

Chapter II.

Functioning of the international drug control system

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

75. Collectively, the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 form the basis of the international drug control framework.

76. The international drug control conventions were developed on the basis of the international community's recognition that the challenges posed by drug control in all its facets required a joint and coordinated response by States. Today, that broad consensus is reflected in the fact that the three international drug control conventions are among the most widely ratified international instruments in existence, as well as in the fact that their central importance was unanimously reaffirmed by the General Assembly at its special session on the world drug problem held in 2016.

77. The fundamental goal of the international drug control conventions is to safeguard the health and welfare of humankind. To achieve this objective, the conventions establish a number of general obligations to which States parties have explicitly agreed to be bound, including the following:

(a) To limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs;

(b) To adopt administrative measures for the control of licit trade in narcotic drugs and psychotropic substances, as well as the precursor chemicals used in their illicit manufacture;

(c) To facilitate the availability of controlled substances for legitimate medical purposes while preventing their diversion into illicit channels;

(d) To develop strategies for the prevention of drug use and mechanisms to address dependence through treatment, rehabilitation, aftercare and social reintegration;

(e) To provide national responses to suspected drug-related criminality that are humane and proportionate, as well as grounded in respect for human dignity, the presumption of innocence and the rule of law, and to give due consideration to alternatives to conviction or punishment, in particular for offences committed by drug users in appropriate cases of a minor nature.

Status of adherence to the international drug control treaties

78. In December 2017, the State of Palestine became the latest State party to the three international drug control conventions.

79. The accession of the State of Palestine to the 1961 Single Convention as amended brought the number of States parties to that Convention to 186. Among the States having yet to accede to the 1961 Convention as amended, two are located in Africa (Equatorial Guinea and South Sudan), one is in Asia (Timor-Leste) and seven are in

Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu). Chad remains the sole State to have ratified the 1961 Convention in its unamended form.

80. With the addition of the State of Palestine, the number of States parties to the 1971 Convention rose to 184; 13 States are not currently parties to that Convention. Of those, three are in Africa (Equatorial Guinea, Liberia and South Sudan), one is in the Caribbean (Haiti), one is in Asia (Timor-Leste) and eight are in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tuvalu and Vanuatu).

81. Finally, with the accession of the State of Palestine, which brought the total number of parties to 190 (189 States and the European Union), the 1988 Convention remains the most widely ratified of the three international drug control conventions. Many of the non-parties to the 1988 Convention are concentrated in Oceania (Kiribati, Palau, Papua New Guinea, Solomon Islands and Tuvalu), and three non-parties are located in Africa (Equatorial Guinea, Somalia and South Sudan).

82. During the period under review, the Board continued to actively engage States that had not yet become parties to one or more of the three international drug control conventions, including through bilateral meetings, and cooperated with other United Nations bodies as part of its efforts to facilitate the accession of those States to the conventions.

83. **The Board continues to encourage States that have not yet become parties to one or more of the international drug control conventions to do so at the earliest opportunity, and to take all legislative and policy action necessary to ensure their comprehensive implementation at the national level.**

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

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

85. 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

86. Governments have to ensure that national legislation complies with the provisions of the international drug control treaties. They also have the obligation to amend the 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. At the same time, the Board is concerned that some Governments have introduced or are planning to introduce legislative measures in contravention of the requirements of the international drug control treaties. **The Board would like to remind Governments that, in General Assembly resolution S-30/1, entitled “Our joint commitment to effectively addressing and countering the world drug problem”, adopted by the Assembly on 19 April 2016, Member States reaffirmed their commitment to the goals and objectives of the three international drug control conventions.**

87. On 14 March 2018, at its sixty-first session, the Commission on Narcotic Drugs decided to include six new substances in the Schedules of the 1961 Convention as amended. By its decision 61/1, the Commission

decided to include carfentanil in Schedules I and IV of the 1961 Convention as amended. By its decisions 61/2, 61/3, 61/4, 61/5 and 61/6, the Commission decided to include ocfentanil, furanylfentanyl, acryloylfentanyl (acrylfentanyl), 4-fluoroisobutyrfentanyl (4-FIBE, pFIBF) and tetrahydrofuranylfentanyl (THF-F) in Schedule I of the 1961 Convention as amended. In accordance with article 3, paragraph 7, of the 1961 Convention as amended, that decision was communicated by the Secretary-General to all Governments, WHO and the Board on 15 May 2018, and became effective with respect to each party upon receipt of that notification. **The Board acknowledges the efforts made by Governments that have already put those substances under control and urges all other Governments to amend the lists of substances controlled at the national level accordingly and to apply to those substances all control measures required under the 1961 Convention as amended.**

88. The Board also wishes to draw the attention of Governments to the fact that six substances were placed under international control under the 1971 Convention by the Commission on Narcotic Drugs on 14 March 2018. Pursuant to Commission decisions 61/7, 61/8, 61/9, 61/10, 61/11 and 61/12, AB-CHMINACA, 5F-MDMB-PINACA (5F-ADB), AB-PINACA, UR-144, 5F-PB-22 and 4-fluoroamphetamine (4-FA) were added to Schedule II of the 1971 Convention. In accordance with article 2, paragraph 7, of the 1971 Convention, those decisions of the Commission were communicated by the Secretary-General to all Governments, WHO and the Board on 15 May 2018, and became fully effective with respect to each party on 11 November 2018. **The Board acknowledges the efforts made by some Governments that have already put those substances under control and urges all other Governments to amend their lists of substances controlled at the national level accordingly, to apply to those substances the control measures required under the 1971 Convention, as well as in the relevant resolutions of the Commission and the Council, and to inform the Board accordingly.**

89. In accordance with Economic and Social Council resolutions 1985/15, 1987/30 and 1993/38, Governments are required to introduce an import authorization requirement for zolpidem, a substance that was included in Schedule IV of the 1971 Convention in 2001. In response to the Board's request made in its annual reports for 2012 and 2013 and a circular letter sent in 2016, a number of Governments have provided the requisite information. As at 1 November 2018, relevant information was available for 133 countries and territories. Of those, 124 countries and territories have introduced an import authorization requirement, and 1 country (the United States) requires a pre-import declaration. Six countries and territories

(Cabo Verde, Gibraltar, Ireland, New Zealand, Singapore and Vanuatu) do not require an import authorization for zolpidem. Imports of zolpidem into Azerbaijan are prohibited, and Ethiopia does not import the substance. At the same time, information on the control of zolpidem remains unknown for 81 countries and territories. **The Board therefore again urges the Governments of countries and territories that have not yet done so to supply it with information on the control status of zolpidem as soon as possible.**

(b) Prevention of diversion from international trade

Estimates and assessments of annual requirements for internationally controlled substances

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

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

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

could facilitate the diversion of controlled substances from licit international trade into illicit channels. In that connection, the Board provides information, support and guidance to Governments on the working of the system for estimates or assessments, as necessary.

93. Governments are obliged to comply with the limits on imports and exports of narcotic drugs provided for under articles 21 and 31 of the 1961 Convention. Article 21 stipulates, inter alia, that the total of the quantities of each drug manufactured and imported by any country or territory in a given year is not to exceed the sum of the following: the quantity consumed for medical and scientific purposes; the quantity used, within the limits of the relevant estimates, for the manufacture of other drugs, preparations or substances; the quantity exported; the quantity added to the stock for the purpose of bringing that stock up to the level specified in the relevant estimate; and the quantity acquired within the limit of the relevant estimate for special purposes. Article 31 requires all exporting countries to limit the export of narcotic drugs to any country or territory to quantities that fall within the limits of the total of the estimates of the importing country or territory, with the addition of the amounts intended for re-export.

94. As in previous years, the Board finds that, in general, the system of imports and exports continues to be respected and works well. In 2018, a total of 11 countries were contacted regarding possible excess imports or excess exports identified with regard to international trade in narcotic drugs that had been effected during the year. As at 1 November 2018, three of those countries had responded. One country confirmed that excess exports had occurred, and it was reminded of the need to ensure full compliance with the relevant treaty provisions. In the two other cases, the drug had been exported to a country and subsequently re-exported by that country. The Board continues to pursue the matter with those countries that have failed to respond.

95. Pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of annual domestic medical and scientific requirements for psychotropic substances listed in Schedules II, III and IV of the 1971 Convention. The assessments received are communicated to all States and territories to assist the competent authorities of exporting countries when approving exports of psychotropic substances. As at 1 November 2018, 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.

96. **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, 45 Governments have not submitted a revision of their legitimate requirements for psychotropic substances for three years or more. The assessments valid for those countries and territories may therefore no longer reflect their actual medical and scientific requirements for psychotropic substances.

97. When assessments are lower than the actual legitimate requirements, the importation of psychotropic substances needed for medical or scientific purposes may be delayed. When assessments are significantly higher than legitimate needs, the risk of psychotropic substances being diverted into illicit channels may be increased. The Board has repeatedly reminded Governments of the importance of estimating and assessing correctly and realistically the initial needs of their country.

98. 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 2017, the authorities of 29 countries issued import authorizations for substances for which they had not established any such assessments or for quantities that significantly exceeded their assessments. Only two countries were identified as having exported psychotropic substances in quantities exceeding the relevant assessment.

99. The Commission on Narcotics Drugs, in its resolution 49/3, entitled “Strengthening systems for the control of precursor chemicals used in the illicit manufacture of synthetic drugs”, requested Member States to provide the Board, on a voluntary basis, with annual legitimate requirements for imports of four precursors of amphetamine-type stimulants and, to the extent possible, preparations containing those substances. As at 1 November 2018, 166 Governments had provided an estimate for at least one of those substances, thus providing the competent authorities of exporting countries with an indication of the legitimate requirements of importing countries and thereby preventing diversion attempts.

Requirement for import and export authorizations

100. The universal application of the requirement for import and export authorizations laid down in the 1961 and 1971 Conventions is key to preventing the diversion of drugs into the illicit market. Such authorizations are required for transactions involving any of the substances

controlled under the 1961 Convention or listed in Schedules I and II of the 1971 Convention. Competent national authorities are required by those Conventions to issue import authorizations for transactions involving the importation of such substances into their country. The competent national authorities of exporting countries must verify the authenticity of such import authorizations before issuing the export authorizations required to allow shipments containing the substances to leave their country.

101. The 1971 Convention does not require import and export authorizations for trade in the psychotropic substances listed in its Schedules III and IV. However, in view of the widespread diversion of those substances from licit international trade during the 1970s and 1980s, the Economic and Social Council, in its resolutions 1985/15, 1987/30 and 1993/38, requested Governments to extend the system of import and export authorizations to cover those psychotropic substances as well.

102. Most countries and territories have already introduced an import and export authorization requirement for psychotropic substances listed in Schedules III and IV of the 1971 Convention, in accordance with the above-mentioned Economic and Social Council resolutions. As at 1 November 2018, specific information had been made available to the Board by 206 countries and territories, showing that all major importing and exporting countries now require import and export authorizations for all psychotropic substances in Schedules III and IV of the 1971 Convention. Twice a year, the Board disseminates to all Governments a table showing the import authorization requirements for substances in Schedules III and IV pursuant to the relevant Economic and Social Council resolutions. That table is also published in the secure area of the Board's website, which is accessible only to specifically authorized government officials, so that the competent national authorities of exporting countries may be informed as soon as possible of changes in import authorization requirements in importing countries. **The Board urges the Governments of the few remaining States in which national legislation and/or regulations do not yet require import and export authorizations for all psychotropic substances, regardless of whether they are States parties to the 1971 Convention, to extend such controls to all substances in Schedules III and IV of the 1971 Convention as soon as possible, and to inform the Board in that regard.**

103. The 1988 Convention does not impose any requirements for import and export authorizations for trade in substances listed in Tables I and II of that Convention. However, under the Convention, countries are requested to provide advance notification of planned shipments to

the authorities of the importing Government with a view to preventing the diversion of those substances (see paras. 106 and 107 below regarding pre-export notifications for precursor chemicals).

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

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

105. I2ES was officially launched in 2015 and competent national authorities from 53 countries have since registered with the system. In March 2018, a user-group meeting was held on the margins of the sixty-first session of the Commission on Narcotic Drugs to gather feedback on the system. More than 30 experts from over 30 countries participated in that meeting. The meeting afforded government officials of participating countries a valuable opportunity to exchange ideas on bringing about the fuller implementation of I2ES and to provide feedback to INCB and the information technology service of UNODC to guide future action and the further development of the system. The user group emphasized the importance of sharing the experiences of competent national authorities from different parts of the world with other users and potential users as a way of promoting greater usage of the system.

Pre-export notifications for precursor chemicals

106. To assist importing and exporting Governments in communicating with each other as regards international

trade in precursors and to provide alerts about any suspicious transactions, in 2006, the Board established a secure web-based tool, PEN Online. As at 1 November 2018, a total of 162 Governments had registered to use it. **INCB calls upon Governments to use PEN Online actively and systematically and urges those Governments that have not yet registered to use the system to do so as soon as possible. The Board stands ready to assist Governments in that regard.**

107. To prevent the diversion of precursors, article 12, paragraph 10 (a), of the 1988 Convention allows the Governments of importing countries to make it mandatory for exporting countries to inform them of any planned export of precursors to their territory. As at 1 November 2018, 113 States and territories had invoked the provision and had formally requested pre-export notifications, thus allowing them to carry out the prior verification of the legitimacy of a planned transaction. **The Board encourages those Governments that have not formally requested pre-export notifications to invoke article 12, paragraph 10 (a), of the 1988 Convention.**

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

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

109. 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.

110. Since May 2018, investigations regarding discrepancies for 2017 related to the trade in narcotic drugs have been initiated with 50 countries. As at 1 November 2018, replies had been received from 36 countries. The responses indicated that the discrepancies had been caused by clerical and technical errors in preparing the reports, reporting on exports or imports of preparations in Schedule III of the 1961 Convention without indicating it on the form, or inadvertent reporting of transit countries as trading partners. In some cases, countries confirmed the quantities reported by them, resulting in the initiation of follow-up investigations with their trading partners. Reminder letters will be sent to the countries that did not reply.

111. Similarly, with regard to international trade in psychotropic substances, investigations into 293 discrepancies related to 2016 data were initiated with 63 countries. As at 1 November 2018, 24 countries had provided replies relating to those discrepancies, leading to the resolution of 29 of those discrepancies. In all cases in which the data provided were confirmed by the responding countries, follow-up actions with the counterpart countries were initiated as required. All the responses received indicated that the discrepancies had been caused by clerical or technical errors: in most cases, either the failure to convert amounts into anhydrous base or “overlapping”, i.e., an export in a given year being received by the importing country only at the beginning of the following year. None of the cases investigated indicated a possible diversion of psychotropic substances from international trade.

112. With regard to precursors, the 1988 Convention requires parties to prevent the diversion of precursors from international trade to the illicit manufacture of narcotic drugs and psychotropic substances. In line with the provisions of article 12 of the 1988 Convention, which have been complemented by a number of General Assembly, Economic and Social Council, and Commission on Narcotic Drugs resolutions, Governments have implemented a number of measures that have contributed to the effective monitoring of the movement of substances listed in Tables I and II of that Convention and to limiting cases of diversion from licit international trade. As a result, Governments are facing new challenges, including the emergence of non-scheduled chemicals and diversion of substances listed in Tables I and II from domestic distribution channels. This is where voluntary public-private partnerships, which complement existing legislative frameworks, have an increasingly important role to play.

113. Another important element of effective control measures is the real-time exchange of information between Governments. INCB, in its efforts to support Governments in the prevention and investigation of cases of diversion of precursors, has developed several online platforms, tools and projects. Over the years, those tools have developed notably in terms of usage and in terms of the volume of information and level of detail provided by some Governments. The two initiatives of the Board focusing on precursors used in the illicit manufacture of synthetic drugs and on chemicals related to illicit cocaine and heroin manufacture, namely Project Prism and Project Cohesion, respectively, have also contributed to preventing the diversion of controlled substances from international trade and from domestic distribution channels and to closing knowledge gaps during time-bound operations.

114. Detailed analysis of the latest trends and developments in legitimate international trade and in trafficking in precursor chemicals under international control, as well as their non-scheduled substitutes and alternatives, can be found in the report of the Board for 2018 on the implementation of article 12 of the 1988 Convention.⁵⁹

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

115. Diversion of precursors from domestic distribution channels remains a major source of substances listed in Tables I and II of the 1988 Convention that are used for illicit drug manufacture, as the control measures applied by Governments to the domestic trade in and distribution of chemical substances vary from one country to another and often lag behind those used in international trade.

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

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

secretariat, technical support and guidance to Governments in their implementation of the provisions of the international drug control treaties.

117. To supplement and increase the effectiveness of the action mentioned above, in 2016, the Board launched a project called INCB Learning. The project provides assistance to Member States in their efforts to achieve full compliance with the provisions of the international drug control treaties. One of the objectives of the project is to ensure the appropriate availability of internationally controlled substances, while preventing their abuse and diversion into illicit channels. Several regional training seminars were conducted in 2017 and 2018 (see section F below for details). The Board will also issue an update of its 2015 special report entitled *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes — Indispensable, Adequately Available and Not Unduly Restricted*.⁶⁰

Supply of and demand for opiate raw materials

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

119. In order to establish the status of the supply of and the 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, the Board analyses information on the utilization of those raw materials, estimated consumption for licit use and stocks at the global level. A detailed analysis of the current situation as it pertains to the supply of and the demand for opiate raw materials is contained in the technical report of the Board for 2018 on narcotic drugs.⁶¹

120. The total area of cultivation of opium poppy rich in both morphine and thebaine declined in 2017, which can be attributed to the fall in demand for opiate raw

⁵⁹E/INCB/2018/4.

⁶⁰E/INCB/2015/1/Supp.1.

⁶¹E/INCB/2018/2.

material owing to a combination of factors such as the opioid crisis in the United States and the change in regulations in Australia and France, where codeine was scheduled as a prescription drug, which contributed to a fall in demand on the local market in those two countries.

Morphine

121. The total actual harvested area of opium poppy rich in morphine was 46,025 ha in 2017, down from 53,765 ha in 2016. In 2017, the actual harvested area of opium poppy rich in morphine decreased from the amount of the previous year in all major producing countries except India. In Australia, the actual harvested area decreased by 53 per cent compared with 2016; in Hungary, by 43 per cent; in Spain, by 43 per cent; and in France, by 28 per cent.

122. The total production of morphine-rich opiate raw materials in the main producing countries decreased to 282 tons in morphine equivalent in 2017, from 463 tons in 2016. Australia continued to be the largest producer in 2017, with 67 tons, followed, in descending order, by France, Turkey, Spain, Hungary and India. Australia's production in 2017 declined by more than 63 per cent compared with 2016 mainly due to the decrease in demand for those raw materials. Australia, France, Turkey and India accounted for 83 per cent of global production in 2017.

123. Stocks of opiate raw materials rich in morphine (poppy straw, concentrate of poppy straw and opium) held at the end of 2017 amounted to about 725 tons in morphine equivalent, a slight decrease from the level at the end of 2016. Those stocks were considered sufficient to cover 19 months of expected global demand by manufacturers at the 2018 level of demand. In 2017, Turkey was the country with the largest stocks of opiate raw materials (161 tons in morphine equivalent, mainly in the form of poppy straw and concentrate of poppy straw), followed by France (128 tons), Australia (106 tons), Spain (99 tons), India (66 tons, all in the form of opium), the United Kingdom (66 tons), the United States (39 tons), Slovakia (27 tons), Belgium (17 tons) and Japan (11 tons). Those 10 countries together accounted for 99 per cent of global stocks of opiate raw materials rich in morphine. The remaining stocks were held in other producing countries and in countries importing opiate raw materials.

124. Global stocks of opiates based on morphine-rich raw materials, mainly in the form of codeine and morphine, held at the end of 2017 amounted to 517 tons in morphine equivalent, which was considered sufficient

to cover global demand for those opiates for about 14 months. On the basis of data reported by Governments, total stocks of both opiates and opiate raw materials are fully sufficient to cover demand for medical and scientific purposes for morphine-based opiates.

125. From 2009 until 2016, global production of opiate raw materials rich in morphine exceeded global demand. As a result, stocks had been increasing, with some fluctuation. However, in 2017, for the first time in many years, production was less than demand, which led to a decrease in stocks, to 725 tons in morphine equivalent, at the end of the year. Stocks at the end of 2017 were sufficient to cover expected global demand for about 19 months.

Thebaine

126. The total actual harvested area of opium poppy rich in thebaine in 2017 decreased by 16 per cent compared with 2016. The harvested area of opium poppy rich in thebaine decreased by 36 per cent in Spain and by 31 per cent in Australia, while it increased by 74 per cent in France.

127. In 2017, the global production of opiate raw materials rich in thebaine was 229 tons in thebaine equivalent, of which Australia accounted for about 82 per cent and Spain and France for about 8 per cent each. India accounted for the remaining 2 per cent. The production in 2017 increased by 22 per cent relative to 2016.

128. Stocks of opiate raw materials rich in thebaine (poppy straw, concentrate of poppy straw and opium) increased to 244 tons in thebaine equivalent at the end of 2017, up from 224 tons at the end of 2016. Those stocks are sufficient to cover the expected global demand by manufacturers for about 13 months.

129. Global stocks of opiates based on thebaine-rich raw material (oxycodone, thebaine and a small quantity of oxymorphone) increased to 269 tons in thebaine equivalent at the end of 2017, up from 242 tons in 2016. Stocks were sufficient to cover global demand for thebaine-based opiates for medical and scientific purposes for about 21 months.

130. Because global production of opiate raw materials rich in thebaine increased to 229 tons in 2017 (up from 187 tons in 2016) at the same time as demand declined to 190 tons (down from 210 tons in 2016), stocks increased, reaching 244 tons at the end of 2017, which was the equivalent of global demand for 13 months.

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

131. In accordance with its mandate, the Board publishes its annual report and the report of the Board on the implementation of article 12 of the 1988 Convention. It also publishes technical reports that provide Governments with an analysis of statistical information on the manufacture, consumption, utilization and stocks of and trade in internationally controlled substances, together with an analysis of estimates and assessments of requirements for those substances.

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

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

2. Submission of statistical information

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

(a) Narcotic drugs

135. As at 1 November 2018, the Board had received annual statistics reports from 169 States (both parties and non-parties) and territories on the production,

manufacture, consumption, stocks and seizures of narcotic drugs covering the calendar year 2017 (form C), or about 79 per cent of those requested. That number was higher than in 2017 (when 164 reports pertaining to 2016 were received) and significantly higher than in 2016 (when 157 reports pertaining to 2015 were received).

136. A total of 114 Governments (53 per cent) submitted their data on time, that is, by the deadline of 30 June, which was more than in the two preceding years (89 countries in 2017 and 84 in 2016). As at 1 November 2018, 44 Governments (20 per cent), or 39 countries (18 per cent) and 5 territories (2 per cent) had not submitted their annual statistics for 2017. It is expected that several (10–15) additional countries and territories will be submitting the data over the coming months. Most countries and territories that have not submitted their reports are in Africa, Central America and the Caribbean, Asia and Oceania, which could be indicative of a lack of capacity in the drug control administrations of some countries in those regions.

137. Almost all countries that produced, manufactured, imported, exported or consumed large amounts of narcotic drugs submitted annual statistics in 2017. In its annual report for 2016, INCB highlighted the importance of accurate and timely reporting for the effectiveness and efficiency of the operation of the international drug control system and the significant impact that the availability of reliable data had on the ability of the Board to accurately monitor the world situation. The Board, however, remains very concerned about the quality of some of the data provided, especially those from some of the major producing and manufacturing countries, as they indicate deficiencies in national mechanisms for regulating and monitoring internationally controlled substances. **The Board urges Governments to enhance their national mechanisms to monitor the cultivation, production and manufacture of and trade in controlled substances. This may be achieved, in part, by improving and developing national data-collection systems, training staff of the competent national authorities and ensuring close cooperation with companies licensed to deal with internationally controlled substances.**

138. As at 1 November 2018, the complete set of four quarterly statistics of imports and exports of narcotic drugs for 2017 (form A) had been received from 152 Governments (136 countries and 16 territories), or about 71 per cent of the 213 Governments requested. In addition, 21 Governments (about 10 per cent) had submitted at least one quarterly report. A total of 37 countries and 4 territories (about 19 per cent) had failed to submit any quarterly statistics for 2017.

(b) Psychotropic substances

139. As at 1 November 2018, annual statistical reports for 2017 on psychotropic substances (form P) had been submitted to the Board in conformity with article 16 of the 1971 Convention by 147 States and territories, amounting to 69 per cent of those required to do so. In addition, 115 Governments had voluntarily submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II of the 1971 Convention for 2017, in conformity with Economic and Social Council resolution 1981/7, and a further 39 Governments had submitted several quarterly reports.

140. While the majority of Governments regularly submit their mandatory and voluntary statistical reports, the cooperation of some has not been satisfactory. In 2018, about 60 per cent of the countries that submitted form P for 2017 did so by the deadline of 30 June 2018. Among those that failed to submit form P by the deadline were major manufacturing, importing and exporting countries such as Belgium, Brazil, China and France.

141. The Board notes with concern that the number of countries and territories that have not furnished form P continues to be highest in Africa (30, or 53 per cent of countries and territories in that region),⁶² followed by Oceania (11, or 50 per cent)⁶³ and Central America and the Caribbean (13, or 46 per cent).⁶⁴ Form P for 2017 was furnished by all countries and territories in Europe and by all countries in North America. In South America, two countries (15 per cent) failed to furnish form P for 2017.⁶⁵ In Asia, 9 countries,⁶⁶ or 19 per cent of countries and territories in the region, did not furnish form P for 2017.

142. 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

⁶²Ascension, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Guinea, Guinea-Bissau, Kenya, Lesotho, Libya, Mali, Mauritania, Mauritius, Niger, Sao Tome and Principe, Senegal, Somalia, South Sudan, Togo and Tristan da Cunha.

⁶³Cook Islands, French Polynesia, Kiribati, Marshall Islands, Nauru, Niue, Papua New Guinea, Samoa, Solomon Islands, Tuvalu, and Wallis and Futuna Islands.

⁶⁴Anguilla, Antigua and Barbuda, Aruba, Bermuda, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominican Republic, Grenada, Honduras, Saint Kitts and Nevis, and Trinidad and Tobago.

⁶⁵Paraguay and Suriname.

⁶⁶Bangladesh, Cambodia, Iraq, Kyrgyzstan, Mongolia, Singapore, Turkmenistan, Viet Nam and Yemen.

psychotropic substances. As at 1 November 2018, complete details on such trade had been submitted by 98 Governments (70 per cent of all submissions of form P for 2017), which is slightly lower than for 2016. The remaining 42 Governments submitted blank forms or forms containing incomplete trade data for 2017.

143. The Board notes with appreciation that a number of countries have already submitted consumption data for psychotropic substances on a voluntary basis in accordance with Commission on Narcotic Drugs resolution 54/6. Thus, for 2017, a total of 73 countries and territories submitted data on the consumption of some or all psychotropic substances, which is more than for 2016. **The Board appreciates the cooperation of the Governments concerned and calls upon all Governments to report on the consumption of psychotropic substances on an annual basis pursuant to Commission resolution 54/6, as such data are essential for an improved evaluation of the availability of psychotropic substances for medical and scientific purposes.**

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

(c) Precursors

145. In accordance with article 12 of the 1988 Convention, parties are obliged to furnish information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. That information, provided on form D, assists the Board in monitoring and identifying trends in trafficking in precursors and the illicit manufacture of drugs. It also enables the Board to provide Governments with recommendations concerning remedial action and policies, as necessary.

146. As at 1 November 2018, a total of 120 States parties, corresponding to nearly 64 per cent of the States parties to the 1988 Convention, had submitted form D

for 2017. However, there continued to be a number of States parties submitting blank forms or forms containing incomplete information.

147. Of the States parties that provided data on form D for 2017, 79 reported the mandatory information on seizures of substances in Tables I and II of the 1988 Convention, and 51 reported seizures of non-scheduled substances. As in previous years, most Governments did not provide details on the methods of diversion and illicit manufacture.

148. Pursuant to Economic and Social Council resolution 1995/20, Governments are also requested to provide information regarding their licit trade in substances listed in Tables I and II of the 1988 Convention on a voluntary and confidential basis. As at 1 November 2018, 115 States parties had provided such information for 2017 to the Board, and 109 had furnished data on licit uses of and/or requirements for one or more of the substances in Tables I and II of the 1988 Convention.

149. Complementing PEN Online, as well as the aggregated seizure data received annually from Governments through form D, PICS has, since early 2012, provided a secure online platform for sharing information in real time on chemical-related incidents such as seizures, shipments stopped in transit, diversion attempts and the dismantling of illicit laboratories. PICS has provided leads for national authorities to initiate backtracking investigations and, on several occasions, the timely communication of details of precursor incidents has led to further seizures or has prevented diversion attempts. The usefulness of PICS, however, depends largely on the timeliness of the information provided so that it can facilitate immediate follow-up and cooperation to identify those responsible for the diversion of and trafficking in precursors.

150. As at 1 November 2018, PICS had registered users from more than 240 agencies in 109 countries, who had shared information about more than 2,300 incidents. During the reporting period, more than 230 new incidents were communicated through PICS.

3. Submission of estimates and assessments

(a) Narcotic drugs

151. Under the 1961 Convention, parties and non-parties are requested to provide the Board each year with

estimates of their requirements for narcotic drugs for the following year. As at 1 November 2018, a total of 175 States and territories, 82 per cent of those required, had submitted estimates of their requirements for narcotic drugs for 2019 for confirmation by the Board. Confirmed estimates are valid until 31 December of each year and need to be revised annually by Governments.

152. As in previous years, the Board established estimates for those countries and territories that had not submitted their estimates on time in accordance with article 12 of the 1961 Convention to ensure that these narcotic drugs, many of which are essential in medical practice, can be imported. About 90 Governments adjust their estimates throughout the year through the submission of supplementary estimates to the Board. Special provisions of the Convention may be used to ensure access to narcotic drugs during acute emergencies.

(b) Psychotropic substances

153. As at 1 November 2018, the Governments of all countries except South Sudan and all territories had submitted to the Board at least one assessment of their annual medical and scientific requirements for psychotropic substances. In accordance with Economic and Social Council resolution 1996/30, the Board established the assessments of requirements for South Sudan in 2011 to enable that country to import psychotropic substances for medical purposes without undue delay.

154. In line with Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of their annual medical and scientific requirements for psychotropic substances listed in Schedules II, III and IV of the 1971 Convention. Assessments for psychotropic substances remain in force until Governments modify them to reflect changes in national requirements. To facilitate the submission of such modifications by competent national authorities, the Board created a form, entitled “Supplement to form B/P”, which has been made available to all Governments in the six official languages of the United Nations since October 2014 and can be accessed on the website of INCB. As at 1 November 2018, almost all countries were using it. **The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least once every three years.**

155. Between 1 November 2017 and 1 November 2018, a total of 96 countries and 8 territories submitted fully revised assessments of their requirements for

psychotropic substances, and a further 85 Governments submitted modifications to their assessments for one or more substances. As at 1 November 2018, Governments of 41 countries and 4 territories had not submitted any revision of their legitimate requirements for psychotropic substances for over three years.

(c) Precursors

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

157. Although those estimates are provided to the Board on a voluntary basis, as at 1 November 2018, 166 Governments had provided an estimate of their annual legitimate requirements for at least one of the above-mentioned substances. During the reporting period, more than 80 Governments reconfirmed or updated their annual legitimate requirements for at least one substance.

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

4. Improving the quality of information provided to the Board

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

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

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

162. **The Board invites all Governments concerned to identify the causes of deficiencies in reporting statistics and/or estimates and assessments to the Board and to inform the Board accordingly with a view to resolving problems and ensuring adequate and timely reporting.** To assist Governments, the Board has developed tools and kits, as well as several sets of guidelines, for use by competent national authorities. They are available on its website free of charge and include training materials and the *Guide on Estimating Requirements for Substances under International Control*. **Governments are invited to make full use of those tools in their efforts to comply with the international drug control treaties.**

D. Evaluation of overall treaty compliance

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

163. The scope of the areas covered by the international drug control conventions is vast. The conventions encompass regulatory aspects for the monitoring of licit production, manufacture and trade in narcotic drugs, psychotropic substances and precursor chemicals; establish the permitted uses for controlled substances; and

require States to adopt legislative and policy measures to combat drug trafficking and diversion, and to take all practicable measures for the prevention of drug abuse and for the early identification, treatment, education, aftercare and social reintegration of persons affected by drug abuse.

164. As with other international treaty instruments, States parties to the international drug control conventions are afforded significant discretion in the adoption of the policy, legislative and administrative measures they opt for in their efforts to implement their treaty obligations.

165. It remains that, as States parties to the international drug control conventions, States must adhere to the fundamental legal tenets set forth in those treaties, which include the limitation of use of narcotic drugs and psychotropic substances exclusively to medical and scientific purposes, the respect for human rights and human dignity, the adequate provision of controlled substances to meet legitimate medical needs, and the adherence to the principle of proportionality in the formulation of drug-related criminal justice policy.

166. In carrying out its mandate as the treaty monitoring body responsible for reviewing the implementation of the three international drug control conventions, the Board reviews developments in States parties with the aim of identifying any shortcomings in the implementation of those conventions by States with a view to recommending remedial action, which may include the application of good practices that may have been adopted in other jurisdictions.

167. The Board's evaluation of the status of implementation by States of their legal obligations pursuant to the international drug control conventions is informed by its ongoing dialogue and exchange of information with Governments, including through extensive correspondence, meetings with Government representatives, country missions, participation in INCB initiatives, and through the submission of statistical reports to the Board. In the period under review, the Board reviewed the drug control situation in Canada, Denmark, Myanmar, Poland and South Africa.

(a) Canada

168. Since the Government of Canada announced its intention to pursue the legalization and regulation of cannabis for non-medical purposes, the Board has maintained an ongoing dialogue with the country's authorities on the matter, including through a high-level mission to

the country led by the President of the Board in 2016, a written submission to the Standing Senate Committee on Foreign Affairs and International Trade, several meetings with senior representatives of the Government and an extensive exchange of correspondence.

169. Throughout this extensive consultation process, the Board has stressed that the legalization and regulation of cannabis for non-medical and non-scientific purposes would be a violation of the provisions of the international drug control conventions, notably the 1961 Convention as amended, which includes, in its article 4 (c), the general obligation for States parties to "limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs."

170. In June 2018, Bill C-45 (the Cannabis Act), on legalizing and regulating the consumption of cannabis for non-medical and non-scientific purposes, received royal assent.

171. With the passage of the legislation, which entered into force on 17 October 2018, individuals aged 18 years of age or older are legally permitted to purchase cannabis products (dried herb, oil, plants and seeds) from retailers regulated by the provincial and territorial governments. They may also possess up to 30 g of cannabis, share up to 30 g of dried cannabis or equivalent with other adults, cultivate up to 4 cannabis plants per household and prepare edible cannabis products for personal use.

172. Through the passage of Bill C-45, the Government of Canada has chosen to put itself in a situation of default of its international obligations, not only under the 1961 Convention as amended but also the 1988 Convention, which obliges States parties to establish as criminal offences under their domestic law the production, manufacture, extraction, preparation, offering, offering for sale, distribution, sale and delivery on any terms whatsoever any narcotic drug or any psychotropic substance contrary to the provisions of the 1961 Convention, the 1961 Convention as amended or the 1971 Convention.

173. The incompatibility of Bill C-45 with its international legal obligations under the three international drug control conventions has also been repeatedly acknowledged publicly by senior members of the

Government of Canada. The Board is concerned that the legalization of the use of cannabis for non-medical purposes undermines the international legal drug control framework and constitutes a dangerous precedent for the respect of the rules-based international order.

174. In addition, the Board is concerned that the measures envisaged in Bill C-45 would lead to reduced perceptions of harm and to higher rates of cannabis use, particularly among young people, through greater availability of the drug and weaknesses in control measures, including with regard to the authorization of personal cultivation in households. The Board notes that the rates of cannabis abuse among young people in Canada are already among the highest in the world.

175. In the exercise of its mandate, the Board will remain seized of the matter and will continue to engage with Canada and other members of the international community in addressing it.

(b) Denmark

176. During the reporting period, the Board continued to monitor drug-related developments in Denmark and engaged in dialogue with the Government on various issues, including the recent introduction of a medical cannabis pilot programme in the country.

177. According to the information provided by the Government, Denmark adopted legislation on a medical cannabis pilot project in December 2017 that is intended to serve as the legal basis for a four-year medical cannabis pilot project. The law allows licensed medical doctors to prescribe cannabis for medical purposes to eligible patients. Once the prescription has been obtained, the patient can purchase, from a licensed pharmacy, cannabis that has been produced under good manufacturing practice rules of the Danish Medicines Agency and approved by the Agency. The number of patients, patterns of prescription and side effects are monitored through the register of all prescriptions and other reports collected from the licensed doctors, which are accessible to the Danish Medicines Agency and other relevant government agencies.

178. Patients with the following medical conditions may be eligible for treatment under the programme: multiple sclerosis, chronic pain, spinal cord injuries and chemotherapy-induced nausea and vomiting. In addition, under the new law, companies in Denmark can also receive approval for cultivation or repackaging of cannabis for medical purposes, which can then be used either for export or for domestic consumption. However, at the

initial stage, the cannabis for the pilot project would have to be imported until the approved companies start cultivating cannabis in Denmark. The Government of Denmark has expressed its commitment to importing, cultivating and exporting cannabis for medical use, as well as reporting of estimates and statistical returns, in line with the relevant provisions of the 1961 Convention as amended.

179. On its website (<https://laegemiddelstyrelsen.dk/en>), the Danish Medicines Agency has published some details of the pilot project that are addressed to medical doctors and patients. The Agency states that the cannabis products included in the pilot programme are not authorized medicines in either Denmark or other countries, and that the products have rarely been tested in clinical trials. The website provides some guidelines for doctors based on experiences in other countries in this area and contains a warning that doctors should take full responsibility for the product they prescribe, keeping in mind that they might not have the same knowledge of effects and side effects compared with authorized medicines. The Danish Medical Association has advised doctors that prescribing cannabis could compromise the health of their patients because no clinical trials have provided clear evidence on the efficacy or adverse effects of consuming cannabis for medical purposes.

180. The Board will continue to monitor the developments regarding the pilot medical cannabis programme in Denmark and urges the Government of Denmark to continue to meet its stated commitment to developing its medical cannabis scheme in accordance with the provisions of the 1961 Convention as amended and with the Board's recommendations published in chapter II of its annual report for 2017, in particular paragraphs 177 and 178.

(c) Myanmar

181. In February 2018, the Central Committee for Drug Abuse Control of Myanmar released its national drug control policy. The policy was developed in conjunction with the Myanmar Police Force and the Ministry of Home Affairs, with the support of UNODC.

182. The national drug control policy was developed following wide-ranging consultations with over 150 national experts and is aimed at incorporating international best practices, aligning approaches with the outcome document of the special session of the General Assembly on the world drug problem held in 2016, complying with the international drug control conventions and supporting the achievement of the Sustainable Development Goals.

183. According to the Central Committee for Drug Abuse Control, the policy is the result of an acknowledgment by the Government that the country's previous drug control approaches, based primarily on Government-led supply-reduction initiatives such as opium poppy eradication, needed to be reviewed.

184. The new strategy also represents an important departure from previous policy through its involvement of non-governmental organizations and civil society stakeholders, its emphasis on health and social policy responses in addition to criminal justice mechanisms, its promotion of sustainable alternative development for opium poppy farmers and its emphasis on international cooperation.

185. The national drug control policy sets out general objectives grouped into five main thematic areas: (a) supply reduction and alternative development; (b) demand reduction and harm reduction; (c) international cooperation; (d) research and analysis; and (e) compliance with human rights.

186. In order to meet the objectives established by Myanmar in its national drug control policy, a series of measures are foreseen, including: strengthening the legal framework to combat drug-related offences and money-laundering and corruption related to drug offences; reviewing legislation related to drug control every five years and training prosecutors, judges and law enforcement personnel in drug case management; developing and implementing alternative development programmes, including through the creation of opportunities for sustainable livelihoods, and the development of infrastructure and human resources; bolstering prevention initiatives aimed at the general population as well as those targeted at children, young people, women and vulnerable populations; improving the quality of treatment, rehabilitation and social-reintegration services; more effectively regulating the availability of controlled substances for medical purposes; increasing international cooperation in the field of drug control; and investing in research and analysis in order to inform the development of an evidence-based and targeted drug policy. The national drug control policy is scheduled to be implemented over the next five years, with regular evaluations to be carried out.

187. In addition to the adoption of the national drug control policy, the Government of Myanmar has made a series of legislative amendments to the main drug control law, the 1993 Narcotic Drugs and Psychotropic Substances Law. The amendments include the insertion of references to the international drug control conventions and to the use of international cooperation mechanisms; the inclusion of alternative livelihood measures;

and the institutionalization of harm-reduction approaches to drug treatment and prevention.

188. The Board will continue to monitor the continued implementation by the Government of Myanmar of its national drug control policy, as well as other developments related to the implementation of the international drug control conventions.

(d) Poland

189. In November 2017, amendments to the Act on Counteracting Drug Addiction, which serve as a legal basis for introducing access to cannabis upon prescription, entered into force in Poland. Under the amended legislation, cannabis from imported plants can be processed into medicines at registered pharmacies in Poland. To manufacture medicines from cannabis plants, pharmacies must obtain authorization from the country's Office for the Registration of Medicinal Products, Medical Devices and Biocidal Products.

190. According to the Polish Pharmaceutical Chamber, pharmacists will be given specific training if required. The Chamber also estimated that there are up to 300,000 patients who could qualify for medical cannabis treatment in Poland. The legislation does not permit the cultivation of cannabis by patients or by any other persons; Poland currently imports cannabis from the Netherlands.

191. The new legislation stipulates that, to use cannabis for medical purposes, patients must receive permission from a regional pharmaceutical inspector in addition to a prescription from a physician. The qualifying conditions for cannabis use for medical purposes include, but are not limited to, chronic pain, chemotherapy-induced nausea, multiple sclerosis, spasticity and treatment-resistant epilepsy.

192. The Board will continue to monitor the drug-related developments in Poland, including its newly implemented medical cannabis programme. The Board is currently engaged in a dialogue with the authorities of Poland in order to secure additional information on the new programme and the compliance thereof with the international drug control treaties.

(e) South Africa

193. The Board notes that, in September 2018, the Constitutional Court of South Africa ruled that the prohibition of private possession and consumption of

cannabis and the cultivation of cannabis for personal use was unconstitutional, as it violated section 14 of the Constitution of South Africa, which guarantees the right of citizens to privacy.

194. The Court's ruling is a result of an appeal by the Government against the High Court ruling that legalized cannabis use for personal purposes in 2017. The Board acknowledges the fact that the Government argued in those proceedings that legalizing cannabis for personal use was not in line with the constitutional values of South Africa, because it would harm citizens. Nevertheless, in its latest judgment, the Constitutional Court declared that the provisions of the national legislation prohibiting the use of and the possession and cultivation for personal consumption of cannabis by an adult in a private place were unconstitutional and, therefore, invalid. It also held that the right to privacy extends "beyond the boundaries of a home".

195. The Board notes that it was underlined in the judgment that the use or possession of cannabis by a child anywhere, or by an adult in public, was not decriminalized. The Constitutional Court suspended the order of invalidity for a period of 24 months to give Parliament the opportunity to "correct the constitutional defects" in the national legislation. The Court also stated that, during the period of suspension of invalidity, it would not be a criminal offence for an adult person to use or to possess or cultivate cannabis for personal consumption in private.

196. The Board will continue monitoring the developments in South Africa regarding the Constitutional Court's decision and its effects on national legislation and practice, including the adoption by the Government of South Africa of any guidance for police to deal with cases of personal use of cannabis until the Parliament adopts the legislative changes. The Board will continue to engage in dialogue with the authorities of South Africa to facilitate the full compliance of the country with the provisions of the international drug control treaties, including those related to limiting the use of controlled substances to medical and scientific purposes.

2. Country missions

197. As part of its treaty-monitoring functions, INCB undertakes a series of country missions each year. The conduct of country missions is an essential tool for the Board in informing its analysis of the implementation by States parties of their obligations under the various facets of the international drug control conventions.

198. By enabling the Board to meet with relevant national stakeholders including legislators, policymakers, representatives of regulatory authorities, customs and law enforcement officials, medical practitioners, persons involved in prevention and treatment efforts and representatives of civil society groups, country missions contribute to the Board gaining a comprehensive overview of the drug control frameworks in place and identifying both areas for improvement and best practices. Discussions with national stakeholders are held on a confidential basis, so as to encourage frank and open dialogue.

199. On the basis of its analysis of the information gathered during a country mission, the Board adopts a series of recommendations for improving compliance with the international drug control conventions. Those recommendations are then transmitted confidentially to the Government of the country that hosted the mission for its consideration and implementation.

200. During the period under review, the Board undertook missions to Armenia, Australia, Botswana, Estonia, France, Germany, Guyana, Luxembourg, Mauritius, Mongolia, Nepal, the Netherlands, Qatar, the Russian Federation, Switzerland, Tunisia, the United Arab Emirates and the United Kingdom.

201. At the time of finalizing the present report, missions to Jamaica and Paraguay were due to take place in late November and early December 2018. Additional missions have been accepted in principle by the Governments of Chile, Colombia, Côte d'Ivoire, Dominica, Maldives, Mauritania, New Zealand and the Philippines, but the plans for those missions have not yet been finalized. In addition, the Board has contacted the Governments of Belize, the Democratic People's Republic of Korea, the Gambia, Grenada, Guinea, Kazakhstan, Kuwait, Kyrgyzstan, the Lao People's Democratic Republic, Liberia, Madagascar, Montenegro, the Niger, Rwanda, South Sudan, Suriname, Tajikistan, the former Yugoslav Republic of Macedonia, Trinidad and Tobago, Ukraine, the United States and Uzbekistan, as well as of Kosovo,⁶⁷ but has not yet received confirmation of acceptance of a mission. In the case of the Philippines, the Board has invited representatives of the Government to attend one of its sessions for consultations.

⁶⁷ All references to Kosovo in this report should be understood to be in the context of Security Council resolution 1244 (1999).

(a) Armenia

202. In June 2018, the Board undertook a mission to Armenia with the objective of discussing developments related to the country's implementation of the three international drug control conventions since the Board's previous mission to the country, in 2010.

203. Armenia has, in recent years, reported increases in seizures of narcotic drugs including cocaine, opium and cannabis resin, which may indicate that the country is increasingly being targeted as a transit country. While illicit drug use in the country is thought to be moderate, its exact extent is difficult to gauge in the light of the limited epidemiological data available.

204. The Board notes that various legislative and regulatory reforms are currently under way in Armenia in the field of drug control and welcomes those aimed at facilitating greater access to narcotic drugs and psychotropic substances for rational medical use, as well as those aimed at ensuring proportional responses to drug-related offences, in particular offences committed by people who use drugs.

(b) Australia

205. In November 2017, the Board undertook a mission to Australia in order to discuss the country's implementation of the three international drug control conventions since the previous mission to the country, in 2009.

206. Owing to its large size, long coastline and lucrative illicit drug market, Australia is a target for international drug trafficking syndicates. While the country's remoteness presents some obstacles to trafficking, the higher price paid for drugs smuggled into the country acts as an incentive for traffickers. Australian law enforcement and customs authorities continue to report record drug seizures for many drugs such as cocaine, MDMA and methamphetamine. According to official statistics, Australia has one of the highest rates of methamphetamine use in the world, with the number of users growing.

207. The Board notes the significant efforts and resources being deployed by the Government of Australia in the implementation of its drug control policy, including the adoption of the National Drug Control Strategy 2017–2026, as well as the continued implementation of the “National Aboriginal and Torres Strait Islander Peoples’ drug strategy 2014–2019” and the National Ice Action Strategy. The Board also notes the country's strong commitment to multilateralism and its support for regional and international drug control efforts.

(c) Botswana

208. A mission of the Board was carried out to Botswana in June 2018. Botswana is a party to the 1961 Convention as amended, the 1971 Convention and the 1988 Convention.

209. The objective of the mission was to obtain updated information on the Government's policy, national legislation and practical experiences in the area of drug control and to re-engage in dialogue about the country's compliance with the conventions. The country's treaty obligations and the availability of narcotic drugs and psychotropic substances were among the main issues discussed.

(d) Estonia

210. In April 2018, the Board carried out a mission to Estonia. The objective of the mission was to review the implementation of the international drug control treaties by Estonia and to examine drug control developments since the Board's previous mission to the country, in 2006.

211. Estonia is a party to all three international drug conventions. It acceded to both the 1961 Convention and the 1971 Convention in 1996 and to the 1988 Convention in 2000.

212. The Board notes that the Government of Estonia is committed to the objectives of the international drug control treaties, that the national legislation provides adequate basis for their implementation and that the mandatory reports by Estonia to the Board are up to date and of high quality. The high number of fentanyl-related opioid overdose deaths and new cases of HIV infection among people who inject drugs were also among the subjects discussed during the mission.

(e) France

213. In June 2018, the Board conducted a mission to France, the first since 1999, to discuss the implementation of the international drug control legal framework with national stakeholders. France is a party to the three international drug control conventions.

214. Following legislative changes overhauling its health system in 2016, France launched a six-year trial programme aimed at reducing the harms associated with drug use through the establishment of so-called “reduced-risk drug consumption rooms” in the cities of Paris and Strasbourg. The country is also engaged in a process of

legislative reform aimed at developing a proportionate and practicable system to address drug-related crimes of a minor nature.

215. The Board recognizes the strong commitment of the Government of France to the objectives of the international drug control conventions and the significant resources that the country has invested in the pursuit of a balanced and evidence-based drug policy.

(f) Germany

216. The Board undertook a mission to Germany in September 2018. The objective of the mission was to review the drug control situation in Germany and the Government's compliance with the three international drug control conventions. The Board notes that the Government of Germany continues addressing all aspects of the drug problem through an integrated and balanced approach. The previous mission of the Board had taken place in 2003.

217. The Board notes that, under legislation adopted in March 2017, use of cannabis for medical purposes is permitted only as the last available treatment option and when there is the prospect of a noticeable improvement in the health of the patient and subject to strict prescription criteria by certified medical practitioners.

218. The mission visited a "drug consumption room" and a number of facilities for the treatment and rehabilitation of drug-dependent individuals. The Board notes the efforts of the authorities to ensure that "drug consumption rooms" are well integrated into and part of a wide spectrum of health service facilities provided to drug-dependent persons.

(g) Guyana

219. The Board undertook a mission to Guyana in December 2017. The primary objective of the mission was to discuss with relevant government counterparts the progress made by Guyana in the implementation of the international drug control conventions. The previous mission of the Board to Guyana was in 2002, when Guyana had just acceded to the 1961 Convention.

220. Guyana is a transit country, mainly for cocaine originating in Colombia and trafficked through Brazil, Suriname and Venezuela (Bolivarian Republic of), destined mainly for North America and Europe. Cocaine is often concealed in legitimate commodities and trafficked

using commercial maritime vessels, aeroplanes, human couriers, "go-fast" boats or various postal services. Trafficking takes place using the poorly monitored ports, remote airstrips and porous land borders that are difficult to control without proper equipment.

221. The mission was coordinated by the newly established National Anti-Narcotics Agency. Discussions focused on compliance with the international drug control treaties and national and international drug control policy, including the National Drug Strategy Masterplan (2016–2020), which contains a review and revision of the 2014–2018 Masterplan.

(h) Luxembourg

222. In October 2018, the Board undertook a mission to Luxembourg. The objective of the mission was to review the implementation of the international drug control treaties by Luxembourg and discuss drug control developments since the Board's last visit to the country, in 2006.

223. Luxembourg is party to the three international treaties. It acceded to the 1961 Convention as amended in 1972 and to the 1971 Convention in 1991. It also became a party to the 1988 Convention in 1992.

224. A landlocked country, Luxembourg shares borders with Belgium, France and Germany. That, together with the facts that 46 per cent of its population of 560,000, are foreigners and that it has a very important cross-border flow of workers, makes the country vulnerable to drug transit and trafficking.

225. During the mission, the Government demonstrated its commitment to addressing drug addiction in Luxembourg. The Board notes that Luxembourg had implemented effective treatment and rehabilitation services and also notes efforts in drug prevention.

226. A thorough description of and information on the medical cannabis project was provided to the delegation of the Board, including the legislative framework and planned prescription practices.

(i) Mauritius

227. In July 2018, the Board undertook a mission to Mauritius. The objective was to review the drug control

situation and the Government's compliance with the three international drug control conventions since the previous mission of the Board, in 2008.

228. Although located in a strategically important part of the Indian Ocean basin, Mauritius is not a significant transit country for trafficking in drugs, with most illicit drugs entering the country intended for domestic consumption. The Board notes the Government's efforts to tackle drug trafficking, in particular the interdiction efforts undertaken by law enforcement and customs authorities. Mauritius has also made efforts to deepen cooperation with other countries in the Indian Ocean in order to combat drug trafficking. During the mission, information regarding the country's drug treatment and rehabilitation programmes was provided, along with information on demand-reduction initiatives.

229. The Board notes the convening of the independent Commission of Inquiry on Drug Trafficking and the development of a new national drug control master plan, expected to be launched in 2019, as examples of the country's commitment to the implementation of the international drug control conventions.

(j) Mongolia

230. The Board undertook a mission to Mongolia in July 2018, with the primary objective of reviewing the implementation of the international drug control conventions and discussing with the Government drug policy developments since the previous mission of the Board, in 1999.

231. The Board notes the commitment and strong political will of the Government to strengthen its efforts with regard to national drug control policy. The Board's delegation was informed about developments in demand and supply reduction and noted results achieved through the recently adopted national programme on combating trafficking in narcotic drugs and psychotropic substances.

(k) Nepal

232. In September 2018, the Board undertook a mission to Nepal. The objective was to review the drug control situation and the Government's compliance with the three international drug control conventions since the previous mission of the Board, in 2007.

233. Located between China and India, with both of whom Nepal shares a long open border, and with air links

to major cities in Asia and the Middle East, Nepal is a trans-shipment point for trafficking in drugs. The Board notes the Government's efforts to tackle drug trafficking, in particular the trafficking in medicines containing internationally controlled substances, as well as its efforts to update its national legislation to address new trends and ensure that the control of drugs is applied in the country's new federal system. During the mission, information was provided regarding the country's drug treatment and rehabilitation initiatives and on its demand reduction initiatives.

234. The Board takes particular note of efforts by the Government of Nepal to develop a new multi-tiered drug prevention programme for deployment in primary and secondary schools to raise awareness of the dangers of drug use and provide life skills training to students to build greater resilience against drug use.

(l) Netherlands

235. In June 2018, the Board undertook a mission to the Netherlands to discuss issues related to the implementation by the Government of the three international drug control conventions, to which the Netherlands is a party. The previous mission to the country had taken place in 1998.

236. Cannabis and synthetic drugs are illicitly produced in and exported from the Netherlands. The country is also a transit country for cocaine produced in South America and heroin trafficked to the country from Afghanistan along the Balkan route. Drug policy in the Netherlands has the stated objective of preventing and reducing the use of drugs and associated harms through outreach work and the delivery of services in so-called "low-threshold facilities" and "centres for social addiction care". It is also characterized by a policy of "toleration" of the non-medical use of "soft drugs", a category which includes cannabis.

237. The Board acknowledges the commitment of the Government of the Netherlands to dialogue on drug policy issues. The Board also recognizes the extensive efforts and significant investments made by the country in its attempts to limit the harms associated with drug use.

(m) Qatar

238. The Board undertook a mission to Qatar in October 2018. It was the first-ever mission of INCB to

Qatar. Qatar has been a party to the 1961 Convention as amended since 1986, to the 1971 Convention since 1986 and to the 1988 Convention since 1990. The primary objective of the mission was to review the drug control situation in Qatar and to discuss with the Government its experience in the implementation of the international drug control treaties. The Board notes the commitment of Qatar to the implementation of the international drug control conventions.

239. The delegation was informed about the Qatar Drug Control Strategy for 2018–2022, the main strategic goal of which is to protect Qatari society from drugs, focusing on the continuous monitoring and control of the ports in coordination with the relevant authorities to reduce the supply and demand of drugs. Discussions were held on the importance of regional cooperation in that area and the delegation of the Board underlined the need for all States parties in the region to strengthen their cooperation.

240. The delegation was also informed about the Qatar National Health Strategy for 2018–2022, two key aspects of which are mental health and cancer control. The Board notes the efforts made by Qatar in ensuring the availability of controlled substances for medical and scientific purposes through its health services. The Board also notes the efforts made to provide the population with evidence-based treatment and rehabilitation services.

(n) Russian Federation

241. The Board undertook a mission to the Russian Federation in November 2017. The primary objective of the mission was to review the implementation of the international drug control treaties by the Government and to examine drug control developments since the previous mission of the Board, in 2005. The Government is committed to the implementation of the letter and the spirit of the international drug control treaties. Aware of its low rate of consumption of opioid analgesics for medical purposes, the Government has implemented several initiatives aimed at removing regulatory and other barriers to access to those drugs and it is expected that those measures will, in the long term, lead to their increased availability.

242. The Russian Federation remains an important destination and transit country for heroin produced in Afghanistan. There has also been an increase in the illicit manufacture of and trafficking in new psychoactive substances and other synthetic drugs.

(o) Switzerland

243. In November 2017, the Board undertook a mission to Switzerland. The objective was to review the drug control situation and the Government's compliance with the three international drug control conventions.

244. The Board notes that, since its previous mission, in 2000, the Government has made considerable progress in the formulation and implementation of an integrated drug policy and its action plan. The country has also made significant improvement in fulfilling its reporting obligations and containing the "open drug scenes" through various measures.

245. In its discussions with representatives of the Government, the delegation of the Board was informed about the licit manufacture of medicines containing controlled substances, the market situation of products containing CBD and the challenges brought forth by new psychoactive substances and designer precursors. The delegation also visited the "drug consumption rooms" in Bern and one of the manufacturing facilities of a company manufacturing controlled substances.

246. The Board commends Switzerland for the close coordination among various stakeholders in the area of drug control within the country, and its participation in regional and international cooperation.

(p) Tunisia

247. The Board undertook a mission to Tunisia in October 2018 with the objective of discussing the developments related to the country's implementation of the three international drug control treaties since the last mission of the Board, in 2002.

248. Tunisia is party to the three international treaties. It acceded to the 1961 Convention as amended in 1976 and the 1971 Convention in 1979. It became a party to the 1988 Convention in 1990.

249. During the mission, the Government demonstrated its commitment and will to continuing to strengthen its efforts regarding drug abuse prevention and the treatment and rehabilitation of individuals with problems associated with drug use, including in prisons. During its interaction with technical staff at all levels, the INCB delegation was impressed by the calibre and professionalism of the country's civil servants. The Board notes the country's efforts and the positive steps taken

towards legislative and regulatory reforms and the strengthening of the National Bureau of Narcotics.

(q) United Arab Emirates

250. In September 2018, the Board undertook a mission to the United Arab Emirates with the objective of discussing developments related to the country's implementation of the three international drug control conventions since the Board's last mission to the country, in 2008.

251. The Board notes that the country is committed to the objectives of the international drug control treaties and is making significant efforts to achieve the goals and objectives of the country's drug control strategy, in both drug supply and drug demand reduction. In recent years, the country has been increasingly targeted by traffickers of precursor chemicals, in particular acetic anhydride. The Board also notes changes in drug abuse patterns, including the emerging abuse of methamphetamine, synthetic cannabinoids and certain prescription drugs. The delegation was informed of recent legislative changes concerning penalties for drug-related offences, including alternatives to punishment for drug use.

(r) United Kingdom of Great Britain and Northern Ireland

252. A delegation of the Board visited the United Kingdom in October 2018. The objective of the mission was to review the drug control situation in the country and the implementation of the international drug treaties by the Government and to discuss significant developments since the last mission of the Board to the country, in 2007.

253. The Board notes the commitment of the Government to the full implementation of the international treaties. The 2017 Drug Strategy was adopted by the Government to address the national drug problem and the Serious Violence Strategy was adopted in 2018 to respond to recent increases in knife crime, gun crime and homicide, crimes that are often associated with drug trafficking. At the international level, the Government is committed to cooperation with other countries in Europe and around the world to promote a balanced approach, sharing best practices and the latest evidence across a global network.

254. Overall drug use has remained largely stable over the past five years among 16 to 59 year olds in England

and Wales; however, the country has been experiencing an increase in the number of deaths related to drug use, mostly relating to heroin and morphine. The United Kingdom has played a leading role in the management of new psychoactive substances and the delegation of the Board visited the Club Drug Clinic, one of the few treatment centres in Europe that assists users who have developed problematic use patterns of synthetic drugs and new psychoactive substances. The Board notes the active role played by the Government in addressing the problem of drug trafficking and the interdiction efforts undertaken by the national drug law enforcement agencies.

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

255. Every year, the Board follows up on developments in countries that hosted INCB missions three to four years previously and requests the Governments in question to apprise it of any developments in the country since the mission, including any legislative or policy actions taken in implementation of the Board's post-mission recommendations. This important exercise is a means of building on the momentum created by the missions to the countries in question and the synergies forged with national stakeholders.

256. In 2018, the Board invited the Governments of Bahrain, to which a mission had been undertaken in late 2014, and China, Ghana, Honduras, Iran (Islamic Republic of), Italy, the Republic of Moldova and Timor-Leste, to which missions had been undertaken in 2015, to report on drug-related developments in those countries, including those that might have been taken in furtherance of the Board's recommendations.

257. The Board wishes to express its appreciation to the Governments of Bahrain, China, Ghana, Iran (Islamic Republic of), Italy and the Republic of Moldova for having submitted information to the Board and renews its call to the Governments of Honduras and Timor-Leste to provide the information requested.

(a) Bahrain

258. The Board notes that the Government of Bahrain has made some progress in implementing the recommendations of the Board following its mission to the country in December 2014.

259. The Board welcomes the efforts made by the Government to allocate additional resources to the treatment and rehabilitation of drug users. In addition to the treatment services provided by the Psychiatric Hospital of Bahrain, the Bahraini Council of Ministers decided in 2015 to allocate 22,000 square metres of land, in line with the recommendation of the National Anti-Drug Committee, for the construction of three buildings, for the drug treatment of men, women and juveniles. The Government has also announced that a competent committee would be formed to further study the treatment requirements in the country. The Board takes note of the measures being put in place and encourages the Government to further expand and improve its provision of services for inpatient and outpatient treatment of persons affected by drug use disorders, including by improving access to treatment to all groups including women, young people and resident non-nationals and by providing specialized services for co-morbidities that affect patients diagnosed with drug use disorders.

260. The Government of Bahrain has taken further steps to effectively control new psychoactive substances, including the establishment of a committee under Law No. 15 of 2007, on narcotics and psychoactive substances, which will be mandated to amend the schedules of narcotic drugs and psychoactive substances. In August 2016, the Prime Minister of Bahrain issued Decree No. 39/2016, amending the lists of controlled substances contained in Law No. 15 of 2007, to schedule synthetic cannabinoids, synthetic cathinone, tramadol, ketamine and APAAN, and tasking the ministers, according to their mandates, to implement the Decree.

261. During the mission, the Board observed the need for training of laboratory technicians in the detection and analysis of drugs. In addition, the Board encouraged the Government to strengthen its forensic detection and analysis of substances through the provision of training and the increased availability of reference standards. In response to those recommendations, the Government reported that devices to detect and test for drugs and psychoactive substances were in the process of being procured following the completion of a bidding process. On the issue of training, the authorities acknowledged that the crime laboratory must increase the capacity of its technical staff through the provision of additional training. In that regard, the Government of Bahrain has maintained contact with UNODC to discuss relevant training courses that may be provided to its officials.

262. To further strengthen the provision of services for the prevention of HIV/AIDS among drug users, the Government adopted Law No. 1 of 2017, on the

protection of society from AIDS and protection of the rights of persons living with AIDS. However, the Government has not yet provided further details on the new legislation that would allow the Board to have a more comprehensive understanding of the developments in HIV/AIDS-related issues in the country.

263. In response to the recommendation of the Board to conduct a nationwide survey on drug abuse in the country, the Government informed the Board that the Royal Academy of Police had been assigned with the coordination of the preparation of a national survey on drug use. While efforts are under way to complete the survey, the Government stated that there are multiple agencies in Bahrain dealing with the problem of drug abuse including, but not limited to, the Ministry of Health, the Ministry of the Interior and the Ministry of Education; the absence of a unified coordination mechanism had made it difficult for Bahrain to effectively assess the drug problem and determine the number of drug users. Therefore, the Board calls upon the Government to establish an effective coordination mechanism in the area of drug abuse prevention and treatment, including through institutional and legislative steps as well as the allocation of sufficient human and financial resources, with a view of enabling coordinated responses to the drug abuse situation in the country.

264. The Board is aware that the destruction of seized drugs in the country takes place once every five or six years. The Board encourages the Government to establish procedures for the pretrial destruction of seized drugs and for samples to be taken and to be admissible as evidence in accordance with article 14, paragraph 5, of the 1988 Convention. Such a measure would reduce the likelihood of seized substances being diverted into illicit markets. Moreover, the Board calls upon the Government to submit regularly to the Board data on the quantities of drugs seized and disposed of.

265. The Board acknowledges the effective cooperation of the Government of Bahrain with the Board in fulfilling the country's obligations under the international drug control treaties, and notes that it will continue working closely with the Government of Bahrain to facilitate the implementation of the recommendations of the Board following its mission to the country in 2014.

(b) China

266. The Board notes that, since its mission to China in October 2015, the Government of China has taken

several measures to implement the Board's recommendations on ways to strengthen the country's implementation of the three international drug control conventions.

267. In 2015, China introduced regulation for the rapid scheduling of non-medical narcotic drugs and psychotropic substances, including new psychotropic substances. More than 138 new psychotropic substances have been brought under national control. China has scheduled all internationally controlled fentanyl substances, adding 23 classes of fentanyl substances to the national schedules. In 2017, the Government brought the main precursors of fentanyl, namely *N*-phenethyl-4-piperidone (NPP) and 4-ANPP, under national control.

268. The Board notes that China has also taken measures to more effectively monitor international trade in precursors and to verify the legitimacy of transactions involving precursor chemicals, in particular through the scheduling of new precursors, including "hydroxylamine", *o*-chlorophenyl cyclopentyl ketone, APAAN, 1-bromo-1-phenyl-1-propanone, bromine, chloropseudoephedrine, 1-phenyl-1-propanone, NPP and ANPP. In recent years, more than 14,900 companies have been inspected for transactions involving non-scheduled substances and equipment that could be used for the illicit manufacture of drugs. Strengthened control in this area has led to seizures of about 1,500 tons of chemicals in the border region with Myanmar in 2017, of which 400 tons were of scheduled precursor chemicals.

269. The Board welcomes the steps taken by the Government to increase its cooperation with the chemical industry and to promote voluntary cooperation between the Government and the chemical industry, including through the establishment of a credit rating and certification system for companies involved with precursor chemicals.

270. With respect to the availability of narcotic drugs and psychotropic substances for medical treatment, the Board notes that some progress has been made, as evidenced by the increased consumption of morphine in the country. The Board encourages the Government to continue to take steps to foster the greater availability of narcotic drugs and psychotropic substances, which remains low.

271. In addition, while inroads related to demand reduction and treatment measures have been made since the Board's 2015 mission, the Board also believes that additional investments in this field may be warranted.

272. Finally, in keeping with its call to all States to abolish capital punishment for drug-related offences, in accordance with the principle of proportionality, the Board encourages the Government of China to consider abolishing the death penalty for this category of offence.

(c) Ghana

273. The Board undertook a mission to Ghana in 2015. The Board notes the high level of commitment of the Government of Ghana to drug control and also notes that significant progress has been achieved in addressing the problems of drug trafficking and abuse since the previous mission of the Board, in 2005. In particular, the Board notes that new drug control legislation, the Narcotics Control Commission Bill 2017, has been drafted. Its adoption is considered a priority for the Government and the Bill will replace the current legislation, the Narcotic Drugs Law of 1990. The Board notes that the new Bill also includes proposals for alternatives to imprisonment for drug-related offences. The Board also notes efforts made by the Government to strengthen the independence of the Narcotics Control Board, the main drug control coordinating body in the country.

274. The Board remains concerned that much work remains to be done in Ghana in strengthening control at the retail level of pharmaceutical preparations containing controlled substances such as diazepam. Although most legislation and regulations in that area are adequate, the Government of Ghana has been unable to ensure adequate compliance, and it is often possible to obtain those preparations without a prescription. While a number of control measures have been enforced by the competent national authorities to monitor the utilization of diazepam at the wholesale level, the Board requests the Government of Ghana to further examine the matter and identify the reasons behind the high level of imports of diazepam by, among other measures, strengthening monitoring of the distribution of finished pharmaceutical products containing diazepam at the retail level.

275. The Board notes that little progress has been made in reviewing the availability of human resources across different medical fields with a view to ensuring equal access to medical services across the country. The availability of opiates 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, particularly opiates, are made available for medical purposes.

(d) Iran (Islamic Republic of)

276. The Government of the Islamic Republic of Iran has taken several steps to implement the recommendations made by the Board following its mission to the country in May 2015.

277. The Board notes that the Government of the Islamic Republic of Iran, through its competent authorities, continues to closely monitor the import, export, transit, manufacture and use of precursors. The Ministry of Health, as the regulatory body, and the Drug Control Headquarters, as the law enforcement agency, cooperate with each other to prevent the diversion of chemical precursors into illicit channels. The Government reported that it was in the process of invoking article 12, paragraph 10 (a), of the 1988 Convention in order to request pre-export notifications for precursor chemicals listed in Table I of the 1988 Convention.

278. In addition, the Government has also named focal points for Project Cohesion (international operations focusing on cocaine and heroin precursors) and its related communication platform, namely PICS. Those focal points have recently reported, through PICS, some cases related to precursor trafficking.

279. During its mission, the Board noted the need to raise awareness about the threat to public health posed by new psychoactive substances, including GHB and synthetic cannabinoids, and recommended that the Islamic Republic of Iran take targeted law enforcement action to prevent the proliferation of illicit markets for such substances. The Government reported that it had taken new preventive measures, including the sharing of best practices with other countries and the provision of training on those substances for staff of organizations working on reducing the harm associated with drug use, as well as by establishing treatment clinics.

280. Since the INCB mission was conducted, the Government of the Islamic Republic of Iran has also stepped up its efforts to provide specialized drug abuse prevention and treatment services to women. The country carried out a series of measures aimed at women who are high-risk injecting drug users through the setting up of 247 drop-in centres. There are 371 outreach teams providing services to approximately 16,000 women. Approximately 10,000 female drug users have received treatment services in more than 45 medium-term residential centres throughout the country. Supportive services and shelters were provided for approximately 30,000 homeless women who were drug users in more than 20 night shelters. Pregnant women are provided with

specialized care at Government-run hospitals. Pregnant women, who are referred to primary health-care centres, receive screening services on drug use disorders. Women who are recovering from addiction and the children of women recovering from addiction receive treatment services at two “mother and child” centres.

281. The Government has also developed its fourth strategic country programme on HIV/AIDS control (2015–2019), in close collaboration with all relevant agencies. Preventive measures have been expanded among girls and women and pregnant women with HIV/AIDS. Furthermore, measures have been taken aimed at detecting HIV cases, expanding access to antiretroviral treatment and improving the medicine supply, distribution chain and the prevention and treatment of cases that are resistant to treatment. Other activities have been carried out, such as improving the detection of tuberculosis among individuals with HIV/AIDS; detecting HIV/AIDS among persons suffering from tuberculosis, with special importance attached to prisons; promoting non-stigmatizing attitudes aimed at reducing potential discrimination and facilitating access to services; promoting applied research for monitoring treatment and drug resistance; and strengthening HIV/AIDS technical sub-committees for further coordination and preventing overlapped activities.

282. As discussed in more detail in chapter III of the current report, the Islamic Republic of Iran adopted amendments to its counter-narcotics legislation in 2017 to replace the punishment for some drug-related offences that had previously carried the death penalty with a prison term of 25–30 years and fines. The same amendments also replaced life imprisonment for drug offences with a term of imprisonment of 15–20 years and fines.

283. The Board acknowledges actions undertaken by the Government of the Islamic Republic of Iran to strengthen national responses to drug abuse and criminality, and notes that it will continue working closely with the Government to further facilitate implementation of the recommendations made following its mission to the country.

(e) Italy

284. The Board notes that the Government of Italy has taken several steps to implement the recommendations made following its mission to Italy in June 2015.

285. Italy continued to support multilateral cooperation in international drug control through undertaking numerous multilateral, bilateral, training and legislative

initiatives, as well as initiatives concerning technical support, promoted by the Central Directorate for Anti-Drug Services of the Ministry of the Interior through its network of law enforcement attachés posted abroad.

286. During the course of its mission, members of the Board discussed matters relating to the draft legislation on the liberalization of the non-medical use of drugs that, at the time, was then being reviewed by the Parliament and drew the attention of the Government of Italy to the obligations under international drug control treaties in that regard. Based on the information provided by the Government, the Board notes that the draft law entitled “Provisions on legalization, cultivation, processing and sale of cannabis and its derivatives” was revised to deal only with the use of cannabis-based medicines for therapeutic use. However, the revised draft law was not adopted as a result of the early dissolution of the Parliament by the President of Italy in December 2017.

287. The Board notes that the country has established and continued the implementation of a psychological counselling programme targeted at substance users within the prison settings of Rebibbia penitentiary in Rome. The Board observed that the programme, implemented by the addictions service of the local health authority, resulted in the reduction of self-harm among the prisoners in that penitentiary.

288. The Board notes the effective action undertaken by law enforcement agencies in Italy against drug trafficking, including several significant seizures of drugs. A total of 72 tons of narcotic drugs and psychotropic substances were seized in 2016, including 477 kg of heroin, 4.7 tons of cocaine, 65 tons of cannabis, 23 kg of amphetamine and 6,139 doses of LSD.

289. Italy has strengthened the monitoring of new psychoactive substances through the placement of the early warning system under the National Institute of Health, which is the leading technical and scientific public body of the Italian National Health Service. In order to further consolidate the national early warning system, the role of the Central Directorate for Anti-Drug Services (DCSA) has also been reinforced.

290. The Italian Ministry of the Interior, through DCSA, participates in INCB international operational initiatives supporting national authorities’ efforts to prevent new

psychoactive substances from reaching users (Project Ion and IONICS). The Board notes that the Ministry of the Interior is considering the possibility of increasing the number of its focal points participating in those initiatives, as well as organizing training sessions in that area.

291. The Board also notes that, in December 2016, Italy initiated the production of cannabis for medical purposes under a pilot project for the national production of active substances of plant origin derived from cannabis. The first product that was available under that pilot project is named Cannabis FM2, cultivated according to the European Medicines Agency’s good agricultural and collection practice and good manufacturing practice standards. Italy plans to produce other varieties of cannabis for medical purposes in the coming years and will continue to import such cannabis from the Netherlands until then to satisfy the needs of patients under treatment in Italy. The Military Chemical-Pharmaceutical Plant (SCFM), one of the plants of the Defence Industries Agency, was identified by the legislative decree issued in November 2015 as the national cannabis agency for the cultivation and production of cannabis for medical purposes.

292. The Board will continue to engage in a close dialogue with the Government of Italy regarding the legislative developments on the use of cannabis-based medicines for therapeutic use, implementation of the pilot project on cultivation of cannabis plants for medical purposes, and the participation of government officials in the INCB international operational initiatives supporting national authorities’ efforts to prevent new psychoactive substances from reaching users.

(f) Republic of Moldova

293. The Board undertook a mission to the Republic of Moldova in 2015. The Board acknowledges the commitment of the Government of Moldova to drug control and notes that some progress in the field of drug control has been achieved since its 2015 mission. The Board notes that the Standing Committee on Drug Control has intensified its activities to monitor and control the movement of narcotic drugs, psychotropic substances and precursors in the territory of the country, in accordance with Law No. 382-XIV.

294. The Board notes that legislative action has been taken by the Government in order to strengthen its drug

control framework and its legal response to drug-related crime. In particular, the Board notes the adoption of Law No. 193, which amends Law No. 382-XIV to introduce new concepts into national legislation, such as analogue scheduling, and which also amends the Penal Code to place a series of new definitions and substances under control (including analogues). In addition, Law No. 164 has established controls over 40 new substances (24 narcotic drugs and 16 psychotropic substances).

295. The Standing Committee on Drug Control is responsible for issuing authorizations for the import and export of narcotic drugs, psychotropic substances and precursor chemicals on the basis of requests received from commercial operators. The Board is pleased to note that mandatory reporting by the Republic of Moldova has improved since 2015.

296. Treatment facilities supported by the Government through the Republican Narcological Dispensary, including methadone and buprenorphine substitution therapy, appear to be limited. Since 2015, only 35 persons have benefited from substitution therapy with methadone or buprenorphine and post-treatment social and professional reintegration services. According to the Ministry of Health, a total of 11,661 drug users had received medical treatment in public health-care institutions by the end of 2017.

297. The Board notes that other significant challenges remain. Although the Government continues to make efforts, corruption remains a serious obstacle to drug control activities.

298. Another difficulty still facing the country is the availability of narcotic drugs and psychotropic substances for medical purposes, which remains low. The Board encourages the Government to continue its efforts to ensure the greater availability of narcotic drugs and psychotropic substances and encourages authorities to evaluate procedures and possible obstacles in that area. The Board recommends that further progress be made with regard to the availability of facilities for the treatment of drug abuse throughout the country and the establishment of reliable data on the drug abuse situation in the country. The Board encourages the Government to conduct drug prevalence surveys to establish reliable data on drug abuse that can be used to understand and address the problem of drug abuse in a more effective manner.

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

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

299. The international drug control treaties set out measures that the Board may invoke to ensure the treaties' implementation in cases where the Board has objective reason to believe that the aims of the treaties are being seriously endangered by the failure of a party, country or territory to comply with the obligations contained therein. These measures, which consist of a series of steps, are set out in article 14 of the 1961 Convention as amended, article 19 of the 1971 Convention and article 22 of the 1988 Convention.

300. In the past, INCB has invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention with respect to several States. In accordance with those provisions, in those cases, the Board engaged in dialogue with the States in question with a view to bringing about compliance with the treaties, where other means had been exhausted. As a result, most of the States took remedial measures to address issues of compliance with the treaties, and the Board decided to terminate the action taken under those articles with regard to those States.

301. In such cases, the names of the States concerned are not publicly disclosed and related consultations with the Board are confidential, unless the Board decides to bring the situation to the attention of the parties, the Economic and Social Council or the Commission on Narcotic Drugs.

302. Afghanistan currently remains the only State for which action is being taken pursuant to article 14 of the 1961 Convention. In 2000, taking into account the seriousness of the extent of illicit cultivation of opium poppy and trafficking in opium and heroin from Afghanistan, the Board concluded that the situation in the country, if left unaddressed, would seriously endanger the aims of the 1961 Convention as amended, and decided to invoke article 14, subparagraph 1 (a), of that Convention with

respect to Afghanistan. A year later, in 2001, the Board determined that a serious situation existed that called for cooperative action at the international level and with the authorities of any future governing body in Afghanistan, whether transitional or permanent, and decided to call the attention, through its annual report, of the parties, the Economic and Social Council and the Commission on Narcotic Drugs to the situation in Afghanistan, under the provisions of article 14, paragraph 1 (*d*), of the 1961 Convention.

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

303. During the reporting period, the Board continued its consultations with the Government of Afghanistan.

304. In February 2018, the President of the Board met with the newly appointed Permanent Representative of Afghanistan to the United Nations in Vienna. During the meeting, a number of issues were discussed, including drug control challenges, the importance of alternative livelihood programmes and the deteriorating security situation in Afghanistan, as well as the need to effectively implement the Board's recommendations following its high-level mission to Afghanistan in May 2016. In particular, the President reiterated the importance of the Board's decision to invoke article 14 bis of the 1961 Convention as amended with respect to Afghanistan, recalling that such action had been recommended following the aforementioned mission to Afghanistan, and sought the express agreement of the Government of Afghanistan to such invocation, in line with the provisions of article 14 bis.

305. In March 2018, the President of the Board met with the delegation of Afghanistan to the sixty-first session of the Commission on Narcotic Drugs, led by Javid Ahmad Qaem, Deputy Minister of the Ministry of Counter-Narcotics of Afghanistan. The meeting focused on the recent drug control and policy developments in the country, new drug legislation and follow-up actions that Afghanistan needed to take to implement the Board's recommendations, and the possibility of invoking article 14 bis of the 1961 Convention as amended.

306. On 28 March 2018, the Board received a letter from the Government of Afghanistan expressing its agreement to the invocation of article 14 bis of the 1961

Convention as amended, in addition to the measures already invoked by the Board under article 14. At its 122nd session, in May 2018, the Board decided to invoke article 14 bis with regard to Afghanistan.

307. Article 14 bis of the 1961 Convention as amended is concerned with the technical and financial assistance to be provided to a country for which the article has been invoked. It states that, in cases which it considers appropriate and either in addition or as an alternative to measures set forth in article 14, paragraphs 1 and 2, the Board, with the agreement of the Government concerned, may recommend to the competent United Nations organs and to the specialized agencies that technical or financial assistance, or both, be provided to the Government in support of its efforts to carry out its obligations under the Convention. The article thus explicitly authorizes the Board to address its recommendations regarding the need to provide such assistance, in this case to Afghanistan in the area of drug control, to the competent United Nations organs and to the specialized agencies.

United Nations action

308. On 8 March 2018, the Security Council adopted resolution 2405 (2018), extending the mandate of UNAMA until 17 March 2019. In the same resolution, the Security Council expressed its deep concern about the significant increase in the illicit cultivation and production of and trade and trafficking in drugs in Afghanistan, which significantly contributed to the financial resources of the Taliban and its associates and could also benefit Al-Qaida and ISIL and its affiliates, and encouraged the Government of Afghanistan, supported by the international community and regional partners, to intensify its efforts to address drug production and trafficking with a balanced and integrated approach, in accordance with the principle of common and shared responsibility.

Situation in Afghanistan

309. The security situation in Afghanistan continued to worsen and remains extremely volatile. The year 2017 saw the highest number of security-related incidents ever recorded by UNAMA, although the number was only slightly higher than that in 2016. In total, 23,744 incidents were registered in 2017, of which 63 per cent involved armed clashes. Targeted killings and abductions increased by 6 per cent and suicide attacks increased by 50 per cent. The eastern regions of Afghanistan suffered the highest number of incidents, followed by the southern regions.

310. There were many high-profile and large-scale bombing attacks in Afghanistan during the reporting period. All of the attacks were condemned by the Security Council in statements stressing the need to maintain the collective resolve to make progress on ending the conflict.

311. Some progress was made in the preparations for parliamentary and district council elections. In December 2017, the Independent Election Commission finalized and presented a voter registration system and an associated budget of \$28 million, of which donors pledged to fund up to 90 per cent. In April 2018, the Commission set 20 October 2018 as the date on which the elections would be held. In the meantime, electoral preparations were affected by a series of violent attacks targeting election-related facilities, which resulted in a lower number of voter registrations than had been hoped for.

312. In November 2018, UNODC and the Afghan Ministry of Counter-Narcotics released the *Afghanistan Opium Survey 2018*. According to the survey, there was a 20 per cent decrease in the total area under opium poppy cultivation in Afghanistan in 2018 compared with 2017, which was mainly attributed to a drought, in particular in the northern and western regions of the country, as well as declining farm-gate prices of dry opium. The total area under opium poppy cultivation in Afghanistan in 2018 was estimated at 263,000 ha, compared with 328,000 ha in 2017. Potential opium production also saw a decrease, of 29 per cent, and was estimated at around 6,400 tons in 2018, compared with 9,000 tons in 2017. The Board notes that, despite the reported decreases in opium poppy cultivation and potential opium production, the levels of cultivation and production remained very high in 2018. The Board observes with concern that eradication of opium poppy declined in 2018 and amounted to only 406 ha in four provinces of the country, compared with the, still very low, 750 ha in 14 provinces in 2017.

313. As mentioned in the *Afghanistan Opium Survey 2018*, the main drivers of illicit cultivation continue to include political instability, lack of government control and security in the country, and the dependence of many Afghans on illicit cultivation of opium poppy, work on poppy fields or participation in the illicit drug trade for their livelihoods.

314. With the support of partners from the international community, Afghanistan continued to undertake efforts to tackle drug trafficking in the country on the basis of its National Drug Action Plan (2015–2019). Furthermore, law enforcement authorities in the country continued to

seize substantial amounts of heroin, morphine, opium, methamphetamine, various synthetic drugs, cannabis resin and precursors during the reporting period. Opium prices dropped significantly, decreasing by 41 per cent from December 2016 to December 2017, while heroin prices saw a smaller decline, of 7 per cent.

315. As reported in chapter III, section C, of the present report, the Government of Afghanistan took some notable legislative measures to strengthen national responses to drug-related challenges in the country. It adopted a new counter-narcotics law in February 2018 that was aimed at further strengthening coordination of drug control activities in the country and harmonizing the provisions on drug offences with the newly adopted penal code. In the same month, the new penal code entered into force; it is aimed at improving the country's compliance with international human rights and criminal justice standards, as well as with the provisions of the United Nations Convention against Corruption⁶⁸ and the United Nations Convention against Transnational Organized Crime and the Protocols thereto.⁶⁹

Cooperation with the international community

316. Afghanistan continued to intensify its multilateral and bilateral cooperation with the international community, including its neighbouring countries. Afghanistan and Pakistan finalized an agreement on the Afghanistan-Pakistan Action Plan for Peace and Solidarity, which included several commitments by both parties to building peaceful and mutually beneficial bilateral relations. The visit of the President of Afghanistan to Uzbekistan in December 2017 resulted in the conclusion of 20 bilateral agreements in the areas of security, intelligence-sharing, transit and trade. Trade relations with the Islamic Republic of Iran have improved markedly since early 2017 as a result of the intensification of trade at the ports of Bandar Abbas and Chabahar. In February 2018, work on the construction of the Afghan segment of the Turkmenistan-Afghanistan-Pakistan-India natural gas pipeline was officially launched.

317. In February 2018, the Government of Afghanistan hosted the second meeting of the Kabul Process for Peace and Security Cooperation. With the participation of 26 countries, the European Union, the North Atlantic Treaty Organization and United Nations entities, the event concluded with the adoption of a joint declaration calling for

⁶⁸United Nations, *Treaty Series*, vol. 2349, No. 42146.

⁶⁹*Ibid.*, vols. 2225, 2237, 2241 and 2326, No. 39574.

greater regional and international cooperation on peace and reconciliation and counter-terrorism matters. The call for peace and reconciliation was further reiterated at a conference held in Tashkent in March 2018, at which 23 countries, the European Union and United Nations entities were represented. In their final declaration, the conference participants expressed their support for an Afghan-led and Afghan-owned peace process that would lead to a peace agreement between the Government and the Taliban.

318. A ministerial conference on Afghanistan, hosted jointly by Afghanistan and United Nations entities, was held in Geneva on 27 and 28 November 2018 to discuss the development and reform agendas for Afghanistan and provide an opportunity for the Government of Afghanistan to renew its commitments to reform, democratic processes and development. The conference provided an opportunity for the international community to pledge its support to such efforts and to measure achievements on the basis of the \$15.3 billion committed by the donor community in support of Afghanistan in 2016.

Conclusions

319. During the reporting period, Afghanistan continued to face critical challenges to its security and peace-building efforts. Insurgencies and terrorist attacks continued on a regular basis, affecting both the local civilian populations and international cooperation partners. At the same time, the Government of Afghanistan, on several occasions, announced its renewed commitment to peace and reconciliation, including its engagement in peace talks with the Taliban.

320. Afghanistan continued to strengthen regional cooperation with neighbouring countries. There was a tangible improvement in relations between Afghanistan and Pakistan, which resulted in agreement on the Afghanistan-Pakistan Action Plan for Peace and Solidarity.

321. Afghanistan, with the support and cooperation of international partners, continued to carry out drug interdiction efforts resulting in substantial seizures of illicit substances, in particular opiates. Despite the reported decrease in opium poppy cultivation and potential opium production, the levels of cultivation and production remained very high in 2018. Owing to the increased availability of opium in the illicit market caused by the record harvests reported in 2017, opium prices dropped significantly. Several legislative initiatives in the area of drug control, including legislation on drugs and crime, were

undertaken with a view to improving national responses to drug-related threats.

322. Tangible progress was made in the Board's consultations with the Government of Afghanistan regarding the implementation of recommendations emanating from its high-level mission to Afghanistan in May 2016, in particular the recommendation relating to article 14 bis of the 1961 Convention as amended. After sustained contacts with the Government of Afghanistan, the express agreement of the Government to the invocation of article 14 bis was communicated to the Board in March 2018.

323. The Board recognizes the extraordinary work carried out in Afghanistan over the last two decades and more by United Nations organs and specialized agencies as well as the donor community and non-governmental organizations in support of the counter-narcotics efforts of Afghanistan. Individuals working for those entities, non-governmental organizations and donors, frequently at great personal risk, have helped their Afghan counterparts through a broad range of counter-narcotics programmes related to education, prevention, demand reduction, interdiction and alternative livelihoods, and have provided technical and material assistance related to law enforcement.

324. To further encourage such efforts, with due recognition of the significant ongoing work as outlined above and on the basis of the provisions of article 14 bis of the 1961 Convention as amended, the Board again wishes to call the attention of the competent United Nations organs and specialized agencies to the drug control situation in Afghanistan and to encourage them to provide, individually and collectively, further technical and financial assistance, within their respective mandates, to address the drug control challenges in the country, in line with the provisions of the 1961 Convention as amended. Such assistance may involve a multitude of measures, including, but not limited to, legislative and institutional capacity-building, provision of support for alternative livelihoods, direct financial assistance and the promotion of regional and international cooperation. The Board wishes to once again draw the attention of the international community to the challenges faced by Afghanistan and to stress that efforts to stabilize the country will not be sustainable if the country's illicit drug economy is not effectively controlled. Unless local, national, regional and international efforts to address those challenges are effectively pursued, poverty, insurgency, terrorism and obstacles to development are likely to remain unaddressed.

F. Special topics

1. Extrajudicial responses to suspected drug-related offences

325. Under the international drug control conventions, States parties are required to act in a manner consistent with the rule of law in their responses to drug-related offences and in their treatment of suspected offenders. In the outcome document of the special session of the General Assembly on the world drug problem held in 2016, the international community reiterated its commitment to respecting, protecting and promoting human rights, fundamental freedoms and the inherent dignity of all individuals, and the rule of law in the development and implementation of drug policies.

326. The international drug control conventions require that criminal justice responses to suspected drug-related criminality include internationally recognized due process standards, which reject extrajudicial sanctions. With respect to drug abuse, the conventions commit to a humane and balanced approach, requiring the parties to give special attention to and take all practicable measures for the prevention of drug abuse and the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons affected.

327. The international drug control conventions require that drug-related crime be addressed through formal criminal justice responses, an approach consistent with the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, which require adherence to internationally recognized due process standards.

328. The Board notes with serious concern that in several countries, in particular in South and South-East Asia, extrajudicial acts of violence endorsed by senior officials of those countries continue against persons suspected of drug-related activities, frequently at the direct behest of senior political figures or with their active encouragement or tacit approval.

329. The Board has communicated with the Governments of the States in which extrajudicial acts of violence have been reported to seek clarification and to remind them of their obligations under the international drug control conventions, including the requirement to respect the rule of law and due process when carrying out their obligations under those conventions.

330. In the pursuit of its mandate, the Board will continue to monitor these developments and to draw the attention of the international community to them.

2. Ensuring the availability of narcotic drugs and psychotropic substances in emergency situations

331. During the period covered by the present report, the international community has been faced with a number of disasters, both natural and human-made. Those disasters, which have included earthquakes, floods, hurricanes, epidemics, conflicts and displacements of populations, have given rise to emergency situations. For example, emergency situations arose following the major earthquakes and aftershocks in Lombok, Indonesia, and the surrounding region in August 2018, and the devastating earthquake and tsunami in central Sulawesi, Indonesia, on 28 September 2018. The State of Kerala in India was also severely affected in August 2018 by the worst floods in nearly a century. In September 2017, the Secretary-General appealed to the international community to provide humanitarian assistance to persons displaced or affected by another major emergency in the Myanmar-Bangladesh border region, where refugee camps have been established for people in need of humanitarian assistance. According to United Nations estimates, 1.2 million people are in those camps. The need to provide medical treatment to the many victims in situations such as those has frequently resulted in acute shortages of essential medicines, leading to unnecessary human suffering.

332. In such acute situations, Governments, international organizations and non-governmental organizations are actively involved in the provision of humanitarian assistance, including the provision of vital medical supplies such as narcotic drugs and psychotropic substances, many of which are controlled under the international drug control treaties. However, they often face serious difficulties providing controlled medicines because of the regulatory requirements for their import and export.

333. The international drug control conventions established a control regime with the aim of preventing trafficking in and abuse of narcotic drugs and psychotropic substances. Under normal circumstances, the import and transport of medicines containing such drugs and substances are subject to strict regulatory requirements. However, in catastrophic situations, those regulations may delay the urgent delivery of medicines for emergency humanitarian relief.

334. In the light of the need for expediency in the delivery of relief efforts, including in the provision of medicines containing controlled narcotic drugs and psychotropic substances, the Board reminds all Governments that, in emergencies, it is possible to apply simplified control procedures for the export, transportation and provision of controlled medicines. Urgent deliveries of essential medicines need not be included in the estimates of the receiving countries. Under such circumstances, competent authorities may, therefore, allow the export of medicines containing controlled narcotic drugs and/or psychotropic substances to affected countries, even in the absence of the corresponding import authorizations and/or estimates. Further information on this subject is available in the Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care, developed by WHO in cooperation with INCB. The Guidelines are available on the INCB website (www.incb.org).

3. Challenges and opportunities in promoting paperless trade for internationally controlled substances: the International Import and Export Authorization System (I2ES)

335. Pursuant to the 1961 Convention as amended, the 1971 Convention and relevant resolutions of the Economic and Social Council, import and export authorizations are required for the international trade in narcotic drugs and psychotropic substances. In the light of the growing volume of licit trade in internationally controlled substances and the increasing workload of competent national authorities, modernizing the import and export authorization system is essential to reduce the risk of diversion while continuing to ensure the adequate availability of and access to those substances.

336. The International Import and Export Authorization System (I2ES), a web-based electronic system developed by the Board together with UNODC, with financial and technical support from Member States, was designed to promote paperless trade in internationally controlled substances by facilitating the online exchange of import and export authorizations.

337. Available to all Governments free of charge, I2ES serves as a secure platform for generating and exchanging import and export authorizations between trading countries while ensuring full compliance with all provisions of the 1961 Convention and the 1971 Convention.

The System's user-friendly interface helps competent national authorities to reduce errors in data entry and to save time and communication costs, as they can issue their import and export authorizations through the System.

338. Unlike paper-based systems, in which authorizations can be further processed only after their physical delivery and receipt, the online exchange of import and export authorizations using I2ES enables the instantaneous transfer of data between trading countries, thus facilitating a much faster approval process. Authorities of the trading countries can also use the System to securely communicate and exchange information directly with each other, should a transaction request require further clarification.

339. More than three years after its launch, 53 Governments have registered with I2ES, and 40 Governments have activated their administrator accounts.⁷⁰ Among them, 10 countries (Australia, Bangladesh, Belgium, Brazil, Finland, Spain, Switzerland, Thailand, Turkey and the United States) have uploaded data to the System.

340. The Commission on Narcotic Drugs, in its resolution 61/5 of March 2018, welcomed the political and technical support provided by all Member States to further improve the implementation of I2ES and invited the secretariat of INCB to identify the obstacles that had prevented wider participation in the System and to make concrete proposals to increase the number of participating Member States.

341. Three user-group meetings on I2ES have been organized by the secretariat of INCB since the launch of the System, each of which was attended by representatives of about 30 to 40 Governments. The sharing of experiences and the discussions during those meetings allowed some of the challenges faced in the further implementation of I2ES to be highlighted. Information provided by Governments in two surveys also provided insight into some of the difficulties of participation in the System.⁷¹

⁷⁰Those 40 countries are Australia, Austria, Bangladesh, Belgium, Brazil, Canada, Chile, China, Colombia, Comoros, Estonia, Finland, France, Germany, Hungary, India, Italy, Jordan, Kenya, Lithuania, Luxembourg, Malaysia, Mexico, Norway, Paraguay, Peru, Poland, Portugal, Qatar, Romania, Saint Lucia, Saudi Arabia, Singapore, Spain, Sweden, Switzerland, Thailand, Turkey, the United States and Uruguay.

⁷¹An online survey was sent to 75 competent national authorities in early 2017 in preparation for the user-group meeting held in March 2017. Questions concerning competent national authorities' awareness of the System were included in the latest version of the questionnaire, sent by INCB to Member States in April 2018.

342. According to the information available to INCB as of April 2018, 63 countries have no national electronic systems to process their import and export authorizations. While a number of Governments indicated their willingness to do so using I2ES, 10 countries were not aware of the functionalities of I2ES and how the System could help expedite their work. Even though I2ES is available to all Governments free of charge, five Governments considered it too expensive to use.

343. The limited usage of I2ES is partly explained by the propensity of Governments to maintain the status quo. Competent national authorities issuing only a small number of import and export authorizations each year perceived that using the System provided only limited benefits. Other authorities considered their existing paper-based system to be adequate and saw little incentive for change.

344. Some Governments reported that implementation of I2ES would not be feasible until certain legislative and institutional barriers were mitigated or removed. Measures to address those barriers included the repealing of legislation mandating the use of paper-based documents, the adoption of domestic legislation supporting electronic transactions and the upgrading of information technology and telecommunications infrastructure. The identification and removal of those barriers could add to the delay in implementing I2ES.

345. Technical challenges were another factor impeding wider participation in I2ES. For competent national authorities already processing significant volumes of authorizations using their national electronic systems, the prospect of transferring their data to I2ES while continuing to perform daily operations on their own system was a major drawback to implementation of I2ES, as it would be inefficient to duplicate work by using two systems. While the XML prototype for such data transfer is made available on I2ES, some investment is required by authorities to generate data compatible with I2ES and upload those data to I2ES. Unless more technical support and help can be provided to those authorities, such technical difficulties will continue to be a significant obstacle.

346. Another common obstacle is the lack of financial or human resources. For countries that have a national electronic system, the redesign and upgrade of or making of changes to existing national-level information technology structures in order to implement I2ES might require upfront investment and the prioritization of I2ES implementation. A number of Governments might face budgetary restraints affecting the availability of additional resources to implement the required structural changes

to their information technology systems, even though only a relatively small amount of resources would be required. More significantly, some competent national authorities may be prevented from moving forward with the implementation of the System owing to a lack of staff with the necessary information technology know-how or because the authorities have difficulty accessing such know-how.

347. The I2ES user interface is currently available only in English, and the absence of a multilingual interface poses an operational challenge for some Governments and is thus another reason for non-implementation. Despite their expressed interest in using the System, countries with only a limited number of staff with sufficient knowledge of English would experience difficulties in using the platform.

348. The experiences of early adopters of I2ES, however, suggest that most of these challenges can be overcome relatively easily. The following three paragraphs provide information on the successful experiences of some early adopters and shed light on how they have capitalized on the opportunities made possible by I2ES and how other competent national authorities could do likewise.

349. The most critical factor for successful I2ES implementation is government commitment. Without strong political support from their management, competent national authorities would not be able to change the status quo, ensure the prioritization of I2ES implementation or secure the necessary financial and/or human resources to overcome the challenges.

350. Effective communication and coordination, both within the country and with relevant stakeholders, is another important element for enhancing I2ES implementation. While the processing and approval of authorizations might be carried out by different personnel within the same authority, only one I2ES administrator account can be granted to each requesting Government. Effective internal coordination to decide on the ownership of that account and the communication of that decision to INCB are imperative to attaining an active I2ES account; they are crucial first steps that are overlooked by some authorities.

351. Since the online exchange of authorizations cannot be completed without the approval of both the importing and exporting countries, coordination with trading partners to undertake simultaneous implementation of I2ES would enable authorities to maximize the benefits of their participation and realize the full potential of the System. Such simultaneous implementation of I2ES,

which offers the advantages of a greater network, not only enhances the benefits for existing users but also makes I2ES implementation more attractive for other countries.

352. In the light of the above-mentioned considerations, **the Board would like to encourage all existing users of I2ES to invite their trading partners to register with I2ES and to start utilizing the System as soon as possible.** Early adopters of I2ES can be powerful advocates by demonstrating the benefits of using the System and sharing their experiences in overcoming challenges. Their further implementation of I2ES and active use of the System also serve as a strong incentive for their trading partners to join, as data regarding their counterparts' import or export authorizations have already been uploaded to the System.

353. **The Board would also like to encourage all Governments to provide additional support, including extrabudgetary resources, to advance further implementation of I2ES, as well as its maintenance and updating.** While it has been possible to complete its development entirely from extrabudgetary resources, further funding is required to increase the number of participating Member States by promoting greater awareness of the System, facilitating the sharing of experiences among all, developing a multilingual interface and providing relevant technical support and training.

4. INCB Learning

354. Launched in 2016, INCB Learning is one of the Board's initiatives for promoting the implementation of the international drug control conventions and assisting Member States in following up on the commitment expressed during the special session of the General Assembly on the world drug problem held in 2016 to improving access to controlled substances for medical and scientific purposes. INCB Learning addresses barriers to the adequate availability of indispensable substances, in particular by raising awareness and building capacity.

355. INCB Learning provides training to enable Governments to accurately estimate their requirements for controlled substances and to monitor and control their licit trade in those substances. Timely reporting of estimated requirements and statistical data to the Board is essential to ensure that controlled substances are available for medical and scientific purposes. The estimates of annual legitimate requirements for precursors, provided on a voluntary basis, are essential for assessing the

legitimacy of a proposed import and thus preventing the diversion of those substances.

356. As part of INCB Learning, regional training seminars are organized for officials of competent national authorities. Since April 2016, six regional seminars have been held, attended by over 180 officials from 79 countries and territories that are home to almost half of the world's population. Regional training seminars were held in Nairobi from 25 to 29 April 2016, for officials from countries in East Africa; in Bangkok from 12 to 15 July 2016, for officials from countries in South and East Asia and the Pacific; in Vienna from 4 to 6 July 2017, for officials from countries in Europe; in Sydney, Australia, from 28 to 30 November 2017, for officials from countries in Oceania; in Guatemala City from 11 to 13 December 2017, for officials from countries in Central America; and in Dakar from 10 to 12 September 2018, for officials from French-speaking countries in Africa.

357. National awareness-raising workshops were also conducted in Kenya and Thailand as part of INCB Learning. The workshops were aimed at promoting dialogue between Governments, international organizations and civil society to find common ground and allow for the proposal of suggestions for improving access to opioids for pain relief and psychotropic substances for the treatment of mental health and neurological conditions.

358. To complement the delivery of training seminars and awareness-raising workshops, three e-learning modules were launched as part of INCB Learning for use by competent national authorities. Developed in cooperation with UNODC, the modules provide interactive training on the estimates system for narcotic drugs, the assessment system for psychotropic substances and estimates of annual legitimate requirements for imports of precursors of amphetamine-type stimulants. Available on demand to staff of competent national authorities, the new e-learning tools assist authorities in building capacity and maintaining an institutional knowledge base, even at times of staff turnover or when faced with resource constraints.

359. The most recent training seminar implemented under INCB Learning was held in Dakar in September 2018. It brought together 29 drug control officials from Cameroon, the Central African Republic, the Congo, the Democratic Republic of the Congo, Gabon, Guinea, Mali, Mauritania, the Niger, Senegal and Togo. Specialized training was provided on treaty requirements relating to the regulatory control and monitoring of licit trade in narcotic drugs, psychotropic substances and precursors.

Participants were also introduced to the INCB online tools I2ES, PEN Online, PICS and IONICS. The seminar was organized together with the UNODC Regional Office for West and Central Africa. Experts from WHO and the African Palliative Care Association provided input to the segment of the seminar on the availability of controlled substances for medical and scientific purposes.

360. Preparations are under way for a follow-up seminar for Central America to be held in Vienna in January 2019. The first seminar for the region took place in Guatemala City in December 2017 and was attended by officials from Guatemala and Honduras. The follow-up seminar was to include a study visit to the INCB secretariat and UNODC headquarters in Vienna to further deepen the knowledge of participants. The seminar is part of an extended initiative in support of Central America, a region that, together with the Caribbean, continues to be used by transnational criminal organizations for the shipment of drugs from South America to drug markets in the United States and in Europe. The levels of consumption of opioid analgesics and psychotropic substances for medical and scientific purposes reported

by some countries in Central America are also among the lowest in the world.

361. In the outcome document of the special session of the General Assembly on the world drug problem held in 2016, entitled “Our joint commitment to effectively addressing and countering the world drug problem”, the international community recognized the importance of training and awareness-raising to improve the availability of controlled substances for medical and scientific purposes. Training provided through INCB Learning has effectively raised awareness of the importance of adequately estimating legitimate requirements and has strengthened participants’ technical knowledge of monitoring and reporting, leading to improved submissions of data to the Board. Capacity-building, however, can only have a lasting impact when ongoing follow-up is provided and adequate resources are available. **The Board is grateful for the contributions to INCB Learning made by the Governments of Australia, Belgium, France and the United States. The Board calls upon Governments to provide further support to sustain and expand activities under INCB Learning.**