

Chapter IV.

Recommendations to Governments, the United Nations and other relevant international and national organizations

848. Following its review of the implementation of the international drug control conventions, the Board would like to present to Governments, the United Nations and relevant international and regional organizations its main conclusions and recommendations, as shown below.

Cannabis and cannabinoids for medical, scientific and “recreational” use

849. Cannabis is controlled under the 1961 Convention as it produces dependence and has adverse public health consequences. Under the 1961 Convention, the medical use of cannabinoids is possible if such use is medically supervised, safe and effective, and provided that the control measures envisaged in the Convention are in place. The Board notes that, while a number of medicinal products containing cannabinoids have been licensed in a number of countries for medical use in the treatment of specific conditions, cannabis and its derivatives are not a first-line treatment for medical conditions. Furthermore, the Board notes that the smoking of cannabis for medical purposes is not a medically accepted way to obtain standardized doses of cannabis or its derivatives.

850. Poorly regulated and poorly administered programmes for the medicinal use of cannabinoids can potentially have adverse effects on public health. Moreover, such programmes, and the associated perception of lower risk of the use of cannabis that they may convey, may also contribute to the legalization of non-medical cannabis use, which is contrary to the international drug control treaties.

Recommendation 1: The Board reiterates that:

- (a) Governments that wish to establish special-access schemes to allow for the medical use of cannabinoids should do so only where there is evidence of efficacy and safety, should limit the use of such preparations to approved medicinal cannabinoids and should monitor their prescription and use to minimize any risk of diversion and abuse;
- (b) Governments should ensure that such programmes do not result in the de facto legalization of cannabis for non-medical purposes;
- (c) Medical use of cannabinoids should be regulated and supervised in a manner that meets the requirements set out in the drug control treaties. The integrity of the pharmaceutical regulatory system must be maintained, in particular by ensuring that cannabinoids are used in medical practice only where there is evidence of their equal or superior effectiveness relative to other medicinal products, and evidence of their safety;
- (d) Governments that allow the medicinal use of cannabinoids should monitor and evaluate the medicinal effectiveness as well as any unintended impact of those programmes.

851. The universal adherence to the three international drug control treaties and the commitment to their implementation reaffirmed by Member States at the special session of the General Assembly on the world drug problem held in 2016 are undermined by the developments in a few countries that have legalized or permitted the use of cannabis for non-medical purposes or that have tolerated its legalization at the subnational level.

852. The Board reiterates that the 1961 and the 1988 Conventions limit the use of cannabis exclusively to medical and scientific purposes.

853. The above developments will reduce the perception of risk associated with the non-medical use of cannabis and will likely increase the adverse effects of cannabis on public health, such as higher rates of cannabis-related motor vehicle accidents and injuries, cannabis dependence and abuse, physical and mental health conditions and poor medical and psychosocial outcomes among young people.

Recommendation 2: Recalling the limitation of use of narcotic drugs and psychotropic substances to medical and scientific purposes as well as the health and welfare objectives of the treaties, the Board reiterates that the three international drug control treaties limit the use of cannabis exclusively to medical and scientific purposes. The Board calls upon the Governments of countries in which the use of cannabis or cannabis derivatives for non-medical, “recreational” purposes has been permitted to take steps to bring the entirety of their territories back into compliance with the international drug control conventions and their obligations thereunder.

854. For detailed information on cannabis and cannabinoids for medical, scientific and “recreational” use, see chapter I of the present report.

Fifty years of promoting the consistent application of the international drug control treaties

855. 2018 marked the fiftieth anniversary of the establishment of INCB. Today, the three United Nations drug control conventions are among the most widely ratified international instruments in existence. As with other international treaties, the choice of policy, legislative and administrative measures to implement them is left to the discretion of Governments, within the limits set in the conventions.

Recommendation 3: INCB calls upon all States to respect their legal obligations under the conventions and recalls that treaties are binding and must be performed by parties in good faith, that the provisions of internal law cannot be used as justification for failure to meet the requirements of a treaty, unless so provided for in the concerned treaty, and that this is applicable to the general objective of the international drug control conventions limiting the use of narcotic drugs and psychotropic substances to medical and scientific purposes.

Recommendation 4: INCB urges all Governments to cooperate with the Board in fulfilling its mandate, which is to monitor the compliance of States with the international drug control conventions. The Board will continue to work with all States to facilitate the implementation of the international drug control treaties to ensure that their objectives, provisions and potential are fully realized for the benefit of the health and welfare of humankind.

International drug control conventions and human rights

856. The fundamental goal of the international drug control conventions, to safeguard the health and welfare of humanity, includes the full enjoyment of human rights. State actions that violate human rights in the name of drug control policy are inconsistent with the international drug control conventions. Such actions include extrajudicial responses to suspected drug-related criminality, which cannot be justified under the international drug control conventions.

Recommendation 5: The Board reiterates its appeal to all States to address drug-related crime through formal criminal justice responses, in accordance with the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, and in adherence to internationally recognized due process standards.

857. In addressing suspected drug-related crime, States should also be proportionate in their responses and in their treatment of suspected offenders. According to the principle of proportionality, offences of lesser relative gravity do not require States to subject those who have committed them to criminal sanction or punishment, including incarceration.

Recommendation 6: States parties should consider applying the various alternatives to conviction, punishment and incarceration, including measures of treatment, education, aftercare, rehabilitation and social reintegration, provided for in the international drug control conventions.

Recommendation 7: The Board reiterates recommendation 8 contained in its annual report for 2017, namely that the principle of proportionality must continue to be a guiding principle in drug-related matters. Although the determination of sanctions applicable to drug-related crime remains the prerogative of States parties to the conventions, INCB reiterates its position on the

issue of capital punishment for drug-related offences and encourages States that retain capital punishment for drug-related offences to consider the abolition of the death penalty for that category of offence.

Prevention and treatment

858. An area in which the implementation of the international drug control conventions has not been fully realized is the provision of prevention and treatment. These provisions do not mandate a specific approach, leaving States to determine which approaches are most suitable to their situation. The lack of adequate epidemiological data on drug use remains a barrier to the development of evidence-based drug policy to support the development, formulation and provision of targeted and effective prevention and treatment interventions and to the effective utilization of resources. In many parts of the world, prevention initiatives are non-existent or insufficient and the provision of treatment services is inadequate, while insufficient mechanisms exist to combat stigma and foster social reintegration.

Recommendation 8: States should look at existing best practices and develop effective strategies for the prevention of drug use, as well as mechanisms to address dependence through evidence-based treatment, rehabilitation, aftercare and social reintegration. In that regard, Governments are encouraged to refer to chapter I of the Board's annual report for 2017, entitled "Treatment, rehabilitation and social reintegration for drug use disorders: essential components of drug demand reduction".

Availability

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

Recommendation 9: Governments must foster access to and the availability of narcotic drugs and psychotropic substances for medical use through improved access to health services and effective systems of administrative

controls that regulate the production, manufacture, import and export of such drugs and substances, keeping in mind that States themselves must adequately evaluate their domestic requirements and report them to INCB. Such effective regulatory frameworks should allow the legitimate medical needs of the populations to be met.

Recommendation 10: Governments urgently need to address capacity and resource constraints in the health-care field, especially in the field of pain management, including by increasing the availability and know-how of health-care professionals (including doctors, nurses, pharmacists and regulators). Medical practitioners should be adequately trained in the prescription of medicines to those who genuinely need them and should be able to prescribe medicines without fear of sanction or prosecution.

860. Further information and recommendations on the availability of controlled substances for medical purposes is contained in the supplement to the present report.

Narcotic drugs

861. The cultivation of opium poppy for the production of opium and opiate raw material is a matter of major international importance in relation to drug control and public health. While recognizing the challenge posed by existing disparities in access to opioid analgesics, for several years the amount of opiate raw material available globally for the manufacture of narcotic drugs for medical purposes, including for pain management, has been more than sufficient to satisfy the current and anticipated levels of demand, as estimated by Governments, with both production and stocks continuing to increase.

Recommendation 11: The Board recommends to all parties that they prevent the accumulation of stocks of poppy straw in excess of the quantities required for the normal conduct of business, taking into account the prevailing market conditions.

Recommendation 12: The Board recalls that the 1961 Convention sets out a number of mandatory control measures for the licit cultivation of opium poppy and the production of opiate raw materials to ensure that these are limited to licit medical and scientific purposes. Therefore, the Board urges countries that are considering or are intending to commence the licit cultivation of opium poppy for medical and scientific purposes to consider the importance of the principle of non-proliferation. This objective is emphasized in relevant

Economic and Social Council and Commission on Narcotic Drugs resolutions on the supply of and demand for opiates, in which the Council and Commission urged all Governments to cooperate in preventing the proliferation of sources of production of opiate raw materials and also urged all Governments of countries where opium poppy was not being cultivated for the licit production of opiate raw materials to refrain from engaging in the commercial cultivation of opium poppy, in the spirit of collective responsibility.

862. INCB would like to remind all States parties of the definition of cannabis and cannabis plant, as contained in the 1961 Convention, and would also like to remind all States parties that cannabis, cannabis resin and extracts and tinctures of cannabis are subject to international control by virtue of their inclusion in Schedule I of the 1961 Convention. In addition, cannabis and cannabis resin are included in Schedule IV of the same Convention. Both the flowering and fruiting tops of the cannabis plants are controlled under the 1961 Convention, regardless of whether they are dried or not.

863. According to article 28 of the 1961 Convention, States parties may permit the cultivation of cannabis for authorized medical and scientific purposes. Parties that permit such cultivation have an obligation to establish control measures in accordance with the Convention. Such measures include the establishment of an agency responsible for designating areas and issuing licences for cultivation, purchasing and taking physical possession of such crops as soon as possible and having the exclusive right of importing, exporting and wholesale trading and maintaining stocks other than those held by manufacturers.

864. In addition, the 1961 Convention limits the cultivation of cannabis for industrial purposes to fibre and seed. The cultivation of the cannabis plant for industrial purposes other than those explicitly indicated in article 28, paragraph 2, should not be considered licit.

Recommendation 13: The Board urges States parties to ensure that the cultivation of cannabis for industrial purposes in their territories is undertaken in line with the requirements outlined above and is not used for purposes other than those explicitly indicated in the 1961 Convention.

Psychotropic substances

865. Diversion from licit domestic channels remains a major source of psychotropic substances used for illicit

purposes; however, there are limited reports to the Board from Governments on their interdiction efforts. On the other hand, the number of countries submitting consumption data on psychotropic substances continues to increase.

Recommendation 14: The Board encourages all Governments to provide to the Board regular and timely reports on diversions or attempted diversions of psychotropic substances from licit trade.

Recommendation 15: The Board welcomes the increasing number of countries that submit data on consumption of psychotropic substances and calls upon more Governments to do so, pursuant to Commission on Narcotic Drugs resolution 54/6, as these data are essential for the evaluation of the availability of psychotropic substances for medical and scientific purposes, and in order to ensure adequate availability for meeting medical requirements.

Electronic tools and training

866. The Board notes the challenges faced by some Governments in the further implementation of I2ES and acknowledges the reported obstacles that have prevented wider participation in the system (see chapter II, section F, of the present report).

Recommendation 16: The Board encourages all Governments to utilize I2ES, which is provided free of charge. Specifically, the Board encourages existing users of I2ES to invite their trading partners to register with the system and to start using it as soon as possible.

Precursors – 30 years of chemical control

867. 2018 marks the thirtieth anniversary of the adoption of the 1988 Convention; significant results have been achieved during those 30 years. Nonetheless, non-scheduled chemicals, alternates, substitute chemicals and pre-precursors pose challenges to international drug control and cooperation. In particular, the prevention of their diversion, as stipulated in article 12 of the Convention, and investigation and prosecution of trafficking are not possible at the international level given that they are not under international control. The fact that scheduled precursors can be substituted by a large number of substances not under international control, including many that have no legitimate uses and are designed purely to circumvent controls, are strong incentives for scheduling those substances and establishing additional control

mechanisms. However, scheduling an ever-growing number of chemicals has practical implications, not least an ongoing “catch-up” game.

Recommendation 17: INCB considers that there is a need for a broader policy discussion about the options available to address the proliferation of non-scheduled chemicals and “designer” precursors at the international level. Such a policy discussion should complement and expand proven concepts in precursor control that have yielded results in the past and will continue to do so in most cases involving internationally controlled precursors.

Recommendation 18: The Board urges the international community to continue its efforts to prevent scheduled precursors from being used in the illicit manufacture of narcotic drugs and psychotropic substances by using the tools available, such as PEN Online, PICS and Projects Prism and Cohesion, building upon the achievements of the past 30 years of precursor control.

Recommendation 19: With regard to “designer” and non-scheduled precursors and new psychoactive substances, the Board calls upon Governments and regional and international organizations to build on existing precursor control mechanisms and initiatives to address new psychoactive substances, with a view to exploring and identifying legal and operational options for rapidly addressing the proliferation of such chemicals and substances and preventing them from reaching illicit markets and end users.

Recommendation 20: Efforts should focus on enabling authorities worldwide to disrupt the supply of non-scheduled chemicals to illicit drug manufacturers without creating an unnecessary regulatory burden. To that end, Member States could explore ways and means of addressing series of chemical relatives and supporting the prosecution of relevant criminal cases. It should also be feasible to establish a separate category of precursor chemicals that do not have any currently recognized legitimate uses. INCB encourages Governments to consider all available options and to work with the Board within the framework of the international precursor control system to more effectively respond to current challenges.

Non-medical synthetic opioids and fentanyl-related substances

868. The illicit manufacture and abuse of and trafficking in non-medical synthetic opioids present a growing challenge. Online vendors use the Internet, the darknet and social media sites to offer fentanyl analogues.

Shipments are trafficked among the billions of letters and express parcels shipped around the world every year through international mail and express courier services. The Board recognized the problem and initiated activities under its new global Operational Partnerships to Interdict Opioids’ Illicit Distribution and Sales (OPIOIDS) Project. Those activities focus on partnerships between Governments, international organizations and the private sector as an effective means of preventing and interdicting sales and the distribution of non-medical synthetic opioids.

Recommendation 21: Governments should work with INCB to expand partnerships with relevant industries to effectively identify and counter the manufacture, sale and distribution of and financial gain derived from the trafficking in non-medical synthetic opioids. Partnerships should expand on successful approaches and work to establish sector-relevant guidelines, training, codes of conduct and ongoing monitoring across a broader range of geographical regions and sectors.

Recommendation 22: Details from online sales, suspicious shipments, drug or illicit laboratory seizures concerning non-controlled substances represent valuable intelligence, when shared with agencies in a position to act. Governments should nominate focal points in relevant national police, customs, postal, regulatory, health, forensic and toxicology authorities in a position to share information on the manufacture, sale or distribution of non-medical synthetic opioids using IONICS.

Improved submission of information to the International Narcotics Control Board

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

Recommendation 23: Governments should strengthen national mechanisms to monitor the licit cultivation, production and manufacture of and trade in controlled substances. This may be achieved, in part, by

improving and developing national data-collection systems, training staff of the competent national authorities and ensuring that companies licensed to trade in internationally controlled substances fulfil the legal requirements associated with their licences.

Recommendation 24: The Board urges all Governments concerned to identify the causes of deficiencies in the regular submission of comprehensive and reliable statistical data relating to estimates for narcotic drugs and assessments of psychotropic substances and related information on international trade and consumption, and invites them to make full use of existing INCB tools, kits and guidelines, including I2ES, which are available on the INCB website free of charge and include training materials and the *Guide on Estimating Requirements for Substances under International Control*, which is available in the six official languages of the United Nations.

Specific countries and regions

870. As a result of significant increases in illicit opium production in Afghanistan, the illicit opiate economy in 2017 substantially surpassed the level of the country's total licit exports of goods and services. The Board remains very concerned by those developments and their impact on the health and welfare of people in Afghanistan and beyond its borders.

Recommendation 25: On the basis of the provisions of article 14 bis of the 1961 Convention as amended, the Board calls the attention of the competent United Nations organs and specialized agencies to the drug control situation in Afghanistan and calls upon them to provide, individually and collectively, further technical

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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.

871. The Board has repeatedly drawn attention to the lack of systematic and regular data collection in several parts of the world, especially with regard to the prevalence of drug abuse, trends and patterns of abuse and available or necessary treatment, which hampers the formulation of effective responses to challenges at the country level. In particular, countries in Oceania, South Asia, West Asia, Central America and the Caribbean, and Africa are not able to sufficiently assess the extent and nature of the drug abuse problems prevailing in their jurisdictions.

Recommendation 26: The Board calls upon Governments to address the need for more reliable data on drug abuse in order to devise policies, programmes and prevention and treatment services that are evidence-based and tailored to the needs of their populations.