

Chapter III.

Analysis of the world situation

A. Global issues

1. Respect for human rights in the elaboration and implementation of drug control policy

369. Over the current reporting period, the Board has noted with great concern continued reports of grave human rights violations purportedly perpetrated in furtherance of national drug control policies. The Board is compelled to remind all States parties to the international drug control conventions that the primary objective of these instruments is to safeguard the health and welfare of humanity and to recall that the goal of protecting the welfare of humanity must be understood to include respect for human rights.

370. The Board therefore wishes to reiterate in the clearest possible terms that in order to comply with their legal obligations under the international drug control conventions, States parties must adopt and pursue drug control policies in compliance with internationally recognized human rights which, as described in the Universal Declaration on Human Rights,⁷⁰ are both inherent and inalienable.

371. Ensuring the consistency of drug control policies and programmes with human rights obligations means accepting that the drug control treaties are not in conflict with human rights. Rather, the three international drug control conventions ought to be read within the international human rights framework, including the protection

of fundamental freedoms and due process rights, stemming from the inherent dignity of all people. Compliance with the drug conventions can therefore lead to the direct and positive fulfilment of human rights, especially the realization of our universal right to health, which includes access to treatment. Current approaches to drug use need to avoid the pathway that easily leads from stigmatizing and alienating drug users to violating their fundamental rights to humane treatment and care. Non-consensual drug treatment programmes should be replaced, and the inequality of access to treatment that women and minority groups face needs to be addressed and remedied.

372. The human rights challenges inherent in responding effectively to widespread drug abuse and drug-related crimes are exacerbated when States try to justify disproportionately repressive and punitive measures. Protecting the rights and dignity of individuals suspected of having committed drug-related offences may at times seem counter-intuitive, but drug control policies that protect all human rights principles and standards have proved to be the most effective and sustainable. A human rights-based approach to address the spread of problematic drug use specifically requires proportionate criminal justice responses for drug-related offences, including when they are allegedly committed by people who use drugs, and ending extrajudicial responses, which cannot be justified in any circumstances.

373. International cooperation in the field of drug control could be enhanced through increased respect for the binding and cross-cutting nature of international human rights. No State is exempt from human rights norms and principles when interpreting the drug control conventions. From this perspective, the Board has consistently recommended to States that human rights norms should

⁷⁰General Assembly resolution 217 A (III).

form an integral part of their drug-related strategies and policies. Together, States and civil society can embrace the core objectives of the international drug control treaties by designing drug policies that are harmonious with the human rights conventions and fully promote the health and welfare of humankind.

2. Linkages between the international drug control conventions and the Sustainable Development Goals

374. The international drug control system was elaborated by Member States to act on their concern for the health and welfare of humankind. It is founded primarily on three conventions: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. At the most recent special session of the General Assembly on the world drug problem, held in 2016, Member States underscored that, together with other relevant international instruments, those conventions constitute the cornerstone of the international drug control system.

375. Fundamentally, the international drug control conventions are based on the principle that the medical use of narcotic drugs and psychotropic substances is indispensable for the relief of pain and suffering and that accordingly their availability should not be unduly restricted. At the same time, Governments have the responsibility to prevent drug abuse and diversion, including of substances controlled by the conventions. As a source of international law, the conventions are to be interpreted in good faith and in the light of that objective.

376. On 1 January 2016, the 17 Sustainable Development Goals contained in the 2030 Agenda for Sustainable Development,⁷¹ adopted by the General Assembly in September 2015, came into force. The Sustainable Development Goals, which build on and supersede the Millennium Development Goals of the period 2000–2015, are aimed at ending all forms of poverty. Over the next 15 years, these new universal goals are to guide countries in mobilizing efforts to develop strategies for economic growth by addressing a range of social needs including education, health, social protection and employment, while tackling climate change and promoting environmental protection and sustainable development. The Sustainable Development Goals are consistent with the three

international drug control conventions as the Goals foster coordinated action and shared responsibility to address the world drug problem. At the thirtieth special session of the General Assembly, on the world drug problem, held in 2016, Member States noted that efforts to achieve the Goals and to effectively address the world drug problem were complementary and mutually reinforcing.

377. Drug-related issues and challenges are vast, and currently there are great disparities in health and welfare in different regions of the globe. These challenges include the limited access to pain medication, including opioid analgesics and medicines used for substitution therapy, as well as the medication required for the treatment of mental illnesses. In many parts of the world, prevention initiatives are lacking, treatment and rehabilitation services to people with drug use disorders are inexistent or poor, and mechanisms to eliminate stigma and foster social reintegration have yet to be established.

378. The conventions establish a system of administrative controls regulating production, manufacture, import and export of substances under international control allowing States to estimate their domestic requirements and ensure that adequate amounts of medicines are available to their populations. Similarly, the conventions require States to give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved. Despite their clarity, these provisions have to a large extent not been widely and sufficiently implemented by States.

379. The Board therefore welcomes Sustainable Development Goal 3, which is to ensure healthy lives and promote well-being for all at all ages. Achieving that Goal entails, inter alia, access to high-quality essential health-care services and access to safe, effective, high-quality and affordable essential medicines; ending the epidemic of AIDS; and strengthening the prevention and treatment of substance abuse, including narcotic drug abuse. Sustainable Development Goal 3 and its associated targets demonstrate the awareness of the global community in that regard.

380. However, the world drug problem encompasses more than the health aspect. Illicit crop cultivation and drug trafficking perpetuate poverty, corruption, violence and criminality. In many parts of the world, human rights violations in the name of drug control, extrajudicial responses to drug-related criminality, the stigmatization of people with drug use disorders, disproportionate punishment and the general lack of rule of law continue to hinder efforts to successfully address drug-related challenges.

⁷¹General Assembly resolution 70/1.

381. The conventions oblige States to establish certain types of conduct as punishable offences, and they also require States to implement responses to drug-related crime that are proportionate. The conventions further provide States with the possibility of applying alternative measures to conviction, punishment and incarceration, including education, rehabilitation or social reintegration. They contain provisions on international cooperation in criminal matters and mutual legal assistance.

382. In the Sustainable Development Goals, the international community undertook to promote peaceful and inclusive societies and provide access to justice for all (Goal 16), to reduce inequality within and among countries (Goal 10) and to make cities and human settlements inclusive, safe, resilient and sustainable (Goal 11). In that regard, the Board reiterates its call on States to counter drug trafficking and related violence while ensuring that responses to drug-related criminal conduct are proportional and founded upon respect for human rights and dignity, in line with the three international drug control conventions and the rule of law.

383. The adoption of the international drug control conventions was based on the understanding among the international community that the challenges posed by the world drug problem required a coordinated response by States. Reflecting this, the conventions are today among the most widely ratified international instruments in existence. Addressing the world drug problem remains a common and shared responsibility and requires joint action. In this regard, international platforms and networks for dialogue, information-sharing and debate among States are crucial. The Commission on Narcotic Drugs acts as the principal policymaking body of the United Nations with prime responsibility for drug control matters. The Board calls on Governments to use the Commission as a forum for accessing and providing knowledge and experiences on drug-related successes and challenges and to support the international community in addressing the world drug problem in a comprehensive and collaborative manner.

384. As with other international treaties, the choice of policy, legislative and administrative measures to implement the conventions is left to the discretion of States parties. The Board will continue to urge Governments to take concrete action to guide their policymakers, institutions and people to work towards full implementation of the conventions, guided by the key objective of promoting health and welfare in harmony with human rights standards and norms and the rule of law. It is the action taken by Governments at the national level, founded on international law, that will determine whether global

agreements and partnerships such as the 2030 Agenda for Sustainable Development will be achieved.

3. Reducing the negative consequences of drug use through effective public health policies

385. Managing pervasive and complex drug abuse risks requires adopting strategies that not only are scientifically proven to be effective but also avoid unintended negative consequences. The effects of epidemic-level drug abuse and addiction rates can be countered through balanced public health policies and practices that aim to provide all necessary treatment and recovery services and prevent the initiation of illicit drug use. Ending the devastation for individuals, families and entire communities caused by drug abuse primarily entails reducing demand and curbing supply, focusing efforts on treatment, education, aftercare, rehabilitation and social reintegration.

386. The Board has written extensively about measures that aim to minimize the adverse public health and social consequences of drug abuse as forming a tertiary prevention strategy for demand reduction purposes that can play a part in comprehensive drug demand reduction. This long-standing vision of INCB with respect to reducing negative drug-related consequences is consistent with the outcome document of the thirtieth special session of the General Assembly, on the world drug problem, held in 2016, in which Heads of State and Government invited relevant national authorities to consider such effective measures, including appropriate medication-assisted therapy programmes.

387. In many States, drug control policy focuses exclusively on the demand reduction and supply reduction aspects of drug control and does not include measures to curtail the adverse consequences associated with substance abuse and addiction. While demand reduction and supply reduction constitute two fundamental pillars of drug control policy, the Board also encourages States to take a balanced approach to countering drug use and dependence through the adoption of measures intended to reduce the associated negative public health consequences. The Board notes that in some States, limited resources have resulted in civil society and community-based groups taking the lead in the delivery of these services.

388. Drug control policies, in order to be consistent with the international treaties, should be evidence-based and should not lead to the promotion of substance abuse

or facilitate trafficking or other illicit activities and thereby violate the treaties and the obligation to combat drug trafficking. In the past, the Board has expressed its support for strategies which met that threshold, including needle exchange programmes, opioid agonist therapies, psychosocial counselling and the use of drug consumption rooms, as long as they were part of an integrated approach for referral and improved access for underserved populations to treatment and support services.

389. The Board acknowledges the need for initiatives and measures aimed at minimizing the negative consequences of drug abuse based on reliable and proven scientific data and encourages the exchange of good practices through greater dialogue between relevant stakeholders, including Governments, civil society groups, public health authorities and law enforcement authorities.

4. Exempted preparations under the Convention on Psychotropic Substances of 1971

390. Since the 1990s, INCB has noted an overall increase in the quantity of psychotropic substances used in the manufacture of preparations exempted pursuant to article 3 of the 1971 Convention (see figure XVII). According to INCB records, during this time, nearly 1,000 pharmaceutical preparations containing psychotropic substances under control were considered for exemption from certain control measures. In recent years, the Board has noted with concern the lack of clarity surrounding article 3 of the 1971 Convention and the control measures that countries are still required to apply in the case of an exempted preparation.

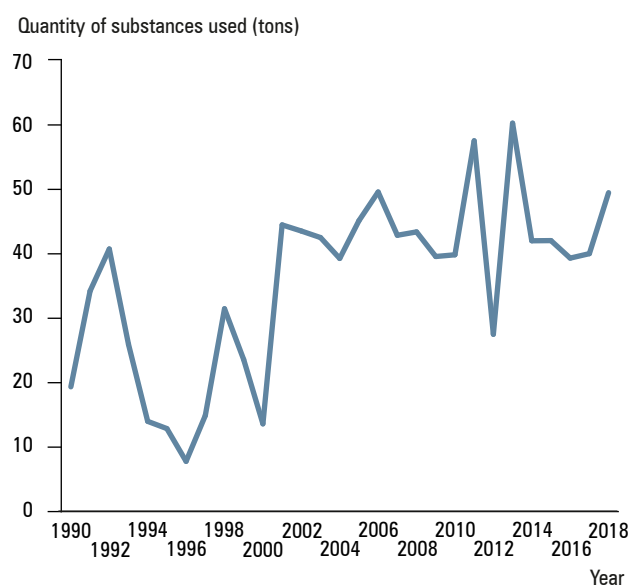
391. The 1971 Convention defines a preparation of a psychotropic substance as any solution or mixture, in whatever physical state, containing one or more psychotropic substances or one or more psychotropic substances in dosage form.⁷² According to article 3, paragraph 1, of the 1971 Convention, if a preparation is not exempted, it is subject to the same measures of control as the psychotropic substance that it contains, and if it contains more than one such substance, the control measures of the most strictly controlled of those substances are applicable.

392. Furthermore, under article 3, paragraph 2, States parties are permitted to exempt a preparation that contains

⁷²According to the *Commentary on the Convention on Psychotropic Substances*, dosage form refers to a measured small quantity of a psychotropic drug or combination of psychotropic drugs in whatever form (tablet, ampoule or powder) ready for consumption.

a psychotropic substance included in Schedule II, III or IV from international control measures under certain conditions. While article 3 of the 1971 Convention provides the opportunity to reduce the regulatory requirements and measures of control that competent national authorities need to apply, the use of that article must be warranted in order to ensure that the exemptions from certain control measures do not pose a public health risk or encourage illicit activity.

Figure XVII. Reported use of psychotropic substances for the manufacture of exempted preparations



393. To warrant an exemption, the preparation must be compounded in a way that it presents no risk or negligible risk of abuse or of a public health problem and cannot be recovered by readily applicable means in a large enough quantity as to pose a risk. In determining whether this latter condition holds, the expense and technical difficulty of recovering the psychotropic substance from the preparation should be considered.⁷³

394. While a country can decide to exempt a preparation from certain measures of control under the 1971 Convention, article 3, paragraph 3, outlines the control measures that must be applied regardless. Those measures of control are provided in the following articles of the Convention: (a) article 8 (licences), as it applies to manufacture; (b) article 11 (records), as it applies to exempted preparations; (c) article 13 (prohibition of and restrictions on export and import); (d) article 15 (inspection), as it applies to manufacture; (e) article 16 (reports to be furnished by the parties), as it applies to exempted

⁷³*Commentary on the Convention on Psychotropic Substances*, p. 116.

preparations; and (f) article 22 (penal provisions), to the extent necessary for the repression of acts contrary to laws or regulations adopted pursuant to the stated obligations.

395. Commission on Narcotic Drugs resolution 1 (S-VIII) of 1984 provides further control measures from which preparations should not be exempted. In particular, the resolution states that exempted preparations should not be exempted from the requirements of article 12 on provisions relating to international trade. More specifically, international trade in exempted preparations shall still require separate import and export authorizations and post-export declarations.

396. If a country wishes to exempt a preparation from control measures, it must submit a notification to the Secretary-General with the trade names of the intended exempted preparation, as well as the name of the substance as listed in the schedules of the Convention or the international non-proprietary name if the former is not available. The notification must include a description of the composition of the preparation including the chemical structure and the formulae of all its ingredients, list the control measures from which the preparation is exempted, and confirm the control measures mentioned in article 3, paragraph 3, that would continue to apply.

397. Upon receipt of such notification, the Secretary-General will transmit the notification to the other parties to the Convention, WHO and the International Narcotics

Control Board. If a party or WHO receives information regarding an exempted preparation which in its opinion warrants the termination, in part or in whole, of the exemption, it will notify the Secretary-General, providing the information in support of the notification. The Secretary-General, will transmit such information to the parties and the Commission. WHO shall communicate to the Commission an assessment of the preparation in regard to the risk of abuse and potential recoverability, with a recommendation of the control measures, if any, from which the preparation should cease to be exempted.

398. Taking into account the assessment provided by WHO on medical and scientific matters, and considering the economic, social, legal, administrative and other factors it may consider relevant, the Commission may decide to terminate the exemption from any or all control measures. Any decision made by the Commission will be communicated by the Secretary-General to all parties. All parties must take measures to eliminate the exemption from the control measure or measures within 180 days of that notification from the Secretary-General.

399. Between 2010 and 2018, 66 different psychotropic substances under international control were reported in the manufacture of exempted preparations in 22 countries. In 2018 alone, 34 psychotropic substances under international control were reported to the Board as being used in the manufacture of exempted preparations in a combination of 11 countries (see figures XVIII and XIX).

Figure XVIII. Number of psychotropic substances reported for use in the manufacture of exempted preparations

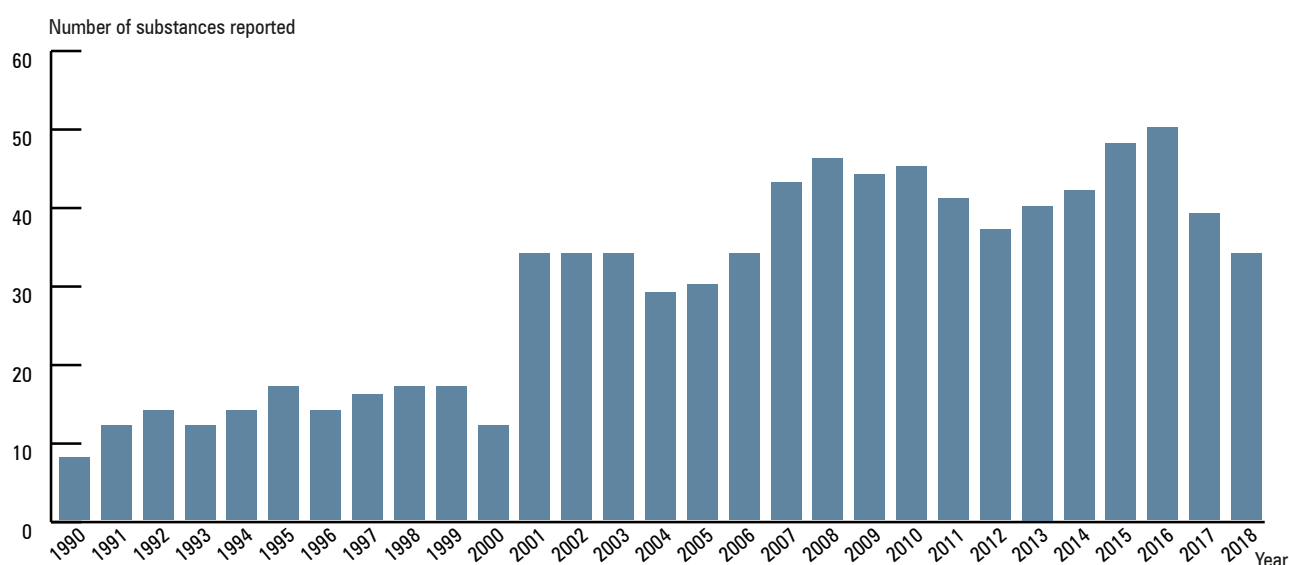


Figure XIX. Countries reporting the manufacture of exempted preparations on form P

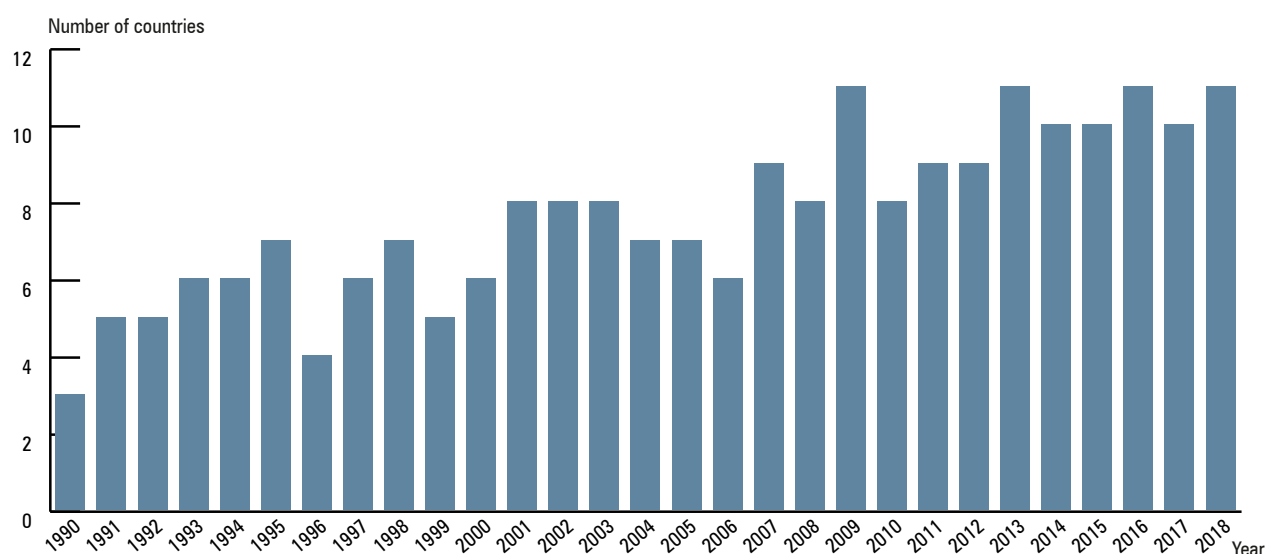


Table Quantity of psychotropic substances reported for use in the manufacture of exempted preparations, 2014–2018, in descending order (kg)

Substance	Year				
	2014	2015	2016	2017	2018
Phenobarbital	26 923	18 975	20 224	23 331	20 850
Butalbital	3 292	12 095	8 296	5 090	15 814
Oxazepam	3 081	3 128	2 390	2 455	2 718
Zolpidem	1 626	1 216	2 191	2 036	1 700
Barbital	826	1 060	482	548	1 394
Diazepam	2 053	1 361	1 885	1 914	1 235
Amfepramone	579	581	691	862	862
Temazepam	414	464	754	207	663
Prazepam	676	416	312	520	312
Bromazepam	525	373	461	346	290

400. Phenobarbital is by far the most commonly used substance in the manufacture of exempted preparations, with tens of thousands of kilograms of the substance being used each year for exempted preparations (see table). Exempted preparations containing phenobarbital tend to be medications used for mild pain and sedation. Aside from phenobarbital, over the last five years,

butalbital, oxazepam, zolpidem and diazepam have been the most reported substances used in the manufacture of exempted preparations.⁷⁴

⁷⁴According to information furnished to the Board by Governments pursuant to the 1971 Convention and resolutions of the Commission on Narcotic Drugs and the Economic and Social Council, as maintained in the database of the INCB International Drug Control System.

401. The Board calls upon Governments to ensure that all aspects of article 3 of the Convention on Psychotropic Substances of 1971 are correctly implemented if they wish to exempt a preparation from certain measures of control. The Board also reminds Governments that they are still obligated to uphold certain measures of control even in cases where a preparation has been exempted, such as in reporting annual data and provisions relating to international trade. Ensuring that all provisions of the 1971 Convention are upheld is imperative for eliminating the possibility of diversion to illicit channels while allowing for countries to benefit from the flexibility that the Convention provides in cases where an exemption is warranted.

5. Non-medical use of synthetic opioids

402. The world is currently in the midst of a global synthetic opioids crisis. New data suggest that the problem is greater than was previously known, with current estimates indicating that more than 53 million people, or 1.1 per cent of the general population aged 15–64, abused opioids in the past year, of whom almost 30 million had reportedly used opiates such as heroin and opium. Although global estimates specifically for non-medical use of synthetic opioids are not available, the large increase in users has been attributed to increases in the non-medical use of synthetic opioids.

403. While non-medical use of synthetic opioids is reported in many countries, the crisis manifests itself in different forms from region to region. In some high-income countries such as Canada and the United States, synthetic opioids such as hydrocodone, oxycodone and fentanyl are widely and readily available, and their aggressive marketing and subsequent over-prescription has contributed to increases in dependency. In several countries in Europe, there are also indications of an increased non-medical use of synthetic opioids, with methadone, buprenorphine and fentanyl being reported as the main pharmaceutical opioids misused. Past-year abuse of opioids in Australia is also higher than the estimated global average, with the non-medical use of pharmaceutical opioids being the main concern.

404. The Board has noted for years that the non-medical use of tramadol, an opioid analgesic not under international control, is a significant and growing problem in several countries, in particular in West and North Africa, the Near and Middle East and South Asia. In Nigeria, the National Survey on Drug Use and Health, collecting data for 2017, found that 4.7 per cent of the general

population aged 15–64 reported past-year non-medical use of prescription opioids, most commonly tramadol. In India, the national drug use survey found that nearly 1 per cent of the general population engaged in non-medical use of pharmaceutical opioids in 2017. Non-medical use of high-concentration tramadol tablets continues to be reported throughout Egypt, the State of Palestine and the United Arab Emirates (see also sect. A.9 below on tramadol).

405. The rate of global drug overdose deaths has been steadily increasing since 2000. In particular, it is estimated that 66 per cent of deaths attributed to drug use disorders were related to opioids. Increases in drug-related deaths are in part due to the emergence and abuse of illicitly manufactured fentanyl and fentanyl analogues in North America.

406. Globally, newly emerging fentanyls accounted for 19 of the 22 new synthetic opioids identified in 2017. The largest share of those are from North America, where the United States Centers for Disease Control and Prevention estimated that overdoses in the United States alone increased to more than 70,000 in 2017 and that 47,600 of those overdoses were opioid-related. In Canada, the rate of opioid-related deaths rose to 12.0 per 100,000 population in 2018; the percentage of accidental apparent opioid-related deaths that involved fentanyl or fentanyl analogues was 73 per cent in 2018.

407. While overdose death rates worldwide are currently far lower than in Canada and the United States, indications of the potential for increasing abuse of synthetic opioids have been reported in other regions. In Europe, 9,400 overdose deaths were reported in 2017, with opioids accounting for between 80 and 90 per cent of drug-related deaths. States members of the European Union have reported increases in the amount of synthetic opioids in their illicit drug markets. Of a total of 38 new psychoactive substances detected since 2009, 28 were fentanyls.

408. In Australia, by 2016, reported deaths caused by opioid overdose had nearly doubled since 2007, rising from 3.8 to 6.6 deaths per 100,000. While the increase is attributed mostly to pharmaceutical opioids, including as used in combination with heroin, overdose deaths due to synthetic opioids such as fentanyl increased more than tenfold over the same period.

409. There are indications that the situation may be stabilizing in some regions. In the United States, where prescription practices have become more stringent, drug overdose deaths declined by about 5 per cent from

December 2017 to December 2018, to about 68,000 deaths, due in part to decreases in overdose deaths related to prescription opioids (e.g., oxycodone). Following tramadol control changes in India in mid-2018, experts in Ghana and Nigeria noted a significant decline in large border and port seizures of tramadol, decreases in grey market availability and a corresponding increase in the price of tramadol tablets in the illicit market. The Government of China implemented group scheduling of all fentanyl-related substances effective May 2019, ensuring class-wide control, inter alia, of all manufacture and export.

410. The Board, in its annual report for 2017, identified and reiterated the risks associated with long-term opioid use and the consumption of opioid analgesics. **The Board once again encourages Governments to work together with public health officials, pharmacists and physicians, manufacturers and distributors, consumer protection associations and law enforcement agencies to promote public education about the risks associated with prescription drugs and adopt appropriate measures to decrease their abuse and potential to cause dependence.**

6. Abuse of codeine-based cough syrups

411. The 1961 Convention as amended by the 1972 Protocol allows for certain preparations of narcotic drugs (including codeine) which are included in Schedule III of the Convention to be exempted from some provisions when compounded with one or more other ingredients and containing not more than 100 milligrams of the drug per dosage unit and with a concentration of not more than 2.5 per cent in undivided preparations.

412. These preparations, in particular those containing codeine, are widely used for medical purposes for the treatment of cough. Since 2000, of the total amount of morphine utilized globally, the majority (88 per cent, on average) was converted into other narcotic drugs (mostly codeine), and almost all of the codeine manufactured (89 per cent) was used to manufacture cough medication. In 2010, over 255 tons of codeine were used for preparations listed in Schedule III. This amount has gradually increased, reaching over 291 tons in 2016, but decreased to 240 tons in 2017.

413. Codeine syrups are easy to purchase as over-the-counter medicine in many countries. They are relatively cheap and are perceived to have low risk of negative health consequences (e.g., dependence and overdose) in comparison with other drugs.

414. The abuse of cough syrups has been a common occurrence in some countries for many years. More recently, there have been reports of the misuse of preparations containing codeine that are listed in Schedule III in Bangladesh, Hong Kong, China, India, Japan and the United States.

415. In the United States, the abuse of cough syrups containing codeine has been recently popularized through the use of videos posted on social media illustrating the process of preparation of the so-called “purple drank” (purple is the typical colour of the cough syrups), a mix of cough syrup with alcohol or soft drinks. This phenomenon expanded to other regions and has been described as an epidemic in Nigeria and other countries in West Africa. In Thailand, cough syrups have sometimes been used to prepare “cocktails”, made by boiling kratom leaves and mixing the resulting liquid with cough syrup, ice and soft drinks.

416. In its annual report for 2008,⁷⁵ the Board, while recognizing that cough syrups containing narcotic drugs were an effective medication for many patients and important in medical practice and health care, expressed concern about the fact that cough syrups were also known to be abused in several countries. The Board recommended that the Governments of countries experiencing abuse of cough syrups consider the introduction of stricter control and supervision of the channels of distribution of cough syrups containing narcotic drugs. The Board also recommended using programmes for drug abuse prevention to increase awareness of the risks associated with inappropriate use of cough syrups.

417. To address the negative health and social consequences of misuse of cough syrups containing codeine, a number of health authorities have introduced control measures to avoid diversion, recommended the use of cough suppressant preparations not containing codeine, discouraged the use of cough syrups containing codeine for children below a certain age and/or have required a prescription for the purchase of such preparations. These actions are in line with article 39 of the 1961 Convention as amended, which enables countries to adopt stricter control measures than those provided in the Convention and in particular requiring that preparations in Schedule III or drugs in Schedule II be subject to all or some of the measures of control applicable to Schedule I substances if it is deemed to be necessary or desirable for the protection of public health and welfare.

⁷⁵E/INCB/2008/1.

418. The Board reiterates its call on Governments that are affected by the abuse of preparations containing codeine to make use of the possibility given by the 1961 Convention as amended for the introduction of stricter control measures and to implement appropriate prevention and treatment interventions focusing specifically on this problem.

7. Activities to address trafficking through international post, express mail and express courier services

419. As a response to the shift from the shipping of controlled substances in comparatively large amounts to small shipments of new psychoactive substances not under international control, the Board launched Project Ion in 2013 and its IONICS platform for the global real-time exchange of information. In order to address the problem of non-medical synthetic opioids, in particular illicitly manufactured fentanyls, the Board began activities under its OPIOIDS project in 2017. The OPIOIDS project has focused on developing partnerships between Governments, international organizations and the private sector as an effective means of preventing the manufacture, marketing, movement and monetization of non-medical⁷⁶ synthetic opioids.

420. Numerous non-medical synthetic opioids have emerged on global markets, and some such as fentanyl analogues are particularly dangerous substances when abused due to their high potency even in extremely small doses. Vendors use the open Internet, the darknet and social media sites to market a wide range of fentanyls, with purchases made using online financial services or cryptocurrencies. Purchases are shipped among the billions of letters and express parcels shipped around the world every year using international mail and express courier services. Because of the high potency of the substances, the transport of fentanyls in trace amounts makes detection and interdiction extremely challenging. Postal, express mail and express courier service staff and customs officers unwittingly handle these potentially dangerous substances, raising concerns over safety due to possible contamination and harm due to unintentional exposure.

421. In April 2018, the Board, recognizing the need to partner with other international agencies at the front-line of trafficking, entered into a cooperative agreement with the Universal Postal Union (UPU). The agreement

effectively responded to challenges posed by dangerous substances by promoting technical assistance and the provision of training designed to increase cooperation against trafficking and improve the ability to detect and safely seize these substances. INCB and UPU share information and alerts which allow for the improved profiling of high-risk shipments and increase the chances of officers identifying and interdicting shipments.

422. Through its partnership with UPU and the World Customs Organization (WCO), INCB Project Ion and the OPIOIDS project trained 160 postal security and customs officers from over 80 Governments in 2019 on information exchange, interdiction and intelligence-sharing on dangerous substances trafficked through the postal and express courier services. Experts provided materials and instruction on safe handling, interdiction and communication methods for working with suspected fentanyls.

423. INCB convened two international meetings of the expert group on trafficking in synthetic opioids through postal and courier services, held in April 2018 and September 2019. The meetings brought together postal, customs and law enforcement experts from numerous affected countries and international partners including INTERPOL, the Oceania Customs Organization, UPU, UNODC and WCO. The meetings were also attended by representatives of the private express mail and courier industry, in order to share information, experiences and ways for future cooperation to stem the flow of synthetic opioids through the express post and courier systems.

424. In January 2019, the OPIOIDS project initiated a time-bound global intelligence gathering operation, Operation Fast Forward, targeting sources and re-distribution points for the trafficking of non-medical fentanyl, fentanyl analogues and related synthetic opioids through the international post, express mail and courier services. Operation Fast Forward, involving 81 officers from 45 countries and two international organizations, resulted in the communication, through the Board's IONICS secure communication platform, of more than 50 seizure events involving a total of nearly 30 kg of seized fentanyl, fentanyl analogues and related pre-precursors. The special operation also produced for government investigators intelligence that identified pre-precursors, sources and modi operandi, as well as previously unknown trafficking routes.

425. The sanctity of the seal is a principle which protects the privacy of communications by post, and many Governments do not allow the inspection of international mail, thus making the consignment of potent fentanyls in small, lightweight amounts in letter-class envelopes

⁷⁶The term "non-medical" is used to refer to synthetic opioids and their products that are made specifically for illicit markets.

difficult to detect and interdict. Governments are encouraged to make use of risk-profiling approaches, information-exchange tools, such as the INCB IONICS platform, intelligence packages and alerts, in order to increase the likelihood of interdiction of substances trafficked through international post, express mail and express courier services.

426. The Board's significant expansion of activities under Project Ion and the OPIOIDS project resulted in the growth of the intelligence-sharing capacity of the IONICS system, the nomination of government postal security officers to increase the global focal points network, and expanded training in the field that resulted in a 93 per cent increase since 2017 in seizure events as well as intelligence on trafficked dangerous substances.

8. Methamphetamine trafficking and abuse

427. Over almost three decades, INCB, in its mandated role as a quasi-judicial body monitoring the compliance of States with the international drug control conventions, has observed the global expansion of illicit markets for amphetamine-type stimulants, in particular methamphetamine. Year after year during that period, and notwithstanding the focus of the international community on various drugs, including new psychoactive substances and, most recently, non-medical synthetic opioids, more and more countries and regions have set new records in the amounts of methamphetamine seized by their law enforcement agencies. At the same time, the ever-growing worldwide abuse of this drug has fuelled a threat to the health and welfare of people.

428. UNODC estimates that, in 2017, roughly 0.6 per cent of the global population aged 15–64 (that is, about 29 million people) had used amphetamine and methamphetamine in the past year. There are indications of an increase in the use of methamphetamine, in particular in East and South-East Asia and North America. While the lack of sufficient good-quality data based on household surveys makes it difficult to estimate the prevalence of methamphetamine use globally, data on illicit supply reported to UNODC show an increase of 50 per cent in the last decade in the number of countries reporting seizures of methamphetamine.

429. The regions which have been traditionally most affected by methamphetamine trafficking and abuse are North America, East and South-East Asia and Oceania, specifically Australia and New Zealand. In Europe, the illicit manufacture and use of methamphetamine had long

been a localized issue in parts of central Europe, but there is now evidence of large-scale illicit methamphetamine manufacture elsewhere in Europe. Since 2011, illicit methamphetamine manufacture has also been documented in West Africa, specifically Nigeria. Unlike in the past, there are now also indications of large-scale inter-regional trafficking of methamphetamine, with seizures of unprecedented size being made en route from North America to Australia.

430. The most significant increases have been observed in East and South-East Asia, where, according to UNODC, methamphetamine seizures have increased eightfold between 2007 and 2017, accounting, with 83 tons, for 45 per cent of global methamphetamine seizures, and reaching a record high level in 2018. Data received indicate that Thailand alone accounted for more than half of the methamphetamine seized in the region in 2018. Available data also indicate a geographical shift of illicit manufacturing to areas outside of government control, for example, north-eastern parts of Myanmar.

431. At the same time, the region is seeing a shift from low-purity methamphetamine tablets ("yaba") to high-purity crystalline methamphetamine. In some countries in the region, crystalline methamphetamine users now account for a major share of people receiving treatment for drug use. Annual prevalence rates reported from household surveys conducted in Thailand show an increase from a low of 0.1 per cent of the population aged 12–65 in 2008 to 0.2 per cent in 2011, before rising rapidly to 0.9 per cent by 2016. The number of crystalline methamphetamine users has also started to increase. Proportions of people in treatment for the abuse of methamphetamine (in tablet and crystalline form) exceeding 50 per cent of all drug-related treatment in East and South-East Asia in 2017 were reported for Brunei Darussalam, Cambodia, Japan, the Lao People's Democratic Republic, Malaysia, the Philippines, the Republic of Korea, Singapore and Thailand.

432. The Board is also concerned about recent indications of growing illicit methamphetamine manufacture and trafficking in Afghanistan. With more than 650 kg seized in the first six months of 2019, the amount of methamphetamine seized represented a tenfold increase compared to the same period of 2018. Furthermore, the Islamic Republic of Iran witnessed an increase of some 25 per cent in methamphetamine seizures in 2018, to a total of 2.9 tons, compared with 2017. Countries in West Asia have also reported increasing levels of methamphetamine abuse.

433. INCB has continuously expressed its concern about these developments and has noted in particular the

apparent mismatch between the large amounts of methamphetamine end-product seized and the comparatively low number and limited volume of methamphetamine precursors seized in comparison, especially in East and South-East Asia. Substances, such as ephedrine and pseudoephedrine, that for years had been the most used in known methamphetamine-manufacturing methods in some regions are no longer the only precursors of concern. There is limited yet growing evidence of the use of P-2-P-based manufacturing methods in regions where this was not previously common. To complicate matters further, P-2-P itself is often manufactured illicitly from pre-precursors, including non-scheduled “designer precursors” made specifically to circumvent existing regulations. As law enforcement experience with those chemicals is limited in most regions, information about changes in manufacturing trends is often only identified through the forensic analysis of seized methamphetamine. Those issues are addressed in the report of the Board for 2019 on the implementation of article 12 of the 1988 Convention.

434. The Board wishes to highlight that much remains to be done to enable a more effective response to the ongoing methamphetamine crisis. In addition to measures to prevent the initiation of methamphetamine use and treatment, the Board believes that no discernible change in this worrying trend will be achieved without adequate attention being given to ensuring control over methamphetamine precursors and the exchange of related intelligence information. The Board has put a range of tools at the disposal of Governments to help to close existing gaps in knowledge, intelligence and operational responses to precursor trafficking and diversion from legitimate trade. These tools include the Board’s PICS, the PEN Online system and the two initiatives of the Board focusing on precursors used in the illicit manufacture of synthetic drugs and on chemicals related to the illicit manufacture of cocaine and heroin, namely Project Prism and Project Cohesion, respectively.

435. The Board urges Governments to make full use of the relevant tools available and to keep the Board abreast of their efforts, successes and challenges. Only with the best available data and understanding of the issues can the international community live up to its common and shared responsibility in facing the world drug problem.

9. Tramadol abuse and trafficking in Africa and Asia

436. Trafficking of illicitly manufactured, falsified or substandard preparations containing tramadol, an opioid analgesic not under international control, has become a

significant problem, as tablets containing high-potency dosages exceeding 200 mg are often seized. Since 2013, the Board has repeatedly identified non-medical use of tramadol as a significant and growing problem in many countries, particularly in parts of West and North Africa, the Near and Middle East and South Asia. Tramadol may in high doses produce euphoria for the user.

437. Such falsified, substandard or illicitly manufactured tramadol tablets are the most often reported synthetic opioids seized, with a record 125 tons interdicted globally in 2017, the majority of which were seized in Africa, in particular in Egypt and Nigeria. According to the WCO *Illicit Trade Report 2017*, the Central African Republic, the Democratic Republic of the Congo, Mali and Togo all reported that border seizures of synthetic opioids were exclusively of tramadol, and 75 per cent of drug seizures reported in Cameroon and the Niger were of tramadol. Intelligence communicated through IONICS indicated that there were large seizures of synthetic opioids, in particular high-potency tablets containing tramadol.

438. Tramadol abuse in Ghana became a national issue in 2016, when intelligence gathered across the country indicated the seizure of significant quantities of high-potency tramadol tablets with a non-medical concentration of 120 mg or greater, and more than 527,000 tablets were seized in 2017. Tramadol abuse and seizures have also been reported in Benin, Chad, Côte d’Ivoire, Guinea, Libya, Senegal, Sierra Leone and the Sudan. Illicit tramadol sales have previously been associated with the funding of violent extremist groups operating in parts of Africa.

439. The first comprehensive drug use survey conducted in Nigeria, in 2017, found that 4.7 per cent of the general population aged 15–64 reported past-year non-medical opioid use, predominantly in the form of tramadol. One in five high-risk drug users injects drugs (0.1 per cent of the population), and the most common drugs injected were pharmaceutical opioids such as tramadol, codeine and morphine.

440. In Egypt, the third most populous country in Africa, 3 per cent of adults self-reported past-year non-medical use of tramadol in 2016, and 0.74 per cent of students aged 15–19 reported non-medical use of tramadol. The misuse of tramadol was also reflected in treatment data, as tramadol users accounted for 68 per cent of persons admitted to treatment.

441. Demand for tramadol in Africa is exacerbated by lax regulatory and border controls, which have allowed trafficked or unregulated imports of tramadol originating in India.

442. India is a significant source of trafficked, falsified, substandard or illicitly manufactured products branded and marketed as tramadol that are seized worldwide. As part of the efforts by India to reduce such incidents, the Government scheduled tramadol under the Narcotic Drugs and Psychotropic Substances Act, 1985, effective August 2018. As noted above, following the changes in control measures in India, experts in Ghana and Nigeria noted a significant decline in large seizures of tramadol and a corresponding increase in prices for tramadol tablets in the illicit market.

443. In Africa, where substantial non-medical market demand currently exists, a demand could be created for a replacement product with brand recognition. A similar phenomenon was observed in North America, where reduced availability of diverted oxycodone tablets has been linked to the emergence of illicitly manufactured tablets branded as oxycodone but containing fentanyls. The supply of such tablets by organized criminal groups subsequently filled part of the large market demand in North America.

444. Furthermore, there have been reports of the emergence of illicitly manufactured tablets that contain tramadol as well as fentanyls. In North America, there have been reports of seizures of tramadol mixed with fentanyls. **Governments should therefore remain vigilant to the possibility of such a development occurring in other regions and communicate without delay through IONICS the details of tramadol seizures, in particular any seizure suspected of containing fentanyls.**
