stocks of both opiates and opiate raw materials are sufficient to cover demand for medical and scientific purpose for morphine-based opiates. Global stocks of opiates based on thebaine-rich raw material (oxycodone, thebaine and a small quantity of oxymorphone) decreased to 225 tons in thebaine equivalent at the end of 2014 and were sufficient to cover global demand for medical and scientific purposes for thebaine-based opiates for about 17 months.

97. In 2014, global demand by manufacturers for opiate raw materials rich in morphine increased to 471 tons in morphine equivalent, but it is expected to decrease slightly in 2015, owing to the decrease in demand for opium, and then to increase again in 2016; it is anticipated to be about 460 tons in 2015 and about 480 tons in 2016. Global demand by manufacturers for opiate raw materials rich in thebaine has been decreasing since 2012, probably owing to restrictions on prescription drugs introduced in the main market (the United States). In 2014, total demand decreased to 202 tons of thebaine equivalent, from 235 tons in 2013. Global demand for raw materials rich in thebaine is expected to rise to about 240 tons of thebaine equivalent in 2015 and reach 260 tons in 2016.

98. Codeine and hydrocodone are the most consumed opiates manufactured from morphine. Global demand for morphine-based opiates for medical and scientific purposes has increased, with fluctuations since 2010, reaching 416 tons in morphine equivalent in 2014. Demand for thebaine-based opiates is concentrated mainly in the United States and has increased sharply since the late 1990s. Similar to morphine-based opiates, the global demand for thebaine-based opiates increased in 2014, to 151 tons. Global demand is anticipated to reach approximately 160 tons of thebaine equivalent in 2015 and 180 tons in 2016.

¹⁰The analysis is based predominantly on raw materials obtained from opium poppy rich in morphine but includes the morphine alkaloid contained in opium poppy rich in thebaine and in opium poppy rich in codeine whenever appropriate.

¹¹The analysis is based predominantly on raw materials obtained from opium poppy rich in thebaine but includes the thebaine alkaloid contained in opium poppy rich in morphine whenever appropriate.

¹²Prior to 2003, INCB measured global demand only by global consumption of major opiates controlled under the 1961 Convention, expressed in morphine equivalent. However, by using that approximation, the following were excluded: (a) demand for less commonly used narcotic drugs; (b) demand for substances not controlled under the 1961 Convention but manufactured from opiate raw materials and for the consumption of which data are not available to INCB; and (c) fluctuations in the utilization of raw materials owing to developments in the market anticipated by the manufacturers, such as expectations of sales of opiates and expected changes in the prices of raw materials or opiates.

99. The global production of opiate raw materials rich in morphine has exceeded the global demand for those raw materials since 2009. As a result, stocks have been increasing, albeit with fluctuations. In 2014, stocks decreased to 495 tons in morphine equivalent and were sufficient to cover the expected global demand for about 13 months. In 2015, global production of opiate raw materials rich in morphine is expected to exceed global demand again, with the result that global stocks of those raw materials will further increase in 2016. Stocks are expected to reach 661 tons by the end of 2015, which is equivalent to about 17 months of expected global demand at the 2016 level of demand (although not all data are available to have a complete forecast). For 2016, producing countries indicated that they plan to increase production. Stocks are anticipated to reach about 920 tons at the end of 2016, sufficient to cover several months in excess of one year of expected global demand. The global supply of opiate raw materials rich in morphine (stocks and production) will remain fully sufficient to cover global demand.

100. In 2014, global production of opiate raw materials rich in thebaine was again higher than demand, leading to an increase in stocks (287 tons) at the end of 2014, equivalent to global demand for 14 months. Production is expected to increase in 2015 and then to decrease in 2016. By the end of 2015, global stocks of opiate raw materials rich in thebaine will likely reach 423 tons, sufficient to cover global demand for about 20 months, and at the end of 2016 may reach 472 tons, sufficient to cover global demand for several months in excess of one year. The global supply of opiate raw materials rich in thebaine (stocks and production) will be more than sufficient to cover global demand in 2015 and 2016.

(b) Consumption of narcotic drugs and psychotropic substances

101. For 2014, a total of 53 Governments (of 50 States and three territories) have submitted information on consumption of some or all psychotropic substances, in accordance with Commission resolution 54/6. That is similar to the number of countries that did so for 2013. The Board is pleased to note that among those Governments are countries that are major manufacturers and consumers of psychotropic substances, such as Belgium, Brazil, China, Denmark, France, Germany, the Netherlands, South Africa, the United Kingdom of Great Britain and Northern Ireland and the United States. That development will enable the Board to more accurately

analyse the consumption levels for psychotropic substances in the countries and territories concerned and to better monitor consumption trends in countries and regions, with a view to identifying unusual or undesirable developments. **INCB therefore encourages those Governments that have submitted consumption data on psychotropic substances to continue doing so, and those that have not yet done so to start without further delay. Such information would enable the Board to analyse levels of consumption of psychotropic substances in an accurate manner and to promote their adequate availability in different regions across the globe.**

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

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

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

104. The provision of data by and other information received from Governments allows the Board to monitor licit activities involving narcotic drugs, psychotropic substances and precursor chemicals. On the basis of its analysis, INCB makes recommendations to improve 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, as well as preventing the diversion of precursors into illicit drug manufacture.

2. Submission of statistical information

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

106. As at 1 November 2015, annual statistical reports on narcotic drugs (form C) for 2014 had been furnished by 135 States and territories (representing 63 per cent of the States and territories requested to submit such reports), although more Governments are expected to submit their reports for 2014 in due course. In total, 178 States and territories provided quarterly statistics on their imports and exports of narcotic drugs for 2014, amounting to 83 per cent of the States and territories required to provide such statistics. A large number of Governments in Africa, the Caribbean and Oceania do not submit their statistics regularly, despite repeated requests by the Board.

107. As at 1 November 2015, annual statistical reports for 2014 on psychotropic substances (form P), in conformity with the provisions of article 16 of the 1971 Convention, had been submitted to the Board by 131 States and territories, amounting to 60 per cent of the States and territories required to provide such statistics. INCB notes that the rate of submission for 2014 is similar to that for 2013. In addition, 108 Governments voluntarily submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II of the Convention, in conformity with Economic and Social Council resolution 1981/7, and a further 53 Governments submitted some quarterly reports.

108. While the majority of Governments regularly submit the mandatory and voluntary statistical reports, the cooperation of some has not been satisfactory. Among the countries that failed to submit form P before the deadline of 30 June 2015 were major manufacturing, importing and exporting countries such as Belgium, Brazil, Canada, China, France, India, Ireland, Italy, Japan, Pakistan, Spain and the United Kingdom. At the same time, the Board notes with satisfaction that the Republic of Korea, a significant importer and exporter of psychotropic substances that did not furnish form P for the years 2011-2013, resumed reporting to INCB for 2014.

109. The Board notes with concern that the number of countries and territories that have not furnished form P to INCB is again highest in Africa, Oceania and the Caribbean. A total of 38 countries and territories in Africa (68 per cent) failed to furnish form P for 2014 to

INCB. Likewise, 50 per cent of the countries and territories in Oceania and 41 per cent in the Caribbean did not furnish form P for 2014. In contrast, form P for 2014 was furnished by all but two countries and one territory in Europe (Greece and Serbia, and Gibraltar) and by all but three countries in North and South America (Canada, Mexico and Paraguay).

110. Difficulties encountered by Governments in submitting statistical reports to the Board may indicate deficiencies in their national mechanisms for regulating controlled substances. **INCB therefore wishes to invite Governments concerned to take steps to enhance, as necessary, their mechanisms for regulating licit activities involving controlled substances, including national systems for compiling data for the mandatory and voluntary statistical reports on narcotic drugs, psychotropic substances and precursors, and the provision of adequate training to the staff of the national competent authorities, in line with the requirements of the international drug control treaties.**

111. 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. For 2014, complete details on such trade were submitted by 117 Governments (89 per cent of all submissions of form P), which is about the same as for 2013. For the other 14 Governments, there were only some missing trade data for 2014. The Board notes with appreciation that a number of countries have already been in a position to submit consumption data for psychotropic substances on a voluntary basis in accordance with Commission on Narcotic Drugs resolution 54/6. Thus, in 2014, a total of 54 countries and territories submitted data on consumption of some or all psychotropic substances. **INCB appreciates the cooperation of the Governments concerned and calls upon all other Governments to furnish information on the consumption of psychotropic substances, as such data are key to an improved evaluation of the availability of psychotropic substances for medical and scientific purposes.**

112. With regard to precursor chemicals, pursuant to article 12 of the 1988 Convention, parties are obliged to report information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. By providing that information annually on form D, Governments help the Board identify emerging trends in precursor trafficking and the illicit manufacture of drugs.

113. As at 1 November 2015, a total of 113 States and territories had submitted form D for 2014. However, 66 countries failed to meet their obligation to submit the form on time by the annual deadline of 30 June 2015.

114. Of the States and territories that provided data for 2014, 54 Governments reported seizures of scheduled substances, and 33 Governments reported seizures of non-scheduled substances, fewer than in the previous year. Many Governments did not provide details on the methods of diversion and illicit manufacture or on stopped shipments. **The Board urges Governments to put the relevant mechanisms in place to ensure that all data submitted to INCB are comprehensive and timely.**

115. On form D, Governments are urged to provide on a voluntary and confidential basis information about their licit trade in precursor chemicals. The Board requests this information in accordance with Economic and Social Council resolution 1995/20. By accessing those data, INCB is able to identify discrepancies in data reported by trading partners and help prevent the diversion of chemicals. As at 1 November 2015, 125 States and territories had provided relevant information on licit trade for the 2014 reporting period, and 98 States and territories had informed INCB about the licit uses of and requirements for some or all of those substances.

116. In 2014, the international community continued to use a variety of innovative tools to reinforce and bolster the precursor control regime. Domestic legislation or new regulatory measures were used by Australia, China, Colombia, the Lao People's Democratic Republic, Poland, Turkey and the European Union to strengthen controls over the manufacture, import, distribution, or sale of precursor chemicals.

117. The INCB Precursors Incident Communication System (PICS) is a secure online tool for worldwide information-sharing between national authorities on precursor incidents, including seizures, shipments stopped in transit, diversions and diversion attempts and illicit laboratories. Registration with PICS is cost-free and simple for Government authorities to access and use. It is now available in four languages: English, French, Russian and Spanish.

118. PICS has seen tremendous growth, both in the number of users and the number of incidents communicated, demonstrating that it is now a key tool of the international precursor control regime. As at 1 November 2015, there were more than 420 registered users of PICS from 94 countries, representing some 200 national agencies and 10 international and regional agencies. Nearly

1,500 incidents have been communicated since the launch of PICS in 2012.

3. Submission of estimates and assessments

119. Pursuant to the 1961 Convention, States parties are obliged to provide the Board each year with estimates of their requirements for narcotic drugs for the following year. As at 1 November 2015, a total of 149 States and territories had submitted estimates of their requirements for narcotic drugs for 2016, representing 70 per cent of the States and territories required to furnish annual estimates for confirmation by the Board. As was the case in previous years, the Board had to establish estimates for those States and territories that had not submitted their estimates on time, in accordance with article 12 of the 1961 Convention.

120. As at 1 November 2015, 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. The assessments of requirements for psychotropic substances for South Sudan were established by INCB in 2011, in accordance with Economic and Social Council resolution 1996/30, in order to allow that country to import such substances for medical purposes without undue delay.

121. Pursuant to 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. In this regard, the Board created a new form, entitled "Supplement to form B/P", designed to facilitate the submission to INCB by competent national authorities of modifications to assessments for psychotropic substances. The form was translated into the six official languages of the United Nations and introduced to all Governments in October 2014. A year after the official release of the form, almost all countries providing modifications to their assessments have already begun using the new form.

122. **INCB recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least once every three years.**

123. Since 1 November 2014, a total of 87 countries and 6 territories have submitted fully revised assessments of their requirements for psychotropic substances, and a further 88 Governments submitted modifications to assessments for one or more substances. Governments of 23 countries and 1 territory have not submitted any revision of their legitimate requirements for psychotropic substances for over three years.

124. **The Board wishes to emphasize the importance of determining accurate initial levels of estimates for narcotic drugs and assessments for psychotropic substances that adequately reflect actual licit needs.** If estimates and assessments are lower than the legitimate requirements, the importation or use of narcotic drugs or psychotropic substances needed for medical or scientific purposes may be delayed or impeded, whereas estimates or assessments that are significantly higher than legitimate requirements might increase the risk that imported narcotic drugs and psychotropic substances are diverted into illicit channels. **INCB reminds all Governments that they have the possibility of submitting to the Board supplementary estimates for narcotic drugs or modifications to assessments for psychotropic substances at any time during the year, whenever they find that their country's current estimates or assessments are not sufficient to cover licit needs. To be able to adequately assess their country's needs, Governments may wish to avail themselves of the *Guide on Estimating Requirements for Substances under International Control*, published in February 2012, which was developed by INCB and the World Health Organization for use by competent national authorities and is available on the INCB website (www.incb.org) in the six official languages of the United Nations.**

125. The Commission on Narcotic Drugs, in its resolution 49/3, requested Member States to provide annual estimates to the Board of their legitimate requirements for substances frequently used in the manufacture of amphetamine-type stimulants, including 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), pseudoephedrine, ephedrine and 1-phenyl-2-propanone (P-2-P) and, to the extent possible, for preparations containing those substances. Those data help give the competent authorities of exporting countries indications of the needs of importing countries, thus alerting them to any potential oversupply and preventing diversion attempts. The information is provided each year on form D and can be updated with INCB at any time and is available on the INCB website. Of note in 2015 was the reduction by almost 70 per cent of the annual legitimate requirement

for the import of pseudoephedrine raw material to the Islamic Republic of Iran.

126. As at 1 November 2015, 157 Governments had provided estimates for at least one of the above-mentioned substances. It is noteworthy that the number of estimates provided by individual Governments has increased steadily over the past 10 years. The number of competent authorities of exporting countries that have consulted with the Board about the legitimate requirements of their trading partners has also steadily increased, thus indicating the value of the estimates and the increased awareness and use of this basic tool.

127. **The Board wishes to remind all Governments that the totals of estimates of annual medical and scientific requirements for narcotic drugs, as well as assessments of requirements for psychotropic substances, are published in yearly and quarterly publications and that monthly updates are available on the Board's website.** Updated information on annual estimates of legitimate requirements for precursors of amphetamine-type stimulants is also available on the website.

4. Data examination and identified reporting deficiencies

128. Problems encountered by Governments in furnishing adequate statistics and/or estimates and assessments to the Board are often an indication of deficiencies in the national control mechanisms and/or health-care systems in the countries concerned. Such deficiencies may reflect problems in the implementation of treaty provisions, for instance, gaps in national legislation, shortcomings in administrative regulations or lack of training of staff of competent national authorities. **INCB invites all Governments concerned to find the causes for deficiencies in reporting statistics and/or estimates and assessments to the Board, with a view to resolving those problems and ensuring adequate reporting. To assist Governments, INCB has developed tools and kits for use by competent national authorities that are available on its website free of charge. Governments are invited to make full use of those tools in the execution of their functions under the international drug control treaties. INCB also wishes to encourage Governments to avail themselves of the specific training that is provided by INCB upon request and provide support to the Board in this regard.**

D. Evaluation of overall treaty compliance

1. Evaluation of overall treaty compliance in selected countries

129. The Board regularly reviews the drug control situation in different countries and overall compliance by Governments with the provisions of the international drug control treaties. The Board's analysis covers various aspects of drug control, including the functioning of national drug control administrations, the adequacy of national drug control legislation and policy, measures taken by Governments to combat drug trafficking and abuse and to ensure the adequate availability of narcotic drugs and psychotropic substances for medical purposes, and the fulfilment by Governments of their reporting obligations under the treaties.

130. The findings of the review and the Board's recommendations for remedial action are conveyed to the Governments concerned as part of the ongoing dialogue between the Board and Governments to enhance the implementation of the international drug control treaties.

131. In 2015, the Board reviewed the drug control situation in Ecuador, France, Jamaica, Morocco and the Philippines, as well as measures taken by the Governments of those countries to implement the international drug control treaties. In doing so, the Board took into account all available information, paying particular attention to new developments in drug control in those countries.

(a) Ecuador

132. The Board notes that the National Assembly of Ecuador adopted a comprehensive drug control law in October 2015, which will replace or supersede several legislative provisions and significantly modify the operation of the drug control system in the country. The new law provides, among other things, for the establishment of a new institutional structure for the coordination of drug control efforts in the country through the creation of an inter-institutional committee mandated with formulating and coordinating drug-related public policy. It also provides for the creation of a technical secretariat on drugs mandated with regulating and monitoring the production, manufacturing, import, export and transport of controlled substances. The law will also confer upon the National Health Authority the responsibility to establish thresholds for the possession of narcotic drugs and psychotropic substances for personal use.

133. The Board wishes to reiterate that the 1961 Convention establishes, in its article 4 ("General obligations"), that the parties to the Convention shall take such legislative and administrative measures as may be necessary to give effect to and carry out the provisions of the Convention and to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs. In addition, article 3, paragraph 2, of the 1988 Convention sets forth the obligation for each State party, subject to its constitutional principles and the basic concepts of its legal system, to adopt such measures as may be necessary to establish as a criminal offence under its domestic law, when committed intentionally, the possession, purchase or cultivation of narcotic drugs or psychotropic substances for personal consumption.

134. The Board also notes that in July 2014 the Government of Ecuador adopted regulations affecting possession of narcotic drugs or psychotropic substances for personal use as published in the official gazette. Current drug control legislation criminalizes the possession of certain controlled narcotic drugs and psychotropic substances in the amounts above the thresholds set out in resolution No. 001 CONSEP-CD-2013, while possession of narcotic and psychotropic substances for personal use in quantities below those thresholds is not punishable pursuant to constitutional principles. Those principles include the supremacy of the Constitution, the right to personal development and the principle of proportionality of sanctions. In addition, the Constitution defines addiction as a public health problem and establishes the State's responsibility for the prevention of drug abuse and provides that the drug use shall not be criminalized. The Board is engaged in an active dialogue with the Government of Ecuador regarding the conformity of its legal framework on possession with its international obligations under the drug control treaties.

135. The Board notes the commitment, expressed by the Government of Ecuador, to adopting an integrated approach to ensure that controlled substances are handled effectively and that their diversion from licit distribution channels is countered through effective control measures, and urges the Government to continue to strengthen its efforts to address illicit drug manufacture, trafficking and abuse in the country.

(b) France

136. In April 2015, the French National Assembly adopted a draft bill on the modernization of the national health system at first reading. The bill was transmitted to

the Senate, examined by the Commission of Social Affairs and returned to the National Assembly for further consideration.

137. One of the measures provided for in the draft bill is the establishment of so-called “low-risk consumption rooms” on a six-year trial basis which would begin as of the date of the opening of the first of those establishments. The Government of France has mandated the French National Institute for Health and Medical Research to conduct, at the end of the six-year trial, the preparation of a comprehensive scientific review of the impact of drug-consumption rooms on the target population.

138. According to the French authorities, the establishment of drug consumption rooms is part of the country’s “harm reduction” policy and has three main objectives: to forge links with drug users who constitute a marginalized group often having little or no contact with the formal health-care system and to bring them back into the system; to reduce the transmission of blood-borne diseases among individuals who abuse drugs by injection and reduce drug overdose cases; and to reduce the nuisance and disturbance to public order of drug abuse by injection.

139. In the past, the Board has expressed its concern that the establishment of drug consumption rooms may not be consistent with the provisions of the international drug control conventions. INCB reminds all States that the ultimate goal of drug treatment measures should be cessation of drug use through treatment of addiction, which should be accompanied by the provision of rehabilitation and social reintegration measures. As such, any form of assistance offered to persons suffering from drug dependence should be delivered within a framework that provides for the active referral of that person to treatment services.

140. As it does with other Governments on similar issues, the Board has actively engaged with the French authorities in an ongoing dialogue on this matter. The Board looks forward to continuing its dialogue with the Government of France to ensure that the drug control measures taken in that country continue to comply with the provisions of the international conventions.

(c) Jamaica

141. The Board takes note of the amendments to the Dangerous Drugs Act approved by the Jamaican Parliament in March 2015. The newly approved measures modify the country’s drug control legislation to the effect

that possession of up to two ounces of cannabis (56.7 grams) by an adult, including use for religious purposes, is reclassified as a non-criminal offence and will be subject to a fine. The Board notes that following the adoption of the Act, possession of cannabis in amounts greater than the defined threshold remains a penal crime and that the Government of Jamaica has stated that it is not promoting or approving the use of cannabis for recreational purposes. The Board also notes the commitment made by the Government of Jamaica to refer individuals caught in possession of less than two ounces of cannabis but who appear to be drug-dependent to a drug treatment and rehabilitation programme, as well as its planned national education campaign on drug abuse prevention.

142. The Board underlines that the 1961 Convention establishes, in its article 4 (“General obligations”), that the parties to the Convention shall take such legislative and administrative measures as may be necessary to give effect to and carry out the provisions of the Convention and to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs.

143. The Board stresses the importance of universal implementation of the international drug control treaties by all States parties and urges the Government of Jamaica to review implementation of its obligations under international drug control treaties and ensure that implementation of domestic legislation does not contravene the provisions of the international conventions to which Jamaica is a party. The Board will continue to monitor developments in Jamaica and looks forward to continuing its dialogue with the Jamaican authorities on matters related to the implementation of the drug control conventions.

(d) Morocco

144. The Board notes that since its high-level mission to Morocco in 2009, there has been a heightened level of cooperation between the Government of Morocco and the Board.

145. Morocco remains one of the world’s largest producers of cannabis resin and continues to be a major source country for cannabis resin trafficked to Europe. Over the past decade, Morocco has been one of the three countries most frequently cited as source or transit countries for cannabis resin seized worldwide.

146. Morocco has made significant efforts to counter illicit cannabis cultivation, leading to a decrease in

reported cannabis cultivation in 2014 in comparison with 2012. The Board also notes that progress has been made in addressing drug-related problems particularly with regard to the prevention and treatment and reduction of illicit cultivation and trafficking of cannabis in the country. While seizures of cannabis resin reported by the Moroccan authorities have declined significantly since 2012, the country is witnessing the emergence of the trafficking of cocaine, which is being smuggled on commercial flights from Brazil and transits through West Africa and Morocco en route to Europe.

147. The National Commission on Narcotic Drugs of Morocco has continued to adopt measures for the implementation of the international drug control treaties. Over the past two years, Morocco has extended its national action plan on drug use, creating more treatment centres throughout the country. Morocco has implemented its national action plan on harm reduction, launching new opiate substitution treatment programmes and initiating the first such programme in a prison setting. The country has released the first report of the National Observatory on Drugs and Addictions and has carried out its second national study on drug use among high-school students.

148. Morocco is currently developing a sectoral cooperation strategy for the period 2016-2021 with WHO. At a meeting of the steering committee for the development of that strategy held in June 2015, representatives of the Government and WHO discussed the modalities of the proposed strategy.

149. Despite the progress made by Morocco in its drug control efforts, several important challenges remain. The Board notes that illicit drug production in Morocco continues to pose a significant challenge to the Government's efforts to address the drug problem. The Board encourages the Government of Morocco to pursue its drug control efforts, in particular those taking aim at illicit cannabis cultivation and trafficking in the country and stands ready to assist in whatever manner it can.

(e) Philippines

150. The Board continues to engage in a constructive dialogue with the Government of the Philippines on drug-related developments in the country, with a view to promoting compliance by the Government and assisting it with meeting the requirements of the international drug control treaties.

151. The Board welcomes the adoption by the Philippines of an integrated approach to combating drug

abuse and trafficking through its national anti-drug plan of action for the period 2015-2020 and its implementation plan which covers five strategic concepts: supply reduction, demand reduction, alternative development, civic awareness and response, and regional and international strategies. This updated framework redefines the mandates of all stakeholders involved and outlines the national priority areas related to drug abuse and control.

152. In accordance with the national anti-drug plan, the Dangerous Drugs Board, which formulates the national drug-control policy, plays a significant role in realizing the objectives set forth in the Philippine Development Plan, particularly in the areas of peace and security and social development, and in international and regional agreements and declarations. The Dangerous Drugs Board provides the applicable measures for coordination, as well as monitoring and evaluation.

153. The Board acknowledges the legislative and administrative changes introduced by the Government of the Philippines to improve the effectiveness of law enforcement and expand the scope of drug control. There were significant cannabis seizures in 2014 (164 kilograms of cannabis herb and 576 kilograms of dried cannabis); 718.5 kilograms of methamphetamine were also seized. The volume of tablets of 3,4-methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy") seized in 2014 was the largest total amount recorded in the country since 2002.

154. The Board notes with concern that there was also a reported increase in the abuse of amphetamine-type stimulants, in particular methamphetamine, and a high rate of HIV prevalence among people who inject drugs (46.1 per cent).

155. The Board notes that there remain challenges to be addressed, including illicit cannabis cultivation in high-altitude areas of the country that are of difficult access and are often not reached by the eradication efforts of the law enforcement authorities. The Board encourages the Government of the Philippines to take further action in this regard.

2. Country missions

156. In the context of its responsibility to promote compliance by Governments with the international drug control conventions and to monitor the functioning of the international drug control system, the Board undertakes missions to selected countries every year in order to

maintain direct dialogue with Governments on matters relating to the implementation of the provisions of those conventions.

157. The purpose of the missions is to obtain detailed, first-hand information on the drug control policies in place in the countries visited and to discuss with competent national authorities their practical experience in implementing the conventions, including problems encountered, good practices identified and additional measures to be considered in order to optimize treaty compliance.

158. The Board's missions are aimed at appraising the prevailing situation in the countries visited on a wide variety of drug control matters within the ambit of the drug control conventions, including national drug control legislation; the supply reduction measures in place; regulatory aspects related to the provision of estimates, assessments, statistics and trade data to the Board; the availability of narcotic drugs and psychotropic substances for medical needs; precursor chemical control; and structures in place for the prevention of drug abuse and the treatment, rehabilitation and social integration of persons suffering from drug dependency and related health conditions.

159. In order to gain as comprehensive an overview as possible, the Board meets with senior officials from various institutional stakeholders at the political and regulatory levels within the country. In addition, the Board requests that the mission programme include visits to drug treatment facilities and social reintegration initiatives. Recognizing the important role played by non-governmental organizations and other civil society groups, the Board carries out meetings with such entities, identified in consultation with the Vienna NGO Committee on Drugs, within the context of its country missions.

160. Based on the outcome of meetings held and information collected, the Board issues a series of confidential recommendations on possible measures to bolster the implementation by the Governments concerned of their treaty obligations under the drug control conventions. The Board encourages all Governments to respond promptly and effectively to requests to conduct country missions, which constitute a pillar of treaty implementation monitoring.

161. During the period under review, the Board undertook missions to Bahrain, Ghana, Honduras, Iran (Islamic Republic of), Italy, the Republic of Moldova, Timor-Leste and Venezuela (Bolivarian Republic of).

(a) Bahrain

162. A mission of the Board visited Bahrain in December 2014 to discuss the implementation of the three drug control conventions including the legislative and institutional measures taken by the Government to control narcotic drugs, psychotropic substances and precursor chemicals.

163. Bahrain is a party to the three international drug control treaties, and the country's primary drug legislation is Law No. 15 of 2007 concerning narcotic drugs and psychotropic substances.

164. The national anti-drug strategy for the period 2010-2015 covers two major sectors of activity: drug supply reduction and demand reduction. The substantive areas covered in discussions with the authorities of Bahrain included the implementation of a coordination mechanism established under the chairmanship of the Ministry of the Interior at the policymaking/ministerial level to develop national drug-related policies and ensure coordination among the relevant government stakeholders.

165. The country is also facing the emergence of new psychoactive substances. Although it has introduced some changes to its consumer safety regulations to control new psychoactive substances, none of those emerging substances are currently scheduled under the national drug control law.

166. Challenges persist in the implementation of the drug control treaties in Bahrain, including the need for more data on drug use prevalence to inform drug control policy, and the limited availability of narcotic drugs and psychotropic substances for medical treatment.

(b) Ghana

167. A mission of the Board visited Ghana in April 2015. Ghana is a party to all three international drug control conventions. The mission discussed with the authorities the Board's concern about the high level of imports of diazepam into the country over the past few years, inquired about the availability of opioid medications for pain alleviation and palliative care, informed the Government about INCB tools to counter trafficking in precursors and assessed the progress made by the country since the Board's last mission in 2005.

168. In the past several years, Ghana has made significant progress in drug-related enforcement measures, as evidenced by the sound internal coordination among

different government agencies and cooperation with the international community.

169. Diazepam consumption in recent years has remained high. The substance is controlled under the 1971 Convention and is the only anxiolytic available for medical use in Ghana. A number of control measures have been enforced by the Government to monitor the utilization of diazepam at the wholesale level.

170. Data on drug use prevalence in Ghana continue to be limited, which may impact the adoption of evidence-based drug control policy as such information could serve as a basis for the development of pertinent demand reduction strategies and interventions.

(c) Honduras

171. A mission of the Board visited Honduras in February 2015. Honduras is a party to the three international drug control conventions. The mission examined recent developments in drug abuse and trafficking in Honduras, the Government's cooperation with INCB, measures taken by the Government to control narcotic drugs, psychotropic substances and the chemicals used in their illicit manufacture, and policies to reduce demand for illicit drugs and treat and rehabilitate drug users. Drug-related violence in Honduras was also discussed. The number of homicides in the country, of which a significant part are drug-related, has declined over the past two years.

172. The most recent available data on drug use prevalence were from 2005. An up-to-date and objective assessment of the current drug abuse situation is essential to developing policies and appropriate programmes for the prevention of drug abuse and treatment and rehabilitation of those affected by drug abuse and for ensuring the efficient use of limited resources.

173. The consumption of narcotic drugs and psychotropic substances for medical purposes in Honduras continues to be very low, which may impede access to necessary medical treatment.

(d) Islamic Republic of Iran

174. In May 2015, a mission of the Board visited the Islamic Republic of Iran in order to discuss the implementation by the Iranian Government of the three international drug control conventions, to which the country is a party. In particular, the mission discussed with

authorities the country's overall approach to addressing drug abuse and trafficking; the legislative and practical measures it has adopted to curb the supply of illicit drugs, reduce illicit demand and rehabilitate drug users; and its efforts to make available controlled substances for medical and scientific purposes.

175. The Islamic Republic of Iran has adopted an integrated approach to combating drug abuse and trafficking through its national anti-drug strategy for the period 2011-2015, which covers five pillars of work: combating drug trafficking, treatment and rehabilitation of drug addicts, "harm reduction", development of alternative livelihoods, and the promotion of regional and international cooperation on issues of drug trafficking and abuse.

176. The Islamic Republic of Iran has adopted drug control legislation, the most significant law being the Anti-Narcotics Law of 1988. The reform of the law in 2011 provided for the treatment and rehabilitation of drug addicts. The Government is currently working on new drug control legislation that would consolidate all the schedules of controlled substances.

177. The Islamic Republic of Iran is among the countries with the greatest drug addiction problems, and there may be a need to collect up-to-date information on the prevalence of drug abuse in the country. Substantially fewer treatment and rehabilitation services are available to women compared to those available for men.

178. The availability of narcotic drugs, in particular opioids, and psychotropic substances for medical purposes continues to be low.

179. The Government of the Islamic Republic of Iran continues to apply corporal punishment and the death penalty for drug-related offences.

(e) Italy

180. A mission of the Board visited Italy in February 2015. Italy is a party to the three international drug control conventions. The objective of the mission was to review the drug control situation in Italy and the Government's compliance with the three international drug control conventions.

181. Cannabis is cultivated in Italy within the framework of a pilot project to generate a reliable source of supply of cannabis for persons authorized to use cannabis for medical reasons. The Board encourages the

Government to proceed with the establishment of a national cannabis agency, which is required pursuant to the provisions of the 1961 Convention, as well as all other obligations related to the cultivation of cannabis, including reporting requirements.

182. Italy has an extensive network of activities to reduce the demand for illicit drugs, with many drug prevention activities targeting selected population groups that are deemed to be vulnerable to drug abuse. Services to treat and rehabilitate drug users are available all over the country, although the level of care provided varies.

183. Action against illicit trafficking in drugs is well coordinated, and several significant seizures of drugs have been made over the past years. Italy has also adopted a national action plan on new psychoactive substances and has established a national early warning system to be able to respond to the emergence of those substances in a timely manner.

(f) Republic of Moldova

184. A mission of the Board visited the Republic of Moldova in May 2015. The objective of the mission was to review the drug control situation in the country and the Government's compliance with the three international drug control conventions to which the Republic of Moldova is a party.

185. Since the last INCB mission to the country in 1996, the Government has made significant progress in some areas of drug control. The Permanent Committee on Drug Control and the Republican Narcology Dispensary have taken measures to fully implement the provisions of the international drug control treaties. In particular, the Government has taken noticeable steps to address the emerging problems generated by increasing levels of drug abuse and the need to provide the affected population with adequate treatment, including opioid substitution therapy. In order to ensure the adoption of targeted and effective drug control policies, regular national surveys on drug abuse, particularly among youth, may be of benefit.

186. Despite the progress achieved, significant challenges remain. The Republic of Moldova continues to be used as a transit country for illicit drug shipments and precursor chemicals trafficked through its territory to markets in Europe. The Republic of Moldova is

continuing to strengthen law enforcement, border protection, regional cooperation and information-sharing to prevent drug trafficking within and through the country.

187. The availability of narcotic drugs and psychotropic substances used for medical purposes in the country is very low. The Government may need to assess the requirements for those substances, identify possible impediments to their availability and ensure that narcotic drugs and psychotropic substances are available to those in need in adequate quantities.

(g) Timor-Leste

188. The Board's mission to Timor-Leste in February 2015 was the Board's first since the country became a State Member of the United Nations in 2002. Timor-Leste acceded to the 1988 Convention in 2014 but is not yet party to the 1961 Convention or the 1971 Convention. The objective of the mission was to obtain detailed information on the Government's policy, national legislation and practical experience in the area of drug control, and to discuss obstacles to the accession of Timor-Leste to the international drug control treaties.

189. Timor-Leste does not have a national drug control strategy in place and the country's main drug control legislation is only at the draft stage. Timor-Leste lacks an institutionalized mechanism to implement the provisions of the international drug control conventions, notably in the area of precursor control. Progress needs to be made in several areas of drug control, including ensuring availability of opioid medications; promoting rational use of opioids for palliative care and pain management; drug demand reduction, especially drug use prevention; raising awareness on precursor control; and training and capacity-building for law enforcement.

190. The Board recognizes the efforts of and the progress achieved by the Government of Timor-Leste in building a State with functioning institutions. The Board urges the Government of Timor-Leste to accede to the 1961 Convention and the 1971 Convention and implement their provisions. Furthermore, the Board encourages the Government of Timor-Leste to take steps to draw up a national strategy for drug control and proceed with setting up a dedicated national coordinating body as envisaged in the draft drug control law. The Board also encourages the Government of Timor-Leste to adopt a balanced approach to the drug problem, to recognize the

need for demand reduction efforts and to increase awareness within its institutions, as well as civil society, about illicit drugs.

(h) Bolivarian Republic of Venezuela

191. INCB carried out a mission to the Bolivarian Republic of Venezuela in December 2014. The country is a party to all three drug control conventions. The objective of the mission was to review the progress made by the Bolivarian Republic of Venezuela in the implementation of the three international drug control conventions since its last mission in 2001.

192. The Board discussed with the relevant government agencies the national drug control strategy, which is well defined and embraces the call for a comprehensive and balanced approach to drug control by devoting resources to supply reduction and by investing considerable resources in drug demand reduction.

193. The Government's cooperation with INCB has been good, as has its compliance with the international drug control conventions. A new national drug control plan is in development. The Board notes that the Government remains committed to combating the trafficking of drugs from neighbouring countries and to continuing to effectively fund the activities of the various governmental agencies involved in drug control and prevention.

194. The Bolivarian Republic of Venezuela aims to strengthen its regional and cross-border cooperation in tackling drug trafficking by engaging with subregional organizations and the relevant agencies of other Governments in the region. The Board trusts that the Government will continue to implement its air control and interception programme in full respect of the relevant international protocols and conventions.

195. Several prevention activities are being implemented in the country, and the Government is taking steps to evaluate the quality and effectiveness of those interventions. The Government may also wish to take into consideration the International Standards on Drug Use Prevention prepared by UNODC in an effort to further refine the prevention strategy and approaches. The Board is encouraged by the fact that the overall level of consumption of narcotic drugs and psychotropic substances for medical use in the Bolivarian Republic of Venezuela has improved in recent years and trusts that the Government will continue its effort to ensure the adequate availability of those substances for rational medical use.

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

196. As part of its ongoing dialogue with Governments, the Board also conducts on a yearly basis an evaluation of Governments' implementation of the Board's recommendations pursuant to its country missions. In 2015, the Board invited the Governments of the following six countries, to which it had sent missions in 2012, to provide information on progress made in the implementation of its recommendations: Brazil, Cambodia, Cuba, Nigeria, Pakistan and Peru.

197. The Board wishes to express its appreciation to the Governments of Brazil, Cuba, Nigeria, Pakistan and Peru for submitting the requested information. Their cooperation facilitated the Board's assessment of the drug control situation in those countries and the Governments' compliance with the international drug control treaties. Information from the Government of Cambodia, once received, will be reviewed by the Board and the outcome of its review will be included in the annual report for 2016.

198. In 2015, the Board also reviewed the implementation of the Board's recommendations following its 2011 mission to Serbia, for which the information was not received in time for review in 2014. The Board wishes to express its appreciation to the Government of Serbia for the information provided.

(a) Brazil

199. The Board notes that, following its mission to Brazil in 2012, the Government of that country has taken substantial measures to implement the Board's recommendations in a number of areas. In order to streamline and optimize the drug control efforts of stakeholders at the federal, state and municipal levels, Brazil has created both formal and ad hoc mechanisms for increased communication and cooperation. In this regard, the Board welcomes the planned establishment of a permanent forum for the exchange of information and focal points to enhance inter-institutional dialogue between the Brazilian National Health Surveillance Agency (ANVISA) and the Federal Police. In addition, the Board commends Brazil for its efforts to engage State authorities in order to promote cooperation between them and between the various levels of government on drug control matters. Brazil has also actively initiated and participated in regional and interregional cooperation initiatives, in

particular under the framework provided by the Southern Common Market (MERCOSUR) and the Community of Portuguese-speaking Countries. In addition, Brazil has also taken steps to improve its reporting to the Board, in particular by increasing the resources of the Office of Controlled Substances.

200. The Board commends the Government of Brazil for its efforts in the field of primary prevention, in particular for its adoption of a comprehensive drug abuse prevention programme prepared by the Ministry of Health. In order to further complement that initiative, the Board wishes to recommend that the prevention materials be supplemented with references to the dangers of psychoactive substances available through Internet pharmacies and social networking sites and with references to the dangers associated with the abuse of traditional herbal substances and new psychoactive substances. Brazil has also invested significant resources in the prevention of “crack” cocaine abuse and the study of measures for the treatment of “crack” cocaine abuse and dependence. The Board encourages the Government of Brazil to disseminate its findings with respect to treatment of “crack” cocaine addiction to the international community.

201. The Board notes those positive developments and encourages the Government of Brazil to continue to pursue the establishment of comprehensive treatment and rehabilitation services to be offered in Brazilian prisons to inmates with drug abuse problems. The Board notes that a research programme has been launched and is jointly carried out with the National Prison Department and the Ministry of Health, in order to provide the same health services to inmates as those available to the general public. The Board welcomes that positive initiative and wishes to underline the importance of the establishment of treatment and rehabilitation programmes, tailored to the prison setting, and recalls the importance of ensuring that treatment and rehabilitation programmes are offered to inmates with drug abuse problems in all penitentiaries.

202. The Board also notes that the Government of Brazil has reported making progress regarding guidelines for travellers under treatment with internationally controlled drugs, in particular the updating of the country’s guidelines for travellers to bring it in line with the new national legislation adopted in February 2015. However, the Board underlines the importance of training law enforcement officers on the guidelines for international travellers and ensuring that those guidelines are accessible to all international travellers, especially given Brazil’s status as a major tourist destination and as host country of the 2016 Olympic Games.

203. The Board also reiterates its request to the Government of Brazil to take steps to ensure the adequate availability of controlled substances for medical and scientific purposes in the light of the actual demand of the population. For that purpose, the Board recommends that the Government of Brazil take measures to ensure the rational use of narcotic drugs and psychotropic substances for medical purposes, including the use of opioids for the treatment of pain, in accordance with the *Guide on Estimating Requirements for Substances under International Control* prepared by INCB and WHO.

(b) Cuba

204. The Government of Cuba has acted on the Board’s recommendations following its mission to the country in 2012, and progress has been made in a number of areas of drug control.

205. The Board notes the measures taken to consolidate the organizational structure of the Directorate of Medicines and Medical Technology and its Section for the Control of Narcotic Drugs, Psychotropic Substances and Substances with Similar Effects under the Ministry of Health, with the aim of improving availability of narcotic drugs and psychotropic substances for medical purposes. The Board notes that, based on the legislative framework established in 2014, the Analysis and Planning Department of the Ministry of Health has adopted a new system to identify the requirements of health-care establishments and pharmacies of narcotic drugs and psychotropic substances at various levels of the national health system. The Board encourages the Government to take further measures, in conjunction with the National Anaesthesia and Pain Management Group to update the range of treatment options available for acute and chronic pain and ensure the necessary availability of narcotic drugs and psychotropic substances for pain management and other medical purposes.

206. The Board notes the measures taken to ensure security at locations where narcotic drugs, psychotropic substances and substances with similar effects are stored, produced or handled. The Board welcomes the measures taken by the Government to systematically monitor compliance with established requirements for the storage of controlled substances and redress eventual shortcomings to ensure full compliance with the established security standards.

207. While acknowledging the country’s technological limitations affecting the systematic collection, processing and analysis of drug control data, the Board invites the

Government to examine the process of reporting to the Board and ensure that information reported continues to be of good quality. Furthermore, the Board encourages the Government of Cuba to strengthen its cooperation with the Board for the control of precursors, in particular by using PEN Online for pre-export notification for shipments of precursor chemicals, pursuant to article 12, paragraph 10 (a), of the 1988 Convention. The Board encourages the Government to continue its efforts in the area of drug control and to keep the Board informed of the drug control situation in Cuba and further measures taken against drug trafficking and abuse in the country.

(c) Nigeria

208. The Government of Nigeria has acted on the Board's recommendations following its mission to the country in 2012, and progress has been made in a number of areas of drug control. The Board notes with appreciation that the Government has initiated the development of a new National Drug Control Master Plan for the period 2015-2019, under the leadership of the Inter-ministerial Committee on Drug Control, as recommended by the Board.

209. The Board welcomes the measures taken against illegal cultivation of cannabis plant and against drug trafficking. The drug control division of the federal police has stepped up its eradication efforts in collaboration with authorities at the state level and local communities in the areas most affected. Drug interdiction capacities at the Lagos international airport have been significantly strengthened, and operations to detect and destroy "cannabis farms" have been conducted jointly by the National Drug Law Enforcement Agency and other law enforcement agencies. Measures taken include the establishment of an inter-agency coordination team to improve operational cooperation at the airport among the relevant drug law enforcement entities, as well as capacity-building training sessions for law enforcement personnel such as police staff, airport administration personnel, regional police supervisors and customs officials.

210. While welcoming those measures, the Board notes that continued efforts need to be made in the area of drug abuse prevention and availability of treatment, under the leadership of the National Agency for Food and Drug Administration and Control. The Board notes the plans supported by the Government to conduct a national survey on drug abuse in Nigeria, which will assist the Government in developing a drug prevention and treatment policy that reflects the needs of the Nigerian population. The Board encourages the Government to

increase its efforts in the prevention of drug use, particularly among young people and to ensure that activities in this area address all commonly abused controlled substances, including pharmaceutical preparations containing such substances.

211. The Board notes that little progress has been made in ensuring the availability of narcotic drugs and psychotropic substances for medical purposes in Nigeria. The availability of opioids for the treatment of pain in medical institutions continues to be inadequate. The Board notes that efforts are under way for the decentralization of the distribution of opioid-based medicines, in order to increase access to those substances in each of the six geopolitical zones of Nigeria, a key activity stipulated in the National Drug Control Master Plan for the period 2015-2019. The Board further notes that the Government is currently working on developing estimation guidelines to improve accessibility and rational use of controlled substances for medical purposes and at the same time prevent their diversion into illicit channels. The Board requests that the Government examine the current situation and take the steps necessary to ensure that narcotic drugs and psychotropic substances, particularly opioids, are made available for medical purposes to the entire population in need, and, in this pursuit, the Board encourages the Government to make use of the *Guide on Estimating Requirements for Substances under International Control*.

(d) Pakistan

212. The Board notes that some progress has been made by the Government of Pakistan in drug control since the mission of the Board to that country in 2012. The Government has introduced a number of measures to strengthen coordination among the relevant government agencies under the Drug Regulatory Authority of Pakistan, established in 2012. The Government has also strengthened its cooperation in the exchange of information on precursor chemicals with the neighbouring countries participating in several international initiatives. Pakistan has invoked article 12, paragraph 10 (a), of the 1988 Convention and is actively using PEN Online to clear import and export shipments of precursors from and into the country. The Board remains concerned that information on trafficking and seizures of precursor chemicals in Pakistan continues to be limited.

213. While drugs are widely abused in Pakistan, the extent of drug abuse in the country is not known to the authorities, as there has never been a systematic assessment of the nature, extent and patterns of drug abuse.

The Board calls on the Government to carry out an assessment of drug abuse, including the collection and analysis of data on the incidence, prevalence and other characteristics of drug abuse. Such an objective assessment is indispensable for the design of programmes for the prevention of drug abuse and the treatment and rehabilitation of drug abusers.

214. In addition, the Board notes that little progress has been made in ensuring the availability of narcotic drugs for medical purposes in Pakistan. Allocation of opioids (morphine, pethidine and fentanyl) is made by the Narcotics Control Division of the Ministry of Interior and Narcotics Control of Pakistan based on recommendations received from provincial governments. The availability of narcotic drugs and psychotropic substances, particularly opioids for the treatment of pain in medical institutions, continues to be inadequate. The Board requests the Government to examine the current situation and take the steps necessary to ensure that narcotic drugs and psychotropic substances, particularly opioids, are made available for medical purposes and encourages the Government of Pakistan to make use of the *Guide on Estimating Requirements for Substances under International Control* in its efforts to do so.

(e) Peru

215. The Board notes that efforts have been made by the Government of Peru in the implementation of the Board's recommendations following the INCB mission to that country in 2012. The Board notes that the National Coca Company has adopted its institutional strategic plan for the period 2013-2017, which seeks to improve the management of the collection, processing and sale of coca leaf for legal purposes.

216. The Board notes that increased efforts have been made in Peru to limit the cultivation of coca bush. In 2013, the area of coca bush cultivation decreased for the second consecutive year, to 49,800 hectares—a decrease of 17.5 per cent compared with the 60,400 hectares of cultivation in 2012. That decline is the most successful outcome in the past 14 years and is due to the sustained eradication and post-eradication measures carried out within the framework of the Peruvian Government's integral and sustainable alternative development programme.

217. The Board calls on the Government of Peru to establish a system for controlling precursors and other chemicals used in the illicit manufacture of drugs. That is particularly important as Peru has already been used

by traffickers for the diversion of those substances. The Board invites the Government to further strengthen cooperation with it in the control of precursors and to provide prompt responses to the Board's inquiries on the legitimacy of orders for export of precursors to Peru, in particular by using the PEN Online system.

218. The Board notes that further efforts need to be made to ensure the availability of narcotic drugs and psychotropic substances for medical purposes in Peru. The availability of opioids for the treatment of pain in medical institutions continues to be particularly inadequate. The Board requests the Government to examine the current situation and take the steps necessary to ensure that narcotic drugs and psychotropic substances, particularly opioids, are made available for medical purposes.

219. Although Peru has improved its system for the treatment and rehabilitation of drug abuse, further development of the system is required to fully respond to actual demand for those services. The Board encourages the Government to increase its efforts to ensure that sufficient treatment facilities are available to cover the needs of the population. The Board also encourages the Government to take measures to increase programmes addressing prevention of drug abuse, particularly among youth, and to ensure that activities in this area address all commonly abused controlled substances.

(f) Serbia

220. The Board notes that since its mission to Serbia in 2011, the Government has taken steps to implement the Board's recommendations in a number of areas.

221. The Board welcomes the adoption by the Government of Serbia of a new national drug strategy and action plan for the period 2014-2021. Moreover, the Board notes the efforts that have been undertaken to strengthen Serbia's drug addiction prevention and treatment frameworks, by including the development of rehabilitation programmes in the national drug strategy.

222. The Board also commends the Government of Serbia for its adoption in July 2014 of the decree for the establishment of the Office for Combating Drugs to improve the coordination of governmental drug control measures and improve inter-agency cooperation. During its mission, the Board underscored the importance of the Government ensuring the adequate availability and rational use of opioids for the treatment of pain. The Board encourages the Government of Serbia to take

further action on this matter and recommends that the Government review its framework for the elaboration of estimates and assessments of controlled substances for medical and scientific purposes, taking into account the *Guide on Estimating Requirements for Substances under International Control*.

223. The Board also continues to emphasize the importance of greater regional and international cooperation in the area of drug control and invites the Government of Serbia to continue to strengthen its efforts in this area.

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

224. The period under review in Afghanistan was characterized by the formation of a National Unity Government and the introduction of several interim measures to ensure continuity in governance, increased regional engagement and improved bilateral relations with neighbouring countries.

225. Challenges for the implementation of the drug control treaties remain, including an increase in security-related incidents, weak border control enforcement, stunted economic development and limited human and material resources.

226. During the period under review, drug crop eradication efforts in various Afghan provinces contributed to a 19 per cent decrease in the area under opium poppy cultivation in the country, with the total area of eradication of opium poppy cultivation increasing by 40 per cent. However, a significant amount of illicit cultivation of cannabis continued, posing a further challenge to Afghan drug control efforts.¹³

227. Afghan law enforcement authorities continue to conduct counter-narcotics operations, resulting in the seizure of large amounts of heroin, opium and cannabis resin.

1. Action taken by the Board pursuant to article 14 of the 1961 Convention as amended by the 1972 Protocol and article 19 of the 1971 Convention

228. Article 14 of the 1961 Convention as amended by the 1972 Protocol, and article 19 of the 1971 Convention set out measures that the Board may take to ensure the execution of the provisions of those Conventions. Such measures, which consist of increasingly severe steps, are considered by the Board when it has objective reason to believe that the aims of the Conventions are being seriously endangered by the failure of a party, country or territory to comply with the treaty obligations contained therein.

229. Since its establishment, INCB has invoked those provisions with respect to a limited number of States. The Board's objective in doing so has been to encourage compliance with the Conventions when other means have failed. The names of the States concerned are not publicly disclosed until the Board has decided to bring the situation to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs. Following extensive dialogue with INCB, according to the process set out in the above-mentioned articles, most of the States concerned have taken remedial measures, resulting in a decision by INCB to discontinue action taken under the relevant articles with respect to those States.

230. As at 1 November 2015, Afghanistan was the only State regarding which action was being taken pursuant to article 14 of the 1961 Convention as amended by the 1972 Protocol.

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

231. Consultations between the Board and the Government of Afghanistan pursuant to article 14 of the 1961 Convention as amended by the 1972 Protocol have continued in 2015.

232. On the margins of the fifty-eighth session of the Commission on Narcotic Drugs, held in Vienna from 9 to 17 March 2015, the President of the Board met with the delegation of Afghanistan, which was headed by the Minister of Counter Narcotics. The Minister provided the Board with information on measures taken by the

¹³ See also the section on West Asia in chapter III, below.

Government of Afghanistan to address the drug control situation in the country, including the planned establishment of a new faculty of drug education; the development of alternative livelihood programmes; the continued action aimed at countering opium poppy cultivation and trafficking; the strengthening of regional cooperation and enforcement measures to address the trafficking of precursors; and the establishment of good governance principles. The Government representatives acknowledged the need for greater investment in drug treatment and rehabilitation and the importance of breaking the cycle of poverty and political instability affecting Afghanistan. Furthermore, they highlighted the need for greater resources to reduce cannabis cultivation, the need to enhance regional cooperation to address drug abuse in the country and the need for technical assistance to enhance capacity-building.

233. In June 2015, an Afghan delegation headed by the Minister of Counter Narcotics briefed the Board on recent developments with respect to drug control in Afghanistan. Among the issues discussed were the development and implementation of a new counter-narcotics strategy, progress made in the Government's opium poppy eradication efforts, legislative amendments to the country's drug control legal framework and the further implementation of demand reduction activities. The Minister also briefed the Board on the Government's continued efforts to stem the cultivation of opium poppy through assistance to farmers in the form of alternative development and through improving security, good governance and community mobilization.

234. INCB has continued to engage the Government of Afghanistan in the planning of its high-level mission to the country, scheduled to take place in 2016, during which consultations under article 14 of the 1961 Convention as amended by the 1972 Protocol will be continued. The Board has also continued its dialogue with the Government of Afghanistan through regular contact between its secretariat and representatives of the Permanent Mission of Afghanistan to the United Nations (Vienna) to follow up on the Government's implementation of the international drug control treaties and the upcoming high-level mission to the country.

Cooperation with the Board

235. In recent years, there has been continued cooperation on the implementation of the international drug control treaties between the Government of Afghanistan and the Board.

236. The Government has substantially improved its reporting performance since 2010, submitting data to INCB regularly, as required under the international drug control treaties.

237. In February 2015, Afghanistan acceded to the 1972 Protocol amending the 1961 Convention, a development welcomed by the Board.

238. In June 2015, the Government submitted its 2014 report to the Board, reflecting the Government's efforts to comply with their reporting requirements with regard to the implementation of the international drug control treaties and relating to its efforts to facilitate the delivery of the required technical assistance.

239. INCB notes an increase in the counter-narcotics operations led by Afghan law enforcement authorities. However, the lack of budgetary allocation for addressing the cultivation of cannabis plant in the country remains a challenge.

Cooperation with the international community

240. The Government of Afghanistan has continued to take steps to enhance regional and international cooperation to address the drug-related threats affecting the country. Afghanistan pursued its engagement with Afghan national ethnic groups and regional interlocutors to promote national reconciliation.

241. In terms of interregional cooperation, successful global and interregional activities undertaken in the past few years continued, including the Paris Pact Initiative, a well-established key international partnership to counter the trafficking in and consumption of opiates originating in Afghanistan. In addition, the United Nations Office on Drugs and Crime (UNODC) Global Programme against Money-Laundering, Proceeds of Crime and the Financing of Terrorism continued to assist the national authorities of Afghanistan and neighbouring countries in collecting information on illicit financial flows linked to Afghan opiates.

242. Contact was made several times at a high level between Afghanistan and Pakistan, in particular between officials from both countries responsible for implementing the relevant provisions of international treaties, in order to strengthen their bilateral relationship and demonstrate the will of both countries to enhance cooperation. This cooperation is particularly important, as large-scale cross-border population movements continue as a result of military operations in the North Waziristan Region of Pakistan.

243. At the fifty-eighth session of the Commission on Narcotic Drugs, the Executive Director of UNODC presented a report entitled “Strengthening international cooperation in combating illicit opiates originating in Afghanistan through continuous and reinforced support to the Paris Pact initiative” (E/CN.7/2015/12). The report describes steps taken by UNODC, as a technical assistance provider, towards the implementation of resolution 56/3 throughout the first year of the fourth phase of the initiative, entitled “Reducing drug abuse and dependence through a comprehensive approach”.

244. In March 2015, the President of Afghanistan and the President of the United States released a joint statement announcing a new development partnership, through which up to \$800 million in bilateral economic assistance would be earmarked for Afghan development and reform priorities. The parties also announced that the United States would maintain a military presence of 9,800 troops in Afghanistan until the end of 2017.

245. Ministers for foreign affairs discussed the situation in Afghanistan during meetings of the Collective Security Treaty Organization and of the Commonwealth of Independent States, both held in April 2015. Also in April 2015, experts from Afghanistan, Pakistan and Tajikistan met in Dushanbe, where they finalized the draft Trilateral Transit Trade Agreement. In the same month, the President of Afghanistan visited the Islamic Republic of Iran. The two countries pledged to increase cooperation in the area of counter-narcotics.

246. During the first quarter of the year, several initiatives were implemented involving the participation of international bodies such as the Organization for Security and Cooperation in Europe, the United Nations Regional Centre for Preventive Diplomacy in Central Asia and the United Nations Counter-Terrorism Implementation Task Force. Other examples of initiatives to combat money-laundering are the Criminal Assets Southern Hub (CASH), which is aimed at countering illicit money flows and confiscating the assets of drug trafficking networks in Afghanistan and neighbouring countries, and the Southern Trafficking Operational Plan (STOP), which is focused on interdiction efforts within the Triangular Initiative, involving Afghanistan, Iran (Islamic Republic of) and Pakistan.

247. In September 2015, the Minister of Counter-Narcotics of Afghanistan gave a briefing at UNODC headquarters in Vienna on the current drug control situation in Afghanistan and on the measures taken and progress made under article 14 of the 1961 Convention as amended, as well as the main challenges and trends

that the country faces. The Minister also presented an overview of the Afghan counter-narcotics strategy, a cornerstone of the national development agenda. The strategy acknowledges the links between counter-narcotics and the need to address the financing of terrorism and the challenges related to border management. The Minister announced that her country’s action plan would be released shortly and reiterated Afghanistan’s commitment to implementing drug control measures through a multidimensional approach incorporating development considerations and international cooperation.

248. Improved coordination of regional bodies was fostered through the initiatives of the Afghanistan National Disaster Management Authority, supported by Japan under the Heart of Asia-Istanbul Process confidence-building measures. The National Intelligence Working Group on Precursors continued to support inter-agency cooperation in strengthening precursor control and information-sharing in the country.

249. Cooperation by the international community involves all relevant stakeholders in the country, including non-governmental organizations and civil society groups. The civil society-led Afghan People’s Dialogue on Peace commenced its third phase of activities, focusing on convening policymakers and civil society organizations to assist in the implementation of national and provincial road maps for peace. Facilitation continues to be provided by the United Nations Mission in Afghanistan.

250. New regional criminal intelligence centres, modelled upon good practices from the International Criminal Police Organization (INTERPOL), the European Police Office (Europol) and the World Customs Organization (WCO), have been established in the Central Asian Regional Information and Coordination Centre and the Criminal Information Centre to Combat Drugs of the Cooperation Council for the Arab States of the Gulf, together with a joint planning cell covering Afghanistan, Iran (Islamic Republic of) and Pakistan.

251. Regional cooperation remains a crucial element in reinforcing the likelihood of success of Afghan-led reconciliation efforts, political stability and sustainable economic development.

Conclusions

252. Afghanistan continued to face major challenges in the period under review despite the decrease in illicit opium poppy cultivation reported in 2015.

253. Other challenges remain, such as the transition of security functions from international military forces to the national army and police, the ongoing national reconciliation process, the impact of conflict and the limited capacity of the Government to give priority attention to the increasing levels of drug trafficking and abuse in the country.

254. Despite those challenges, the Government has invested in an increase in licit crop cultivation, primarily in areas which are relatively poppy-free, and has expressed its commitment to addressing the illicit cultivation of opium poppy and cannabis plant in the country. It has also expressed its commitment to addressing drug trafficking and drug abuse through eradication campaigns, law enforcement measures, alternative livelihood initiatives and international cooperation at the regional and global levels. The Government has been fully cooperative with the Board, including through its readiness to facilitate a high-level mission of INCB to Afghanistan and its submission of a progress report on the drug-related situation in the country. INCB notes the increased engagement of the Government of Afghanistan with neighbouring countries during the reporting period.

255. While noting the progress made in Afghanistan over the last year, the Board remains concerned about the significant challenges surrounding the drug control situation. INCB asks the Government of Afghanistan to continue to keep it informed of developments with regard to the adoption and implementation of new national counter-narcotics policies. The Board recommends that the Government of Afghanistan continue strengthening its counter-narcotics capacity by drawing on specialized international technical assistance to address the drug problem and to strengthen its cooperation at the regional and international levels.

256. The Board encourages the Government of Afghanistan to strengthen its efforts to address widespread drug abuse in the country through the adoption of measures aimed at prevention, treatment, rehabilitation and aftercare for affected individuals. INCB notes the fundamental role played by alternative development initiatives in curbing opium poppy cultivation and providing farmers with legitimate means for supporting themselves and their families. INCB calls upon members of the international community to continue to support the Government of Afghanistan in its drug control and development efforts. INCB will continue to closely monitor the drug control situation in Afghanistan in cooperation with the authorities, as well as measures taken and progress made by the Government of Afghanistan in all

areas of drug control. To that end, the Board looks forward to its mission to Afghanistan in 2016.

F. Special topics

1. Precursor control: new developments, challenges and the way forward

257. Measures to monitor trade in precursor chemicals and prevent their diversion into illicit channels are key components of all strategies to prevent or curb illicit manufacture of and trafficking in narcotic drugs and psychotropic substances.

258. The mechanism for the monitoring of licit trade and the prevention of diversion is laid down in article 12 of the 1988 Convention, which has been complemented over the years by a series of resolutions at various levels of the international drug control system. The fundamental assumption underlying the system of international precursor control is that chemicals that can be used as drug precursors are licit commodities and that any transaction involving them is therefore presumed to be legitimate unless there is suspicion or evidence that the chemical concerned is to be used for illicit purposes. As such, “the procurement of chemicals necessary to manufacture drugs is one of the few points ... where drug trafficking intersects with legitimate commerce. Regulation of legitimate commerce to deny traffickers the chemicals they need is one of our most valuable tools in the battle against drug criminals.”¹⁴

259. INCB has reviewed the achievements, progress and challenges of international precursor control in its annual reports on precursors.¹⁵ Over the past 25 years, since the entry into force of the 1988 Convention on 11 November 1990, States have succeeded, through the Convention and the oversight work undertaken by INCB, in substantially reducing the diversion of substances listed in Tables I and II of the 1988 Convention from international trade into illicit drug manufacture. After a quarter of a century, the 1988 Convention enjoys near universal adherence by States worldwide. Through its provisions and requirements, the Convention has served to establish, in

¹⁴ Chemical Action Task Force, *Status Report for the 1992 Economic Summit* (Washington, D.C., June 1992), p. 11.

¹⁵ See E/INCB/2011/4, E/INCB/2012/4, E/INCB/2013/4 and E/INCB/2014/4.

partnership with industry, the infrastructure for the control of precursor chemicals. To support the monitoring of the licit trade in precursor chemicals and to prevent their diversion into illicit channels, INCB has developed electronic tools such as PEN Online and PICS, which are available to all States upon request at no cost. These tools have served the international community well in preventing illicit drug manufacture and the diversion of controlled chemicals.

New developments and challenges

260. In reviewing the effectiveness of international precursor control, INCB has also identified remaining gaps and has concluded that the key challenges facing precursor control today are a result of the following:

(a) The lack of comprehensive and systematic implementation of the provisions of the 1988 Convention and related resolutions of the General Assembly, the Economic and Social Council and the Commission on Narcotic Drugs;

(b) The emergence of new challenges not comprehensively addressed in the existing legal framework.

261. That the implementation of existing treaty provisions could be further improved is reflected in the fact that 150 Governments have registered for use of PEN Online, the automated global online system for the exchange of pre-export notifications, but only 109 Governments have requested to be pre-notified of some or all planned shipments to their territories.¹⁶ Considering that the international precursor control system focuses on the monitoring of international trade, it is now evident that in the past, insufficient attention had been placed on national controls and on the monitoring of domestic movements and the end use of precursor chemicals. INCB estimates that, depending on the specific precursor or group of precursors, between 30 and 95 per cent of all seizures reported are of substances originating within the country of seizure; in other words, those diversions are occurring outside the international precursor trade monitoring system. While serving as a reminder of the need for further action at the national level, those statistics are at the same time a reflection of the successes in preventing diversion at the international level.

¹⁶Importing countries can make it mandatory for exporting countries to inform them prior to a planned export by invoking article 12, paragraph 10 (a), of the 1988 Convention.

262. One of the largest new challenges today is the emergence of non-scheduled substitute chemicals, including “designer precursors”, to circumvent controls. In recent years, an increasing variety of such “designer” chemicals has emerged, typically manufactured on a made-to-order (demand) basis. The manufacture of those non-scheduled chemicals is, in itself, legal according to the existing international legal framework, although those chemicals are sourced with no other purpose than for use in illicit drug manufacture. Many of the chemicals are derivatives or common intermediates in regular drug synthesis that can be easily converted into a controlled precursor; many have no regular legitimate commerce or use, thus creating a challenge for the existing control system due to the sheer number of possible chemical starting materials and because the sourcing of those chemicals further blurs the area where drug trafficking intersects with legitimate commerce.

263. A second, related challenge identified by INCB is that posed by the great increase in the sophistication, diversification and scale of illicit synthetic drug manufacturing operations. As a result, there are virtually no limitations to the range of chemicals and manufacturing methods that can potentially be employed in illicit manufacture, including chemicals and methods that had previously been considered to be impracticable in illicit settings. Sophisticated, industrial-scale illicit manufacturing operations have been dismantled in all regions with the exception of Africa and most parts of Oceania. Such laboratories are the source of a significant portion of the illicit worldwide supply of synthetic drugs, while small-scale manufacture continues to supply markets of a more local nature.

264. The emergence of what are known as synthetic new psychoactive substances¹⁷ adds a potentially unlimited number of chemicals to those already being monitored in connection with the illicit manufacture of drugs under international control. However, the concepts and approaches developed in connection with monitoring non-scheduled chemicals could also be directly applied to address precursors of new psychoactive substances.¹⁸

¹⁷Although there is no universally accepted definition of new psychoactive substances, broadly they are referred to as substances of abuse, in either a pure form or a preparation, that are not controlled under the 1961 Convention or the 1971 Convention but which may pose a public health threat. New psychoactive substances can be man-made, synthetic substances or natural materials.

¹⁸They could also possibly apply to new psychoactive substances end products which are—from a chemical and control point of view—another set of non-scheduled substances, often with no known legitimate use other than in small amounts for research and laboratory analysis purposes.

265. Challenges are also evident in relation to heroin and cocaine manufacture. Especially in the case of cocaine manufacture, the chemicals and processes now being used increase manufacturing efficiency and reduce the amount of chemicals required. With regard to the sources of the chemicals used, there are still significant information gaps. What seems to be clear, however, is that the majority of those chemicals are either sourced from within the country of drug manufacture or are sourced from another country within the same region and then smuggled to the country of manufacture. For example, more than 80 per cent of potassium permanganate, the key oxidizer used in illicit cocaine manufacture, and more than 90 per cent of solvents originate within the country of seizure.¹⁹ For acetic anhydride, the key chemical for heroin manufacture, available data suggest that more than 80 per cent of the substance can be traced to other countries within the same region.²⁰ Further, there have been no reports of the diversion of potassium permanganate or acetic anhydride from international trade in more than five years.

266. Other developments posing a challenge for precursor control efforts at the national, regional and international levels are a consequence of the improvements in global communication, transportation and trade facilitation. An area of increasing concern is the growth of free trade zones and free ports, which often lack sufficient transparency. Another fact of modern life is the increase in the number and geographic extent of trade and customs unions.

The way forward: areas for action

267. In view of these developments, INCB has identified a set of priority actions for Governments,²¹ including the following:

(a) *Public-private partnerships.* All national authorities should adopt the concept of making industry a critical partner in the prevention of chemical diversion and formalize their commitment to such partnerships; industries and industry associations should incorporate the principles of chemical diversion prevention as integral components of corporate industry responsibility, accountability and credibility;

(b) *National regulatory controls.* Governments should review the effectiveness of their national chemical control systems and work to close any gaps in those domestic systems and make them fit their purpose;

(c) *Law enforcement.* Governments should provide their law enforcement authorities with the legal framework enabling them to take appropriate law enforcement action, where required. (The 1988 Convention provides guidance to develop national legislation to that effect for substances in Tables I and II and, in combination with article 13, for non-scheduled chemicals.) Law enforcement authorities should pay more attention to precursor chemicals used in illicit manufacture by investigating seizures, stopped shipments and attempted diversions in order to identify the sources of diversion and the criminal organizations behind those activities, and share their findings globally to prevent future diversions using similar *modi operandi*.

268. The special session of the General Assembly on the world drug problem to be held in 2016 provides an opportunity to recall the fundamental basis of precursor control, namely, international cooperation to prevent chemicals from being used in the manufacture of substances of abuse. The special session also provides an opportunity to acknowledge that the existing control system, which is based on the monitoring of licit trade, has a limited ability to deal and keep pace with large numbers of emerging chemicals, including series of related chemicals and “designer” chemicals, largely as most of these chemicals are without legitimate use and/or trade.

269. On the basis of those insights, INCB hopes that Governments will make use of the special session of the General Assembly in 2016 to reconfirm the importance of precursor control as a preventive component in a balanced drug control strategy. The Board also hopes that Governments will demonstrate the political will to accept a shared responsibility for precursor control, as there is virtually no country in which chemicals are not either manufactured, domestically distributed, used, imported, exported or re-exported or through which they transit. Finally, the special session in 2016 will provide the opportunity to lay the bases for a forward-looking strategy that addresses the limitations of the existing system, mainly in relation to non-scheduled chemicals, including “designer precursors” and precursors of new psychoactive substances. Concepts are available, such as those known as “immediate precursors” and the reversal of the burden of proof, which bring to life the spirit of article 12 of the 1988 Convention without overburdening authorities and industry.

¹⁹ E/INCB/2014/4, figure V.

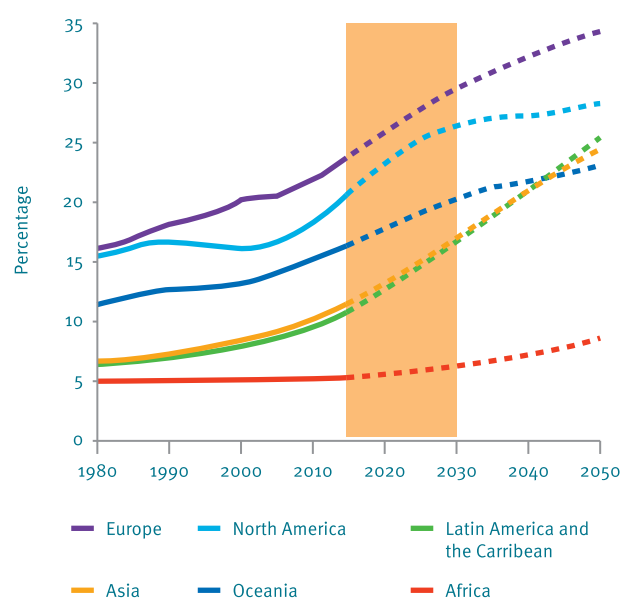
²⁰ E/INCB/2014/4, figure XVI.

²¹ Technical details are contained in the 2015 report on precursors (E/INCB/2015/4) and the reports of previous years.

2. The use of benzodiazepines among older adults

270. According to the WHO Global Health Observatory, global life expectancy at birth has increased by six years since 1990. In 2013, the global population aged 60 years could expect to live another 20 years on average, 2 years longer than in the 1990s. Life expectancy at age 60 in high-income countries was six years longer than that in low-income and lower-middle-income countries. Furthermore, according to the Population Division of the Department of Economic and Social Affairs of the Secretariat, the percentage of the global population aged 60 and over increased from 8.5 per cent in 1980 to 12.3 per cent in 2015. This upward trend is expected to continue (see figure 1).

Figure 1. Percentage of the population aged 60 and over, estimated for 1980-2015 and projected to 2050



Ageing is not a disease

271. Ageing is by no means an illness. However, old age is often accompanied by illness. Illness affects older people more because it comes on top of changes in their health resulting from normal ageing. In older people, the distinction between healthy and sick is much more difficult to make, which increases the likelihood that they are overmedicated, undermedicated or medicated unnecessarily.

272. Older people often face isolation and loneliness. They often suffer from chronic illness and certain conditions associated with ageing such as Alzheimer's disease, anxiety, insomnia, depression and dementia, and comorbidity is common. Their sleeping patterns are different from those of younger people, and insomnia seems common among otherwise healthy individuals aged 65 and older, making them an attractive target group for manufacturers of sleeping pills. There are concerns that insomnia is being treated excessively as a result. This could be dangerous, as the elderly generally have more medical problems, and many of them take medications for more than one condition.

273. In most cases, the treatment of insomnia in older patients involves psychosomatic therapy and requires prescription drugs, in particular anxiolytics and hypnotics. Furthermore, given the demographic changes and the ageing of the population worldwide, the proportion of older patients undergoing surgery and therefore anaesthesia is increasing.

274. Pharmaceutical preparations containing benzodiazepines have been proved effective. Hypnotics, sedatives and anxiolytics are an essential part of health care, and they are prescribed worldwide to patients of all ages. Benzodiazepines have a wide range of indications; they are prescribed as hypnotics, sedatives, muscle relaxants and anxiolytics, as well as for pre-medication (prior to surgical procedures) and the induction of general anaesthesia. There are currently 35 benzodiazepines under international control, almost all of which are listed in Schedule IV of the 1971 Convention.

275. When they are well prescribed, benzodiazepines are considered relatively safe, as they are effective, fast-acting, have low toxicity and can be prescribed to patients of all ages. However, as with any medicine, their use also carries the risk of side effects and toxic reactions, particularly among the elderly. The elderly are more prone to adverse reactions because they tend to eliminate medication more slowly and for that reason often need lower doses.

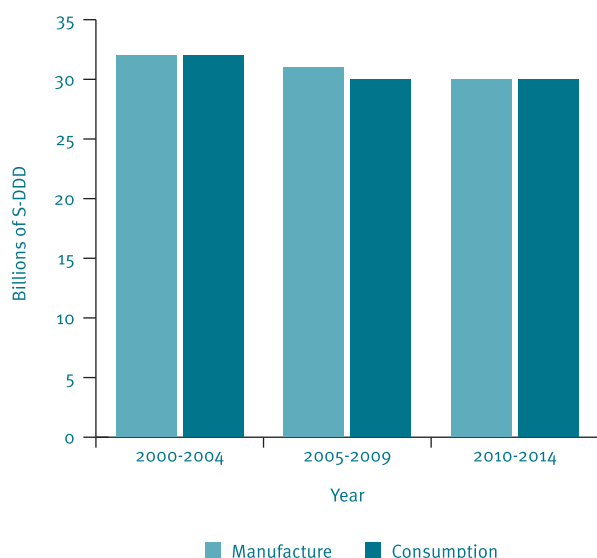
Overuse and unwarranted use

276. In the United States of America, people aged 65 and over make up about 10 per cent of the total population, yet they account for 30 per cent of medical prescriptions. The discrepancy is wider than the figures suggest, because the elderly are more sensitive to medication and therefore need less of it.

277. According to the information available to the Board, the overall manufacture of benzodiazepine-type sedative hypnotics and anxiolytics and their global calculated consumption in absolute terms have been stable in recent years. Since 2000, manufacture of these substances has stood at around 30 billion defined daily doses for statistical purposes (S-DDD) with consumption rates at similar levels, despite an increasing number of older patients (see figure 2).

278. Europe has traditionally been the region with the highest calculated average national consumption rates for benzodiazepine-type anxiolytics. In 2014, the United States, Brazil, Spain, Japan, France, Italy, Argentina, Germany and the United Kingdom (in descending order) were the largest consumers of benzodiazepine-type anxiolytics in absolute terms. Recently there have been reports from the United States about widespread overuse, under medical supervision, of psychoactive drugs among elderly people suffering from dementia.

Figure 2. Global manufacture and calculated consumption of benzodiazepines (anxiolytics and sedative-hypnotics)



Hazardous use

279. The debate about the use of benzodiazepines among older people is not new. Numerous studies on the consequences of unwarranted and chronic use among older adults have highlighted the risk of drug dependence.

280. A recent Japanese study showed that the prevalence of prescriptions for hypnotics and anxiolytics is disproportionately high among elderly patients. The study also showed that the simultaneous prescription of anxiolytics and hypnotics in high doses is common among patients suffering from sleep and/or anxiety disorders, that more than half of the prescriptions in question are issued by physicians, and that the long-term prescription of benzodiazepines is still widespread in spite of international clinical guidelines recommending benzodiazepine treatment to be limited to only a few weeks (two to four weeks).

281. The unwarranted prescribing and use of benzodiazepines by older patients is not harmless. A French study suggests that benzodiazepines are associated with an increased risk of dementia. The study found that patients over the age of 65 who start taking benzodiazepines had a 50 per cent higher chance of developing dementia within 15 years, compared to people who had never used them.

282. With an increased sensitivity to benzodiazepines and a slower metabolism, older patients are at high risk of developing delirium and cognitive impairment, and are more susceptible to falls and fractures. Moreover, long-term use of benzodiazepines is commonly associated with withdrawal syndrome.

Sensible use for better care

283. In its 2012 update of the Beers criteria for potentially inappropriate medication use in older adults, the American Geriatrics Association recommended avoiding all benzodiazepines in the treatment of insomnia, agitation or delirium. Furthermore, successful treatment discontinuation may result in improvement of cognitive and psychomotor function, particularly in older people.

284. As already noted, the Board fully recognizes that hypnotics, sedatives and anxiolytics containing controlled benzodiazepines have been proved to be effective and are essential in medical practice and health care. **However, the Board calls on all Governments to be alert to adverse reactions and problems resulting from the misuse and overuse of benzodiazepines, particularly among older adults. INCB calls on the Governments concerned to adopt, where necessary, measures to prevent the over-prescription and misuse of sedative-hypnotics and anxiolytics containing benzodiazepines among older patient groups.**

285. To avoid the harmful side effects of benzodiazepines, Governments must ensure that health-care

providers carefully consider the risk-benefit ratio, safety, adverse drug reactions and the simultaneous use of other drugs before prescribing any medications containing benzodiazepines to older patients. Guidelines for clinical care and training should be made available to health-care providers, in particular in nursing homes and geriatric care facilities. Other measures may involve raising awareness of the risks associated with inappropriate use of benzodiazepines, targeting, in particular, family members of elderly patients, their caregivers, nursing staff and employees at residential facilities for the elderly.

3. New psychoactive substances

286. New psychoactive substances are a very heterogeneous group of substances that, in different forms, continues to grow in every region of the world. As at October 2015, the UNODC early warning advisory on new psychoactive substances, which monitors the emergence of new psychoactive substances as reported by Member States, had identified 602 unique substances, a 55 per cent increase from the 388 substances reported in October 2014.

287. As in the past, the most reported substances continued to be synthetic cannabinoids, which accounted for nearly 40 per cent of all the substances reported, and phenethylamines and synthetic cathinones, which together accounted for about one third of all substances. While the number of new psychoactive substances continues to grow, not all those substances become established substances of abuse. In fact, many may be encountered only once.

288. The definition of “new psychoactive substances” used for the purposes of the early warning advisory encompasses both synthetic and plant-based substances (such as khat (*Catha edulis*), kratom (*Mitragyna speciosa*) and *Salvia divinorum*), as well as substances with established medical uses (e.g., ketamine). What all new psychoactive substances have in common is not necessarily that they have recently been invented but that they have recently emerged on the market and have not been scheduled under the international drug control conventions.

289. INCB uses the same definition, except that it focuses on synthetic substances of abuse with little or no known medical or industrial use. The Board believes that these substances pose particular challenges, given the various possible modifications that can be made to them to circumvent existing legislation and the lack of knowledge about their health effects.

290. In the light of the number and transient nature of many of the new psychoactive substances, as has been previously noted,²² INCB is providing Member States with the infrastructure, known as Project Ion (international operations on new psychoactive substances) for real-time information-sharing on incidents involving new psychoactive substances (e.g., suspicious shipments, trafficking, or manufacture or production, for any new psychoactive substance), as well as follow-up between authorities of the countries concerned with a view to assisting investigations and devising practical solutions aimed at preventing those substances from reaching consumer markets. The task force on new psychoactive substances, which steers Project Ion activities, held two meetings in 2015.

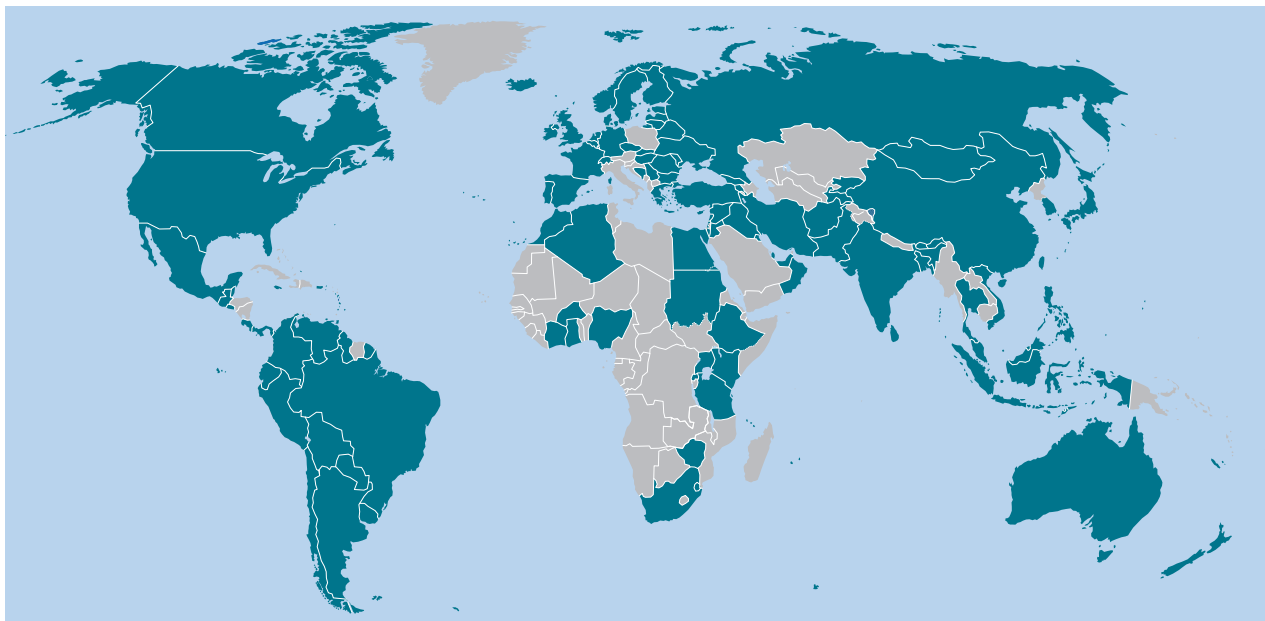
291. Since the Board’s annual report for 2014, the global focal point network on new psychoactive substances for Project Ion expanded to 120 countries, in every region of the world. A special operation, Operation Postman, conducted in March and April 2015, focused on postal and express courier shipments containing non-scheduled synthetic new psychoactive substances. Forty-one countries worldwide participated, resulting in the communication of nearly 200 individual incidents involving some 70 different new psychoactive substances.

292. In December 2014, the Project Ion Incident Communication System (IONICS) was launched, a secure platform dedicated to the real-time communication of incidents involving suspicious shipments, trafficking, manufacture or production of new psychoactive substances. After just under one year of operation, in November 2015, the system had more than 170 users from 60 countries in all regions of the world (see map below). There have been more than 500 incidents communicated in as little as two days after the incident occurred. The majority of incidents involved synthetic cathinones (e.g., methylene, mephedrone, MDPV, 3-methylmethcathinone (3-MMC)), synthetic cannabinoids (e.g., APINACA), and phenethylamines (e.g., 2C-I-NBOMe).²³ Information communicated through IONICS has triggered follow-up investigations in countries of destination that led to significant additional seizures of new psychoactive substances, seizures of money and arrests of distributors.

²² E/INCB/2014/1, paras. 248-256.

²³ The difference in order of classes of new psychoactive substances compared with the early warning advisory on new psychoactive substances is due to differences in the user bases and the purposes of the two systems, focusing on, respectively, unique substances (reported to early warning advisory) and individual new psychoactive substance incidents (communicated through IONICS).

Map of Project Ion focal point network, as at 1 November 2015



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. The final boundary between the Sudan and South Sudan has not yet been determined. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

293. Other important developments since the last annual report of the Board were the decisions of the Commission on Narcotic Drugs, at its fifty-eighth session, upon the recommendations of the WHO Expert Committee on Drug Dependence, placing 10 new psychoactive substances under international control, as follows: AH-7921, a synthetic opioid, was added to Schedule I of the 1961 Convention; 25B-NBOMe (2C-B-NBOMe), 25C-NBOMe (2C-C-NBOMe) and 25I-NBOMe (2C-I-NBOMe) were added to Schedule I of the 1971 Convention; and BZP, JWH-018, AM-2201, MDPV, mephedrone (4-methylmethcathinone) and methylone (*beta*-keto-MDMA) were added to Schedule II of the 1971 Convention. Decision 58/3, scheduling AH-7921 under the 1961 Convention, became effective on 8 May 2015, and the other nine decisions, all for substances scheduled under the 1971 Convention, became effective on 4 November 2015.

294. At its thirty-seventh meeting in November 2015, the WHO Expert Committee on Drug Dependence reviewed, among other substances, MT-45, acetylfentanyl, *alpha*-pyrrolidinovalerophenone (α -PVP), 4-fluoroamphetamine (4-FA), *para*-methyl-4-methylaminorex (4,4'-DMAR), *para*-methoxymethylamphetamine (PMMA) and methoxetamine (MXE). The Expert Committee's recommendations will be transmitted to the Commission on

Narcotic Drugs, which will decide at its next session on the international scheduling of all or some of those substances. In that connection, the Board acknowledges the cooperation between WHO and UNODC to establish criteria for the prioritization of substances for the Expert Committee's review.

295. In addition to scheduling at the international level, countries also continue to bring new psychoactive substances under national controls. India, often cited as a source of new psychoactive substances, took the important step of controlling mephedrone and its salts and preparations under the Narcotic Drugs and Psychotropic Substances Act, 1985, effective 5 February 2015. China had already taken steps to control several new psychoactive substances in January 2014; effective 1 October 2015, 116 substances were placed in a new list of "non-medical narcotic drugs and psychotropic substances". Additionally, since the Board's last report, Project Ion has received information on national controls of various new psychoactive substances in several countries, including Argentina, Armenia, Chile, Egypt, Mexico, Sweden, Turkey and Ukraine. The information was communicated to the Project Ion focal point network with a view to enabling operational cooperation in cases of shipments of a controlled new psychoactive substance known to have

originated in, or be destined for, one of the countries with newly enacted national legislation.

296. New psychoactive substances have also been the subject of an increasing number of meetings, conferences and symposiums in almost all regions of the world; however, effective strategies are still forthcoming. At the same time, the challenges posed by new psychoactive substances and the diversification of the market continue to grow, with a rising number of reports about the role of such substances in hospital emergencies and deaths, and other worrying developments such as the use of new psychoactive substances by injection.

297. At its fifty-eighth session, the Commission on Narcotic Drugs adopted a resolution on promoting the protection of children and young people, with particular reference to the illicit sale and purchase of, among other substances, new psychoactive substances via the Internet (Commission resolution 58/3) and a resolution on

promoting international cooperation in responding to new psychoactive substances (Commission resolution 58/11). At a joint INCB/UNODC international conference on precursor chemicals and new psychoactive substances held in Bangkok on 21-24 April 2015, some 200 experts from 37 countries and 9 international organizations adopted an outcome document entitled "Proposed measures against the misuse of scheduled and non-scheduled precursors and new psychoactive substances".

298. INCB encourages all Governments to build on those and previous resolutions and recommendations, regional experiences and the experiences of individual Member States, and use the upcoming sessions of the Commission on Narcotic Drugs and the special session of the General Assembly on the world drug problem to devise practical and realistic solutions to protect individuals and the public at large from the adverse consequences of using harmful new psychoactive substances belonging to a wide range of substance classes.