

Chapter II.

Functioning of the international drug control system

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

123. The international drug control legal framework is made up of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

124. The elaboration of this framework by the international community was the result of widespread consensus, reflecting the realization that the adoption of common approaches and concerted action was imperative to addressing shared challenges and to fostering the conventions' aims of safeguarding the health and welfare of humanity.

125. Since their adoption, these instruments have been reaffirmed by the international community on numerous occasions. For example, in the outcome document of the special session of the General Assembly on the world drug problem, held in 2016, they were referred to as “the cornerstone of the international drug control system”.¹¹³

126. By becoming parties to the international drug control conventions, States commit themselves to taking the legislative, regulatory and policy measures necessary to ensure the full implementation of their legal obligations in their national systems.

127. Broadly speaking, these obligations include:

(a) The limitation of the production, manufacture, export, import and distribution of, trade in and use and possession of drugs to medical and scientific purposes, subject to the provisions of the conventions;

(b) The adoption of measures for the control of licit trade in narcotic drugs, psychotropic substances and precursor chemicals used in their illicit manufacture, including through the creation of regulatory systems and the submission of estimates, assessments and statistical data to the Board;

(c) The taking of steps to facilitate the availability of controlled substances for legitimate medical purposes while preventing the diversion of such substances into illicit channels;

(d) The elaboration of strategies for preventing drug use and mechanisms for addressing drug addiction through treatment, rehabilitation, aftercare, and social reintegration;

(e) The adoption of legal provisions to address, in a differentiated manner, various forms of drug-related conduct, including minor offences, offences committed by persons who use drugs and more serious offences such as large-scale illicit production of and trafficking in drugs, in a manner that is proportionate, humane and grounded in respect for human rights, including due process, the presumption of innocence and the rule of law.

¹¹³General Assembly resolution S-30/1, annex.

128. In the absence of specific legal agreements between parties, the conventions may also serve as the legal basis for extradition and mutual legal assistance between parties.

129. The 1961 Convention as amended, in its article 9, also sets out the Board's primary functions:

The Board, in co-operation with Governments, and subject to the terms of this Convention, shall endeavour to limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes, to ensure their availability for such purposes and to prevent illicit cultivation, production and manufacture of, and illicit trafficking in and use of, drugs.

130. The 1961 Convention as amended enjoins the Board to foster cooperation with Governments and to provide the mechanism for a continuing dialogue to lend assistance and to facilitate effective national action to attain the aims of the Convention.

131. Finally, all three international drug control conventions mandate the Board with the role of assisting States parties in the implementation of their legal obligations under the conventions and with monitoring the consistency of national legal, regulatory, policy and enforcement measures on drug control with the international legal obligations incumbent upon States parties to the conventions.

1. Status of adherence to the international drug control treaties

132. For the period under review, there were no new accessions to the three international drug control treaties. The 1961 Convention as amended, the 1971 Convention and the 1988 Convention are among the most widely ratified international instruments, benefiting from near-universal adherence.

133. As at 1 November 2022, 186 States had ratified or acceded to the 1961 Convention as amended. Of the 10 States that had yet to accede to the 1961 Convention as amended, two were in Africa (Equatorial Guinea and South Sudan), one was in Asia (Timor-Leste) and seven were in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu). Chad continued to be the sole State party to the 1961 Convention in its unamended form.

134. The number of States that had ratified or acceded to the 1971 Convention remained at 184. Thirteen States had yet to become parties to the Convention: three States in

Africa (Equatorial Guinea, Liberia and South Sudan), one State in the Americas (Haiti), one in Asia (Timor-Leste) and eight in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tuvalu and Vanuatu).

135. The number of parties to the 1988 Convention, the most widely ratified of the three international drug control conventions, was unchanged at 191 (190 States and the European Union). The States that had not yet acceded to that Convention are in Africa (Equatorial Guinea, Somalia and South Sudan) and Oceania (Kiribati, Papua New Guinea, Solomon Islands and Tuvalu).

136. Recognizing that concerted action in the spirit of common and shared responsibility is essential to the success of the international community's drug control efforts, the Board reiterates its call to all 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 the comprehensive implementation of the conventions at the national level.

2. Changes to the scheduling of substances under international control

Narcotic drugs

137. At its sixty-fifth session, held from 14 to 18 March 2022, the Commission on Narcotic Drugs, by its decisions 65/1 and 65/2, decided to include two new substances, brrorphine and metonitazene, in Schedule I of the 1961 Convention as amended. In accordance with article 3, paragraph 7, of that Convention, that decision was communicated by the Secretary-General to all Governments, WHO and the Board on 27 May 2022 and became effective with respect to each party upon receipt of that notification. As a potent opioid, brrorphine has the potential to produce other typical opioid effects such as respiratory depression and sedation. It has been associated with a number of deaths in a range of countries. Metonitazene is an opioid receptor agonist that produces analgesia and other typical opioid adverse effects, including sedation, respiratory depression, nausea and vomiting. Its potency is greater than that of hydromorphone and fentanyl. Based on the evidence of potential for abuse and dependence and risk for public health, the WHO Expert Committee on Drug Dependence had recommended that both substances be placed in Schedule I of the 1961 Convention as amended.

Psychotropic substances

138. Also at its sixty-fifth session, the Commission on Narcotic Drugs decided, by its decision 65/3, to include eutylone in Schedule II of the 1971 Convention, bringing the total number of substances controlled under the 1971 Convention to 167.

139. The scheduling decision became fully effective on 23 November 2022, namely, 180 days after the date of communication by the Secretary-General.

Precursor chemicals

140. The Board received from the Government of the United States of America a proposal to place under international control three precursors of fentanyl and fentanyl-related substances, 4-AP, 1-boc-4-AP and norfentanyl. On the recommendation of the Board, the Commission on Narcotic Drugs adopted decisions 65/4, 65/5 and 65/6, by which it decided to include in Table I of the 1988 Convention 4-AP, 1-boc-4-AP and norfentanyl. Those decisions became effective on 23 November 2022.

3. Submission of information by Governments to the Board

(a) Statistical reports for narcotic drugs, psychotropic substances and precursor chemicals

141. In accordance with its mandate, the Board publishes its annual report and the report on the implementation of article 12 of the 1988 Convention. The Board 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.

142. 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.

143. 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 and precursor 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, scientific and industrial needs, while at the same time preventing their diversion from licit into illicit channels.

Narcotic drugs

144. A total of 121 Governments, or 74 per cent of all Governments providing data, submitted their statistical forms on time, that is, by the deadline of 30 June 2022, which was more than in 2021 (99 Governments). As at 1 November 2022, 47 Governments (22 per cent) – that is, 41 countries and 6 territories – had not submitted their statistical forms for 2021. It is expected that several additional countries and territories will be submitting their data over the coming months. Of the countries and territories that have not submitted their reports, the majority are in Africa and the Americas (including the Caribbean), followed by Asia and Oceania; one European country has not provided its annual statistical form. Some of those countries are in conflict and post-conflict situations, which create additional obstacles to their drug control efforts, in addition to a general lack of human and financial resources.

145. Most countries that produce, manufacture, import, export or consume large amounts of narcotic drugs submitted annual statistics, although of differing quality. Accurate, complete and timely reporting is an important indicator of the effectiveness and efficiency of drug control systems, and the availability of good data is vital for the Board to accurately carry out the monitoring function accorded to it under the international drug control treaties. The quality of some data is a concern for the Board, in particular if they are data from major producing and manufacturing countries, as they indicate deficiencies in national mechanisms for regulating and monitoring internationally controlled substances. The Board urges Governments to continue to strengthen 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.

146. As at 1 November 2022, the complete set of four quarterly statistics of imports and exports of narcotic drugs for 2021 (form A) had been received from 165 Governments (147 countries and 18 territories), or about 78 per cent of the 213 Governments requested. In addition, 15 Governments (about 7 per cent) had submitted at least one quarterly report. A total of 33 countries (about 15 per cent) had failed to submit any quarterly statistics for 2021.

147. As at 1 November 2022, the Board had received annual statistical reports from 166 States (both parties and non-parties) and territories on the production, manufacture, consumption, stocks and seizures of narcotic drugs covering the calendar year 2021 (form C), or about 78 per cent of those requested. That number is almost equal to the number of reports for 2020 received by 1 November 2021. Most of the large manufacturing, consuming and exporting countries did submit statistics.

Psychotropic substances

148. The number of annual statistical reports on psychotropic substances submitted for 2021 (form P), in accordance with article 16 of the 1971 Convention, increased in comparison to the number submitted for the previous year. As at 1 November 2022, annual statistical reports for 2021 had been submitted by 160 countries and 17 territories. Of the 184 States parties to the 1971 Convention, 152, or 83 per cent, had submitted their annual statistical reports; and 105, or 69 per cent, of those 152 States parties had submitted their reports by the 30 June deadline. A small number of States parties continued to submit statistics through partner countries. Furthermore, the Board received annual statistics from eight States that are not parties to the Convention but that submit national data on a voluntary basis.

149. In addition, 116 Governments voluntarily submitted all four quarterly statistical reports for 2021 on imports and exports of substances listed in Schedule II of the 1971 Convention, as requested by the Economic and Social Council in its resolution 1981/7, and a further 29 Governments submitted at least one quarterly report for 2021. The Board notes with satisfaction the good rate of submission of the annual statistical reports on psychotropic substances for 2021 and the number of non-parties and territories that have submitted an annual report, taking into consideration limitations related to the coronavirus disease (COVID-19) pandemic.

150. While the Board takes into account pandemic-related limitations in all parts of the world, it notes with concern the high percentage of States parties that did not furnish form P. A total of 20 countries and territories in Africa failed to

furnish form P for 2021. Likewise, eight countries and territories in Central America and the Caribbean, five countries in Oceania, three countries in Asia and one country in Europe failed to furnish form P for 2021. Form P for 2021 was furnished by all countries in North America and South America.

151. The Board takes note of the countries that have provided data regarding their use of psychotropic substances for the manufacture of preparations exempted from some measures of control pursuant to article 3 of the 1971 Convention: 11 countries reported using 40 substances for such purposes in 2021. The Board recalls recommendation 13 of its annual report for 2019,¹¹⁴ in which it called upon Governments to ensure that all aspects of article 3 of the 1971 Convention were correctly implemented if they wished to exempt a preparation from certain measures of control.

152. 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 country of origin and destination) in substances listed in Schedules III and IV of the 1971 Convention in their annual statistical reports on psychotropic substances. As at 1 November 2021, complete details on such trade had been submitted by 162 Governments (92 per cent of all submissions of form P for 2021). A further 15 Governments submitted blank forms or forms containing incomplete trade data for 2021.

153. 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.

154. For 2021, a total of 95 countries and territories submitted data on the consumption of some or all psychotropic substances. 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 on Narcotic Drugs resolution 54/6, as such data are essential for an improved evaluation of the availability of psychotropic substances for medical and scientific purposes.

155. The Board notes with appreciation that reports on seizures of psychotropic substances were furnished by the Governments of Algeria, Chad, India, Lithuania, Myanmar and Norway. **The Board acknowledges the interdiction efforts of the Governments concerned and reiterates its call to all Governments to furnish regularly to the Board, pursuant to Commission on Narcotic Drugs resolution 50/11, information on seizures of psychotropic substances ordered over the Internet and delivered through the mail.**

¹¹⁴E/INCB/2019/1, para. 806.

Precursor chemicals

156. Under 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, helps the Board to monitor and identify trends in trafficking in precursors and the illicit manufacture of drugs. It also enables the Board to offer recommendations to Governments concerning remedial action and policies, as necessary.

157. As at 1 November 2022, a total of 127 States parties, or more than 65 per cent of the States parties to the 1988 Convention, had submitted form D for 2021. Of the total number of States parties that provided data on form D for 2021, 65 reported the mandatory information on seizures of substances in Table I or II of the 1988 Convention, and only 57 reported seizures of non-scheduled substances, even though the proliferation of such chemicals has become one of the biggest contemporary challenges in international precursor control. As in previous years, most Governments did not provide details on the methods of diversion and illicit manufacture.

158. Pursuant to Economic and Social Council resolution 1995/20, Governments are also requested to provide, on a voluntary and confidential basis, information regarding their licit trade in substances listed in Table I and Table II of the 1988 Convention. As at 1 November 2022, 117 States parties had provided to the Board such information for 2021, and 106 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.

159. Data on seizures of precursor chemicals received annually from Governments through form D are complemented by specific information provided through PICS, the INCB platform for the exchange of real-time information on chemical-related incidents such as seizures, shipments stopped in transit, diversions and uncovered laboratories used for the illicit manufacture of substances and their equipment. Over the past year, a complementary focus of PICS has increasingly been the exchange of incident information on equipment used for illicit drug manufacture, with a view to enhancing implementation of article 13 of the 1988 Convention (for more details on PICS, see paras. 400–403 below).

160. The seizure data reported and a detailed analysis of the latest trends and developments in trafficking in precursors under international control, as well as substances not included in Table I or II of the 1988 Convention, can be found in the Board's report for 2022 on the implementation of article 12 of the 1988 Convention.

(b) Estimates for narcotic drugs, assessments for psychotropic substances and annual legitimate requirements for precursor chemicals

Narcotic drugs

161. The estimates of annual legitimate requirements for narcotic drugs and the assessments of annual legitimate requirements for psychotropic substances are essential pillars of the international drug control system. They enable 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, the estimates of annual legitimate requirements are mandatory under the 1961 Convention as amended, 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. As at 1 November 2022, the Governments of 172 countries and territories, or 80 per cent of those requested, had submitted estimates of requirements for narcotic drugs for 2023. To ensure that Governments may import narcotic drugs for medical and scientific purposes, estimates are established by the Board for countries that are unable to supply them. In 2022, a total of 31 countries, in all regions of the world, operated on the basis of estimates established for them by the Board.

162. 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 as amended. 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: (a) the quantity consumed for medical and scientific purposes; (b) the quantity used, within the limits of the relevant estimates, for the manufacture of other drugs, preparations or substances; (c) the quantity exported; (d) the quantity added to the stock for the purpose of bringing that stock up to the level specified in the relevant estimate; and (e) 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.

163. The system of imports and exports continues to be implemented by Governments without major challenges. In 2022, a total of 12 countries were contacted regarding

possible excess imports or excess exports identified with regard to international trade in narcotic drugs that had been effected during 2021. As at 1 November 2022, two of those countries had responded. The Board continues to pursue the matter with those countries that have not responded.

164. The Board recommends that Governments continue to strengthen the capacity of competent national authorities to adequately estimate their medical and scientific requirements for narcotic drugs, including through the use of globally available e-learning modules, and also recommends that Governments enhance domestic data-collection mechanisms so that they can present estimates that reflect the national requirements for narcotic drugs used for medical purposes.

Psychotropic substances

165. 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 2022, the Governments of all countries and territories except 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.

166. 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. However, 42 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 such substances.

167. 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.

168. 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 2021, the authorities of 18 countries issued

import authorizations for substances for which they had not established any such assessments or for quantities that significantly exceeded their assessments. No country was identified as having exported psychotropic substances in quantities exceeding the relevant assessment.

Precursor chemicals

169. 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 estimates of 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 proposed imports for these substances.

170. Although these estimates are provided to the Board on a voluntary basis, as at 1 November 2022, 183 Governments had provided an estimate of their annual legitimate requirement for at least one of the above-mentioned precursor chemicals. During the reporting period, more than 95 Governments reconfirmed or updated their annual legitimate requirements for at least one substance.

171. Governments provide estimates of annual legitimate requirements for precursors on form D and can update them at any time throughout the year by submitting the information to the Board using any means of formal communication. Updated guidelines to estimate annual legitimate requirements are provided in the document entitled “Issues that Governments may consider when determining annual legitimate requirements for imports of ephedrine and pseudoephedrine”, available on the Board’s website. Tables with the latest annual legitimate requirements, updated or reconfirmed by countries and territories, are regularly published on that website. They are also accessible to registered users through PEN Online.

4. Efforts to prevent diversion from international trade

172. The system of control measures laid down in the 1961 Convention as amended provides for the monitoring of international trade in narcotic drugs to prevent the diversion of such drugs into illicit channels. 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 has been only one identified case 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 developed various systems to monitor compliance with that aspect of the 1988 Convention and to facilitate cooperation between Governments to that end.

Requirement for import and export authorizations

173. The universal application of the requirement for import and export authorizations laid down in the 1961 Convention as amended and the 1971 Convention 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 as amended or listed in Schedules I and II of the 1971 Convention.

174. 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 countries. Information on the use of electronic import and export authorizations for trade in internationally controlled narcotic drugs and psychotropic substances is provided in paragraphs 464–474.

175. 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.

176. 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 2022, specific information had been made available to the Board by 205 countries and territories,

showing that all major importing and exporting countries and territories now require import and export authorizations for all psychotropic substances listed in Schedules III and IV of the 1971 Convention. Upon request, the Board will make available, to all Governments, a table showing the import authorization requirements for substances listed 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.

177. 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 listed in Schedules III and IV of the 1971 Convention as soon as possible and to inform the Board in that regard.

178. The 1988 Convention does not impose a requirement for import and export authorizations for trade in substances listed in Tables I and II of that Convention. However, pursuant to article 12, paragraph 9 (a), of the 1988 Convention, Governments must establish and maintain a system to monitor international trade in those substances in order to facilitate the identification of suspicious transactions. When requested through the procedure established in article 12, paragraph 10 (a), of the 1988 Convention, Governments of exporting countries and territories are also required to provide advance notification to the authorities of the importing Government of planned shipments. In order for those Governments to be able to do that and for Governments of importing countries and territories to be able to verify the legitimacy of a proposed shipment, Governments must apply some system of control over exports and imports of precursors to effectively comply with their obligations under the 1988 Convention and contribute to the prevention of diversion of substances under international control. (For more information on systems of control and pre-export notifications for precursor chemicals, see paras. 182–186 below.)

Discrepancies in international trade in narcotic drugs and psychotropic substances

179. 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 from licit international trade has taken place. Those investigations

may reveal shortcomings in the implementation of control measures, including the failure of companies to comply with national drug control provisions.

180. Since June 2022, investigations regarding discrepancies for 2021 related to international trade in narcotic drugs have been initiated with 55 countries. As at 1 November 2022, replies had been received from 34 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 as amended 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. The Board encourages the countries that have not yet replied to investigate the discrepancies as a matter of urgency and to inform it of their findings.

181. Similarly, with regard to the international trade in psychotropic substances, investigations relating to data quality concerns for 2021 data were initiated with 44 Governments, out of which 34 Governments have responded.

Pre-export notifications for precursor chemicals

182. Parties to the 1988 Convention are required 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 resolutions of the General Assembly, the Economic and Social Council and the Commission on Narcotic Drugs, many Governments have adopted and implemented measures that have contributed to the effective monitoring of the movement of substances listed in Tables I and II of that Convention and to limiting cases involving diversion of those substances from licit international trade. Details of the systems of control applied by Governments over exports and imports of those substances are compiled by the Board and made available to competent national authorities on its secure web page.

183. 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.

184. Since the publishing of the annual report of the Board for 2021, the Government of Zambia has officially requested

to be pre-notified of any planned export of precursors to their territory, thus increasing to 117 the number of Governments that have invoked that provision. The Board renews its call to all Governments that have not formally requested such pre-export notifications to take the necessary steps to invoke article 12, paragraph 10 (a), of the 1988 Convention.

185. Real-time communication between importing and exporting Governments with regard to international trade in precursor chemicals and preventing the diversion of such chemicals into illicit channels is facilitated by the Board's secure web-based tool, PEN Online. As at 1 November 2022, 168 countries and territories had registered with PEN Online. INCB renews its call to those Governments that have not yet registered with the PEN Online system to nominate at least one focal point for that purpose as soon as possible and calls upon all Governments to use PEN Online actively and systematically. The Board stands ready to assist Governments in that regard.

186. During the reporting period, the Board also launched PEN Online Light, a system similar to PEN Online, for the voluntary sharing of information about planned exports of precursor chemicals not under international control. The Board encourages Governments to use that system for the export of such substances from their territory.

Article 13 of the 1988 Convention: materials and equipment used in illicit drug manufacture

187. The Board continues to promote the use of article 13 of the 1988 Convention as a valuable complementary tool in addressing illicit drug manufacture and underlines the need for a continued search for new and innovative approaches with a view to improving the implementation of that article.

188. To this end, the Board conducted several activities to raise awareness and guide international policy efforts and action aimed at preventing the diversion of equipment essential for illicit drug manufacture, enhancing the operational use of article 13 of the 1988 Convention and cooperation in that regard. In March 2022, the Board launched an awareness-raising and guidance document for policymakers on equipment used in illicit drug manufacture and on the implementation of article 13 of the 1988 Convention. The Board also disseminated a monitoring list on such equipment to assist Governments in prioritizing equipment for possible action. A consultation with Member States in October 2022 provided Governments with a platform for the exchange of views, experiences and good practices and the discussion of practical solutions and future steps to

address the diversion and use of equipment essential for the illicit manufacture of drugs.

189. On that occasion, the Board also launched the first technical paper on equipment used in illicit drug manufacture and the implementation of article 13 of the 1988 Convention. The paper includes a situation analysis of such equipment, action taken by Governments and by the Board and an analysis of major trends and developments, as well as conclusions and recommendations to support Governments in their efforts to increase the operational use of article 13 of the 1988 Convention. All related resources are available on the Board's dedicated web page on materials and equipment, together with an interactive overview of INCB tools and resources related to equipment used in illicit drug manufacture.

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

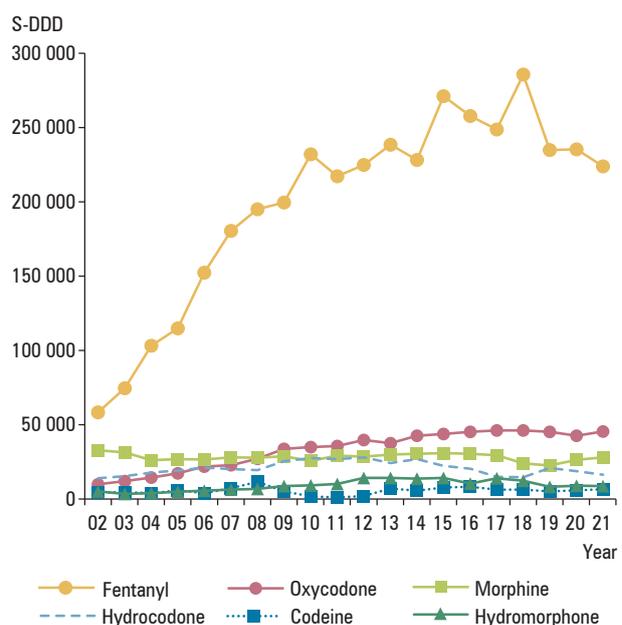
190. In line with its mandate to ensure the availability of internationally controlled substances for medical and scientific purposes, the Board carries out various activities related to narcotic drugs and psychotropic substances. This includes monitoring action taken by Governments, international organizations and other bodies to support the availability and rational use of controlled substances for medical and scientific purposes and providing, through its secretariat, technical support and guidance to Governments in their implementation of the provisions of the international drug control treaties.

191. The data available to INCB confirm the persistent disparities between regions in the consumption of opioid analgesics for the treatment of pain. Almost all such consumption is concentrated in Western Europe, North America, Australia and New Zealand. Consumption levels in other regions are often not sufficient to meet the medical needs of the population. These regional imbalances are not due to a shortage of opiate raw materials. Supply has been found to be more than sufficient to satisfy the demand reported to INCB by Governments, but it is evident that a large number of countries may not be accurately reflecting in their reported demand the actual medical needs of their populations, and hence the disparity in availability. A more detailed analysis of the situation is contained in a special report on availability that the Board has produced as a supplement to the present report.

192. A comparison of the consumption of individual substances (see figures I and II) shows the predominance of fentanyl over the past two decades. However, after peaking in

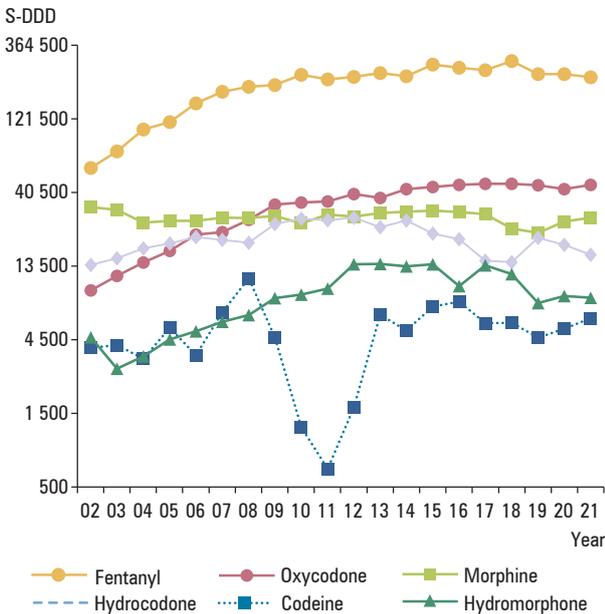
2018 at 285,959 S-DDD, global consumption of fentanyl decreased to 235,074 S-DDD in 2019 and remained relatively stable, albeit with a slight increase, to 235,393 S-DDD, in 2020. In 2021, it decreased further, to 224,017 S-DDD. Consumption of oxycodone has been increasing, although at a lower level, and since 2009 oxycodone has replaced morphine as the second most-consumed opioid (after fentanyl). Like fentanyl, consumption of oxycodone reached an all-time high level in 2018 (45,726 S-DDD). It then decreased to 44,821 S-DDD in 2019 and further, to 42,099 S-DDD, in 2020 but increased slightly in 2021, to 44,972 S-DDD. The trend in the use of morphine, on the other hand, remained relatively stable between 2004 (25,644 S-DDD) and 2019 (22,004 S-DDD). In 2020, it remained relatively stable at 25,938 S-DDD, then increased in 2021 to 27,605 S-DDD. After decreasing steadily since 2014, hydrocodone consumption increased from 14,161 S-DDD in 2018 to 20,415 S-DDD in 2019 but decreased again, to 18,366 S-DDD, in 2020. In 2021, it decreased further, to 15,857 S-DDD. The consumption of codeine for pain management decreased from 5,720 S-DDD in 2018 to 4,591 S-DDD in 2019, then increased to 5,231 S-DDD in 2020 and further, to 6,134 S-DDD, in 2021. Hydromorphone consumption decreased from 11,834 S-DDD in 2018 to 7,713 S-DDD in 2019, the lowest level since 2008, but increased to 8,528 S-DDD in 2020, decreasing again, to 8,315 S-DDD, in 2021. The United States accounted for almost all global hydrocodone use, whereas the consumption of the other drugs shown in the figures was reported in more than one country.

Figure I Consumption of codeine, fentanyl, hydrocodone, hydromorphone, morphine and oxycodone, expressed in total S-DDD,^a 2002–2021



^aTotal consumption of a drug is the sum of the S-DDD of all individual countries reporting consumption.

Figure II Consumption of codeine, fentanyl, hydrocodone, hydromorphone, morphine and oxycodone, expressed in total S-DDD,^a 2002–2021 (semi-logarithmic scale)



^aTotal consumption of a drug is the sum of the S-DDD of all individual countries reporting consumption.

193. A regional analysis of the main trends in the consumption of the main opioid analgesics (codeine, dextropropoxyphene, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, ketobemidone, morphine, oxycodone, pethidine, tilidine and trimeperidine), expressed in S-DDD per million inhabitants per day, shows that the highest consumption of these drugs is in developed countries in Europe and North America.

194. The regional analysis confirms the persistence of a global disparity in the consumption of opioid analgesics. Regional S-DDD is calculated on the basis of the total population of the countries reporting consumption and the overall amounts of opioid analgesics reported as consumed. In 2021, this calculation resulted in regional averages of 17,035 S-DDD for North America, 8,721 S-DDD for Western and Central Europe and 7,146 S-DDD for Oceania. North America remains the region with the highest consumption of opioids for pain management in the world (see figures III and IV).

Figure III Consumption of opioids for pain management in all regions, expressed in S-DDD per million inhabitants per day, 2002–2021

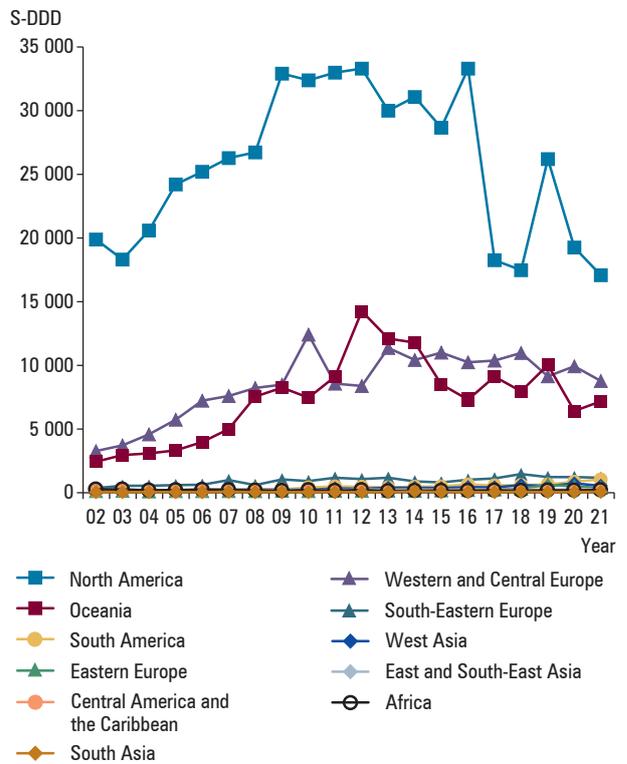
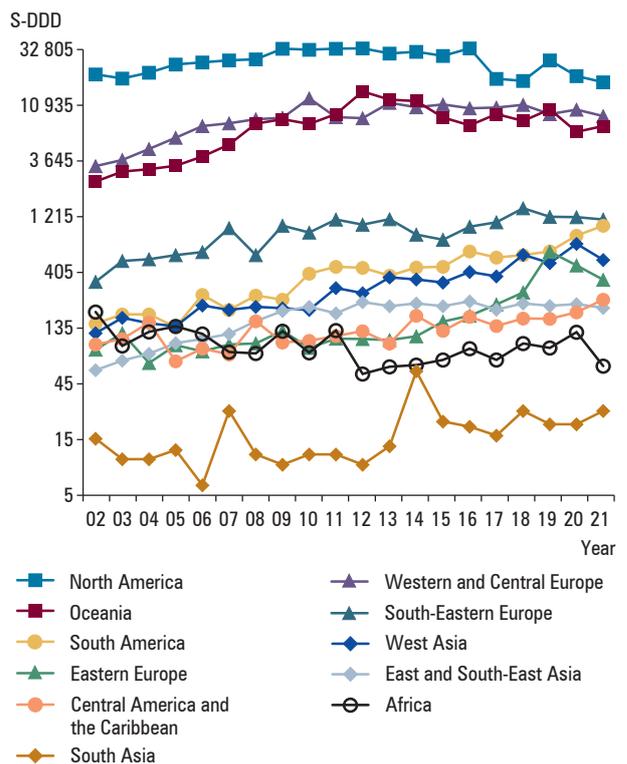


Figure IV Consumption of opioids for pain management in all regions, expressed in S-DDD per million inhabitants per day, 2002–2021 (semi-logarithmic scale)



199. Regional analysis of the overall consumption of opioid analgesics for the treatment of pain confirms the persistence of disparities among regions in the consumption of those drugs. Almost all consumption is concentrated in developed countries in Europe and North America, while the level of consumption in other regions is often insufficient for the medical needs of the population.

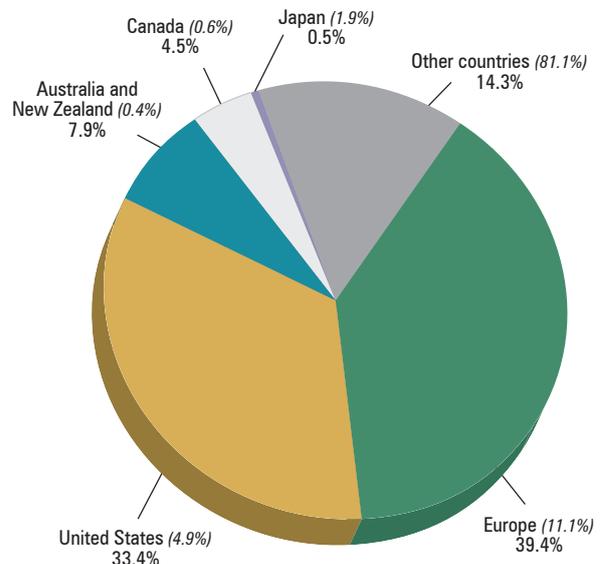
200. The regional imbalance is not due to the lack of opiate raw materials. Apart from opium, the production of which has been declining for a number of years, overall utilization of poppy straw and concentrate of poppy straw derived from both the morphine-rich and the thebaine-rich varieties remained high in 2021, and stocks increased, indicating that the supply is more than sufficient to satisfy demand, even though the demand expressed by a number of countries might not reflect the actual medical needs of the population.

201. A major problem in many low-income countries is the limited access to affordable opioid analgesics, such as morphine. In 2021, the total quantity of morphine available, including quantities manufactured and opening stocks, was 372 tons. Of that total quantity available, about 190 tons were utilized, of which 36.5 tons, or 9.9 per cent, were consumed directly for pain relief or as preparations included in Schedule III of the 1961 Convention as amended and 153.5 tons (41.5 per cent) were utilized for the manufacture of other drugs (mostly codeine), or substances not covered by the 1961 Convention as amended. The remaining amount, 135.8 tons, was reported as remaining in stock at the end of the year.

202. In 2021, 81.1 per cent of the world population, mainly in low- and middle-income countries, consumed only 14.3 per cent of the total amount of morphine used for the management of pain and suffering. Consumption of the remaining 85.7 per cent of the morphine used for those purposes, excluding Schedule III preparations, continued to be concentrated in a small number of countries, located mainly in Europe and North America (see figure VII). The share of morphine used for direct consumption has increased in the past 20 years, from 10.5 per cent in 2002 to 17.2 per cent in 2021. However, the disparity in the consumption of narcotic drugs for palliative care continues to be a matter of concern, particularly in relation to access to and availability of affordable opioid analgesics such as morphine.

203. Global manufacture of oxycodone increased after 2002, reaching a record high of 138.1 tons in 2013. Since then, manufacture has decreased gradually, dropping to 80.3 tons in 2021. This is probably due to the substance's association with overdose deaths in relation to prescription

Figure VII Morphine: distribution of consumption in relation to the share of the world population, 2021



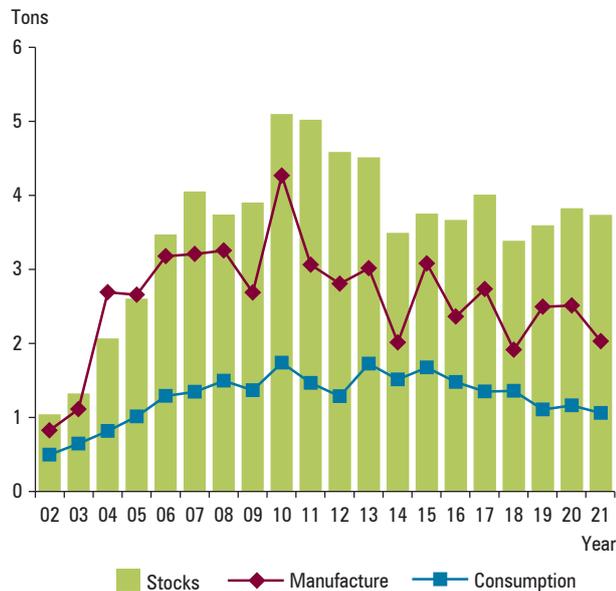
Note: Percentages in parentheses refer to share of the total population of all reporting countries worldwide.

drug misuse, in particular in North America, which led to the introduction of stricter control measures and consequently a reduction in consumption.

204. While the manufacture of hydromorphone, another potent opioid, decreased, consumption of the substance remained stable, with the largest quantities consumed in the United States and Canada, in order of the quantities consumed. Global consumption of heroin decreased slightly, from 658.5 kg in 2020 to 633 kg in 2021. Switzerland, where heroin is prescribed for individuals with long-term opiate dependency, remained the major consumer country in 2021, accounting for the consumption of 376.7 kg of the substance (55 per cent of global consumption). Other countries reporting consumption of heroin for medical purposes in 2021 were Canada, Germany, the Netherlands and the United Kingdom of Great Britain and Northern Ireland.

205. Among synthetic opioids, after oxycodone, fentanyl is the opioid most associated with overdose deaths in recent years. Its manufacture remained relatively stable in 2021 after decreasing (see figure VIII). Global manufacture of fentanyl increased rapidly in the period 1999–2010, reaching a record level of 4.3 tons in 2010. Since then, manufacture has followed a decreasing trend, with some fluctuations, with 2 tons reported as having been manufactured in 2021. The downward trend may be related to the continued concerns about overdose deaths attributed to the misuse of fentanyl or fentanyl-type substances.

Figure VIII Fentanyl: global manufacture, consumption and stocks,^a 2002–2021



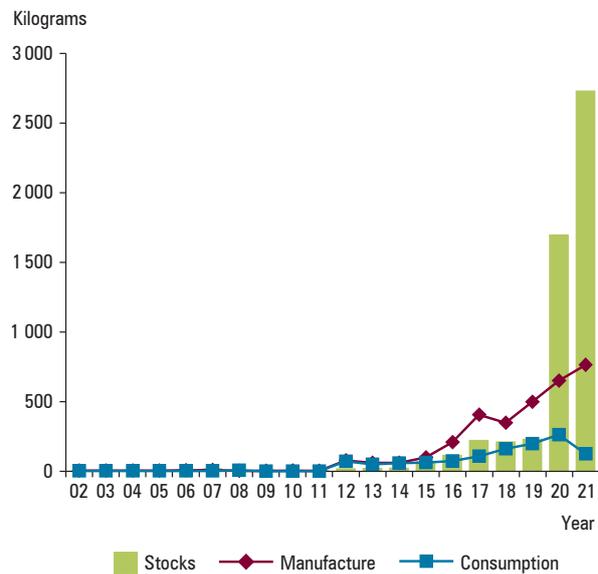
^aStocks as at 31 December of each year.

206. The manufacture, consumption and use of the fentanyl analogues alfentanil, remifentanyl and sufentanyl increased in 2021 because of the continuing COVID-19 pandemic. They are used for analgesia and the suppression of respiratory activity in mechanically ventilated patients in intensive care and to provide analgesic cover for painful manoeuvres.

207. No dextropropoxyphene and only a small amount of ketobemidone were reported as manufactured in 2021. Diphenoxylate continued to be manufactured in much smaller quantities than before. In 2021, global manufacture of tilidine increased to 52.2 tons, after declining to 27.4 tons in 2020, continuing the volatile pattern of the past 20 years. The quantity of trimeperidine manufactured has remained more or less stable at about 200 kg. In 2021, manufacture decreased to 151.5 kg. The only country reporting the manufacture of trimeperidine was India. The manufacture of pethidine continued its downward trend, falling to 4 tons in 2021.

208. The licit cultivation, production and use of cannabis have been increasing considerably since 2000, when more countries from all regions started to use cannabis and cannabis extracts for medical purposes, as well as for scientific research. In the past 20 years, the global production of cannabis has therefore seen an increase, amounting to 764.3 tons in 2021, a further increase from the 650.8 tons recorded in 2020. Since the licit cultivation of cannabis

Figure IX Cannabis: global manufacture, consumption and stocks,^a 2002–2021



^aStocks as at 31 December of each year.

plant for medical and scientific purposes has increased considerably in recent years and the yield and manufacturing processes are not standardized, some data are being clarified with the relevant Governments in order to ensure consistency (see figure IX).

209. The Plurinational State of Bolivia reported the production of 24,575 tons of cocaine from the licit cultivation of coca bush in 2021, while Peru reported the production of 1,170 tons. Peru has been the only country exporting coca leaf for the global market since 2000. Most of the exports have been to the United States, which reported the import of 90.1 tons in 2021. The global licit manufacture of cocaine continued to fluctuate, as it has for more than 20 years. In 2021, manufacture increased to 420.7 kg, occurring almost exclusively in Peru (95.8 per cent of global manufacture).

Psychotropic substances

210. Between 2017 and 2021, submission rates of form P (annual statistical report on internationally controlled psychotropic substances) from countries and territories fluctuated, from a low of 153 in 2017 to a high of 185 in 2018. For 2021, 177 countries and territories provided annual statistical reports. The number of countries and territories providing consumption data fluctuated along with the number of statistical reports received, with

100 countries and territories providing consumption data for 2018, the most ever for a single year. For 2021, 94 countries and territories provided consumption data (see figure X). Increasing the rate of submission of consumption data from countries and territories will provide the Board with a more comprehensive picture of actual demand for psychotropic substances. This will help to inform the decisions of the Board on how to develop methods to assess appropriate levels of use of psychotropic substances for medical and scientific purposes.

211. A total of 959.7 tons of psychotropic substances under international control were manufactured in 2021. Of that quantity, 740.2 tons were sedatives, 171.2 tons were stimulants and 48.2 tons comprised hallucinogens, analgesics and other substances. With respect to specific substances, as can be seen in figure XI, 10 psychotropic substances accounted for approximately three quarters of total global manufacture by gross weight in 2021. All other psychotropic substances combined made up about one quarter of overall manufacture in 2021.

212. At 263 tons, phenobarbital was the most heavily manufactured internationally controlled psychotropic substance in 2021. Methylphenidate was the second most heavily manufactured, at 71.3 tons, followed by meprobamate (69 tons), diazepam (59 tons), pentobarbital (56.3 tons), dexamfetamine (41.7 tons), barbital (41.5 tons), zolpidem (38.2 tons), phentermine (34 tons) and GHB (32.8 tons).

213. With regard to the primary manufacturers of internationally controlled psychotropic substances, figure XII shows that five countries were responsible for more than 80 per cent of all global manufacture in 2021: India (24 per cent, or 231.5 tons), China (21 per cent, or 200.6 tons), United States (18 per cent, or 173 tons), Italy (11 per cent, or 106.9 tons) and Germany (7 per cent, or 64.9 tons). All other countries and territories combined were responsible for 19 per cent (182.9 tons) of global manufacture. Switzerland, which would normally rank as a top manufacturer, did not report any manufacture of GHB in 2021 and thus contributed a much smaller share of the global manufacture of psychotropic substances that year.

Figure XI Shares of manufacture of major internationally controlled psychotropic substances by gross weight, 2021



Figure X Rate of submission of form P and rate of submission of consumption data by countries and territories, 2017–2021

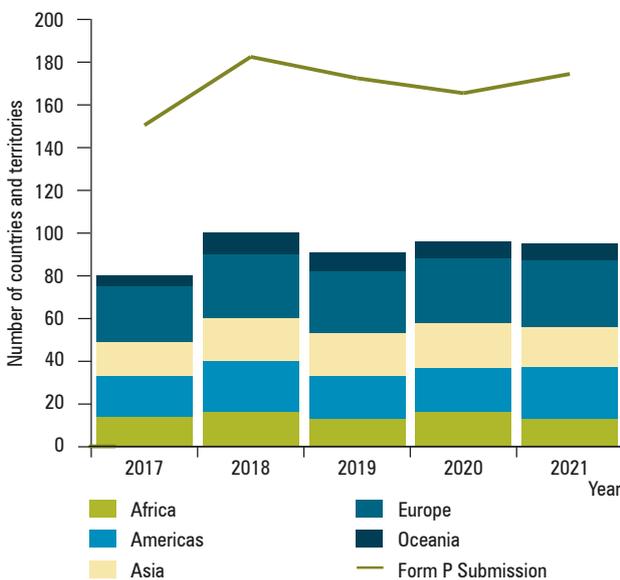
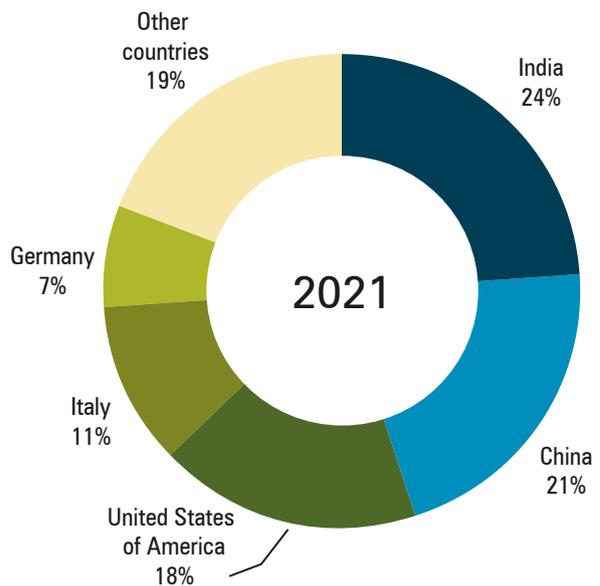


Figure XII Shares of total manufacture of internationally controlled psychotropic substances by gross weight, 2021



214. With regard to international trade, seven benzodiazepines were among the most widely traded psychotropic substances in 2021 (see table 5). Phenobarbital was the most widely traded barbiturate under international control, while methylphenidate was the most widely traded stimulant. Zolpidem was the most traded non-benzodiazepine non-barbiturate sedative. More than 150 countries and territories reported imports of diazepam, midazolam and phenobarbital in 2021.

Table 5 Most widely traded internationally controlled psychotropic substances, 2021

<i>Substance</i>	<i>Total imports (kg)</i>	<i>Number of importing countries and territories</i>
Diazepam	64 352.08	167
Midazolam	17 861.40	159
Phenobarbital	188 318.93	154
Clonazepam	12 184.83	144
Alprazolam	9 953.37	140
Lorazepam	9 200.04	139
Zolpidem	36 150.55	122
Methylphenidate	63 733.36	118
Bromazepam	12 862.03	115
Clobazam	7 605.53	100

215. Regarding the consumption of psychotropic substances, 95 countries and territories provided data regarding the consumption of at least one substance in 2021, a decline from the 96 countries and territories that provided such data in 2020. Reporting rates at the regional level varied widely; data on consumption in 2021 were provided by 13 countries and territories in Africa (21 per cent of the total number of countries and territories in the region), 24 countries and territories in the Americas (52 per cent), 19 countries and territories in Asia (35 per cent), 31 countries and territories in Europe (74 per cent) and 8 countries and territories in Oceania (32 per cent).

216. The global manufacture of diazepam has fluctuated markedly. After a record low of 34 tons in 2020, mostly due to low production in China, diazepam manufacture reached a record high of 59 tons in 2021. With regard to the leading manufacturers, 99.9 per cent of the supply of diazepam in 2021 was manufactured in Italy (nearly 30 tons), India (14.5 tons), China (12 tons) and Brazil (2 tons). After a slight decrease in 2020, manufacturers' stocks reached 45 tons, roughly equal to the total quantity reported for 2019, and were held by nearly 50 countries in 2021.

217. The number of countries and territories trading in diazepam remained relatively stable during the period 2017–2021, with an average of 161 countries and territories

reporting imports each year. After a continued increase in global trade in the substance from 2015 to 2019, a volume of 52.3 tons was reported worldwide in 2020, representing a 15 per cent decrease compared with 2019. In 2021, the total traded volume increased substantially, reaching over 64.3 tons. With 167 countries and territories reporting imports of diazepam in 2021, it remained the most widely traded benzodiazepine in the world.

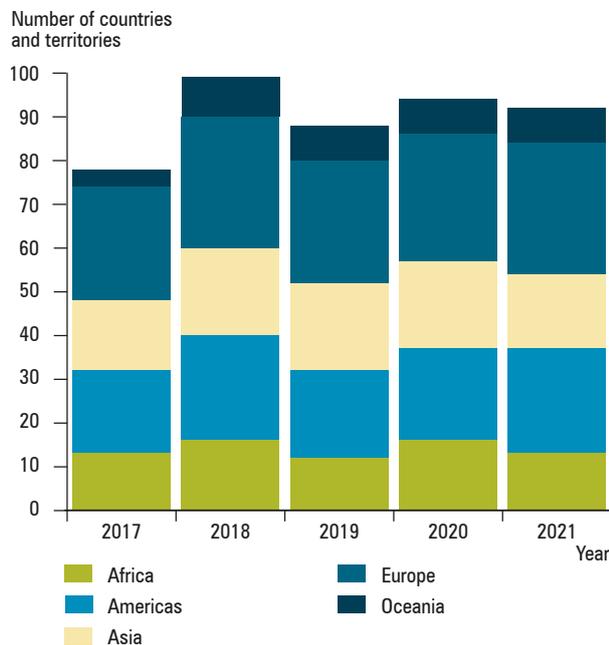
218. In contrast to previous years, in 2021, the second most heavily manufactured benzodiazepine was midazolam. Global manufacture increased from an average of 6 tons per year in the period 2011–2020 to a record high of 25 tons in 2021. Since 2016, more than 98 per cent of the supply of midazolam has been manufactured in four countries, namely, Brazil, India, Israel and Italy. In 2021, all four of those countries increased their manufacture substantially, with twofold and threefold increases in India and Brazil, respectively. Those substantial increases can be attributed to midazolam being administered as a sedative to patients with COVID-19 admitted to intensive care units, as well as to its inclusion in the WHO Model List of Essential Medicines.

219. While the number of countries and territories reporting imports of midazolam has remained relatively stable, the volume has increased substantially, reaching a 10-year high of nearly 18 tons in 2021. Imports of quantities exceeding 1 ton were reported by Germany (partially for re-export), the United States, Switzerland (for re-export), Spain (partially for re-export), Slovakia (partially for re-export) and France (partially for re-export), in descending order by quantity imported.

220. In 2021, the Board received data from 92 countries and territories reporting consumption of at least one benzodiazepine, which represented a slight decrease from the previous year, when 93 countries and territories submitted consumption data. The regional distribution of countries and territories that reported consumption of these substances in the period 2017–2021 is shown in figure XIII.

221. From 2014 to 2019, diazepam was the substance with the second highest reported rate of consumption. In 2020 and 2021, it was the third most heavily consumed substance, with a global average of 2.19 S-DDDpt per country in both years. Spain, Portugal, Montenegro and Bosnia and Herzegovina (in descending order by amount consumed) reported the highest rates of consumption, each amounting to more than 10 S-DDDpt. In comparison with 2020, Sierra Leone saw the greatest increase in the consumption of diazepam in 2021 (more than 400 per cent), followed by Kenya (330 per cent), Uruguay (170 per cent), Spain (110 per cent), Albania (110 per cent) and Türkiye (100 per cent).

Figure XIII Benzodiazepines with significant presence on the licit market: number of countries and territories reporting consumption, by region, 2017–2021

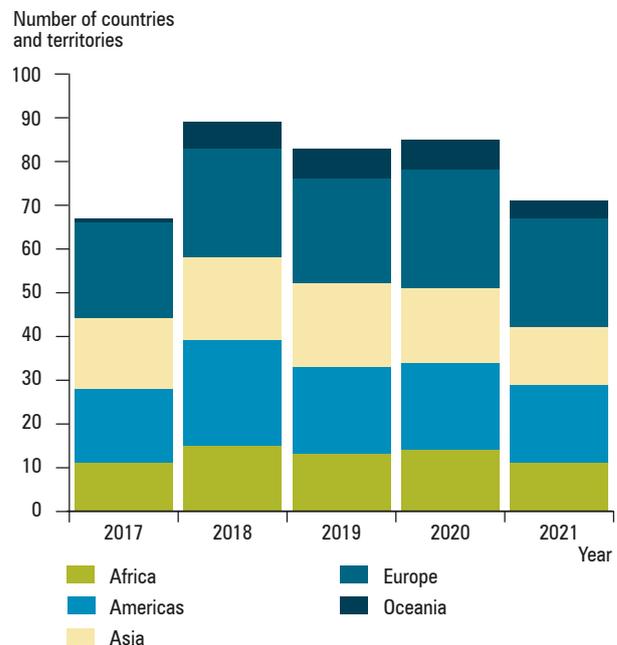


222. The total global consumption of midazolam reached 46.7 S-DDDpt, an increase of 19 per cent compared with 2020 and 52 per cent compared with 2019. Altogether, 82 countries and territories submitted data to the Board in 2021. Brazil (6.5 S-DDDpt), Israel (2.6 S-DDDpt), Uruguay (2.6 S-DDDpt), Sint Maarten (2.5 S-DDDpt), Chile (2.5 S-DDDpt), Portugal (2.3 S-DDDpt) and El Salvador (2.2 S-DDDpt) reported the highest rates of consumption. In comparison with 2020, Romania saw the greatest increase in the consumption of midazolam in 2021 (by more than 500 per cent), followed by the Plurinational State of Bolivia (330 per cent), Malaysia (more than 300 per cent), Lebanon (180 per cent) and El Salvador (170 per cent).

223. In terms of gross weight, phenobarbital has been the most heavily manufactured psychotropic substance under international control since 2012. In 2021, total reported manufacture of the substance came to 262.9 tons, down from the 324.3 tons reported in 2020. China, which is usually the largest manufacturer of phenobarbital, reported manufacture of 89.2 tons in 2021, down from 174.2 tons in 2020; that decrease accounted for the significant drop in overall manufacture. India was the leading manufacturer of the substance in 2021, with 108.9 tons, slightly more than the 104.3 tons reported by that country for 2020.

224. Imports of phenobarbital were reported by 154 countries and territories, making the substance one of the most widely traded psychotropic substances under international

Figure XIV Phenobarbital: number of countries and territories reporting consumption, by region, 2017–2021

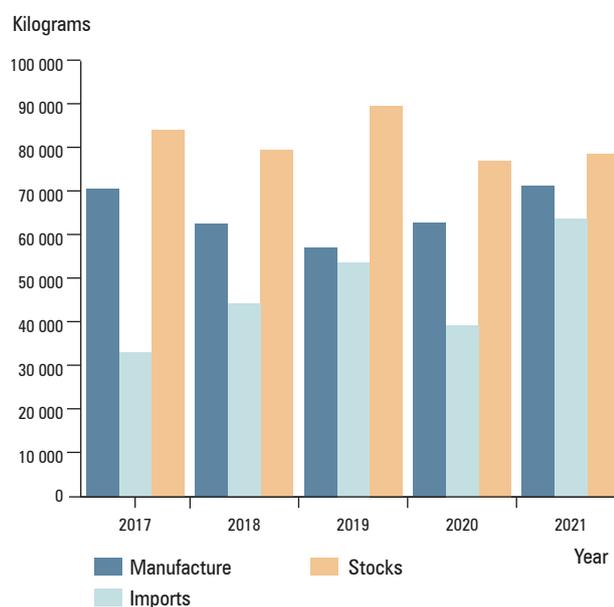


control. The number of countries and territories reporting imports fell slightly, from 154 in 2020, and thus continued to decline from its high of 162 in 2019. For 2021, the total volume of global imports stood at 188.3 tons, up from 162.8 tons in 2020.

225. The number of countries and territories providing data on phenobarbital consumption dropped from 85 in 2020 to 71 in 2021, as several countries that typically provide consumption data did not submit statistical reports for 2021. A regional comparison of the number of countries and territories that provided consumption data is shown in figure XIV. The Americas and Europe show the most consistent numbers of countries providing data on phenobarbital consumption from 2017 to 2021. Africa and Oceania exhibit the lowest numbers of countries and territories providing such data. A slightly larger number of countries in Asia reported consumption data, although that figure dropped in 2021.

226. Among the countries and territories that provided data, the average reported consumption of phenobarbital stood at 0.94 S-DDDpt in 2021, up from 0.79 S-DDDpt in 2020 and 0.59 S-DDDpt in 2019. Burkina Faso again reported the highest level of consumption in 2021 (10.77 S-DDDpt), albeit at a slightly lower level compared with 2020 (11.81 S-DDDpt). At the regional level, the average rate of consumption among countries that reported consumption in Africa stood at 1.73 S-DDDpt. As for the

Figure XV Methylphenidate: global manufacture, imports and stocks, 2017–2021



other regions, the average rate of consumption was 1.06 S-DDDpt in the Americas, 0.22 S-DDDpt in Asia, 0.96 S-DDDpt in Europe and 0.44 S-DDDpt in Oceania.

227. Methylphenidate was the second most heavily manufactured psychotropic substance overall and the most heavily manufactured psychotropic stimulant in 2021. It was also among the most widely traded psychotropic substances, with 118 countries reporting imports that year. The global manufacture of methylphenidate started to rise in 2012 and reached 74 tons in 2016, the highest level observed since the 1990s. Starting in 2017, worldwide manufacture of the substance exhibited a downward trend, dropping to 57.2 tons in 2019. Total manufacture then recovered and reached 71.3 tons in 2021, the highest level observed since 2017 (see figure XV).

228. Total imports of methylphenidate reached a historic high of 63.7 tons in 2021 (see figure XV). China became the largest importer of the substance in 2021, with a total of 20.7 tons imported. Prior to 2021, China had imported at most a few hundred kilograms of methylphenidate each year. Other major importers were Switzerland (5.6 tons), Germany (5.4 tons), Canada (5.3 tons) and Spain (4.3 tons).

229. With regard to the consumption of methylphenidate, the number of countries and territories reporting consumption of the substance increased from 62 in 2020 to 67 in 2021. The difference between the highest and lowest rates

of consumption remained large, mainly because of the comparatively high rate of consumption in Iceland, which increased considerably, from 34.22 S-DDDpt in 2020 to 53.33 S-DDDpt in 2021.

230. Compared with the figures reported for 2021, the consumption of methylphenidate rose in several European countries (Belgium, Denmark, Estonia, Finland, Germany, Iceland, Portugal, Spain, Switzerland, Sweden, Netherlands and United Kingdom) and in Canada, China, New Zealand and the Republic of Korea in 2021. Consumption rates in North America remained relatively stable compared with previous years, with Canada reporting the highest per capita consumption for 2021, at 10.01 S-DDDpt, followed by the United States at 7.34 S-DDDpt.

231. A complete analysis of the patterns and trends in the manufacture, trade, stocks and consumption of psychotropic substances under international control is provided in the technical report of the Board for 2022 on psychotropic substances.¹¹⁵

2. Supply of and demand for opiate raw materials

232. The Board, in fulfilment of the functions assigned to it under the 1961 Convention as amended and the relevant resolutions of the Economic and Social Council and the Commission on Narcotic Drugs, regularly examines issues affecting the supply of and the demand for opiates for licit requirements and endeavours to ensure a standing balance between that supply and demand.

233. The Board analyses the data provided by Governments on opiate raw materials and opiates manufactured from those raw materials to establish the status of the supply of and the demand for opiate raw materials globally. In addition, the Board analyses information on the use, estimated consumption for licit use and stocks of those raw materials 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 2022 on narcotic drugs.¹¹⁶

234. The combined total area cultivated with opium poppy varieties rich in morphine, thebaine, codeine and oripavine remained at a level similar to that of 2020, decreasing by approximately 2 per cent in 2021, the second year in a row in which a decline in cultivation was observed, after several years of growth since 2017. There were decreases in the total

¹¹⁵E/INCB/2022/3.

¹¹⁶E/INCB/2022/2.

area cultivated with opium poppy varieties rich in morphine (3 per cent), thebaine (7 per cent) and oripavine (21 per cent), while the cultivation of opium poppy rich in codeine increased by 26 per cent. The production of both opiate raw materials rich in morphine and opiate raw materials rich in thebaine decreased.

Morphine

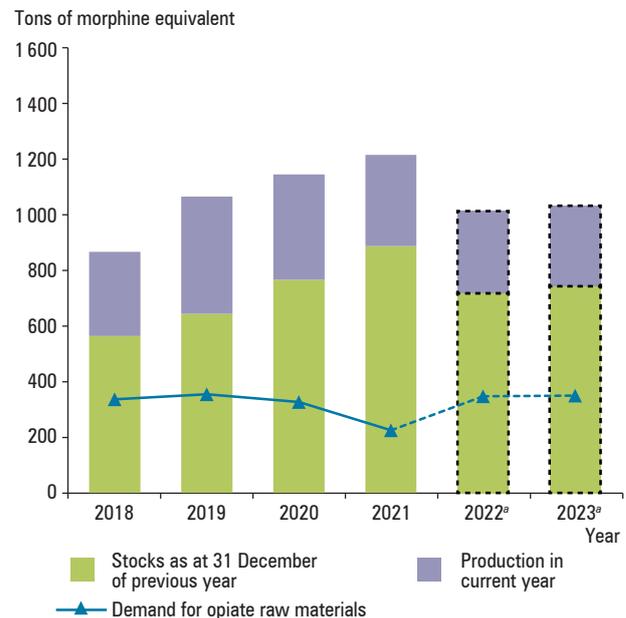
235. The total actual harvested area of opium poppy rich in morphine decreased from 59,957 ha in 2020 to 58,057 ha in 2021. Compared with 2020, most producing countries saw their total harvested area decrease in 2021, but two countries reported significant increases. The area harvested decreased by 33 per cent in France, by 50 per cent in Slovakia and by about 80 per cent each in Hungary and Spain. Australia saw a small increase, while India and Türkiye saw notable increases. India is the only opium-producing country included in the present analysis. Australia and Spain were the only two countries that cultivated opium poppy rich in codeine in 2021, with cultivation decreasing by half in Australia and nearly tripling in Spain compared with 2020.

236. Global production of morphine-rich opiate raw materials in the main producing countries decreased from 421 tons in morphine equivalent in 2020 to 329 tons in 2021 (see figure XVI). Spain remained the leading producer in 2021 (100 tons), followed by Australia (96 tons), Türkiye (69 tons), France (37 tons) and India (27 tons). Those five countries accounted for nearly all global production in 2021.

237. At the end of 2021, the global stocks of opiate raw materials rich in morphine, which includes poppy straw, concentrate of poppy straw and opium, amounted to about 888 tons in morphine equivalent, an increase of 16 per cent from 767 tons, in 2020. Those stocks were considered to be sufficient to cover 31 months of expected global demand by manufacturers (348 tons), on the basis of advance data for the level of demand in 2022. In 2021, Türkiye continued to be the country with the largest stocks of opiate raw materials rich in morphine (303 tons), followed by Spain (176 tons), France (138 tons), Australia (103 tons), India (78 tons, all in the form of opium), Japan (43 tons, 2 tons of which were opium), Hungary (19 tons), the United States (13 tons) and the United Kingdom (8 tons). Those nine countries together accounted for about 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.

238. At the end of 2021, global stocks of opiates of morphine-based opiate raw materials, mainly in the form

Figure XVI Supply of and demand for opiate raw materials rich in morphine, 2018–2023



^aData for 2022 and 2023 are based on estimates submitted by Governments.

of codeine and morphine, amounted to 458 tons in morphine equivalent and were sufficient to cover global demand for those opiates for about 14 months at the 2022 level of demand (392 tons).

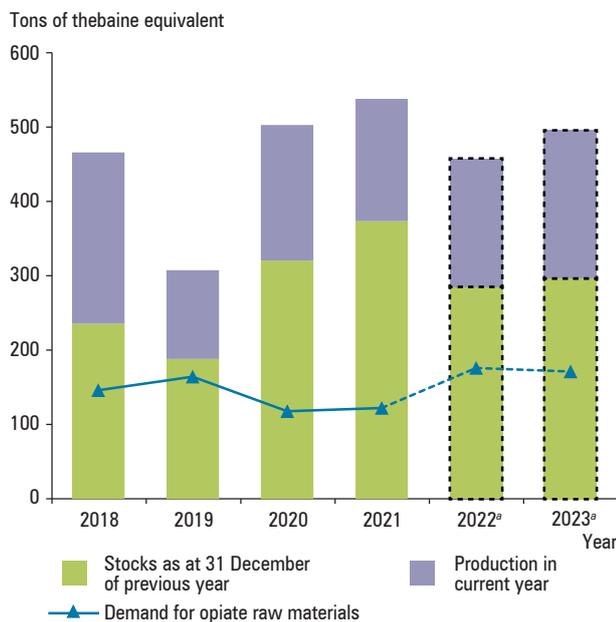
239. On the basis of data reported by Governments, total stocks of opiates and opiate raw materials are fully sufficient to cover demand for medical and scientific purposes for morphine-based opiates for more than a year.

240. Between 2009 and 2016, global production of opiate raw materials rich in morphine exceeded global demand. As a result, stocks increased during that period, with some fluctuations. In 2017 and 2018, global production was lower than global demand, which led to a decline in global stocks. However, between 2019 and 2021, production was again higher than demand and, consequently, stocks increased. In 2021, global production decreased slightly but global demand decreased significantly and, consequently, stocks grew to about 888 tons in morphine equivalent.

Thebaine

241. The area sown with opium poppy rich in thebaine in major producing countries decreased from 7,148 ha in 2020 to 6,579 ha in 2021. The actual harvested area increased by

Figure XVII Supply and demand for opiate raw materials rich in thebaine, 2018–2023



^aData for 2022 and 2023 are based on estimates submitted by Governments.

30 per cent in Australia, from 3,817 ha in 2020 to 4,989 ha in 2021. Cultivation similarly increased in France, by about 1,000 ha, which represented a much higher increase in terms of percentage, going from just 92 ha in 2020 to 1,075 ha in 2021. Cultivation in Spain decreased from 2,695 ha in 2020 to only 20 ha in 2021, and Hungary did not harvest any opium poppy rich in thebaine in 2021, after harvesting 2 ha in 2020.

242. In 2021, the global production of opiate raw materials rich in thebaine amounted to 164 tons in thebaine equivalent, a decrease from 182 tons in 2020 (see figure XVII). Australia continued to be the largest producer in 2021, accounting for 93 per cent of the global total, followed by France (5 per cent) and India (2 per cent), which extracted thebaine from opium, and Spain (about 1 per cent).

243. Stocks of opiate raw materials rich in thebaine (poppy straw, concentrate of poppy straw and opium) increased from 320 tons in thebaine equivalent at the end of 2020 to 373 tons at the end of 2021. Those stocks were considered to be sufficient to cover the expected demand by manufacturers worldwide for about 25 months at the 2022 level of demand (176 tons).

244. Global stocks of thebaine-based opiates (oxycodone, thebaine and a small quantity of oxymorphone) increased

from 194 tons in 2020 to 218 tons at the end of 2021. Those stocks were sufficient to cover global demand for thebaine-based opiates for medical and scientific purposes for about 20 months at the 2022 level of demand (130 tons).

245. Global production of opiate raw materials rich in thebaine decreased from 182 tons in 2020 to 164 tons in 2021, whereas demand increased, from 118 tons in 2020 to 122 tons in 2021. However, the quantity held in stock increased, from 320 tons in 2020 to 371 tons in 2021.

246. On the basis of data reported by Governments, total stocks of opiates and opiate raw materials are fully sufficient to cover demand for medical and scientific purposes for thebaine-based opiates for more than a year.

247. **Despite the fact that the supply of both morphine-rich and thebaine-rich opiate raw material is calculated to be sufficient to cover the demand for medical and scientific purposes as expressed by countries, the Board highlights that there are significant disparities between countries in the availability of narcotic drugs because many countries do not accurately estimate their medical need for opiate analgesics or have limited access to them.**

248. **Consequently, and in line with the provisions and objectives of the 1961 Convention as amended, the Board reminds Governments of the importance of ensuring sufficient availability at the global level and calls upon countries and the international community to take concrete action to address the inequitable distribution and access to controlled medicines for medical and scientific purposes.**

Noscapine

249. Noscapine is not under international control, even though a significant amount of the internationally controlled alkaloids can be extracted from opium poppy rich in noscapine. **For the purposes of controlling the production of the internationally controlled alkaloids, the Board requests the countries that cultivate opium poppy rich in noscapine to provide information in a consistent and regular manner about the cultivation of this variety, its intended use and any extraction and use of the morphine alkaloid from it.**

250. Cultivation of noscapine-rich opium poppy for the purpose of opiate production was reported by Australia, France and Spain in 2021, after several years in which France was the only country reporting cultivation of this variety of opium poppy. In 2021, Australia sowed 357 ha and harvested 317 ha of this variety, France sowed 3,194 ha and harvested 3,093 ha, similar to the previous year, and Spain

harvested 387 ha. None of those three countries reported any extraction of the morphine alkaloid from the noscapine-rich opium poppy that they cultivated in 2021.

C. Overall treaty compliance

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

251. The scope of the areas covered by the international drug control conventions includes regulatory aspects for the monitoring of the licit production and manufacture of, and trade in, narcotic drugs, psychotropic substances and precursor chemicals; the availability of controlled substances for medical and scientific purposes; and the requirements for 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 use.

252. In the implementation of their treaty obligations under the international drug control conventions, States parties are afforded significant discretion in the choice of the policy, legislative and administrative measures that they consider most appropriate to their circumstances and priorities. However, certain fundamental legal tenets set forth in the conventions remain, including the following: the limitation of the use of narcotic drugs and psychotropic substances exclusively to medical and scientific purposes, respect for human rights and human dignity, the adequate provision of controlled substances to meet legitimate medical needs, and adherence to the principle of proportionality in the formulation of drug-related criminal justice policy.

253. 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 fostering a continuing dialogue in order to lend assistance to and facilitate effective national action to attain the aims of the conventions.

254. 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 and participation in INCB initiatives and through the submission of statistical reports to the Board.

255. The current chapter contains a selection of the Board's appraisals of the drug control situation in selected countries.

(a) Canada

256. In the period under review, the Board continued to monitor the drug control situation in Canada, in particular with respect to the sale of cannabis for non-medical purposes, as well as the opioid crisis, which has continued to exact a heavy toll in human lives.

257. In this context, the Board takes note of the exemption granted to the Province of British Columbia, as per subsection 56 (1) of the Controlled Drugs and Substances Act of Canada, which permits the Government to authorize specific activities with controlled substances or precursor chemicals that would otherwise be illegal.

258. According to the exemption, which will be valid from 31 January 2023 to 31 January 2026, adults in the province will not be subject to criminal charges for the personal possession and use of cumulative amounts of up to 2.5 grams of opioids (including heroin, morphine and fentanyl); cocaine (including "crack" and powder cocaine); methamphetamine; and MDMA.

259. Individuals found in possession of the exempted substances within the threshold quantities will be provided with information on available local health and social services. The individuals can also be provided with assistance to connect with those health and social services if requested. Youth aged 12 to 17 are not covered by the exemption and are subject to the Youth Criminal Justice Act of Canada.

260. It will continue to be illegal to possess any amount of the exempted drugs in and in the vicinity of elementary and secondary schools and childcare facilities, as well as in airports. The exempted drugs cannot be imported or exported, produced, given away, administered, supplied or sold, sent or delivered, or used while operating a motor vehicle or watercraft. The exemption does not change the country's border rules, and the existing laws regarding drugs still apply in all other Canadian provinces and territories.

261. The exemption from the Controlled Drugs and Substances Act was designed as an additional tool to help the province address substance use harms, reduce stigma and prevent overdose deaths. The stated purpose is to save

lives in response to the country's overdose crisis. Given that this is the first exemption of its kind in Canada for an entire province, Health Canada will conduct regular monitoring of the objectives and evidence of the effective and safe threshold amounts of the exempted drugs.

262. While the Board continues to examine the modalities of the exemption, it is particularly concerned that the threshold amount of 2.5 grams of fentanyl may be disproportionate to the stated public health objectives of the exemption concerning individual possession and use due to the drug's extremely high potency and lethal properties in even small doses.

263. In advance of the implementation of the exemption, the Province of British Columbia will engage in training of local law enforcement officials and an education and awareness campaign. The federal Minister of Mental Health and Addictions and Associate Minister of Health has sent a letter of requirements to the province outlining necessary actions which include improving access to health services; providing law enforcement training and guidance; undertaking meaningful engagement with Indigenous Peoples; undertaking continued consultation with people who use drugs, law enforcement officials, racialized communities and other key stakeholders; leading effective public awareness and communications; and conducting comprehensive monitoring and evaluation. Health Canada will be monitoring the province's adherence to these requirements of the exemption.

264. The Board will continue to closely monitor, within its mandate, the implementation of the exemption to the Controlled Drugs and Substances Act as applied in the Province of British Columbia. The Board values its positive cooperation and close dialogue with the Government on Canada on matters concerning the full and effective implementation of the drug control conventions.

(b) Germany

265. The Board takes note of planned drug control policy changes in Germany, which are expected to introduce the regulation of cannabis for personal non-medical use. After the results of Germany's 2021 federal elections, the policies pertaining to drug decriminalization and cannabis use and possession for non-medical purposes have been under development, in line with the agreement of the current federal coalition Government. It is anticipated that Germany will enact regulations to introduce a controlled supply system of cannabis for adults for non-medical use via licensed outlets.

266. While the aims of the changed approach in Germany may be to control the quality of cannabis, prevent contaminated substances from being distributed and ensure the protection of minors, these legislative plans should be analysed considering Germany's adherence to the drug control conventions and public health concerns, such as possible increased cannabis consumption among youth and the potential for increased trafficking in cannabis.

267. The Board reiterates that measures to permit the use of cannabis for non-medical purposes are inconsistent with article 4, paragraph (c), of the 1961 Convention as amended, which requires States parties to take such legislative and administrative measures as may be necessary, subject to the provisions of the Convention, to limit the use of narcotic drugs exclusively to medical and scientific purposes. Article 3, paragraph 1 (a)(i), of the 1988 Convention requires the criminalization of the production, manufacture, extraction, preparation, offering, offering for sale, distribution, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation or exportation of any narcotic drug or any psychotropic substance contrary to the provisions of the 1961 Convention as amended or the 1971 Convention. Article 3, paragraph 1 (a)(ii), of the 1988 Convention requires the criminalization of the cultivation of cannabis plant for the purpose of the production of narcotic drugs contrary to the provisions of the 1961 Convention as amended.

268. In September 2018, the Board undertook a mission to Germany to review the drug control situation in the country and the Government's efforts to implement the international drug control treaties. According to information provided by the Government since the Board's mission, Germany is taking measures to strengthen its existing treatment system, including the use of methadone substitution therapy, to address drug use among immigrant population groups and persons in detention facilities. In particular, the Board notes the piloting of measures to improve the health literacy of persons with a migration background to enhance their access to preventive, medical and long-term care services, including the "Migration and health" information portal, available in several languages, on the subject of drugs and addiction.

269. Since the Board's mission to Germany, in order to address the spread of new psychoactive substances, the national New Psychoactive Substances Act was amended in July and November 2021, resulting in the introduction of controls over additional new psychoactive substances that have appeared in the illicit markets of Germany and the European Union.

270. The Board will continue to monitor the evolving drug control landscape in Germany, within its mandate, including with respect to cannabis use for non-medical purposes. INCB expresses its appreciation for the ongoing dialogue with Germany and looks forward to continuing that dialogue on effective compliance with the conventions.

(c) Malta

271. The Board continues to monitor drug control developments in Malta and notes with concern the adoption on 18 December 2021 of the Authority on the Responsible Use of Cannabis Act. The Act legalizes the use of cannabis by adults for non-medical purposes and has the stated objective of promoting prevention, access to treatment, harm reduction, education, and improving respect for the human rights of individuals who use drugs.

272. The cannabis-related legislative amendments of 2021 in Malta will establish the Authority on the Responsible Use of Cannabis, which will submit proposals and recommendations concerning national policy on cannabis use other than for medical and scientific purposes. The revised law of Malta provides for the possibility of individuals cultivating up to a maximum of four plants in households for personal use and the possibility of creating a regulated source, from which a person can obtain cannabis and cannabis seeds in limited and controlled amounts, to be operated by non-profit associations and registered with the Authority on the Responsible Use of Cannabis. The revised framework permits cannabis possession by a person over the age of 18 in an amount not exceeding 7 grams.

273. INCB reiterates its position that measures to permit the use of cannabis for non-medical purposes are inconsistent with article 4, paragraph (c), of the 1961 Convention as amended, which requires States parties to take such legislative and administrative measures as may be necessary, subject to the provisions of that Convention, to limit the use of narcotic drugs exclusively to medical and scientific purposes. Article 3, paragraph 1 (a)(i), of the 1988 Convention requires the criminalization of the production, manufacture, extraction, preparation, offering, offering for sale, distribution, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation or exportation of any narcotic drug or any psychotropic substance contrary to the provisions of the 1961 Convention as amended or the 1971 Convention. Article 3, paragraph 1 (a)(ii), of the 1988 Convention requires the criminalization of the cultivation of cannabis plant for the purpose of the production of narcotic drugs contrary to the provisions of the 1961 Convention as amended.

274. The Board plans to closely monitor the implementation of the legal framework of Malta regulating cannabis use, as well as the mechanisms by which the new Authority on the Responsible Use of Cannabis will address the possibility of increased cannabis use, including the Authority's cooperation with other government entities for the prevention of use. The Board values its positive cooperation with the Government of Malta and looks forward to continuing a close dialogue on drug control-related matters.

(d) Myanmar

275. The Board continues to closely monitor developments in Myanmar relating to drug control policy and drug-control related activities, which have taken place against a backdrop of political instability caused by the overthrow of the country's democratically elected Government by the military in February 2021. This development has hindered the Board's capacity to engage with the political leadership in Myanmar to advance the objectives of the international drug control conventions.

276. The Board notes with concern the findings of the UNODC *Myanmar Opium Survey 2021*, released in April 2022, which shows an increase in opium cultivation for the first time after a downwards trend that began in 2014. The UNODC survey, reflecting the situation in Myanmar before February 2021, showed a 2 per cent increase in the opium poppy cultivation area and an increase in yield of 4 per cent. In May 2022, UNODC released a report on illicit synthetic drugs in East and South-East Asia showing that production and trafficking reached record levels in 2021 and that organized crime syndicates and armed groups have exploited the pandemic and political instability, including in the border areas of Myanmar, to expand drug production. The Board will continue to monitor opium poppy cultivation in Myanmar, as well as indications of increased methamphetamine trafficking in the region.

277. The Board expresses its concern that the humanitarian crisis and unstable security situation in Myanmar, resulting from ongoing hostilities, have negatively impacted essential health services, including for displaced and crisis-affected people. On 7 March 2022, WHO issued a global health emergency appeal for Myanmar based on the drastic reduction of the range of essential health services available in the country.

278. In this context, the Board reminds all Governments that in emergencies it is possible to implement simplified control procedures for the export, transportation and provision of medicines containing controlled substances, as provided for in the model guidelines for the international

provision of controlled medicines for emergency medical care, developed by WHO in cooperation with the Board and available on the INCB website.

279. Within the mandate conferred upon it by the international drug conventions, the Board will continue to monitor the situation in Myanmar relating to the humanitarian crisis and the drug control situation in the country.

(e) Netherlands

280. The Board notes with appreciation its effective dialogue with the Government of the Netherlands and the proactive stance of the national authorities in the submission of treaty-mandated data to the Board as well as in the provision of updated information on the drug control policies in the country.

281. The Board notes that the Netherlands has adopted new legislation which entered into force on 1 January 2022 to strengthen the control of precursor chemicals. Through that legislation, the Minister of Health, Welfare and Sports and the Minister of Justice and Security were given powers to schedule precursor chemicals that can be used only for the manufacture of illicit substances and have no known legal applications, as a further step in curbing the manufacture of synthetic drugs.

282. The Board has also continued to closely monitor developments regarding the implementation of the “controlled cannabis supply chain experiment” initiated by the Government of the Netherlands in 2020, with the adoption of the Controlled Cannabis Supply Chain Experiment Act (Experiment Act) and the accompanying order in council and ministerial regulations. Under the “cannabis experiment”, the Government authorized the cultivation and wholesale supply of cannabis for non-medical purposes to “coffee shops” in up to 10 municipalities for a trial period of four years, which would be followed by an evaluation of the effects on public health and public order. During the reporting period, the Board was informed that eight producers of cannabis had been selected to participate in the “cannabis experiment” and had started setting up their facilities for production of cannabis. According to the design of the “experiment”, 10 growers will be selected by the Government at the preparatory stage.

283. The Board wishes to reiterate that the Controlled Cannabis Supply Chain Experiment Act that entered into force on 1 July 2020 is inconsistent with article 4, paragraph (c), of the 1961 Convention as amended, which requires States parties to take such legislative and administrative measures as may be necessary to limit the use of

narcotic drugs exclusively to medical and scientific purposes, as well as article 3, paragraph 1 (a), of the 1988 Convention, which requires criminalization of such acts as the production, manufacture, extraction, preparation, offering, offering for sale, distribution, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation or exportation of any narcotic drug or any psychotropic substance contrary to the provisions of the 1961 Convention, the 1961 Convention as amended or the 1971 Convention, as well as the cultivation of cannabis plant for the purpose of the production of narcotic drugs contrary to the provisions of the 1961 Convention and the 1961 Convention as amended.

284. The Board also takes note of the continuing efforts of the Government of the Netherlands to address organized crime and its negative effects on society, including through initiatives to prevent youth involvement in criminal activities, regional initiatives to address region-specific crime challenges, combating illicit financial flows, prevention of drug use and measures to strengthen criminal justice and the rule of law.

(f) Philippines

285. The Board continued to engage in dialogue with the Government of the Philippines on drug control policies in the country, including on the issues of the alleged extrajudicial targeting of persons suspected of drug-related activity in the context of the “anti-drug campaign” undertaken by the Government. The Board also continued with discussions regarding the planned mission of the Board to the Philippines to review its implementation of the three international drug control conventions.

286. The Board welcomes the efforts made thus far by the Government of the Philippines to improve its investigative and accountability mechanisms and to promote the rule of law and human rights in the context of drug-related cases. The Board notes the work of the Department of Justice review panel on cases involving deaths in the context of law-enforcement operations purportedly carried out in the context of law enforcement action against drugs. The Board was informed by the Government that the review panel was continuing its review of the cases, which has resulted in a backlog of cases and the filing of criminal complaints with the National Bureau of Investigation. The Government also stressed that aside from conducting a judicial review of drug law enforcement operations in which deaths occurred, the review panel also continued to examine the necessity of reopening investigations and filing appropriate charges against responsible law enforcement officers. At the same time, the Board notes with concern that the investigations

thus far have led to findings of administrative liability and that there appears to be limited information on confirmed cases resulting in the criminal liability of individuals found to have perpetrated serious human rights violations and acts of bodily harm in the course of law enforcement operations, and the Board, together with other United Nations stakeholders and within the confines of its mandate, will continue to monitor the situation as it unfolds.

287. The Board welcomes the ongoing efforts undertaken by the United Nations, the Government of the Philippines and their partners in the implementation of the Philippines–United Nations joint programme on human rights. On 20 December 2021, the steering committee of the joint programme consisting of government and civil society partners and participating United Nations agencies agreed on a road map to implement Human Rights Council resolution 45/33 of 7 October 2020, which outlined specific areas for capacity-building and technical cooperation for the promotion and protection of human rights in the Philippines.

288. On 10 November 2021, the Government of the Philippines requested that the Prosecutor of the International Criminal Court defer his investigation of alleged crimes against humanity committed on the territory of the Philippines between 1 November 2011 and 16 March 2019 in the context of the Philippine Government’s so-called “war on drugs”, on the basis that national authorities were investigating, or had already investigated, alleged murders. This resulted in suspension by the Prosecutor of the International Criminal Court of its investigative activities while considering the request of the Philippines. However, on 24 June 2022, the Prosecutor filed an application before Pre-Trial Chamber I of the International Criminal Court seeking authorization for his Office to resume its investigation, arguing that the Court’s investigations should resume as quickly as possible due to the fact that the information provided by the Government of the Philippines did not indicate that the country was seeking to establish criminal responsibility but was instead relying on administrative liability.

289. The Board continues to reiterate that any extrajudicial action purportedly taken in pursuit of drug control objectives is fundamentally contrary to the provisions and objectives of the three international drug control conventions, as well as to human rights norms to which all countries are bound; that all State drug control actions should be undertaken in full respect of the rule of law and due process of law; and that violations by law enforcement personnel should be impartially and independently investigated and prosecuted and punished as appropriate.

(g) South Africa

290. The Board continued to engage in dialogue with the Government of South Africa on the country’s drug control policies in implementation of the international drug control treaties, in particular the recent legislative and policy developments pertaining to control of cannabis in the country.

291. In September 2018, the Constitutional Court of South Africa ruled that the use of cannabis was legal for both personal and medical use. In its judgment, the Constitutional Court confirmed an order of constitutional invalidity made by the High Court of South Africa, Western Cape Division, Cape Town, which declared legislation criminalizing the use, possession, purchase and cultivation of cannabis to be unconstitutional. The matter arose from three different court proceedings instituted in the High Court, which were consolidated by the High Court and heard as one case as they were all premised on the same basis, namely, that certain sections of the Drugs and Drug Trafficking Act 140 of 1992 (Drugs Act) and the Medicines and Related Substances Act 101 of 1965 (Medicines Act) were constitutionally invalid. The affected provisions of the aforementioned laws prohibited acquisition, use, possession, manufacture or supply of cannabis for non-medical purposes, but the High Court declared that these provisions were inconsistent with the “right to privacy” guaranteed by section 14 of the Constitution, but only to the extent that they prohibit the use, possession, purchase or cultivation of cannabis by an adult person in a private dwelling for his or her consumption.

292. On 6 August 2020, the South African Cabinet approved the submission of the Cannabis for Private Purposes Bill to Parliament for its deliberation, which would give effect to the aforementioned Constitutional Court judgment. That judgment was suspended for 24 months to allow Parliament to amend the legislation to address the provisions that were deemed unconstitutional. The bill regulates the use and possession of cannabis and the cultivation of cannabis plants by adults for personal use. The bill underwent public consultations and was submitted for domestic deliberations with the relevant parliamentary committees and governmental departments.

293. In the context of these legislative developments, the Government of South Africa revised the existing framework for issuing permits and licenses for cannabis and products containing cannabis for medical purpose, which opened the possibilities for commercialization of medical and industrial uses of cannabis. The Government has developed a National Cannabis Master Plan aimed at providing a broad framework for the development and growth of the South African cannabis industry and to providing economic growth, create

jobs and alleviate poverty through the industrialization and commercialization of cannabis. At the time of drafting, the Government was in the process of finalizing the Master Plan through discussions with the private sector, labour and community constituencies.

294. The Board reiterates that article 4, paragraph (c), of the 1961 Convention as amended requires States parties to take such legislative and administrative measures as may be necessary to limit the use of narcotic drugs exclusively to medical and scientific purposes. As far as medical use of cannabis is concerned, the Board wishes to draw the attention of States parties to the requirements of international drug control treaties pertaining to the control of cannabis for medical purposes, including articles 23 and 28 (establishing national agencies in order to control cultivation and manage the resulting crops, and adopting measures to prevent the misuse of, and illicit traffic in, cannabis leaves), article 31 (requiring export/import authorizations), articles 1, 2, 12, 13, 19 and 20 (mandatory reporting to the Board) of the 1961 Convention as amended.

(h) Ukraine

295. The Board has continued to monitor drug control-related developments in Ukraine and took note of the adoption of the National Drug Strategy for 2021–2030, including an action plan, which was designed to be people-centred and having a human rights-oriented approach. The Board regrets that the implementation of the Strategy has been prevented by the outbreak of armed conflict and the resulting humanitarian emergency affecting the civilian population of Ukraine.

296. The Board takes note of the fact that on 8 March 2022, Ukraine sent a depositary notification concerning the 1988 Convention to the Secretary-General of the United Nations. In that notification, Ukraine states that it is “unable to guarantee full implementation of its obligations [under the above Convention]” due to the ongoing crisis in the country.

297. Pursuant to its mandate to assist States in the safeguarding of the health and welfare of humanity, including by supporting the availability of controlled substances for rational medical use, the Board wishes to express its grave concern about targeting of the health-care infrastructure and facilities of Ukraine, as reported by WHO. According to WHO, there were 550 attacks on health-care facilities reported between 24 February and 29 September 2022. Since February 2022, the Board has called for urgent international action to ensure unimpeded access by Ukraine to medications, including medicines containing internationally controlled narcotic drugs and psychotropic substances.

298. Governments are reminded that they may utilize simplified control procedures for the export, transportation and provision of medicinal products containing controlled substances. The urgency of the evolving situation in Ukraine requires the full efforts of the international community to increase awareness of the need for pain and palliative care treatment, as well as treatment for mental health conditions.

299. The INCB 2021 publication “Lessons from countries and humanitarian aid organizations in facilitating the timely supply of controlled substances during emergency situations” provides good practices relevant to Ukraine on how the global community can facilitate the availability of controlled medicines during emergency situations.

300. The Board takes note of the UNODC publication “Conflict in Ukraine: key evidence on drug demand and supply”, published in April 2022, which reports on the significant impacts on drug trafficking inside and around Ukraine and the provision of evidence-based and innovative drug services. In addition to the humanitarian crisis affecting the entire population, the conflict has adversely impacted the availability and accessibility of treatment and prevention services in Ukraine for people who inject drugs.

301. The Board will continue monitoring the impacts of the armed conflict and health emergency in Ukraine, while pursuing dialogue with Member States, in line with article 9 of the 1961 Convention as amended. Within its treaty-mandated functions and responsibilities, the Board calls for the cessation of all attacks on the health sector in Ukraine and for the urgent provision of aid to the country’s civilian population to help alleviate the human pain and suffering caused by the conflict.

2. Country missions

302. In normal circumstances, INCB undertakes a series of country missions each year. The Board considers the conduct of country missions as an essential tool in informing its analysis of the implementation by States parties of their obligations under the various facets of the international drug control conventions.

303. Through its onsite interactions 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, the Board is able to garner a comprehensive overview of the drug control frameworks in place and to identify both areas requiring

further attention and best practices. Discussions with national stakeholders are held on a confidential basis so as to encourage frank and open dialogue. Meetings with civil society groups are held in private and without the presence of government representatives.

304. 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, which are transmitted confidentially to the Government in question for its consideration and implementation.

305. Owing to the COVID-19 pandemic, the Board has suspended its country missions until the global public health situation permits. Accordingly, during the period under review, no country missions were undertaken. The Board continues to consider country missions as an essential tool in facilitating its dialogue with States and looks forward to resuming them at the earliest opportunity.

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

306. Every year, the Board follows up on developments in countries that hosted INCB missions three years earlier and requests the Governments in question to apprise it of any legislative or policy actions taken in implementation of the Board's post-mission recommendations as well as any other developments that have occurred in the country since the mission was carried out.

307. In 2022, the Board invited the Governments of countries and territories to which missions had been undertaken in 2019, namely, Austria, Chile, Côte d'Ivoire, the Democratic People's Republic of Korea, Jordan, Kosovo,¹¹⁷ Madagascar, Mauritania, Montenegro, New Zealand, Norway, Sri Lanka, Trinidad and Tobago and Uzbekistan, to report on drug-related developments in their countries, including measures that might have been taken in furtherance of the Board's recommendations.

308. The Board wishes to express its appreciation to the Governments of Austria, Jordan, Mauritius, New Zealand and Norway for submitting the information requested and reiterates its call upon the Governments of Chile, Côte d'Ivoire, the Democratic People's Republic of Korea,

Kosovo,¹¹⁷ Madagascar, Trinidad and Tobago and Uzbekistan to provide the information requested at their earliest opportunity.

(a) Austria

309. In June 2019, the Board undertook a mission to Austria to review the drug control situation in the country and to obtain information concerning its policies and practical experiences in the implementation of the international drug control treaties. The Board commended the Government of Austria for adopting a balanced approach to drug control that focuses on treatment and prevention interventions in the interest of promoting public health.

310. The Board acknowledges the federal coordination framework on drug policy in Austria and the ongoing exchange of information between stakeholders involved in drug control at the provincial and federal levels. The Board has encouraged Austria to deepen the coordination between the federal and provincial levels in prevention and treatment practices and to introduce measures to accurately track the impacts of treatment and prevention programmes. In this regard, Austria has informed the Board that all federal provinces nominate drug coordinators, who plan and coordinate policies and support treatment measures at the provincial level.

311. Since the mission, Austria has developed several new prevention programmes. In 2020, for example, the province of Upper Austria saw the roll-out of a website (www.stepcheck.at) to provide information on early detection and intervention in workplace and school settings. The country's addiction prevention units have started using the European Prevention Curriculum of EMCDDA, and further harmonization with European Union standards is planned. Owing to the COVID-19 pandemic, online services, including prevention webinars, have been developed.

312. The Board acknowledges the efforts of Austria to maintain the provision of treatment during the pandemic. Physical distancing requirements have made it more difficult to establish rapport and to maintain therapeutic relationships. However, the treatment systems in Austria have proved to be flexible, with telemedicine replacing some in-person visits to physicians and the introduction of electronic prescriptions sent directly to pharmacies.

313. According to information provided by the Government of Austria since the Board's mission, the Precursor Competence Centre of the country's Criminal Intelligence Service regularly uses PICS to report seizures of precursors. Austria also takes into account the messages in IONICS in the development of its national strategies.

¹¹⁷References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999).

314. The Board notes the regulatory framework of the Government of Austria for the sale and use of CBD products, particularly since the substance is not subject to the country's Narcotics and Psychotropic Substances Act. Exempted from the Act are the flowering and fruiting tops of certain hemp varieties (as specified in the Common Catalogue of Varieties of Agricultural Plant Species pursuant to art. 17 of Council Directive 2002/55/EC of 13 June 2002, or in the Austrian variety list in accordance with art. 65 of the Seed Law 1997) if the THC content does not exceed 0.3 per cent. In its interactions with the Government, the Board has raised concerns that the current regulations on the sale of CBD products in the public space, under the name or appearance of cannabis, may increase the appeal of cannabis use, as well as that of illicit substance use in general, especially among young people.

315. The Board commends Austria for its prioritization of the policy of preferring therapy over punishment. According to information provided by the Government, Austria provides adequate treatment and care for all individuals in prison settings. Some Austrian prisons specialize in drug treatment, with measures provided on the basis of, for example, psychotherapeutic, pedagogical, medical or psychiatric interventions. The Board encourages the Government of Austria to address the specific foreign-language needs of people who use drugs for treatment in correctional settings.

316. The Board values the constructive dialogue with the Government of Austria and acknowledges the country's effective implementation of the international drug control treaties.

(b) Jordan

317. In October 2019, the Board undertook a mission to Jordan to discuss the implementation by the Government of the international drug control conventions, to examine drug policy developments since the previous INCB mission to the country, in 2009, and to assess its drug control-related challenges.

318. Since the mission, Jordan has developed, through its National Committee to Combat Narcotic Drugs and Psychotropic Substances, a draft comprehensive national strategy to combat narcotic drugs. At the time of reporting, the draft national strategy had been developed and submitted to the Prime Minister for approval. The draft strategy is focused on supply and demand reduction, addiction treatment, social reintegration and institution-building.

319. The Board encourages the Government of Jordan to formulate a national strategy that includes an evaluation

component to assess outcomes, and to engage with civil society with the aim of strengthening the Government's understanding of the drug control situation and any implementation challenges.

320. While welcoming the progress made in the implementation of its recommendations, the Board encourages the Government of Jordan to conduct national studies on the prevalence of drug use, with a view to developing scientific, evidence-based prevention, treatment and rehabilitation programmes. The Government of Jordan may wish to consider expanding the number of drug treatment centres in the country and ensuring that they are easily accessible to key communities. The Board encourages the Government to develop capacity-building and training programmes for professionals working in the areas of treatment of drug use disorders and technical assistance to law enforcement to prevent the diversion of internationally controlled substances.

321. The Board also encourages the Government of Jordan to make full and regular use of the various online tools and platforms offered by INCB, including on licit trade in controlled substances and precursors-related incidents. The Board further encourages the Government to continue its cooperation with international organizations, including UNODC and WCO.

322. The Board acknowledges the effective cooperation of the Government of Jordan in implementing the recommendations arising from the Board's mission and in meeting the country's obligations under the drug control conventions.

(c) Mauritius

323. In July 2018, the Board undertook a mission to Mauritius to review the drug control situation in the country and to discuss the Government's implementation of the international drug control treaties. In its annual report for 2021, the Board reported on the outcomes of that mission and the progress made by the Government of Mauritius in implementing the recommendations arising from that mission.

324. During the reporting period, the Government of Mauritius submitted additional information in which it described additional efforts to strengthen the drug control system in the country in line with the Board's recommendations.

325. The National Drug Secretariat of Mauritius conducted a national survey on drug use in September 2021 with the aim of establishing the baseline information needed for the design and implementation of effective evidence-based prevention, treatment and rehabilitation services geared towards

reducing demand for drugs and preventing the morbidity and mortality attributable to drug use in the country.

326. The survey revealed that cannabis, heroin and synthetic drugs were the most frequently used substances in the country. Few people who used drugs used other types of drugs, although the variety of drugs used was wider among men than women. The majority of participating people who used drugs reported that they had used cannabis and/or synthetic drugs two to three times a day or more in the past week. People who used drugs surveyed also reported using non-injecting drugs (other than cannabis) two to three times a day or more in the past week. Most males who used drugs used drugs other than cannabis two to three times a day or more, while most females who used drugs used drugs other than cannabis once a day or more.

327. The authors of the survey concluded that interventions were required in the country to address peer pressure relating to drug use and to develop treatment and rehabilitation services tailored to females who used drugs. It was also recommended that education and policy be enhanced in order to ensure an effective human rights-based criminal justice response to drug-related crime with an increased focus on harm reduction rather than on punishment. The Board wishes to stress the importance of conducting regular comprehensive epidemiological studies in the country to help gauge the scope and extent of drug use and to inform the development of evidence-based drug policies.

(d) New Zealand

328. In September 2019, the Board undertook a mission to New Zealand to obtain updated information on legislative, regulatory and policy developments introduced by the Government in the area of drug control since the previous mission to the country took place in 1996.

329. The Board acknowledges the timely and thorough reporting by the competent national authorities of New Zealand of mandatory data, as required by the international drug control conventions and requested in the relevant resolutions of the Economic and Social Council and the Commission on Narcotic Drugs. The Board also notes the active participation of the Government in INCB activities and projects.

330. The Board commends the Government of New Zealand on the interdiction efforts of its customs and police agencies to curb trafficking in drugs to and within the country, including partnerships developed between the law enforcement authorities of New Zealand and other countries, in particular in the Oceania region, to counter the

trafficking of drugs at their source prior to their transit to New Zealand. The Board also notes the amendment to the Misuse of Drugs Act adopted in 2019, which allowed the New Zealand Police to use its discretion to determine whether the prosecution of an individual having committed an offence under the Act is in the public interest or whether a health-based approach is warranted instead.

331. During its mission, the INCB delegation noted a robust treatment system for persons using drugs, incorporated into the national health system, as well as a pilot drug court programme to mandate treatment in lieu of imprisonment for persons who are dependent on drugs and are charged with drug use offences. The Board also noted the efforts of the Government to identify and address the issue of unequal access to drug treatment and rehabilitation among different population groups in New Zealand, in particular among Indigenous Peoples and other minority groups.

332. The Board wishes to encourage the Government of New Zealand to conduct a new epidemiological study on drug use in the country with a focus on drug use among persons under 16 years of age and to broaden the scope of the survey to include any drug consumed in order to further tailor the country's initiatives relating to the prevention and treatment of drug use on the basis of epidemiological data reflecting the nature and scope of drug use.

333. The Board takes note of the continuous support provided by the Government of New Zealand to Pacific countries in their efforts to curb the supply and trafficking of illicit drugs and wishes to encourage the Government to further expand such assistance, including through measures to facilitate accession to the three international drug control treaties among those countries in the Pacific that have yet to become parties to those treaties.

(e) Norway

334. In May 2019, the Board undertook a mission to Norway to examine the drug control situation in the country, including recent legislative and policy measures and the country's fulfilment of its obligations under the three international drug control treaties.

335. The Board takes note of the important role of the Ministry of Health and Care Services in coordinating efforts across different departments and ministries and the Government's commitment to ensuring better services for people who use drugs, as well as the adoption of approaches to drug use disorders based on public health principles, emphasizing treatment and rehabilitation rather than conviction and punishment.

336. During the mission, the INCB delegation discussed the most recent data on drug use in Norway, including the relatively low prevalence rates in general, the low levels of HIV prevalence among people who use drugs and the high rates of overdose deaths. The Board notes the prevention and treatment programmes established in the country, including those at the municipal level, such as the drug consumption room in Oslo. The Board also acknowledges the Governments' efforts to prevent drug use using a holistic approach, focusing on residential areas, employment opportunities and working environments, childhood conditions and leisure activities, social inequalities in health, measures to prevent marginalization and efforts to prevent students from dropping out of school.

337. The Board wishes to commend the effective cooperation between the Government and civil society, in particular the Government's engagement of the drug user community in policy formulation and in the monitoring of its drug-related initiatives.

(f) Trinidad and Tobago

338. In September 2019, the Board undertook a mission to Trinidad and Tobago to review the drug control situation in the country and to discuss the Government's implementation of the international drug control conventions.

339. Since the mission, Trinidad and Tobago has passed the Cannabis Control Act, establishing the Cannabis Licensing Authority, which governs licenses for the cultivation, distribution, sale, and import and export of cannabis for medical purposes. With respect to ensuring compliance with the international drug control treaties, the Government of Trinidad and Tobago appointed a joint select committee to review the legislation in advance of its passage. The Board encourages the Government of Trinidad and Tobago to clearly distinguish between cannabis use for medical and non-medical purposes in its legislative and policy framework, including in amendments to the Dangerous Drugs Act, to ensure compliance with the international drug control treaties.

340. While welcoming the overall progress made in the implementation of the Board's recommendations, the Board encourages the Government of Trinidad and Tobago to consider examining its existing legislation related to the control of precursor chemicals and to consider consolidating the related legislative framework with a view to streamlining control measures. The Government of Trinidad and Tobago has informed the Board that the Legal Unit of the Ministry of National Security is reviewing the Precursor Chemicals Act.

341. The Board acknowledges the efforts of the National Drug Council of Trinidad and Tobago to include relevant agencies in its institutional framework with regard to key drug control activities such as demand and supply reduction. The Government of Trinidad and Tobago continues to include a wide cross-section of stakeholders in its national efforts to respond to issues associated with the use of narcotic drugs and, in that regard, has approved the National Drug Policy and Operational Plan for the period 2021–2025. Since the mission, the Government of Trinidad and Tobago has strengthened the drug control capacity of divisions of the Ministry of National Security, including the Police Service and the Defence Force, through restructuring, acquisition of equipment, delivery of training and increased collaboration with partner countries.

342. According to information provided by the Government since the Board's mission, Trinidad and Tobago has established an early warning system to advise policymakers on emerging threats to national security, including new psychoactive substances. An inter-agency working group was created to share information on new drug seizures, respond to threats, assess risks and issue alerts. The Government of Trinidad and Tobago foresees that the early warning system will increase the sharing of information on how controlled substances are diverted to the illicit market. The Board encourages the Government of Trinidad and Tobago also to undertake a national drug use and prevalence survey, given the lack of comprehensive data on the drug use situation in the country. The Board understands that, subsequent to the mission, the Ministry of National Security of Trinidad and Tobago, along with key stakeholders, has begun to undertake a national consumption study. The Board values this effective cooperation of the Government of Trinidad and Tobago in implementing mission recommendations.

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

1. Action taken by the Board pursuant to articles 14 and 14 bis 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

343. The three international drug control conventions confer upon the Board the roles of promoting implementation by States parties and monitoring the consistency of

national legal, regulatory, policy and enforcement measures for drug control with the international legal obligations incumbent upon States parties under those conventions.

344. When the Board has objective reasons to believe that the aims of the international drug control treaties are being seriously endangered by the failure of a State party to comply with its treaty obligations, the Board engages in a formal dialogue with the State in question, with a view to facilitating and ensuring compliance with the obligations. The Board's engagement in such cases is regulated by articles 14 and 14 bis of the 1961 Convention as amended, article 19 of the 1971 Convention and article 22 of the 1988 Convention.

345. INCB has invoked article 14 of the 1961 Convention as amended and/or article 19 of the 1971 Convention with respect to a limited number of States and has engaged in a close, confidential dialogue with them with the objective of bringing about compliance with each party's international legal obligations under the conventions.

346. As required by the relevant provisions of the conventions, the name of the State concerned may not be publicly disclosed 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 in cases where the Government in question has failed to give satisfactory explanations when called upon to do so or has failed to adopt any remedial measures that it has been called upon to take or where there is a serious situation that needs to be remedied by cooperative action at the international level.

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

347. The Board, having determined that Afghanistan had become by far the world's largest illicit producer of opium, seriously endangering the aims of the 1961 Convention as amended, decided at its sixty-eighth session, in May 2000, to invoke article 14 of that Convention with respect to Afghanistan and, pursuant to paragraph 1 (a) of that article, to propose to the authorities of Afghanistan the opening of consultations and to request explanations.

348. In addition to the measures being pursued under article 14, the Board, at its 122nd session, in May 2018, after having received the express agreement of the Government of Afghanistan, invoked article 14 bis of the 1961 Convention as amended. The purpose of the invocation of article 14 bis

was to call upon the competent organs and specialized agencies in the United Nations system to provide technical and financial assistance to the Government of Afghanistan in support of its efforts to carry out its obligations under the 1961 Convention as amended.

349. Although there was no direct communication between the Board and the de facto authorities of Afghanistan during the reporting period, the Board continued to solicit the provision of humanitarian support to the Afghan population in its interactions with its institutional partners, including UNODC, WHO, INTERPOL, the Commission on Narcotic Drugs and the Economic and Social Council.

(a) Situation in Afghanistan

350. During the reporting period, Afghanistan was faced with multiple challenges, including an acute humanitarian emergency, economic downturn and questions of political legitimacy and governance following the takeover of the country by the Taliban in August 2021. Those challenges were compounded by the suspension of the Constitution of Afghanistan ratified in 2004 and by the severe curtailment of the human rights of the civilian population, especially the rights of women and girls.

351. Although the security situation became relatively stable when, following the takeover by the Taliban in 2021, there was a reduction in violence, enabling the delivery of humanitarian assistance to the Afghan people, the situation has become increasingly fragile in the past several months. Islamic State in Iraq and the Levant-Khorasan (ISIL-K) and armed groups opposed to the de facto authorities have intensified their attacks, and the activities of armed groups opposed to the Taliban have expanded in recent months.¹¹⁸

352. There were increases in various security incidents, including the firing of rockets from Afghan territory, illegal border crossings and clashes along the Afghan border with security forces of Iran (Islamic Republic of), Pakistan, Tajikistan, Turkmenistan and Uzbekistan.¹¹⁹

353. The de facto authorities of Afghanistan formed an all-male "caretaker" cabinet and announced appointments to all government and security structures in the country. Despite calls by the international community, including UNAMA, for an inclusive governance structure that would reflect the diverse ethnic and political composition of Afghanistan and also allow women to participate in politics, all of the 34 provincial governors named were men

¹¹⁸ A/76/862-S/2022/485.

¹¹⁹ Ibid., para. 19.

and they were predominantly from one ethnic group. All of the appointed officials were members of the Taliban or affiliated with the Taliban, and a number of them were subject to the sanctions regime under Security Council resolution 1988 (2011).

354. On 12 December 2021, the *de facto* Minister of Justice called upon the international community to recognize the *de facto* Afghan government and claimed that the “Islamic Emirate” had met international standards.¹²⁰ In her address to the Security Council on 2 March 2022, the Special Representative of the Secretary-General for Afghanistan and Head of UNAMA stated that the Afghan people could not be truly assisted without working with the *de facto* authorities, although it must be acknowledged that there continued to be an enduring distrust between the Taliban and much of the international community, and even the regional countries and neighbours.

355. On 25 March 2022, the Special Representative of the Secretary-General for Afghanistan and Head of UNAMA briefed the members of the Security Council on issues relating to the right to education for all persons, including women and girls, in Afghanistan. At the conclusion of the briefing, the Council expressed its deep concern regarding the decision taken by the Taliban on 23 March 2022 to deny women and girls access to education and called on the Taliban to respect the right to education and adhere to their commitments to reopen schools for all female students without further delay. Thus, Afghanistan has become the only country in the world that currently has a gender-based ban on education.

356. On 20 July 2022, UNAMA released a report describing the human rights situation in Afghanistan during the 10 months following the Taliban takeover. UNAMA noted in its report that while the *de facto* authorities had taken some steps seemingly aimed at the protection and promotion of human rights, such as amnesty for former government officials and security force members, the decree on women’s rights of 3 December 2022 and a code of conduct relating to prisoners, the Taliban were also responsible for a broad range of human rights violations (in particular, the erosion of women’s rights, freedom of expression and freedom of assembly), as well as extrajudicial killings, arbitrary detention and torture.

357. The Board notes with grave concern that UNDP forecast that 97 per cent of households in Afghanistan could fall below the poverty line by mid-2022 if the political and economic crisis in the country was not urgently addressed. In June 2022, 24.4 million people, or 59 per cent of the population of Afghanistan, were in need of humanitarian assistance

(up from 18.4 million at the beginning of 2021) as a result of the combined effect of conflict, environmental challenges (such as recurrent drought) and economic downturn.¹²¹

358. While the delivery of development assistance was suspended, the international community continued to discuss ways of delivering humanitarian assistance to the Afghan people; some funding was pledged by donors and progress was seen in providing urgently needed assistance related to food, education, health care, sanitation and hygiene.

359. At a press conference held on 17 August 2021, the spokesperson for the Taliban stated that Afghanistan would not be an opium-producing country. Referring to the decree banning opium poppy cultivation that had been issued in 2000, after the first Taliban takeover, he stated that the Taliban would again reduce opium production to zero. Eight months later, on 3 April 2022, the *de facto* authorities issued a decree announcing a “strict ban” on opium poppy cultivation and on the use of and trafficking in “all types of illicit drugs”. A spokesperson stated that “all types of illicit drugs” included alcoholic beverages, heroin, methamphetamine and cannabis resin. Announcing the decree, the *de facto* Deputy Prime Minister asked the international community to cooperate with the *de facto* authorities in the treatment of people who use drugs and in finding alternative livelihoods for farmers.

360. Senior officials of China, Iran (Islamic Republic of) and the United States, as well as the Organization of Islamic Cooperation, welcomed the ban on opium poppy cultivation in Afghanistan. Some, however, noted that enforcement would be the key and that the cultivation of alternative crops and rehabilitation programmes for people who use drugs should be part of the assistance provided to the country by the international community.

361. Days after the announcement in April 2022 of the ban on opium poppy cultivation, opium poppy farmers in the southern provinces, a major supply area in Afghanistan, observed that the price of crops had doubled. Moreover, the smuggling of opiates from Afghanistan intensified in the reporting period (see paras. 792–796).

(b) United Nations action

362. In October 2021, UNDP established the Special Trust Fund for Afghanistan to help address basic human needs, complementing the immediate ongoing humanitarian response through centralized management of donor funds for joint United Nations programmes. Under the Special Trust Fund for Afghanistan, UNDP, the United Nations

¹²⁰ A/76/667-S/2022/64, para. 12.

¹²¹ A/76/862-S/2022/485, para. 52.

Children's Fund and WHO have begun implementing projects in all 34 provinces of Afghanistan, helping more than 2,300 health facilities to remain operational and paying the salaries of some 26,000 health workers, including 7,300 women, as well as ensuring the procurement of medicines, laboratory reagents and other health products.

363. On 6 December 2021, the General Assembly approved the decision of the Credentials Committee to defer the decision on the representation of Afghanistan at the United Nations, which meant that the current Ambassador of Afghanistan would remain in place for the time being.

364. On 22 December 2021, the Security Council adopted resolution 2615 (2021), in which it decided that humanitarian assistance and other activities supporting basic human needs in Afghanistan were not a violation of paragraph 1 (a) of Council resolution 2255 (2015), which had added the freezing of funds and other financial assets or economic resources to the United Nations sanctions regime introduced by Council resolution 1988 (2011).

365. On 17 March 2022, the Security Council adopted resolution 2626 (2022), in which it decided to extend the mandate of UNAMA until 17 March 2023 and decided further that UNAMA and the Special Representative of the Secretary-General for Afghanistan would continue to carry out their mandate in close consultations with all relevant Afghan political actors and stakeholders, including relevant authorities as needed, in support of the people of Afghanistan in a manner consistent with Afghan sovereignty, leadership and ownership.

366. A high-level donor conference was held on 31 March 2022, resulting in \$2.4 billion in pledges; however, according to UNAMA, many of those were a combination of past, present and future funding commitments for Afghanistan and for Afghan refugees in neighbouring countries. As at 23 May 2022, only 30 per cent of the humanitarian response plan had been funded.¹²²

3. Supporting Governments' compliance with the treaties

(a) INCB Learning

367. INCB Learning is the Board's initiative to enhance the ability of Governments to estimate and assess their requirements for internationally controlled substances for medical and scientific purposes, in compliance with the

three international drug control conventions. Since its launch in 2016, the programme has been supporting Member States and their competent national authorities in implementing the recommendations contained in the outcome document of the special session of the General Assembly on the world drug problem held in 2016 and the reports of the Board for 2015 and 2018 on the availability of internationally controlled substances.¹²³

368. The objective of INCB Learning is to ensure the adequate availability of narcotic drugs and psychotropic substances required for medical and scientific purposes, while preventing their abuse and diversion into illicit channels. The submission to the Board of timely and accurate national reports of estimated requirements and statistical data for controlled substances and estimates of annual legitimate requirements for precursors is essential to achieving this objective.

369. INCB Learning activities provide support to Member States in fully implementing and complying with the international drug control conventions through training and awareness-raising. Capacity-building activities include regional training seminars, availability workshops, e-modules, bilateral consultations and, since mid-2020, in response to the COVID-19 pandemic, online training sessions.

370. Since the COVID-19 pandemic brought face-to-face activities to a halt in 2020, virtual training seminars were introduced to ensure the continual delivery of training to national authorities. As at 1 November 2022, 158 government officials from 33 countries and territories had participated in those activities. In 2021, INCB Learning conducted virtual training seminars for 30 officials from 10 countries in Africa, Central America and the Caribbean and South America.

371. From 6 to 10 December 2021, a virtual seminar was conducted, in Spanish, for officials from the competent national authorities of Bolivia (Plurinational State of), Cuba, Nicaragua and Venezuela (Bolivarian Republic of). All four countries received training for the first time. The sessions were attended by 17 officials, of whom 10 (or 59 per cent) were women. From 25 to 29 April 2022, a virtual seminar was conducted, in English, for officials from the competent national authorities of Burundi, Eswatini, Ethiopia, Ghana, Malawi and Zambia. Four of those countries (Eswatini, Ghana, Malawi and Zambia) had never received training, whereas the other two countries (Burundi and Ethiopia) had received training in April 2016. Thirteen officials, of whom 8 (or 67 per cent) were women, participated in the sessions.

¹²²S/2022/485, para. 53.

¹²³E/INCB/2015/1/Supp.1 and E/INCB/2018/Supp.1.

372. Seminars are evaluated anonymously by participants. The evaluations show that the content meets participants' expectations, the sessions are highly relevant and the learning materials are of a high quality.

373. INCB Learning has developed five e-modules to support Governments in key areas of their treaty compliance. Three e-modules focus on the following systems: (a) the system of estimates of annual legitimate medical and scientific requirements for narcotic drugs; (b) the system of assessments of annual legitimate medical and scientific requirements for psychotropic substances; and (c) the system of estimates of annual legitimate requirements for imports of precursors of amphetamine-type stimulants. One e-module highlights the international drug control framework and the role of INCB. The fifth e-module, which was developed and launched in 2022, supports Governments in their efforts to ensure adequate availability of narcotic drugs and psychotropic substances. All e-modules offer interactive, self-paced training.

374. In line with the commitment of the Board and the United Nations to multilingualism, INCB Learning e-modules are available in several languages. The first four e-modules mentioned above are already available in English, French, Portuguese and Spanish and the translation of the fifth e-module is in progress. **In this connection, the Board would like to express its appreciation to CICAD for its support in the translation of the e-modules into French, Portuguese and Spanish. The translation of the e-modules into Russian is under way.**

375. As at 1 November 2022, 1,259 officials from 145 countries and territories had enrolled in INCB Learning e-modules. More than half (54 per cent) of the registered officials were women. Successful completion of the e-modules is acknowledged with an online certificate; to date, 1,231 digital certificates have been issued. **The Board encourages Governments to register officials of their competent national authorities for the e-modules and to provide feedback and suggestions for areas in which the development of further training is needed.**

376. In its capacity-building activities, INCB Learning works with key partner organizations such as the African Union Commission, CICAD, UNODC and WHO.

377. To assist competent national authorities in their duties, the Board and its secretariat have developed a range of training materials that are available on a dedicated page of the INCB Learning website. That page provides links to different sources of information, training materials, guidelines, tools and forms that support reporting to INCB.

378. The INCB Learning website also contains a compendium of frequently asked questions on compliance with the provisions of the three international drug control conventions and on the regulatory control and monitoring of licit trade in narcotic drugs, psychotropic substances and precursor chemicals. Drug control officials can use the tool to find information related to, for example, the accurate submission of forms and timelines. Access to all the forms is also provided in the compendium. The INCB Learning website is available in English, French, Russian and Spanish.

379. To keep stakeholders abreast of developments, INCB Learning newsletters are published regularly on the INCB Learning website and disseminated to competent national authorities at their request. The Board invites national drug control officials interested in INCB Learning activities and learning tools to subscribe to the newsletter by sending an email to incb.learning@un.org.

380. The activities of INCB Learning are financed entirely by extrabudgetary funds. The Board is grateful for the contributions that it has received from the Governments of Australia, Belgium, France, the Russian Federation, Thailand and the United States since the programme was established in 2016. **The Board invites Governments to consider actively supporting INCB Learning by participating in its activities and providing the resources required to ensure the programme's continuation and expansion.**

(b) International Import and Export Authorization System

381. I2ES is an Internet-based electronic system developed by UNODC, with financial and technical support from Member States, and administered by the Board to allow for rapid paperless trade in internationally controlled substances. Launched in 2015 pursuant to numerous Commission on Narcotic Drugs resolutions, in particular resolutions 55/6 and 56/7, I2ES allows for the secure issuance and exchange of import and export authorizations between countries, reducing the processing time for authorizations and the risk of diversions from forged authorizations. The system is compliant with the 1961 Convention as amended and the 1971 Convention, and its importance was recognized in the outcome document of the special session of the General Assembly on the world drug problem held in 2016.

382. The INCB secretariat continually works to assist Governments in registering and implementing I2ES within their national drug control systems. I2ES is regularly promoted during webinars and other training workshops as

part of the INCB Learning initiative. Technical materials regarding the platform and its functions are available on the INCB website. The INCB secretariat also conducts webinars for interested Governments to demonstrate the functionality of the system. During 2022, webinars on I2ES were held for Angola, France, Iceland and New Zealand; such a webinar was also held for French Polynesia.

383. The Board encourages Governments that have not yet done so to request the assistance of the INCB secretariat in implementing and integrating I2ES into their national systems, including through the provision of guidance on first steps and initial training.

384. I2ES is the only system approved by the Commission on Narcotic Drugs for the issuance and exchange of import and export authorizations pursuant to the provisions of the 1961 Convention as amended and the 1971 Convention. Recent developments regarding the use of electronic import and export authorizations among countries, including the views of the Board on those developments, are discussed in chapter III, section A, of the present report.

385. In the 12-month period ending on 1 November 2022, five Governments registered to use I2ES, bringing the total to 75 Governments that have an active administrator account. The number of Governments actively using I2ES is slowly growing, the frequency with which Governments use the platform is increasing. During the 12-month period ending on 1 November 2022, authorities from 15 countries uploaded a total of 5,257 import authorizations and 930 export authorizations. In the 12-month period ending on 1 November 2021, authorities from 13 countries uploaded a total of 3,761 import authorizations and 133 export authorizations.

386. The Board has noted that some competent national authorities wishing to use I2ES face legislative and regulatory hurdles at the national level. These include limitations regarding how import and export authorization documents are approved and the means by which such documents can be transmitted or exchanged. Some countries, such as Poland, require import and export authorizations for internationally controlled substances to be issued as physical documents. **The Board encourages Governments that have not yet done so to amend their legislative or regulatory frameworks to permit their competent national authorities to implement I2ES in their national drug control systems.**

387. The Board has also noted that a certain lack of features and technical limitations in I2ES make implementing the system difficult for some Governments. This includes the lack of a multilingual interface, support for nationally

controlled substances and advanced statistical reporting functions. Additionally, deeper integration between I2ES, other INCB systems and some national-level systems would allow for easier, quicker and more accurate data exchange between Governments and the Board. **The Board wishes to emphasize to Member States the need for continual support, particularly in the form of extrabudgetary resources, to expand the functionality of I2ES, as well as the need to provide training and support to assist countries in their efforts to adopt and implement the system.**

(c) Global Rapid Interdiction of Dangerous Substances Programme

388. The INCB GRIDS Programme focal point networks form the infrastructure that enables the rapid exchange of information and alerts and the development of intelligence and facilitates operational action to assist in investigations and in the dismantling of organized criminal groups trafficking in non-scheduled dangerous substances. As at 1 November 2022, there were 2,255 Project ION focal points representing 572 agencies from 187 Governments and international organizations, and 2,238 OPIOIDS project focal points representing 559 agencies from 183 Governments and international organizations.

389. As a result of the expanding focal point network, the number of real-time incidents communicated through IONICS has consistently grown and, in 2022, exceeded 46,000. As a result, Governments have been able to carry out investigations and analyses that have in turn led to seizures of dangerous substances, arrests of traffickers, prosecutions and disruptions of international trafficking networks. The Board encourages the Governments of Andorra, Azerbaijan, Belarus, Burundi, the Central African Republic, Chad, Comoros, the Congo, the Democratic People's Republic of Korea, Djibouti, Equatorial Guinea, Eritrea, Gabon, Guinea-Bissau, the Holy See, Kazakhstan, Kyrgyzstan, Lesotho, Liechtenstein, Madagascar, Mauritania, Mongolia, Nauru, Nepal, Niue, the Republic of Moldova, San Marino, Sao Tome and Principe, Serbia, Seychelles, South Sudan, the Syrian Arab Republic, Tajikistan, Togo, Tonga, Turkmenistan, Uganda and Yemen to nominate both law enforcement and regulatory focal points to exchange communications using IONICS.

390. Leveraging the Project Ion and OPIOIDS project law and regulatory enforcement focal point networks, INCB coordinated an operation (known as "Operation GAPZ") to identify emerging global trafficking sources and destinations of shipments of gabapentin, pregabalin, xylazine and zopiclone, substances associated with synthetic opioid overdoses reported in a number of countries. The operation

involved 122 law and regulatory enforcement officials from 75 national agencies and organizations such as the Cooperation Council for the Arab States of the Gulf, INTERPOL, the Oceania Customs Organisation, UPU and WCO. Communications on more than 80 seized or permanently stopped shipments were exchanged by law and regulatory enforcement officials through IONICS. Sixteen countries and territories were identified as sources or intended destinations of those seized or permanently stopped shipments, which together involved over 677,000 tablets and capsules of gabapentin, pregabalin and zopiclone and 11.2 kg of those substances in powder form.

391. One of the pillars of the GRIDS Programme is its unique approach to public-private partnerships, assisting Governments in their efforts to foster voluntary cooperation with companies to prevent the exploitation of legitimate services by traffickers. In this work, the focus is on four key areas: manufacture, marketing, movement and monetization. In the 12-month period ending on 1 September 2022, five expert group meetings and other related events were held, bringing together leading global private-sector partners from a number of relevant sectors, including e-commerce platforms, social media companies, chemical and drug manufacturers and private postal and express mail and courier services. These events resulted in operational outcomes, as a substantial number of vendors of dangerous synthetic opioids were identified by INCB and, through law and regulatory enforcement focal points, removed from e-commerce platforms, thereby reducing the availability of fentanyl and related dangerous substances.

392. Between 1 November 2021 and 1 September 2022, eight global alerts and special notices were circulated to Project Ion and OPIOIDS focal points for voluntary action by law, regulatory and private-sector counterparts. A number of alerts focused on emerging dangerous opioids with no known legitimate use, including protonitazene, etonitazepipne, etonitazepyne and etodesnitazene. A number of those synthetic opioids were subsequently listed for review by WHO for possible international control in October 2022. The Board invites all relevant government authorities and, through them, industry partners to refrain on a voluntary basis from any manufacture, marketing, import, export or distribution of substances on its lists of fentanyl-related substances and non-fentanyl opioids with no known legitimate uses beyond limited research and analytical purposes.

393. Through the GRIDS Programme, in-person training courses were conducted, supplemented by distance-learning technologies. Between 1 November 2021 and 1 September 2022, 24 courses were held on topics that included raising awareness of new psychoactive substances and emerging opioids, information exchange using IONICS, intelligence

development and targeting using the GRIDS Intelligence tool, safe handling of opioids and fentanyls, personal protective equipment, presumptive testing for synthetic opioids and interdiction methods. A total of 455 law and regulatory enforcement officers and postal inspection officers, representing 30 Governments and three international organizations, took part in the training courses and also received access to the eLearning Individual Training Environment (ELITE) platform, which is offered in the six official languages of the United Nations. The Board recognizes the ongoing cooperation with its international partners, in particular UPU, whose 2018 cooperation agreement with INCB has significantly raised the awareness of postal operators worldwide about the safe handling of packages containing dangerous substances.

394. The GRIDS Programme convened the first global conference for operational officers on the interdiction of fentanyls, synthetic opioids and related dangerous substances, held in Vienna from 1 to 5 August 2022. The event brought together over 140 participants from 83 Governments, as well as GRIDS regional technical officers, law enforcement officers, international organizations and private sector partners, which engaged in awareness-raising and capacity-building to address the trafficking of fentanyls, other synthetic opioids and related dangerous substances.

395. The GRIDS Programme convened the fifth annual operational meeting on countering trafficking of dangerous synthetic drugs and chemicals through postal, courier and air cargo services, which brought together over 60 officers from 30 Governments and international organizations in Vienna from 6 to 9 September 2022. Participants identified the latest *modus operandi* for trafficking synthetic opioids and new psychoactive substances, exchanged case studies and engaged in multilateral meetings to enhance cooperation across borders. During the event, the memorandum of understanding for technical cooperation between INCB and the Caribbean Community's Implementation Agency for Crime and Security was formalized, and INCB hosted the meeting of the UPU Postal Security Group.

396. The GRIDS Programme hosted the interregional workshop on public-private partnerships for the prevention of trafficking of dangerous substances, held in Sharm el-Sheikh, Egypt, from 11 to 15 September 2022. The event was attended by more than 120 representatives from 30 Governments, and several international and e-commerce organizations. Participants exchanged best practices and case examples related to the exploitation of private sector agencies for the trafficking of synthetic opioids and related dangerous substances, with the aim of strengthening international operational cooperation across borders to prevent future misuse of legitimate Internet-related services.

(d) Project Prism and Project Cohesion

397. Project Prism and Project Cohesion are two international initiatives of INCB that provide platforms for international cooperation to address the diversion of precursors of synthetic drugs (in the case of Project Prism) and precursors of cocaine and heroin (in the case of Project Cohesion). Project Prism, launched in 2003, and Project Cohesion, launched in 2006, have facilitated the staging of international intelligence-sharing efforts and law enforcement operations to address emerging international trends in precursor trafficking. Each project operates through a network of national focal points with the responsibility of communicating information received through the project to relevant national authorities for action on a real-time basis. The two projects combined rely on focal points from more than 150 Governments.

398. During the reporting period, INCB issued through Project Prism six alerts, covering new precursors and modi operandi reported by Governments. Two alerts related to two new designer precursors of amphetamine-type stimulants: the ethyl ester of 3,4-MDP-2-P methyl glycidic acid (3,4-MDP-2-P ethyl glycidate) and diethyl (phenylacetyl) propanedioate (DEPADP). The other alerts covered common features and characteristics of shipments of the recently encountered designer precursors, as well as the investigation of a case relating to the use of the Internet for precursor trafficking, which emerged during Operation Acronym. Conducted by INCB in February 2021, Operation Acronym explored features and new aspects of trafficking in precursors using the Internet (specifically, the surface web). It was followed by the development of “intelligence packages”, based on suspicious Internet postings, to be shared with affected countries. One package developed by Indian authorities led to seizures of ephedrine and ketamine in India and seizures of methamphetamine in Australia. A drug trafficking network dealing in several internationally controlled substances, with links to a trafficker in North America, was identified in India.

399. An operational meeting to counter trafficking in acetic anhydride, organized under Project Cohesion, was held in Vienna in September 2022. The meeting facilitated the exchange of information among the relevant countries in Europe with regard to a seizure of acetic anhydride effected by the authorities of Türkiye.

(e) Precursors Incident Communication System

400. Created by INCB in 2012 as an online platform for sharing incidents and suspicious shipments related to precursors and equipment on a real-time basis by competent

authorities, PICS underwent a major upgrade in October 2021 to make it a more effective tool for investigation and analysis. The upgrade strengthened the search capabilities of the platform, enabling users to identify quickly and easily instances involving, for example, specific substances, countries of origin, transit and destination. A special feature of the upgraded version of PICS is a separate section enabling users to share details of specialized equipment used in illicit drug manufacture. This supports the Board’s efforts to encourage Governments to use article 13 of the 1988 Convention as a complementary tool to prevent illicit drug manufacture. In respect of both precursors and equipment, the upgraded version of PICS allows the sharing of information not just on actual seizures, but also on suspicious shipments, thereby facilitating operational cooperation with the transit and destination countries of such shipments on a real-time basis.

401. As at 1 November 2022, PICS, with about 600 registered users from 124 countries and territories, had shared information on more than 3,700 incidents relating to almost 300 substances, indicating the widespread use of non-scheduled chemicals¹²⁴ in illicit drug manufacture. In the reporting period, PICS shared information on more than 250 unique incidents involving over 740 communications on the substances involved (72 communications on substances in Table I, 84 on substances in Table II, 168 on substances included in the limited international special surveillance list of non-scheduled substances, 102 on non-scheduled substances not included in that list and 18 on cutting agents). Information on 9 cases involving laboratory equipment was also shared through PICS.

402. The Board encourages Governments to make use of PICS to share information on incidents relating to precursors and laboratory equipment with the requisite actionable details so that the platform can continue to serve as an effective aid to investigations by law enforcement authorities aimed at preventing the diversion of precursors and equipment used for illicit drug manufacture. The sharing of information on incidents involving newly detected precursor chemicals and designer precursors also enables the Board to prepare relevant alerts (see para. 401 above) to be circulated to Project Prism and Project Cohesion focal points and to update the limited international special surveillance list of non-scheduled substances by including alternative and substitute chemical substances in that list.

403. Further details on the Board’s precursor-related operational activities can be found in the report of the Board for 2022 on the implementation of article 12 of the 1988 Convention.

¹²⁴Only 33 substances are currently listed in Tables I and II of the 1988 Convention.