



INTERNATIONAL NARCOTICS CONTROL BOARD



# Psychotropic Substances 2025

Statistics for 2024

Assessments of Annual Medical and  
Scientific Requirements for 2026

## **Reports published by the International Narcotics Control Board for 2025**

*The Report of the International Narcotics Control Board for 2025 (E/INCB/2025/1)* is supplemented by the following reports:

*Narcotic Drugs: Estimated World Requirements for 2026 — Statistics for 2024 (E/INCB/2025/2)*

*Psychotropic Substances: Statistics for 2024 — Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971 for 2026 (E/INCB/2025/3)*

*Precursors, Chemicals and Equipment Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2025 on the Implementation of Articles 12 and 13 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2025/4)*

The updated lists of substances under international control, comprising narcotic drugs, psychotropic substances and substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, are contained in the latest editions of the annexes to the statistical forms (“Yellow List”, “Green List” and “Red List”), which are also issued by the Board.

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The text of the present report is also available on the website of the Board ([www.incb.org](http://www.incb.org)).



INTERNATIONAL NARCOTICS CONTROL BOARD

# Psychotropic Substances

**Statistics for 2024**  
Assessments of Annual  
Medical and Scientific Requirements  
for Substances in Schedules II, III and IV of the Convention  
on Psychotropic Substances of 1971 for 2026



UNITED NATIONS  
Vienna, 2026

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries. Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

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# CONTENTS

<b>Part one</b> .....	<b>1</b>
Introduction .....	3
Table I. Parties and non-parties to the Convention on Psychotropic Substances of 1971, by continent .....	5
Table II. Receipt of statistics for 2024 .....	11
Table III. Defined daily doses for statistical purposes (S-DDD) for psychotropic substances in Schedules II, III and IV, by substance group and schedule .....	19
Table IV. Prohibition of and restrictions on export and import pursuant to article 13 of the Convention on Psychotropic Substances of 1971 .....	23
<b>Part two</b> .....	<b>29</b>
Comments on the reported statistics on and assessments of psychotropic substances .....	31
Overview .....	31
Trends in reported data on psychotropic substances .....	32
The situation with regard to psychotropic substances in 2024 .....	32
Hallucinogens .....	36
Amphetamines .....	38
Methylphenidate .....	41
Phentermine .....	43
Benzodiazepines .....	43
Barbiturates .....	51
Other sedative-hypnotics .....	53
Meprobamate .....	55
Buprenorphine .....	55
Exempted preparations .....	56
Global assessment system for psychotropic substances for medical and scientific purposes and recent trends .....	58
Assessment system for psychotropic substances and adherence by countries .....	58
Trends in quantities of psychotropic substances assessed by countries and territories .....	60

## Annexes\*

### Table of assessments

- A.I. Assessments of domestic annual medical and scientific requirements for 2026 for substances listed in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971

### Tables of reported consumption

- A.II. Levels of reported consumption of groups of psychotropic substances in defined daily doses for statistical purposes per thousand inhabitants per day (S-DDD<sub>ptpd</sub>)
- A.II.1. Consumption of selected stimulants, 2022-2024
- A.II.2. Consumption of selected sedative-hypnotics, 2022-2024
- A.II.3. Consumption of selected anxiolytics, 2022-2024
- A.II.4. Consumption of selected anti-epileptics, 2022-2024
- A.II.5. Consumption of psychotropic substances included in the WHO Model List of Essential Medicines, 2022-2024

### Tables of reported statistics

- A.III. Reported statistics on substances in Schedule I, II, III and IV of the Convention on Psychotropic Substances of 1971 (in kg)
- A.III.1. Reported statistics on substances in Schedule I of the Convention on Psychotropic Substances of 1971, 2024 and average for 2021-2023
- A.III.2. Reported statistics on substances in Schedule II of the Convention on Psychotropic Substances of 1971, 2024 and average for 2021-2023
- A.III.3. Reported statistics on substances in Schedule III of the Convention on Psychotropic Substances of 1971, 2024 and average for 2021-2023
- A.III.4. Reported statistics on substances in Schedule IV of the Convention on Psychotropic Substances of 1971, 2024 and average for 2021-2023
- A.IV. Reported statistics from countries and territories on substances controlled under the Convention on Psychotropic Substances of 1971 (in kg)
- A.IV.1. Reported statistics from countries and territories in Africa on substances controlled under the Convention on Psychotropic Substances of 1971, 2024 and average for 2021-2023
- A.IV.2. Reported statistics from countries and territories in the Americas on substances controlled under the Convention on Psychotropic Substances of 1971, 2024 and average for 2021-2023
- A.IV.3. Reported statistics from countries and territories in Asia on substances controlled under the Convention on Psychotropic Substances of 1971, 2024 and average for 2021-2023
- A.IV.4. Reported statistics from countries and territories in Europe on substances controlled under the Convention on Psychotropic Substances of 1971, 2024 and average for 2021-2023
- A.IV.5. Reported statistics from countries and territories in Oceania on substances controlled under the Convention on Psychotropic Substances of 1971, 2024 and average for 2021-2023

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\*The annexes are not included in the printed and electronic versions of the present publication, but are available on the website of the International Narcotics Control Board ([www.incb.org](http://www.incb.org)).



# Part one



## Introduction

1. In addition to its annual report, the International Narcotics Control Board (INCB) publishes technical information in accordance with the following provisions of the Convention on Psychotropic Substances of 1971:

### *Article 18. Reports of the Board*

1. The Board shall prepare annual reports on its work containing an analysis of the statistical information at its disposal, and, in appropriate cases, an account of the explanations, if any, given by or required of Governments, together with any observations and recommendations which the Board desires to make. The Board may make such additional reports as it considers necessary. The reports shall be submitted to the Council through the Commission, which may make such comments as it sees fit.
2. The reports of the Board shall be communicated to the Parties and subsequently published by the Secretary-General. The Parties shall permit their unrestricted distribution.
2. The technical data are published for control purposes and to meet the needs of researchers, enterprises and the general public. Pursuant to the provisions of article 16, paragraph 4, parties are required to furnish to the Board annual statistical reports relating to the substances listed in Schedules I-IV of the 1971 Convention. The statistical data that parties to the 1971 Convention are required to furnish to the Board differ according to the Schedule in which a given substance is included. The individual tables of the present technical report are based on those data.
3. Data reported later than 1 November 2025 could not be taken into consideration in preparing this technical report.



**Table I. Parties and non-parties to the Convention on Psychotropic Substances of 1971, by continent**

Region	Party to the 1971 Convention <sup>a</sup>		Non-party to the 1971 Convention
<b>Africa</b>	Algeria (14.7.1978)	Mauritania (24.10.1989)	Equatorial Guinea
<i>Number of States:</i> 54	Angola (26.10.2005)	Mauritius (8.5.1973)	Liberia
	Benin (6.11.1973)	Morocco (11.2.1980)	South Sudan
<i>Parties:</i> 51	Botswana (27.12.1984)	Mozambique (8.6.1998)	
	Burkina Faso (20.1.1987)	Namibia (31.3.1998)	
	Burundi (18.2.1993)	Niger (10.11.1992)	
<i>Non-parties:</i> 3	Cabo Verde (24.5.1990)	Nigeria (23.6.1981)	
	Cameroon (5.6.1981)	Rwanda (15.7.1981)	
	Central African Republic (15.10.2001)	Sao Tome and Principe (20.6.1996)	
	Chad (9.6.1995)	Senegal (10.6.1977)	
	Comoros (1.3.2000)	Seychelles (27.2.1992)	
	Congo (3.3.2004)	Sierra Leone (6.6.1994)	
	Côte d'Ivoire (11.4.1984)	Somalia (2.9.1986)	
	Democratic Republic of the Congo (12.10.1977)	South Africa (27.1.1972)	
	Djibouti (22.2.2001)	Sudan (26.7.1993)	
	Egypt (14.6.1972)	Togo (18.5.1976)	
	Eritrea (30.1.2002)	Tunisia (23.7.1979)	
	Eswatini (3.10.1995)	Uganda (15.4.1988)	
	Ethiopia (23.6.1980)	United Republic of Tanzania (7.12.2000)	
	Gabon (14.10.1981)	Zambia (28.5.1993)	
	Gambia (23.4.1996)	Zimbabwe (30.7.1993)	
	Ghana (10.4.1990)		
	Guinea (27.12.1990)		
	Guinea-Bissau (27.10.1995)		
	Kenya (18.10.2000)		
	Lesotho (23.4.1975)		
	Libya (24.4.1979)		
	Madagascar (20.6.1974)		
	Malawi (9.4.1980)		
	Mali (31.10.95)		

**Table I. Parties and non-parties to the 1971 Convention** (*continued*)

Region	Party to the 1971 Convention <sup>a</sup>		Non-party to the 1971 Convention
<b>The Americas</b>	Antigua and Barbuda (5.4.1993)	Suriname (29.3.1990)	Haiti
<i>Number of States:</i> 35	Argentina (16.2.1978)	Trinidad and Tobago (14.3.1979)	
<i>Parties:</i> 34	Bahamas (31.8.1987)	United States (16.4.1980)	
	Barbados (28.1.1975)	Uruguay (16.3.1976)	
<i>Non-parties:</i> 1	Belize (18.12.2001)	Venezuela (Bolivarian Republic of) (23.5.1972)	
	Bolivia (Plurinational State of) (20.3.1985)		
	Brazil (14.2.1973)		
	Canada (10.9.1988)		
	Chile (18.5.1972)		
	Colombia (12.5.1981)		
	Costa Rica (16.2.1977)		
	Cuba (26.4.1976)		
	Dominica (24.9.1993)		
	Dominican Republic (19.11.1975)		
	Ecuador (7.9.1973)		
	El Salvador (11.6.1998)		
	Grenada (25.4.1980)		
	Guatemala (13.8.1979)		
	Guyana (4.5.1977)		
	Honduras (23.5.2005)		
	Jamaica (6.10.1989)		
	Mexico (20.2.1975)		
	Nicaragua (24.10.1973)		
	Panama (18.2.1972)		
	Paraguay (3.2.1972)		
	Peru (28.1.1980)		
	Saint Kitts and Nevis (9.5.1994)		
	Saint Lucia (16.1.2003)		
	Saint Vincent and the Grenadines (3.12.2001)		

**Table I. Parties and non-parties to the 1971 Convention (continued)**

Region	Party to the 1971 Convention <sup>a</sup>		Non-party to the 1971 Convention
<b>Asia</b>	Afghanistan (21.5.1985)	Philippines (7.6.1974)	Timor-Leste
<i>Number of States:</i> 47	Armenia (13.9.1993)	Qatar (18.12.1986)	
<i>Parties:</i> 46	Azerbaijan (11.1.1999)	Republic of Korea (12.1.1978)	
<i>Non-parties:</i> 1	Bahrain (7.2.1990)	Saudi Arabia (29.1.1975)	
	Bangladesh (11.10.1990)	Singapore (17.9.1990)	
	Bhutan (18.8.2005)	Sri Lanka (15.3.1993)	
	Brunei Darussalam (24.11.1987)	State of Palestine (29.12.2017)	
	Cambodia (7.7.2005)	Syrian Arab Republic (8.3.1976)	
	China (23.8.1985)	Tajikistan (26.3.1997)	
	Democratic People's Republic of Korea (19.3.2007)	Thailand (21.11.1975)	
	Georgia (8.1.1998)	Türkiye (1.4.1981)	
	India (23.4.1975)	Turkmenistan (21.2.1996)	
	Indonesia (19.12.1996)	United Arab Emirates (17.2.1988)	
	Iran (Islamic Republic of) (9.8.2000)	Uzbekistan (12.7.1995)	
	Iraq (17.5.1976)	Viet Nam (4.11.1997)	
	Israel (10.6.1993)	Yemen (25.3.1996)	
	Japan (31.8.1990)		
	Jordan (8.8.1975)		
	Kazakhstan (29.4.1997)		
	Kuwait (13.7.1979)		
	Kyrgyzstan (7.10.1994)		
	Lao People's Democratic Republic (22.9.1997)		
	Lebanon (15.12.1994)		
	Malaysia (22.7.1986)		
	Maldives (7.9.2000)		
	Mongolia (15.12.1999)		
	Myanmar (21.9.1995)		
	Nepal (9.2.2007)		
	Oman (3.7.1997)		
	Pakistan (9.6.1977)		

**Table I. Parties and non-parties to the 1971 Convention (continued)**

Region	Party to the 1971 Convention <sup>a</sup>	Non-party to the 1971 Convention
<b>Europe</b>	Albania (24.1.2003)	Norway (18.7.1975)
	Andorra (13.2.2007)	Poland (3.1.1975)
<i>Number of States:</i> 45	Austria (23.6.1997)	Portugal (20.4.1979)
	Belarus (15.12.1978)	Republic of Moldova (15.2.1995)
<i>Parties:</i> 45	Belgium (25.10.1995)	Romania (21.1.1993)
	Bosnia and Herzegovina (1.9.1993)	Russian Federation (3.11.1978)
<i>Non-parties:</i> 0	Bulgaria (18.5.1972)	San Marino (10.10.2000)
	Croatia (26.7.1993)	Serbia (12.3.2001)
	Cyprus (26.11.1973)	Slovakia (28.5.1993)
	Czechia (30.12.1993)	Slovenia (6.7.1992)
	Denmark (18.4.1975)	Spain (20.7.1973)
	Estonia (5.7.1996)	Sweden (5.12.1972)
	Finland (20.11.1972)	Switzerland (22.4.1996)
	France (28.1.1975)	Ukraine (20.11.1978)
	Germany (2.12.1977)	United Kingdom (24.3.1986)
	Greece (10.2.1977)	
	Holy See (7.1.1976)	
	Hungary (19.7.1979)	
	Iceland (18.12.1974)	
	Ireland (7.8.1992)	
	Italy (27.11.1981)	
	Latvia (16.7.1993)	
	Liechtenstein (24.11.1999)	
	Lithuania (28.2.1994)	
	Luxembourg (7.2.1991)	
	Malta (22.2.1990)	
	Monaco (6.7.1977)	
	Montenegro (23.10.2006)	
	Netherlands (Kingdom of the) (8.9.1993)	
	North Macedonia (13.10.1993)	

**Table I. Parties and non-parties to the 1971 Convention (continued)**

Region	Party to the 1971 Convention <sup>a</sup>	Non-party to the 1971 Convention
<b>Oceania</b>	Australia (19.5.1982)	Cook Islands
<i>Number of States:</i> 16	Fiji (25.3.1993)	Kiribati
<i>Parties:</i> 8	Marshall Islands (9.8.1991)	Nauru
<i>Non-parties:</i> 8	Micronesia (Federated States of) (29.4.1991)	Niue
	New Zealand (7.6.1990)	Samoa
	Palau (19.8.1998)	Solomon Islands
	Papua New Guinea (20.11.1981)	Tuvalu
	Tonga (24.10.1975)	Vanuatu
<b>World total</b>	<i>Number of States</i>	197
	<i>Parties</i>	184
	<i>Non-parties</i>	13

<sup>a</sup>For parties, the dates on which the instruments of ratification or accession were deposited are indicated in parentheses.



## Table II. Receipt of statistics for 2024

Table II reflects the extent of compliance by Governments with the provisions of article 16 of the 1971 Convention in submitting to INCB annual statistical information for 2024. The table also shows to what extent Governments have voluntarily submitted additional information to INCB, pursuant to recommendations of the Board endorsed by the Economic and Social Council and by the Commission on Narcotic Drugs, that is, quarterly statistics on international trade in substances in Schedule II (Council resolution 1981/7) and statistics on the consumption of psychotropic substances (Commission resolution 54/6). The following symbols are used in table II:

A dash (—) indicates that the statistical report for 2024 had not been received by 1 November 2025;

The symbol “x” indicates that the competent administration has furnished for 2024 at least part of the required statistical information;

Countries and non-metropolitan territories are listed in English alphabetical order; the names of territories are shown in italics. The names of countries and territories are those that were in official use at the time the data were collected (in 2024).



**Table II. Receipt of statistics for 2024**

Country or territory	Annual statistics	Quarterly statistics				Reported consumption <sup>a</sup>
		Schedule II				
		Q1	Q2	Q3	Q4	
<b>Afghanistan</b>	X	—	—	—	—	—
<b>Albania</b>	X	X	X	X	X	X
<b>Algeria</b>	X	X	—	—	—	—
<b>Andorra</b>	X	X	X	X	X	—
<b>Angola</b>	X	X	X	X	X	X
<i>Anguilla</i>	X	—	—	—	—	X
<b>Antigua and Barbuda</b>	—	—	—	—	—	—
<b>Argentina</b>	X	—	—	—	—	—
<b>Armenia</b>	X	—	—	—	—	X
<i>Aruba</i>	—	X	X	X	—	—
<i>Ascension</i>	X	—	—	—	—	X
<b>Australia</b>	X	X	X	X	X	X
<b>Austria</b>	X	X	X	X	X	X
<b>Azerbaijan</b>	X	X	X	X	X	—
<b>Bahamas</b>	X	—	—	—	—	—
<b>Bahrain</b>	X	X	X	X	X	—
<b>Bangladesh</b>	X	—	—	—	—	—
<b>Barbados</b>	X	X	X	X	X	—
<b>Belarus</b>	X	X	X	X	X	X
<b>Belgium</b>	X	X	X	X	X	X
<b>Belize</b>	—	—	—	—	—	—
<b>Benin</b>	—	X	X	X	X	—
<i>Bermuda</i>	—	—	—	—	—	—
<b>Bhutan</b>	X	X	X	X	X	X
<b>Bolivia (Plurinational State of)</b>	X	X	—	X	X	X
<b>Bosnia and Herzegovina</b>	—	X	—	—	—	—
<b>Botswana</b>	X	X	X	X	X	X
<b>Brazil</b>	—	X	X	X	X	—
<i>British Virgin Islands</i>	—	—	—	—	—	—
<b>Brunei Darussalam</b>	X	X	X	X	X	—
<b>Bulgaria</b>	X	X	X	—	X	X
<b>Burkina Faso</b>	X	X	X	X	X	X
<b>Burundi</b>	X	—	—	—	—	—
<b>Cabo Verde</b>	X	X	X	X	X	X
<b>Cambodia</b>	—	—	—	—	—	—
<b>Cameroon</b>	X	—	—	—	—	—
<b>Canada</b>	X	X	X	X	X	X
<i>Cayman Islands</i>	X	—	—	—	—	—
<b>Central African Republic</b>	—	—	—	—	—	—

**Table II. Receipt of statistics for 2024 (continued)**

Country or territory	Annual statistics	Quarterly statistics				Reported consumption <sup>a</sup>
		Schedule II				
		Q1	Q2	Q3	Q4	
<b>Chad</b>	X	—	—	—	—	—
<b>Chile</b>	—	X	X	X	X	—
<b>China</b>	X	X	X	X	X	X
<i>China, Hong Kong SAR</i>	X	X	X	X	X	—
<i>China, Macao SAR</i>	X	X	X	X	X	X
<i>Christmas Island</i>	X	X	X	X	X	—
<i>Cocos (Keeling) Islands</i>	X	X	X	X	X	—
<b>Colombia</b>	X	X	X	X	X	X
<b>Comoros</b>	X	—	—	—	—	X
<b>Congo</b>	—	—	—	—	—	—
<b>Cook Islands<sup>b</sup></b>	—	X	X	—	—	—
<b>Costa Rica</b>	X	X	X	X	X	X
<b>Côte d'Ivoire</b>	X	X	X	X	X	—
<b>Croatia</b>	X	X	X	X	X	—
<b>Cuba</b>	X	X	X	—	X	X
<i>Curaçao</i>	X	—	—	X	X	—
<b>Cyprus</b>	X	X	X	X	X	—
<b>Czechia</b>	X	X	X	X	X	X
<b>Democratic People's Republic of Korea</b>	X	X	X	X	X	X
<b>Democratic Republic of the Congo</b>	X	—	—	—	—	X
<b>Denmark</b>	X	X	X	X	X	X
<b>Djibouti</b>	—	—	—	—	—	—
<b>Dominica</b>	X	—	—	—	—	X
<b>Dominican Republic</b>	X	X	—	X	—	X
<b>Ecuador</b>	X	X	X	X	X	X
<b>Egypt</b>	X	—	X	X	X	—
<b>El Salvador</b>	X	X	X	X	X	X
<b>Equatorial Guinea<sup>b</sup></b>	—	—	—	—	—	—
<b>Eritrea</b>	X	—	—	—	—	X
<b>Estonia</b>	X	X	X	X	X	X
<b>Eswatini</b>	X	—	—	—	—	—
<b>Ethiopia</b>	X	—	—	—	—	—
<i>Falkland Islands (Malvinas)</i>	X	X	—	—	—	X
<b>Fiji</b>	X	X	—	—	—	—
<b>Finland</b>	X	X	X	X	X	X
<b>France</b>	X	X	X	X	X	X
<i>French Polynesia</i>	X	—	—	—	—	—
<b>Gabon</b>	—	—	—	—	—	—
<b>Gambia</b>	—	—	—	—	—	—

**Table II. Receipt of statistics for 2024 (continued)**

Country or territory	Annual statistics	Quarterly statistics				Reported consumption <sup>a</sup>
		Schedule II				
		Q1	Q2	Q3	Q4	
<b>Georgia</b>	X	X	X	X	X	X
<b>Germany</b>	X	X	X	X	X	X
<b>Ghana</b>	X	X	X	X	X	—
<i>Gibraltar</i>	X	—	—	—	—	X
<b>Greece</b>	X	X	X	X	—	X
<b>Grenada</b>	X	—	—	X	X	X
<b>Guatemala</b>	X	—	X	X	X	X
<b>Guinea</b>	X	X	X	X	X	—
<b>Guinea-Bissau</b>	—	—	—	—	—	—
<b>Guyana</b>	X	X	X	X	X	X
<b>Haiti<sup>b</sup></b>	X	X	X	X	X	—
<b>Holy See<sup>c</sup></b>	—	—	—	—	—	—
<b>Honduras</b>	X	X	X	X	—	—
<b>Hungary</b>	X	X	X	X	X	X
<b>Iceland</b>	X	X	X	X	X	X
<b>India</b>	X	X	X	X	X	X
<b>Indonesia</b>	X	X	X	X	X	—
<b>Iran (Islamic Republic of)</b>	X	X	X	X	X	—
<b>Iraq</b>	X	X	X	X	X	X
<b>Ireland</b>	X	X	X	X	X	X
<b>Israel</b>	X	X	—	X	—	X
<b>Italy</b>	X	X	X	X	X	X
<b>Jamaica</b>	X	X	X	X	X	X
<b>Japan</b>	X	X	X	X	X	—
<b>Jordan</b>	X	X	X	X	X	X
<b>Kazakhstan</b>	—	—	—	—	—	—
<b>Kenya</b>	X	X	X	X	—	X
<b>Kiribati<sup>b</sup></b>	—	—	—	—	—	—
<b>Kuwait</b>	X	X	X	X	X	—
<b>Kyrgyzstan</b>	X	X	X	X	X	X
<b>Lao People's Democratic Republic</b>	X	—	—	—	—	X
<b>Latvia</b>	X	X	X	X	X	X
<b>Lebanon</b>	X	X	X	X	X	X
<b>Lesotho</b>	X	—	—	—	—	X
<b>Liberia<sup>b</sup></b>	—	X	X	X	X	—
<b>Libya</b>	—	—	—	—	—	—
<b>Liechtenstein<sup>d</sup></b>	—	—	—	—	—	—
<b>Lithuania</b>	X	X	X	X	X	X
<b>Luxembourg</b>	X	X	X	X	X	X

**Table II. Receipt of statistics for 2024 (continued)**

Country or territory	Annual statistics	Quarterly statistics				Reported consumption <sup>a</sup>
		Schedule II				
		Q1	Q2	Q3	Q4	
<b>Madagascar</b>	X	—	X	X	X	X
<b>Malawi</b>	X	—	—	—	—	X
<b>Malaysia</b>	X	X	X	X	X	X
<b>Maldives</b>	X	X	X	X	X	X
<b>Mali</b>	—	—	—	—	—	—
<b>Malta</b>	X	X	X	X	X	X
<b>Marshall Islands</b>	X	—	—	—	—	X
<b>Mauritania</b>	X	X	X	—	—	X
<b>Mauritius</b>	X	—	X	X	—	—
<b>Mexico</b>	X	X	X	X	X	X
<b>Micronesia (Federated States of)</b>	X	—	—	X	X	X
<b>Monaco<sup>e</sup></b>	—	—	—	—	—	—
<b>Mongolia</b>	X	X	X	X	X	—
<b>Montenegro</b>	X	X	—	—	X	X
<i>Montserrat</i>	X	—	—	—	X	X
<b>Morocco</b>	X	X	X	X	X	X
<b>Mozambique</b>	X	X	X	X	X	X
<b>Myanmar</b>	X	X	X	X	X	X
<b>Namibia</b>	X	—	X	X	X	X
<b>Nauru<sup>b</sup></b>	X	—	—	—	—	X
<b>Nepal</b>	X	—	—	—	—	—
<b>Netherlands (Kingdom of the)</b>	X	X	—	—	—	X
<i>New Caledonia</i>	—	X	X	—	—	—
<b>New Zealand</b>	X	X	X	X	X	X
<b>Nicaragua</b>	X	X	X	X	X	—
<b>Niger</b>	X	—	—	—	—	X
<b>Nigeria</b>	X	X	X	X	X	—
<b>Niue<sup>b</sup></b>	—	—	—	—	—	—
<i>Norfolk Island</i>	X	X	X	X	X	—
<b>North Macedonia</b>	X	X	—	X	X	X
<b>Norway</b>	X	X	X	X	X	X
<b>Oman</b>	X	X	X	X	X	X
<b>Pakistan</b>	X	—	—	—	—	—
<b>Palau</b>	—	X	X	X	X	—
<b>Panama</b>	X	X	X	X	X	—
<b>Papua New Guinea</b>	—	—	—	—	—	—
<b>Paraguay</b>	X	X	X	X	X	X
<b>Peru</b>	X	X	X	X	X	X
<b>Philippines</b>	X	X	X	X	X	—

**Table II. Receipt of statistics for 2024 (continued)**

Country or territory	Annual statistics	Quarterly statistics				Reported consumption <sup>a</sup>
		Schedule II				
		Q1	Q2	Q3	Q4	
<b>Poland</b>	X	X	X	X	X	X
<b>Portugal</b>	X	X	X	X	X	X
<b>Qatar</b>	X	X	X	X	X	X
<b>Republic of Korea</b>	X	X	X	X	X	X
<b>Republic of Moldova</b>	—	—	—	—	—	—
<b>Romania</b>	X	X	X	X	X	X
<b>Russian Federation</b>	X	X	X	—	—	—
<b>Rwanda</b>	X	—	—	—	—	—
<i>Saint Helena</i>	—	—	—	—	—	—
<b>Saint Kitts and Nevis</b>	—	—	—	—	—	—
<b>Saint Lucia</b>	X	—	—	—	—	—
<b>Saint Vincent and the Grenadines</b>	X	X	X	X	X	—
<b>Samoa<sup>b</sup></b>	—	—	—	—	—	—
<b>San Marino</b>	X	—	—	—	X	X
<b>Sao Tome and Principe</b>	—	—	—	—	—	—
<b>Saudi Arabia</b>	X	X	X	X	X	—
<b>Senegal</b>	X	—	—	—	—	—
<b>Serbia</b>	X	X	X	X	X	—
<b>Seychelles</b>	X	X	X	X	X	X
<b>Sierra Leone</b>	X	—	X	X	X	X
<b>Singapore</b>	X	X	X	X	X	X
<i>Sint Maarten</i>	X	X	X	X	X	X
<b>Slovakia</b>	X	X	X	X	X	X
<b>Slovenia</b>	X	X	X	X	X	X
<b>Solomon Islands<sup>b</sup></b>	X	—	—	—	—	X
<b>Somalia</b>	X	—	—	—	—	X
<b>South Africa</b>	X	—	—	—	—	X
<b>South Sudan<sup>b</sup></b>	—	—	—	—	—	—
<b>Spain</b>	X	X	X	X	X	X
<b>Sri Lanka</b>	X	X	X	X	X	X
<b>Sudan</b>	—	—	—	—	—	—
<b>Suriname</b>	X	—	—	—	X	X
<b>Sweden</b>	X	X	X	X	X	X
<b>Switzerland</b>	X	X	X	X	X	X
<b>Syrian Arab Republic</b>	X	X	X	X	X	—
<b>Tajikistan</b>	X	X	X	X	X	—
<b>Thailand</b>	X	X	X	X	X	X
<b>Timor-Leste<sup>b</sup></b>	X	X	—	—	—	X
<b>Togo</b>	X	—	—	—	—	—

**Table II. Receipt of statistics for 2024 (continued)**

Country or territory	Annual statistics	Quarterly statistics				Reported consumption <sup>a</sup>
		Schedule II				
		Q1	Q2	Q3	Q4	
<b>Tonga</b>	X	—	—	—	—	X
<b>Trinidad and Tobago</b>	X	X	X	X	X	—
<i>Tristan da Cunha</i>	—	—	—	—	—	—
<b>Tunisia</b>	X	—	—	X	X	—
<b>Türkiye</b>	X	X	X	X	X	X
<b>Turkmenistan</b>	—	—	—	—	—	—
<i>Turks and Caicos Islands</i>	X	X	X	X	X	X
<b>Tuvalu<sup>b</sup></b>	—	—	—	—	—	—
<b>Uganda</b>	X	X	X	X	X	—
<b>Ukraine</b>	X	—	—	X	—	X
<b>United Arab Emirates</b>	X	X	X	X	X	—
<b>United Kingdom</b>	X	X	X	X	X	X
<b>United Republic of Tanzania</b>	X	—	—	—	—	—
<b>United States</b>	X	X	X	X	X	X
<b>Uruguay</b>	X	X	X	X	X	X
<b>Uzbekistan</b>	X	X	X	X	X	X
<b>Vanuatu<sup>b</sup></b>	—	—	—	—	—	—
<b>Venezuela (Bolivarian Rep. of)</b>	X	—	X	X	X	X
<b>Viet Nam</b>	X	—	—	—	—	X
<i>Wallis and Futuna Islands</i>	—	—	—	—	—	—
<b>Yemen</b>	X	—	—	—	—	X
<b>Zambia</b>	X	X	X	X	X	—
<b>Zimbabwe</b>	X	X	X	X	X	—

<sup>a</sup> Requested on a voluntary basis, pursuant to Commission on Narcotic Drugs resolution 54/6.

<sup>b</sup> Non-party to the 1971 Convention.

<sup>c</sup> Statistics included in the report of Italy.

<sup>d</sup> Statistics included in the report of Switzerland.

<sup>e</sup> Statistics included in the report of France.

### **Table III. Defined daily doses for statistical purposes (S-DDD) for psychotropic substances in Schedules II, III and IV, by substance group and schedule**

The term “defined daily doses for statistical purposes (S-DDD)”, which has replaced the term “defined daily doses (DDD)”, is used by INCB as a technical unit of measurement for the purpose of statistical analysis and is not a recommended prescription dose. Its definition is not free of a certain degree of arbitrariness. Certain psychotropic substances may be used in certain countries for different treatments or in accordance with different medical practices, and therefore a different daily dose could be more appropriate. The indicated S-DDD should be considered approximate and subject to modifications if more precise information becomes available. The basis for the grouping of the substances was, as far as possible, the anatomical therapeutic chemical classification system used in the Nordic Statistics on Medicines and recommended by the World Health Organization for drug utilization studies. In addition, the grouping reflects the Schedules of the 1971 Convention.



**Table III. Defined daily doses for statistical purposes (S-DDD) for psychotropic substances in Schedules II, III and IV, by substance group and schedule**

	S-DDD (mg)		S-DDD (mg)
<b>Stimulants</b>			
<i>A. Amphetamines in Schedule II</i>			
Amphetamine .....	15.00	Loprazolam .....	1.00
Dexamfetamine .....	15.00	Lormetazepam .....	1.00
Levamphetamine .....	15.00	Midazolam .....	15.00
Levomethamphetamine .....	15.00	Nimetazepam .....	5.00
Metamphetamine .....	15.00	Nitrazepam .....	5.00
Metamphetamine racemate .....	15.00	Temazepam .....	20.00
		Triazolam .....	0.25
<i>B. Other stimulants in Schedule II</i>			
(2C-B) 4-Bromo-2,5-dimethoxyphenethylamine .....	—	<i>H. Other sedative-hypnotics in Schedule III</i>	
Fenethylamine .....	50.00	Glutethimide .....	250.00
Methylphenidate .....	30.00	<i>I. Other sedative-hypnotics in Schedule IV</i>	
Phencyclidine (PCP) .....	—	Ethchlorvynol .....	500.00
Phenmetrazine .....	50.00	Ethinamate .....	500.00
		Methypylon .....	200.00
<i>C. Stimulants in Schedule III</i>			
Cathine .....	20.00	Zolpidem .....	10.00
<i>D. Stimulants in Schedule IV</i>			
Amfepramone (diethylpropion) .....	75.00	<i>J. Other sedative-hypnotics in Schedule II except secobarbital</i>	
Aminorex .....	—	Gamma-Hydroxybutyric acid (GHB) .....	7500.00
Benzphetamine .....	75.00	Mecloqualone .....	200.00
Etilamphetamine (N-ethylamphetamine) .....	30.00	Methaqualone .....	200.00
Fencamfamin .....	80.00		
Fenproporex .....	20.00	<b>Anxiolytics</b>	
Mazindol .....	1.00	<i>K. Benzodiazepines</i>	
Mefenorex .....	60.00	Alprazolam .....	1.00
Mesocarb .....	25.00	Bromazepam .....	10.00
Pemoline .....	40.00	Camazepam .....	30.00
Phendimetrazine .....	70.00	Chlordiazepoxide .....	30.00
Phentermine .....	15.00	Clobazam .....	20.00
Pipradrol .....	30.00	Clorazepate .....	20.00
Pyrovalerone .....	40.00	Clotiazepam .....	15.00
		Cloxazolam .....	9.00
		Delorazepam .....	3.00
		Diazepam .....	10.00
		Ethyl loflazepate .....	2.00
		Etizolam <sup>a</sup> .....	—
		Fludiazepam .....	0.75
		Halazepam .....	100.00
		Ketazolam .....	30.00
		Lorazepam .....	2.50
		Medazepam .....	20.00
		Nordazepam .....	15.00
		Oxazepam .....	50.00
		Oxazolam .....	40.00
		Phenazepam .....	—
		Pinazepam .....	15.00
		Prazepam .....	30.00
		Tetrazepam .....	100.00
		<i>L. Other anxiolytics</i>	
		Meprobamate .....	1 200.00
<b>Sedative-hypnotics</b>			
<i>E. Barbiturates in Schedule III and secobarbital (Schedule II)</i>			
Amobarbital .....	100.00		
Butalbital .....	100.00		
Cyclobarbital .....	200.00		
Pentobarbital .....	100.00		
Secobarbital .....	100.00		
<i>F. Barbiturates in Schedule IV</i>			
Allobarbital .....	100.00		
Barbital .....	500.00		
Butobarbital .....	150.00		
Secbutobarbital .....	75.00		
Vinylbital .....	150.00		
<i>G. Benzodiazepines</i>			
Brotizolam .....	0.25		
Estazolam .....	2.00		
Flunitrazepam .....	1.00		
Flurazepam .....	30.00		
Haloxazolam .....	7.50		

**Table III. Defined daily doses for statistical purposes (S-DDD) for psychotropic substances in Schedules II, III and IV, by substance group and schedule (continued)**

	S-DDD (mg)		S-DDD (mg)
<b>Anti-epileptics</b>		3-Methylmethcathinone . . . . .	—
<i>M. Barbiturates</i>		4-CMC (4-chloromethcathinone, clephedrone) . . . . .	—
Methylphenobarbital . . . . .	100.00	4-Fluoroamphetamine (4-FA) . . . . .	—
Phenobarbital . . . . .	100.00	4-F-MDMB-BINACA . . . . .	—
<i>N. Benzodiazepines</i>		4-Methylethcathinone (4-MEC) . . . . .	—
Clonazepam . . . . .	4.00	5F-ADB (5F-MDMB-PINACA) . . . . .	—
		5F-AMB-PINACA (5F-AMB, 5F-MMB-PINACA) . . . . .	—
		5F-Apinaca . . . . .	—
		5F-MDMB-PICA (5F-MDMB-2201) . . . . .	—
		5F-PB-22 . . . . .	—
		AB-CHMINACA . . . . .	—
		AB-FUBINACA . . . . .	—
		AB-PINACA . . . . .	—
		ADB-BUTINACA . . . . .	—
		ADB-CHMINACA (MAB-CHMINACA) . . . . .	—
		ADB-FUBINACA . . . . .	—
		<i>Alpha</i> -PHP . . . . .	—
		<i>Alpha</i> -PiHP . . . . .	—
		<i>Alpha</i> -Pyrrolidinovalerophenone ( $\alpha$ -PVP) . . . . .	—
		AM-2201 (JWH-2201) . . . . .	—
		CUMYL-4CN-BINACA . . . . .	—
		CUMYL-PEGACLONE . . . . .	—
		Dipentylone <sup>a</sup> . . . . .	—
		Diphenidine . . . . .	—
		Ethylone . . . . .	—
		Ethylphenidate . . . . .	—
		Eutylone . . . . .	—
		FUB-AMB (MMB-FUBINACA, AMB-FUBINACA) . . . . .	—
		JWH-018 (AM-678) . . . . .	—
		MDMB-4en-PINACA . . . . .	—
		MDMB-CHMICA . . . . .	—
		MDPV (3,4-methylenedioxypropylvalerone) . . . . .	—
		Mephedrone (4-methylmethcathinone) . . . . .	—
		Methiopropamine (MPA) . . . . .	—
		Methoxetamine (MXE) . . . . .	—
		Methylone ( <i>beta</i> -keto-MDMA) . . . . .	—
		<i>N</i> -Benzylpiperazine (BZP) . . . . .	—
		<i>N</i> -Ethylhexedrone . . . . .	—
		<i>N</i> -Ethylorpenylone (ephylone) . . . . .	—
		<i>Para</i> -Methyl-4-methylaminorex (4,4'-DMAR) . . . . .	—
		Pentedrone . . . . .	—
		UR-144 . . . . .	—
		XLR-11 . . . . .	—
		<i>T. NPS in Schedule IV</i>	
		Bromazolam <sup>a</sup> . . . . .	—
		Clonazolam . . . . .	—
		Diclozepam . . . . .	—
		Flualprazolam . . . . .	—
		Flubromazolam . . . . .	—
<b>Analgesics</b>			
<i>O. Analgesics</i>			
Buprenorphine . . . . .	8.00		
Lefetamine (SPA) . . . . .	75.00		
Pentazocine . . . . .	200.00		
<b>Anti-emetics</b>			
<i>P. Anti-emetics</i>			
<i>Delta</i> -9-Tetrahydrocannabinol ( <i>delta</i> -9-THC) and its stereochemical variants . . . . .	30.00		
<b>Antitussives</b>			
<i>Q. Antitussives</i>			
Zipeprol . . . . .	200.00		
<b>Antidepressants</b>			
<i>R. Antidepressants</i>			
Amineptine . . . . .	—		
<b>New Psychoactive Substances (NPS) controlled under the 1971 Convention</b>			
<i>S. NPS in Schedule II</i>			
2-Fluorodeschloroketamine <sup>a</sup> . . . . .	—		
3-Chloromethcathinone (3-CMC) <sup>a</sup> . . . . .	—		
3-Methoxyphencyclidine . . . . .	—		

Note: A dash (—) indicates that the substance has no assigned S-DDD.

<sup>a</sup>By its decisions 67/2, 67/3, 67/4, and 67/5, the Commission on Narcotic Drugs decided to include 3-chloromethcathinone, Dipentylone and 2-fluorodeschloroketamine in Schedule II and Bromazolam in Schedule IV of the 1971 Convention on Psychotropic Substances. In accordance with article 2, paragraph 7 of that Convention, the decisions became fully effective with respect to each Party on 3 December 2024.

## **Table IV. Prohibition of and restrictions on export and import pursuant to article 13 of the Convention on Psychotropic Substances of 1971**

The Secretary-General has transmitted to all Governments notifications concerning the prohibition of the importation of specific substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971 that were received from the countries indicated in the table below. The notifications are presented as follows: notifying countries listed alphabetically, followed by the prohibited substances and dates of notification.

The prohibitions are effective, with respect to exporting countries, as of the date of receipt of the Secretary-General's notification. Upon notification of a prohibition, an exporting country must take measures to ensure that none of the substances specified in the notification are exported to the country or any of the regions in the notifying country. Exports of a prohibited substance may be permitted only when a special import licence has been issued by the notifying country, in accordance with the provisions of article 13 of the 1971 Convention.



**Table IV. Prohibition of and restrictions on export and import pursuant to article 13 of the Convention on Psychotropic Substances of 1971**

Country and prohibited substances	Date of notification	Country and prohibited substances	Date of notification
<b>Argentina</b>		Delorazepam	
Mecloqualone	15/01/1987	Estazolam	
Methaqualone	24/03/1982	Ethinamate	
		Ethyl loflazepate	
<b>Australia</b>		Fludiazepam	
Methaqualone	08/08/1980	Flunitrazepam	
		Haloxazolam	
<b>Belize</b>		Ketazolam	
Amfetamine	09/05/1989	Lefetamine (SPA)	
Dexamfetamine		Loprazolam	
Fenetylline		Lormetazepam	
Levamisfetamine		Medazepam	
Levomethamphetamine		Mesocarb	27/10/2005
Mecloqualone		Methaqualone	30/04/1993
Metamfetamine		Methypylon	30/05/1991
Metamfetamine racemate		Nimetazepam	
Methaqualone		Oxazolam	
Methylphenidate		Phendimetrazine	
Phencyclidine (PCP)		Phentermine	
Phenmetrazine		Pinazepam	
Secobarbital		Pipradrol	
		Prazepam	
		Temazepam	
		Tetrazepam	
<b>Bulgaria</b>		<b>Japan</b>	
Amfetamine	12/08/1993	Amfetamine	31/01/1991
Dexamfetamine		Dexamfetamine	
Fenetylline		Levamisfetamine	
Levamisfetamine		Levomethamphetamine	
Metamfetamine		Metamfetamine	
Metamfetamine racemate		Metamfetamine racemate	
<b>Chile</b>		<b>Latvia</b>	
Glutethimide	01/07/1981	Amfetamine	07/11/1995
Lefetamine (SPA)		Cathine	
Mecloqualone		Dexamfetamine	
Methaqualone		Etilamfetamine	
Phencyclidine (PCP)		Fenetylline	
Phenmetrazine		Fenproporex	
<b>Colombia</b>		Levamisfetamine	
Methaqualone	11/11/1981	Mefenorex	
<b>Gabon</b>		Metamfetamine	
Methaqualone	28/07/1993	Metamfetamine racemate	
<b>Iceland</b>		Phentermine	
Phencyclidine (PCP)	28/11/1979	<b>Lebanon</b>	
<b>India</b>		Amfetamine	16/10/2000
Amfepramone	30/05/1991	Benzfetamine	21/08/2007
Aminorex	27/10/2005	Cathine	16/10/2000
Benzfetamine	30/05/1991	<i>Delta-9-Tetrahydrocannabinol</i>	
Bromazepam		Dexamfetamine	
Brotizolam	27/10/2005	Fenetylline	
Camazepam	30/05/1991	Flunitrazepam	21/08/2007
Clorazepate		Levamisfetamine	16/10/2000
Clotiazepam		Levomethamphetamine	
Cloxazolam		Mecloqualone	
		Metamfetamine	
		Metamfetamine racemate	
		Methaqualone	
		Phencyclidine (PCP)	
		Triazolam	21/08/2007

**Table IV. Prohibition of and restrictions on export and import pursuant to article 13 of the Convention on Psychotropic Substances of 1971 (continued)**

Country and prohibited substances	Date of notification	Country and prohibited substances	Date of notification
<b>Lithuania</b>		<b>Russian Federation</b>	
Amfetamine	29/08/1997	Cathine	09/11/2005
Cathine			
Dexamfetamine		<b>Saudi Arabia</b>	
Fenetylline		Fenetylline	31/12/1987
Levamphetamine		Methaqualone	
Metamphetamine			
Metamphetamine racemate		<b>Senegal</b>	
		Amfetamine	16/05/1980
<b>Madagascar</b>		Dexamfetamine	
Methaqualone	15/12/1978	Mecloqualone	31/01/1991
		Metamphetamine	16/05/1980
<b>Nigeria</b>		Methaqualone	
Amfetamine	27/02/1986	Methylphenidate	
Dexamfetamine		Phencyclidine (PCP)	
Metamphetamine		Phenmetrazine	
Methaqualone			
Methylphenidate		<b>South Africa</b>	
Pemoline	29/10/1990	Methaqualone	15/12/1978
Phencyclidine (PCP)	27/02/1986		
Phenmetrazine			
Secobarbital		<b>Thailand</b>	
		Amfetamine	15/08/1991
<b>Pakistan</b>		Dexamfetamine	
Amfepramone	06/12/1985	Fenetylline	
Amfetamine		Levamphetamine	
Barbital		Levomethamphetamine	
Benzfetamine		Metamphetamine	
Camazepam		Phenmetrazine	
Clotiazepam			
Clozazolam		<b>Togo</b>	
Cyclobarbital		Amfetamine	28/07/1993
Delorazepam		Ethinamate	
Dexamfetamine		Lefetamine (SPA)	
Ethchlorvynol		Mecloqualone	
Ethinamate		Metamphetamine	
Ethyl loflazepate		Methylphenidate	
Flunitrazepam		Methylphenobarbital	
Flurazepam		Methypylon	
Glutethimide		Pemoline	
Halazepam		Phencyclidine (PCP)	
Haloxazolam		Pipradrol	
Lefetamine (SPA)		Secobarbital	
Loprazolam			
Mazindol		<b>Türkiye</b>	
Mecloqualone		Amfepramone	30/06/1981
Metamphetamine		Amfetamine	
Methaqualone		Dexamfetamine	
Methylphenobarbital		Fenetylline	27/09/1999
Methypylon		Flunitrazepam	
Nordazepam		Metamphetamine	30/06/1981
Oxazolam		Metamphetamine racemate	27/09/1999
Phencyclidine (PCP)		Methaqualone	20/08/1982
Phendimetrazine		Pemoline	27/09/1999
Phenmetrazine		Phendimetrazine	30/06/1981
Pipradrol		Phenmetrazine	
Secobarbital		Phentermine	
Tetraazepam		Pipradrol	
<b>Peru</b>			
Lefetamine (SPA)	07/04/2005		
Phendimetrazine	08/04/2005		

**Table IV. Prohibition of and restrictions on export and import pursuant to article 13 of the Convention on Psychotropic Substances of 1971 (continued)**

Country and prohibited substances	Date of notification	Country and prohibited substances	Date of notification
<b>United States</b>		<b>Yemen</b>	
Flunitrazepam	09/10/1996	Amphetamine	18/11/1980
Methaqualone	09/09/1985	Ethinamate	
		Lefetamine (SPA)	
<b>Venezuela (Bolivarian Republic of)</b>		Metamphetamine	
Amphetamine	02/06/1992	Methaqualone	
Dexamphetamine		Methylphenidate	
Levamphetamine		Methylphenobarbital	
Levomethamphetamine		Methyprylon	
Metamphetamine		Phencyclidine (PCP)	
Metamphetamine racemate		Phenmetrazine	
Methaqualone	22/05/1986	Pipradrol	
Phenmetrazine	02/06/1992		





## Part two



# COMMENTS ON THE REPORTED STATISTICS ON AND ASSESSMENTS OF PSYCHOTROPIC SUBSTANCES

## Overview

The analysis contained in the present part of the technical publication on psychotropic substances is based on statistical data and assessment data furnished by Governments. The quality of the analysis depends on the quality of the data provided.

The first section of the analysis presents the main trends found in the data reported by countries and territories, beginning with an overview of the situation regarding the 174 psychotropic substances under international control in 2024, and highlights key trends identified in the data. It also provides updates on the status of the control of psychotropic substances and changes in scheduling under the Convention on Psychotropic Substances of 1971.

The first section continues with a comprehensive analysis of the substances that were of greatest interest in 2024. The analysis is broken down by drug family, beginning with tetrahydrocannabinol (THC) and *delta*-9-THC, the hallucinogens 3,4-methylenedioxymethamphetamine (MDMA), psilocybine and psilocine (psilocin), followed by stimulants, benzodiazepines, barbiturates, other sedative-hypnotics, anxiolytics (specifically meprobamate) and buprenorphine. The most pertinent data related to manufacture, imports, exports, stocks and reported consumption are reviewed, and trends identified in the data for 2024 are compared with trends from previous years. Additional analyses and information are provided on substances used in the manufacture of exempted preparations.

The second section provides an analysis of the assessment system for psychotropic substances, including a review of global assessments reported by countries and territories.

All consumption data used have been provided by countries and territories as part of their annual statistical reports to the International Narcotics Control Board (INCB). Unless otherwise indicated, all consumption values are expressed in defined daily doses for statistical purposes (S-DDD) per 1,000 inhabitants per day, abbreviated S-DDD<sub>ptpd</sub>. This unit of measure was adopted by the Board to measure the consumption of psychotropic substances in line with the approach taken by the World Health Organization Collaborating Centre for Drug Statistics Methodology.

The analysis contained in the present publication reflects only the most significant aspects of licit activity involving internationally controlled psychotropic substances. Complete data for 2024, including data on consumption, and assessments for 2026 can be found in electronic format on the INCB website.

# TRENDS IN REPORTED DATA ON PSYCHOTROPIC SUBSTANCES

## The situation with regard to psychotropic substances in 2024

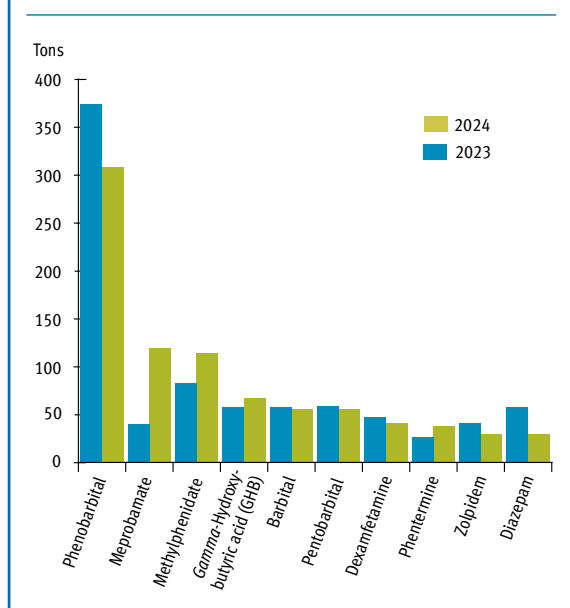
1. As reflected in table II in the present publication, as at 1 November 2025, 176 countries and territories had provided their annual statistical reports for 2024 in accordance with article 16 of the Convention on Psychotropic Substances of 1971. That figure was slightly lower than for the previous year, when 178 countries and territories had provided their annual statistical reports by 1 November.
2. Reporting performance was lower in all regions, except Asia, in 2024 compared with 2023. For 2024, the majority of countries and territories in each region submitted the required annual statistical report, with Europe having the highest reporting rate at 95% (see table 1).

**Table 1. Annual statistics reporting performance for countries and territories, by region, 2023 and 2024**

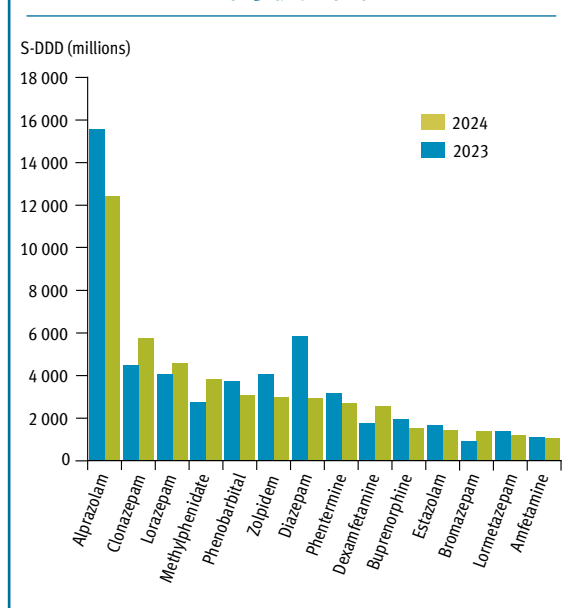
Region	Number of countries and territories	
	2023	2024
Africa	42 out of 57 (74%)	41 out of 57 (72%)
Americas	37 out of 45 (82%)	37 out of 45 (82%)
Asia	42 out of 48 (88%)	45 out of 48 (94%)
Europe	42 out of 43 (98%)	41 out of 43 (95%)
Oceania	15 out of 22 (68%)	12 out of 22 (55%)

3. As at the end of 2024, 174 psychotropic substances had been placed under international control, up from 170 at the end of 2023. In March 2024, the Commission on Narcotic Drugs decided to include 3-chloromethcathinone (3-CMC), dipentylone and 2-fluorodeschloroketamine in Schedule II and bromazolam in Schedule IV of the 1971 Convention, and the substances came under international control in November 2024.
4. The psychotropic substances under international control comprise several drug categories and types and are used to treat an extensive number of health conditions. Most of the psychotropic substances manufactured and consumed are sedative-hypnotics, anxiolytics and anti-epileptics, including barbiturates and benzodiazepines. The other significant group manufactured comprises stimulants, mostly amphetamines and methylphenidate. The remaining substances that are regularly manufactured – hallucinogens, analgesics and anti-anaemics – account for only a small proportion of the overall manufacture of psychotropic substances.
5. Overall trends in the manufacture of psychotropic substances under international control were mixed in 2024 compared with 2023. In terms of gross weight, the substance most manufactured globally was phenobarbital, at 308 tons, a far larger quantity than for any other substance but nearly 70 tons less than in 2023 (see figure 1). Manufacture of meprobamate in 2024 was nearly triple the level reported in 2023, making it the second most manufactured substance. Manufacture of methylphenidate was also sharply higher in 2024, at 114 tons; as was the case in 2023, that was the largest quantity of the substance ever manufactured worldwide in a single year according to data of the International Narcotics Control Board (INCB). The other notable trend in 2024 was the reduction of nearly 50% in the manufacture of diazepam, which stood at just over 29 tons.
6. When considered in terms of absolute number of defined daily doses for statistical purposes (S-DDD), the psychotropic substances manufactured in the largest quantities in 2024 present a different picture compared with the ranking by gross weight (see figure 2). In 2024, alprazolam was the most manufactured substance, at over

**Figure 1. Most manufactured psychotropic substances worldwide, based on gross weight, 2023 and 2024**



**Figure 2. Most manufactured psychotropic substances worldwide, based on total S-DDD, 2023 and 2024**



12.4 billion S-DDD, which was approximately 3.1 billion S-DDD less than the previous year. In dosage terms, manufacture of diazepam fell significantly and was below several other substances that were manufactured in larger quantities in 2024. Otherwise, the substances that were manufactured in the largest quantities did not vary much from 2023. Manufacture was up for some substances, including clonazepam, lorazepam, methylphenidate and phentermine, but down for alprazolam, phenobarbital, zolpidem, diazepam, dexamfetamine and buprenorphine.

7. The primary countries manufacturing psychotropic substances generally remained the same as in previous years. In terms of gross weight, India was the largest manufacturer in 2024, as it is a primary manufacturer of several barbiturates and benzodiazepines. China was the second largest manufacturer, mostly owing to its role as a major manufacturer of several barbiturates. The United States of America, Italy and Germany rounded out the top five manufacturers by gross weight. In terms of S-DDD, the top five countries were India, Italy, the United States, China and Switzerland. Notably, Switzerland, which had reported less manufacture of psychotropic substances in recent years, reported the resumption of manufacture of significant quantities of clonazepam (2.6 billion S-DDD) and bromazepam (803 million S-DDD), thereby increasing its ranking in 2024.

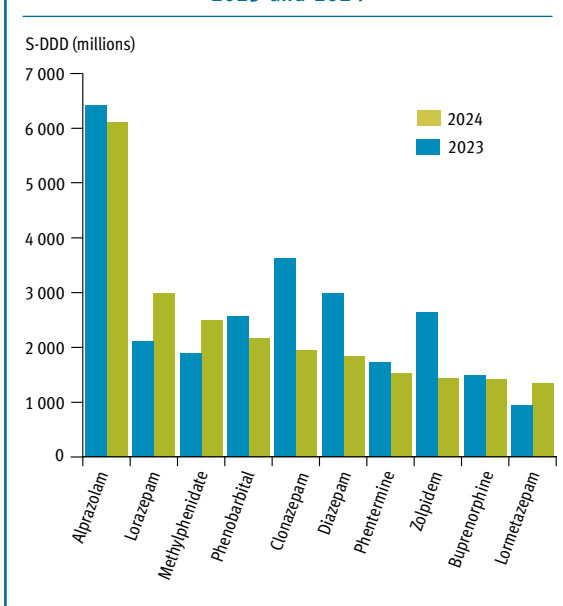
8. With regard to international trade, seven benzodiazepines were among the most widely traded psychotropic substances in 2024 (see table 2). Phenobarbital was the most widely traded barbiturate under international control, while methylphenidate was the most widely traded stimulant. Zolpidem was the most traded non-benzodiazepine non-barbiturate sedative.

9. As in previous years, diazepam was the most widely imported internationally controlled psychotropic substance in 2024, with 167 countries and territories reporting imports of the substance totalling 33.1 tons, the lowest amount since 2017 and continuing a downward trend. Similarly, total imports of midazolam and phenobarbital in 2024 were 20% and 40% lower, respectively, than in 2023. Imports of alprazolam fell by nearly 12% in 2024 compared with 2023. Overall, many substances showed lower quantities of imports in 2024 than in 2023, owing likely to the fact that fewer countries, including key trading countries, had provided the required statistical reports.

**Table 2. Most widely traded internationally controlled psychotropic substances, 2024**

Substance	S-DDD (mg)	Total imports (kg)	Total imports (millions of S-DDD)	Number of importing countries and territories
Diazepam	10	33 091.96	3 309.20	167
Midazolam	15	7 129.90	475.33	162
Phenobarbital	100	154 133.67	1 541.34	152
Alprazolam	1	8 766.22	8 766.22	141
Clonazepam	4	15 070.39	3 767.60	139
Lorazepam	2.5	10 439.91	4 175.97	128
Zolpidem	10	32 222.27	3 222.23	120
Methylphenidate	30	78 367.11	2 612.24	111
Bromazepam	10	16 986.57	1 698.66	110
Clobazam	20	7 566.21	378.31	103

**Figure 3. Most consumed psychotropic substances worldwide, based on total S-DDD, 2023 and 2024**



analysis. Figure 3 presents the most consumed psychotropic substances worldwide in terms of absolute number of total doses (S-DDD) for 2023 and 2024.

12. In 2024, alprazolam was the most consumed substance, at over 6.1 billion S-DDD worldwide, which was nearly 300 million S-DDD less than in 2023. Consumption of clonazepam returned to 2022 levels in 2024 (1.9 billion S-DDD) after having doubled in 2023. Consumption of diazepam also dropped sharply, by approximately 1.1 billion S-DDD, to 1.8 billion S-DDD in 2024. Consumption of zolpidem fell by approximately 1.2 billion S-DDD, from 2.6 billion S-DDD in 2023 to 1.4 billion S-DDD in 2024. Consumption of lorazepam rose significantly to 2.9 billion S-DDD in 2024. As with other observed trends in the data, downward trends in consumption are likely due to fewer countries providing the required statistical reports.

### Tetrahydrocannabinol and *delta-9*-tetrahydrocannabinol

13. Tetrahydrocannabinol (THC) is a cannabinoid that is found naturally in the cannabis plant but it can also be chemically synthesized. All isomers of THC are included in Schedule I of the 1971 Convention except for the isomer *delta-9*-tetrahydrocannabinol (*delta-9*-THC), which is included in Schedule II. *Delta-9*-THC had previously been included in Schedule I but the Commission on Narcotic Drugs moved the substance to Schedule II

in the 1990s in recognition of its potential medical use. The foregoing notwithstanding, the licit use of THC and *delta-9*-THC has been relatively limited in the time since they were placed under international control. Licit use of those substances for medical purposes has however been increasing in recent years, as more countries have authorized some preparations of *delta-9*-THC for medical use. Table 3 provides data on the total global licit manufacture and stocks of the two substances in 2024.

**Table 3. Tetrahydrocannabinol and *delta-9*-tetrahydrocannabinol: total global licit manufacture and stocks, 2024**

<i>Substance</i>	<i>Manufacture (kg)</i>	<i>Stocks (kg)</i>
Tetrahydrocannabinol (all isomers included in Schedule I)	2 259.84	352.58
<i>Delta-9</i> -Tetrahydrocannabinol	3 964.37	3 740.27

14. Manufacture of THC remained limited to a few countries, although the volume of manufacture has grown in the last several years to reach a total of 2.3 tons manufactured in 2024, the largest amount ever according to INCB data. Manufacture was led by Lesotho, which reported manufacture of THC for the first time in 2024 at 1.02 tons,<sup>1</sup> followed by the United States (793.44 kg), Colombia (405.56 kg) and Australia (42.85 kg). Trade in THC was very limited, with only a few countries reporting any imports or exports. The United States was the largest exporter in 2024, reporting 38.70 kg, while the United Kingdom of Great Britain and Northern Ireland was the largest importer, with 19.01 kg. The activity of those two countries accounted for nearly all trade in 2024, with only a few additional countries reporting small quantities imported or exported. Countries that reported consumption data for THC reported no more than a few kilograms or grams consumed.<sup>2</sup>

15. With respect to *delta-9*-THC, licit activity involving this substance has grown significantly in the past several years as more and more countries have authorized the use of pharmaceutical products and other preparations containing it. The manufacture of *delta-9*-THC has varied in quantity since 2015 but has been increasing since 2020, when a total of 706.40 kg was reported. In 2024, over 3.9 tons of *delta-9*-THC were manufactured worldwide; the largest quantity was reported by Australia at 2.39 tons, followed by the United Kingdom (829.49 kg), the United States (457.94 kg), Switzerland (193.55 kg) and Denmark (60.62 kg).

16. Manufacturers' stocks of *delta-9*-THC also varied significantly between 2015 and 2024 but have grown considerably since 2020, when they stood at 476.70 kg. Those stocks increased through 2021 and 2022, reaching 2.36 tons in 2023. In 2024, global manufacturers' stocks increased appreciably to 3.70 tons. The largest holder of stocks in 2024 was Australia, at 2.23 tons, followed by the United States (455.10 kg), the United Kingdom (407.52 kg), Germany (323.66 kg) and Denmark (162.61 kg).

17. Trade in *delta-9*-THC has grown in the last several years as manufacture of the substance has increased. Total reported imports in 2024 stood at 1.77 tons, up from 722.89 kg in 2023, which was already significantly higher than the 397.5 kg reported in 2022. In 2024, Australia imported the largest amount of *delta-9*-THC at 991.80 kg, followed by Germany (357.12 kg), the United Kingdom (133.17 kg), Spain (97.12 kg) and Austria (26.70 kg). In 2024, Canada accounted for approximately two thirds of global exports of the substance, at 971.52 kg, with Switzerland (126.58 kg) and the United Kingdom (126.58 kg) being the other larger exporters that year.

18. Consumption of *delta-9*-THC has been reported by more countries and territories in the last several years. As a result, the reported quantity of the substance being consumed worldwide has grown rapidly since 2020, when approximately 5 million S-DDD were consumed. In 2022, global consumption more than doubled to 11.2 million S-DDD and subsequently rose sharply in 2024 to over 93 million S-DDD. Australia reported the highest consumption rate of *delta-9*-THC in 2024 at 8.02 S-DDD<sub>ptpd</sub>, followed by Germany (0.34 S-DDD<sub>ptpd</sub>), Austria (0.29 S-DDD<sub>ptpd</sub>), Spain (0.19 S-DDD<sub>ptpd</sub>) and Gibraltar (0.11 S-DDD<sub>ptpd</sub>). Another 12 countries reported consumption of at least 0.01 S-DDD<sub>ptpd</sub> of *delta-9*-THC in 2024.

<sup>1</sup>Data to be confirmed.

<sup>2</sup>The consumption of THC can be expressed only in terms of gross weight, as no S-DDD value has been established for the substance.

19. In past years, INCB had required countries to report *delta*-9-THC extracted from cannabis by converting it into the quantity of cannabis raw material that was used for obtaining it. However, that approach was reviewed because it was found to generate inconsistencies and discrepancies in reporting. Accordingly, starting in 2024, INCB has requested countries to indicate the quantities of THC and *delta*-9-THC from natural and synthetic origins for each of the licit activities included in their annual statistical reports. Such disaggregation of the data allows the Board to better monitor the use of cannabis for the manufacture of cannabinoids that are not under international control and those that are (which include THC and its isomers). In 2024, 12 countries and 2 territories provided such information. As can be seen in table 4, most of the THC and *delta*-9-THC manufactured for licit activity was of natural origin.

**Table 4. Total quantities reported regarding licit activity involving tetrahydrocannabinol and *delta*-9-tetrahydrocannabinol in 2024**

	<i>Tetrahydrocannabinol</i> (all isomers included in Schedule I)		<i>Delta-9-Tetrahydrocannabinol</i> (Schedule II)	
	<i>Natural origin (kg)</i>	<i>Synthetic origin (kg)</i>	<i>Natural origin (kg)</i>	<i>Synthetic origin (kg)</i>
Consumption	167.04	0.5	76.62	44.89
Export	361.62	38.72	114.47	3.02
Import	—	19.05	128.94	1.88
Manufacture of exempted preparations	—	—	7	1.02
Manufacture	1 466.40	793.44	3 242.36	464.97
Manufacturers' stocks	567.58	224.22	2 633.43	465.71
Use in the manufacture of non-psychoactive substances	—	—	—	—
Use in the manufacture of other psychotropic substances	—	588.47	0.01	—

20. It should be noted that not all countries that reported licit activity involving THC or *delta*-9-THC provided information regarding the quantities from natural and synthetic origins.

## Hallucinogens

### MDMA

21. The hallucinogen 3,4-methylenedioxymethamphetamine (MDMA) is a stimulant with empathogenic, entactogenic and mild hallucinogenic properties that is included in Schedule I of the 1971 Convention. Since MDMA was placed under international control in the mid-1980s, the licit use of the substance has mostly been for limited scientific and clinical research. In recent years a few countries have authorized the use of MDMA in exceptional cases for specific trauma-related mental health conditions, including post-traumatic stress disorder.

22. Licit activity involving MDMA was limited from the time when the substance was placed under international control until 2019, when manufacture and consumption of the substance increased, probably as a result of increasing research into possible therapeutic applications. MDMA is manufactured in only a few countries; in 2024, the volume of manufacturing stood at 21.64 kg globally, down from 25.42 kg in 2023. The United Kingdom, at 20.73 kg, accounted for nearly all manufacture of the substance reported in 2024, followed by the United States (800 g) and Canada (120 g). Since increasing its manufacture of MDMA in 2020, the United Kingdom has been the primary holder of stocks of the substance, with approximately 12.00 kg in stocks each year since 2021; in 2024, however, it reported a sharp increase to 48.50 kg. Global stocks of MDMA stood at 54.66 kg in 2024.

23. While 20 countries and territories reported imports of MDMA in 2024, the quantities traded were, as in previous years, in very small amounts. Exports of MDMA were also limited, with the United Kingdom as the primary exporter, having reported 0.74 kg exported in 2024. Overall, trade in MDMA has remained largely unchanged over the past decade.

24. Total consumption of MDMA in 2024 amounted to 7.62 kg, less than half the 16.66 kg reported in 2023. The United Kingdom reported the highest consumption in 2024, at 4.54 kg, with the United States reporting almost all of the remaining consumption (2.47 kg).<sup>3</sup>

## Psilocybine and psilocine

25. Psilocybine and psilocine (psilotsin) are hallucinogenic substances included in Schedule I of the 1971 Convention. Both substances occur naturally and can be found in many species of fungi in all parts of the world, but those forms are not under control – only the substance in its molecular form is controlled. Psilocybine is a prodrug that is converted into psilocine in the human body. As in the case of MDMA, licit activity involving psilocybine and psilocine has been very limited since they were placed under international control, but as more countries have authorized research and clinical trials involving the drugs, licit activity regarding their manufacture, trade and consumption has increased in recent years.

26. Prior to 2020, the manufacture of psilocybine and psilocine was very limited, with total global manufacture not exceeding more than a few dozen grams. In 2020, global manufacture of psilocybine increased to approximately 1 kg and changed only slightly in 2021. In 2022, global manufacture increased to 13 kg, after which it increased further to just over 36 kg in 2023. The manufacture of psilocine followed a similar trend during that period.

27. In 2024, total global manufacture of psilocybine dropped to 19.22 kg, down from 36.10 kg the previous year. The United Kingdom was the primary manufacturer of the substance, reporting 9.78 kg, followed by the United States (9.16 kg). Canada, Switzerland and Germany were the only other countries to report manufacture of psilocybine in 2024, each reporting only a few grams. With respect to psilocine, total global manufacture of the substance in 2024 stood at 24.01 kg, showing a sharp drop from the 43.97 kg reported in 2023. As with psilocybine, the United Kingdom was the country reporting the most manufacture of the substance in 2024 (13.76 kg), followed by the United States (10.25 kg). No other country reported manufacture of psilocine.

28. Like manufacture, trade in psilocybine and psilocine was very limited until 2020. Prior to 2020, the traded quantities reported by countries and territories rarely exceeded a few grams. In 2020, total global imports of psilocybine and psilocine stood at 0.46 kg and 0.04 kg, respectively. With regard to psilocybine, the figure rose to approximately 1 kg in 2021 and increased sharply in 2022, to 7.91 kg. In 2024, global imports of psilocybine were lower than in previous years, at 3.09 kg. With regard to psilocine, total global imports have remained largely unchanged since 2020, rising slightly in 2024 to 0.16 kg.

29. Consumption of psilocine has been very limited over the past decade and only a few countries reported consumption (of just a few grams) in any given year. In 2024, a total of 0.75 kg was consumed, mostly in the United Kingdom (0.51 kg). Historically, consumption of psilocybine has been limited to not more than a few dozen grams reported by only a few countries. In 2022, global consumption rose significantly, to 1.30 kg; it then more than doubled, to 3.86 kg, in 2023 and nearly doubled again, to 6.63 kg, in 2024.<sup>4</sup> The United Kingdom was the country that reported the largest consumption of psilocybine in 2024 (4.25 kg), followed by the United States (2.29 kg). Switzerland and Canada were the only other countries to report consumption of the substance, each reporting a few dozen grams.

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<sup>3</sup>The consumption of MDMA can be expressed only in terms of gross weight, as no S-DDD value has been established for the substance.

<sup>4</sup>The consumption of psilocybine can be expressed only in terms of gross weight, as no S-DDD value has been established for the substance.

## NATURAL MATERIALS, PURE SUBSTANCES AND INTERNATIONAL CONTROL

In recent years, interest has grown in the potential medical use of psilocybine, psilocine and other hallucinogens included in Schedule I of the 1971 Convention, which are subject to special measures that are laid out in article 7. Numerous competent national authorities have contacted the Board recently regarding issues related to control of these substances and their permissibility for medical and scientific use. Although some of the substances can be synthesized, authorized research or clinical trials of these substances often involve natural plant or fungal materials. While such materials are not under international control, they do contain substances included in Schedule I even if they are not necessarily pharmaceutical grade preparations containing pure or nearly pure extracts of the substances.

The Board first noted in its annual report for 2010 that plant and fungal materials, including any preparations made from them, that contain substances listed in any of the schedules of the 1971 Convention are not under international control. These include, but are not limited to, ayahuasca (which contains dimethyltryptamine (DMT)), khat (which contains cathine) and many species of mushrooms that contain psilocybine and psilocine.

Cannabis (understood as the flowering tops of the cannabis plant), cannabis extracts and all isomers of tetrahydrocannabinol (THC) are subject to international control under either the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol or the 1971 Convention. Whether THC is consumed in a pharmaceutical preparation (as a psychotropic substance) or inhaled through the consumption of cannabis itself (as a narcotic drug), the psychoactive compound is under international control in either case. That is not the case of hallucinogens included in Schedule I of the 1971 Convention, as no natural plant or fungal materials containing those substances are included in any of the schedules to the Convention.

If they deem it important to protect the health and welfare of the public, Governments are not prevented under the 1971 Convention from placing plant materials, including entheogenic ones, and fungal materials containing internationally controlled substances under national control. That is already the case in many countries. Nevertheless, because the materials themselves are not under international control, the usual control measures of the Conventions do not apply, and countries with specific concerns regarding the use of such materials for either licit or illicit purposes must carefully coordinate with trading partners to prevent potential diversions.

## Amphetamines

30. Six amphetamines are listed in Schedule II of the 1971 Convention: both optical isomers of amphetamine (levamphetamine and dexamphetamine) and their racemic mixture (amphetamine), and both optical isomers of metamfetamine (levomethamphetamine and metamfetamine) and their racemic mixture (metamfetamine racemate). Some of these substances, in particular dexamphetamine, are typically used to treat persons diagnosed with attention deficit hyperactivity disorder (ADHD).

31. Three amphetamines – amphetamine, dexamphetamine and metamfetamine – had a significant presence on the licit market in 2024, with 41 countries and territories importing at least one of them (see table 5). Of the three substances, the most manufactured was dexamphetamine. The global manufacture of dexamphetamine fell in 2024, returning to 2022 levels, mainly because of a decrease in manufacture reported by the United States. Global manufacture of amphetamine was down slightly from 2023, with the United States as the only major manufacturer. With respect to metamfetamine, the quantity manufactured in 2024 remained largely unchanged from 2023; Hungary was the only major manufacturer of the substance. Trade in amphetamine and dexamphetamine was largely unchanged from 2023 to 2024, as reported imports were largely the same. As for metamfetamine, no country reported significant imports of the substance in 2024.

**Table 5. Amphetamines with significant presence on the licit market: total global manufacture, imports and number of importing countries and territories, ranked by quantity manufactured, 2024**

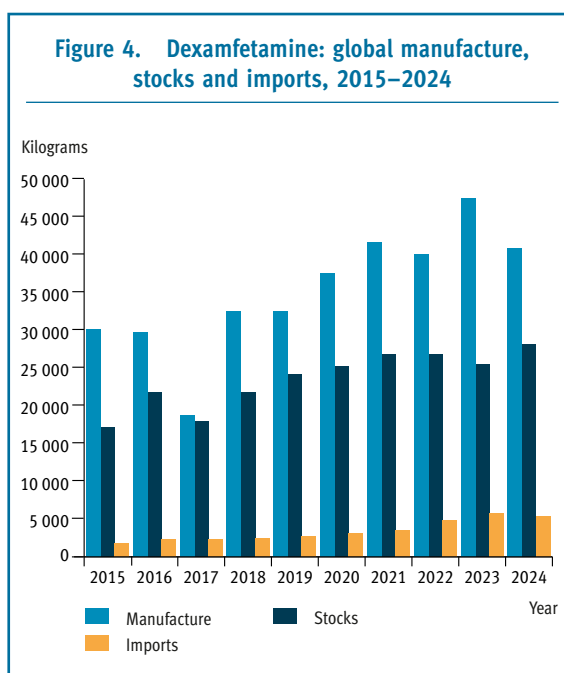
Substance	S-DDD (mg)	Manufacture (kg)	Imports (kg)	Number of importing countries and territories
Dexamfetamine	15	40 789.23	5 310.38	41
Amfetamine	15	15 790.21	1 404.22	28
Metamfetamine	15	652.04	0.45	18

## Dexamfetamine

32. The total manufacture of dexamfetamine decreased from 47.5 tons in 2023 to 40.7 tons in 2024 (see figure 4), as the United States reported a decrease in manufacture of approximately 6 tons compared with the previous year. As has been the case for many years, the United States was the largest manufacturer of dexamfetamine in 2024, at 36.2 tons. The other major manufacturer of the substance was Denmark, which reported 4.5 tons.

33. Global imports of dexamfetamine have increased steadily over the past decade, rising from 1.79 tons in 2015 to 5.69 tons in 2023. Imports of the substance in 2024 were lower, at 5.30 tons, with 41 countries and territories reporting. The largest importer was Germany, which reported 2.70 tons, followed by Australia (646.6 kg), Canada (616.8 kg), Croatia (342.4 kg) and Denmark (131.3 kg). Total exports were slightly lower, dropping from 4.40 tons in 2023 to 3.90 tons in 2024. That was mostly owed to a decrease in the exports reported by Denmark, which led exports in 2024, at 2.80 tons; it was followed by the United States (507.7 kg), Germany (297.4 kg) and Poland (114.7 kg). Another 12 countries reported exports of dexamfetamine in much smaller quantities.

34. In 2024, a total of 24 countries and territories reported consumption of dexamfetamine. Overall consumption remained the same among most countries that reported consumption as compared with the year before. In the United States, however, which reported the highest rate of consumption in 2024, consumption fell, to 9.2 S-DDD<sub>ptpd</sub> from 11.5 S-DDD<sub>ptpd</sub> the year before. Other major consumers of dexamfetamine in 2024 were Israel (3.41 S-DDD<sub>ptpd</sub>), Canada (2.15 S-DDD<sub>ptpd</sub>), the Kingdom of the Netherlands (1.85 S-DDD<sub>ptpd</sub>), Iceland (1.47 S-DDD<sub>ptpd</sub>) and Norway (1.3 S-DDD<sub>ptpd</sub>). All of the other countries that submitted consumption data reported rates below 1 S-DDD<sub>ptpd</sub>. The 10 countries with the highest reported rates of consumption of dexamfetamine in 2024 are listed in table 6.



**Table 6. Dexamfetamine: rates of consumption in the 10 countries reporting the highest consumption in 2024, compared with 2022 and 2023**

Country	S-DDD per 1,000 inhabitants per day		
	2022	2023	2024
United States	8.05	11.50	9.20
Israel	2.07	2.57	3.41
Canada	1.90	2.04	2.15
Netherlands (Kingdom of the)	1.26	1.26	1.85
Iceland	0.94	1.27	1.47

**Table 6. Dexamfetamine: rates of consumption in the 10 countries reporting the highest consumption in 2024, compared with 2022 and 2023 (continued)**

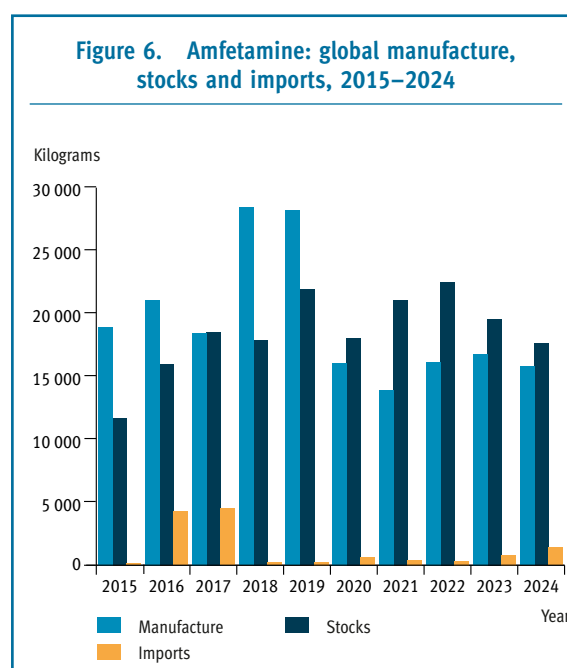
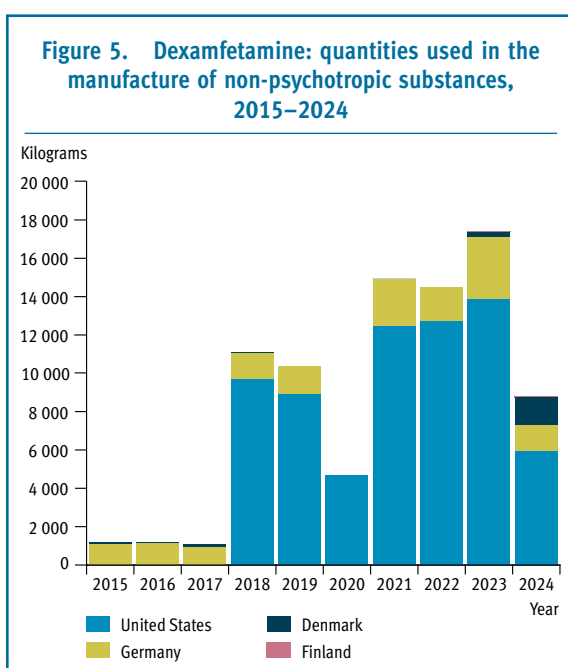
Country	S-DDD per 1,000 inhabitants per day		
	2022	2023	2024
Norway	1.00	1.14	1.30
Sweden	0.89	0.92	0.94
New Zealand	0.07	0.58	0.83
United Kingdom	0.24	0.23	0.40
Denmark	0.15	0.21	0.35

35. In the United States, dexamfetamine is also used in the synthesis of lisdexamfetamine (l-lysine-d-amfetamine), which is a prodrug of dexamfetamine that is not under international control and is used in the treatment of ADHD. The United States began reporting the use of dexamfetamine for the manufacture of non-psychotropic substances in 2018, and the quantity used has continued to grow since then. In 2024, the use of dexamfetamine for that purpose dropped sharply to 8.8 tons from 17.4 tons the year before. As in previous years, the United States accounted for most of such use in 2024 (5.9 tons). According to the information provided to the Board, that entire quantity was used for the manufacture of lisdexamfetamine. Denmark (slightly over 1.4 tons), Germany (1.4 tons) and Finland (54 kg) also reported the use of dexamfetamine for the manufacture of non-psychotropic substances in 2024 (see figure 5).

## Amfetamine

36. The total manufacture of amfetamine decreased by a small amount, from 16.8 tons in 2023 to 15.8 tons in 2024 (see figure 6). As in previous years, the United States was the main manufacturer of the substance, although some very small quantities were also manufactured by other countries. Global stocks of amfetamine fell from 19.6 tons in 2023 to 17.6 tons in 2024. Most of those stocks were held in the United States (17.3 tons). Canada was the other major holder of stocks and reported 263.6 kg of the substance.

37. Trade in amfetamine is relatively limited in comparison with the traded quantities of other psychotropic substances. From 2018 to 2023, imports of amfetamine did not exceed 1 ton. For 2024, global imports of amfetamine stood at 1.2 tons, with Croatia (972.7 kg) and Canada (242.3 kg) accounting for nearly all imports. Another 12 countries reported imports of the substance, but only in quantities of a few kilograms or less. As the primary



manufacturer of amphetamine, the United States was the primary exporter of the substance, reporting 1.5 tons in 2024, up from 1.3 tons in 2023.

38. A total of 12 countries and territories reported consumption of amphetamine in 2024. Overall consumption was largely unchanged, although consumption in the United States did decrease significantly from 10.51 S-DDD<sub>ptpd</sub> in 2023 to 8.12 S-DDD<sub>ptpd</sub> in 2024. The other top consuming countries and territories in 2024 were Canada (1.08 S-DDD<sub>ptpd</sub>), the Turks and Caicos Islands (0.35 S-DDD<sub>ptpd</sub>), Iceland (0.23 S-DDD<sub>ptpd</sub>) and Sweden (0.09 S-DDD<sub>ptpd</sub>).

## Metamphetamine

39. The global manufacture of metamphetamine increased a small amount from the 596.8 kg reported in 2023 to 652.0 kg in 2024. Hungary accounted for nearly all manufacture of the substance in 2024, as was the case as well in 2023. Two other countries reported manufacture of a few grams of the substance. Global stocks of metamphetamine, which had declined from 2.1 tons in 2022 to 243.5 kg in 2023, dropped significantly again in 2024 to 42.7 kg. Hungary reported less than 1 kg of stocks of the substance in 2024, which accounted in part for the large drop. In 2024, the United States was the only major holder of stocks, at 38.2 kg.

40. For several years, trade in metamphetamine was minimal, with only a few grams imported or exported each year. In 2023, however, global imports and exports rose by 1.2 tons each, owing to the export of that quantity from France to the United States during that year. In 2024, there were no significant imports or exports of metamphetamine in amounts of more than a few grams reported by countries.

41. Consumption of metamphetamine was reported by only a few countries and in very low quantities. Each of the countries that provided data for 2024 reported only a few grams each.

## Methylphenidate

42. Like amphetamines, methylphenidate is a stimulant included in Schedule II of the 1971 Convention and is also typically used for the treatment of ADHD. Among the stimulants included in Schedule II, it is the most widely manufactured and traded, with 105 countries and territories reporting imports of the substance in 2024 (see table 7).

**Table 7. Methylphenidate: total global manufacture, imports and number of importing countries and territories, 2023 and 2024**

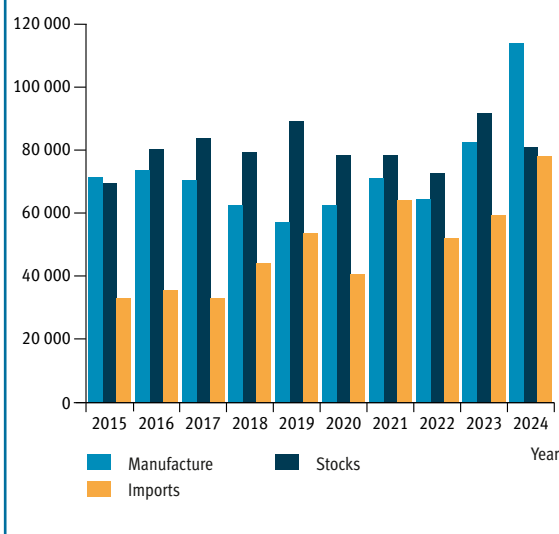
<i>Year</i>	<i>S-DDD (mg)</i>	<i>Manufacture (kg)</i>	<i>Imports (kg)</i>	<i>Number of importing countries and territories</i>
2023	30	82 645.73	59 720.19	120
2024	30	114 231.37	78 367.11	111

43. The global manufacture of methylphenidate started to rise in 2012 and reached 74.0 tons in 2016, the highest level observed since the 1990s. As from 2017, worldwide manufacture of the substance exhibited a downward trend, dropping to 57.2 tons in 2019. Total manufacture then recovered and reached 114.2 tons in 2024, the highest level since INCB began receiving data (see figure 7).

44. The increase in the total manufacture of methylphenidate was mainly a result of the increases reported by India and the United States. In 2024, the United States (68.8 tons) was again the leading manufacturer. India nearly tripled the quantity of methylphenidate it manufactured in 2024 (32.5 tons) vis-à-vis 2023 (11.2 tons). Other major manufacturers in 2024 were Switzerland (9.2 tons), the United Kingdom (2.6 tons) and Spain (879.9 kg).

45. Global stocks of methylphenidate decreased by 11 tons, from 91.6 tons in 2023 to 80.6 tons in 2024. That decrease can be attributed mostly to the United Kingdom, which reduced its stocks from 17.0 tons to 2.1 tons. As in previous years, the United States (45.2 tons) accounted for more than half of global stocks in 2024. Germany (8.9 tons), Switzerland (8.6 tons), Canada (4.9 tons) and India (3.0 tons) were the other major holders of stocks of methylphenidate.

**Figure 7. Methylphenidate: global manufacture, stocks and imports, 2015–2024**



46. International trade in methylphenidate remained highly active in 2024, with 111 countries and territories reporting imports of the substance and an increasing amount of the methylphenidate manufactured in the United States being exported to other countries.

47. The volume of imports of methylphenidate reported by countries and territories rose from 60 tons in 2023 to 78.3 tons in 2024, although fewer countries and territories reported imports in 2024 than in the previous year. Most of the increase can be attributed to a large quantity imported by Mexico (11.1 tons), which historically only imports several hundred kilograms a year. Germany remained the leading importer of methylphenidate in 2024 (12.7 tons), followed by Mexico. Other major importers in 2024 were Spain (9.1 tons), Canada (7.4 tons) and Switzerland (7.2 tons). Another 12 countries imported more than 1 ton of the substance. Among the remaining countries and territories that reported imports of methylphenidate in 2024, 46 imported more than 10 kg of the substance.

48. The total volume of exports of methylphenidate reported by countries and territories increased from 60.9 tons in 2023 to 78.2 tons in 2024. India led in exports of the substance, at 21.0 tons, up from 8.7 tons in 2023. Other major exporters were the United States (17.6 tons), Switzerland (13.2 tons), Spain (7.3 tons) and Germany (7.2 tons).

49. The use of methylphenidate for medical purposes increased significantly in the 1990s. The substance is used for the treatment of ADHD, primarily in children. It is also prescribed for the treatment of narcolepsy. The increase in the manufacture and use of methylphenidate has been mainly the result of developments in the United States, where the substance is frequently prescribed for the treatment of ADHD and is also heavily advertised, including directly to potential consumers.

50. The number of countries and territories reporting methylphenidate consumption decreased from 80 in 2023 to 72 in 2024. The difference between the highest and lowest rates of consumption remained considerable, mainly because of the significant quantity reported by Iceland, which has consistently exhibited high levels of consumption of methylphenidate for many years.

51. In recent years, the consumption of methylphenidate in Iceland increased from 29.47 S-DDD<sub>ptpd</sub> in 2022 to 34.5 S-DDD<sub>ptpd</sub> in 2023 to 46.73 S-DDD<sub>ptpd</sub> in 2024; it was the country reporting the highest consumption worldwide in 2024. Consumption of the substance increased slightly in nearly all countries that provided data, continuing the upward trend in consumption observed over the past several years (see table 8).

**Table 8. Methylphenidate: rates of consumption in the 10 countries and territories reporting the highest consumption in 2024, compared with 2022 and 2023**

Country	S-DDD per 1,000 inhabitants per day		
	2022	2023	2024
Iceland	29.47	34.50	46.73
Denmark	10.63	12.88	15.10
Canada	11.14	12.15	13.82
Netherlands (Kingdom of the)	8.33	9.11	9.96
New Zealand	5.35	9.87	9.94
Sweden	9.01	9.61	9.88
Norway	8.38	9.14	9.54

Country	S-DDD per 1,000 inhabitants per day		
	2022	2023	2024
Finland	6.71	0.83	9.34
Israel	7.73	8.36	8.50
United States	6.90	7.14	7.87

## Phentermine

52. Among the stimulants not included in Schedule II of the 1971 Convention, only one (phentermine) had any significant presence on the licit market in 2024. Phentermine has consistently remained the most manufactured non-amphetamine stimulant and is used medically as an appetite suppressant in the short-term management of obesity.

53. After declining for several years, the volume of global manufacture of phentermine rose in 2024, mainly because of an increase in manufacture reported by Germany. The volume of imports of the substance in 2024 was largely unchanged from 2023. In total, 40 countries and territories reported imports of phentermine in 2024 (see table 9). Trends in consumption were largely unchanged, and New Zealand continued to be the largest per capita consumer in 2024.

**Table 9. Phentermine: total global manufacture and imports, 2024**

Substance	S-DDD (mg)	Manufacture (kg)	Imports (kg)	Number of importing countries and territories
Phentermine	15	38 434.27	23 295.10	44

54. The global manufacture of phentermine rose sharply from 26.6 tons in 2023 to 38.4 tons in 2024, the largest increase of the past 10 years. This was the result of Germany and the United States increasing their manufacture of the substance by nearly 9.0 tons and 2.5 tons, respectively. Germany was the largest manufacturer of phentermine in 2024, at 28.1 tons, followed by the United States (6.0 tons), Italy (3.1 tons) and India (1.1 tons). Global stocks of phentermine also rose sharply, from 23.3 tons in 2023 to 30.4 tons in 2024. The largest share of stocks was held by the United States (13.9 tons), followed by Germany (13.2 tons) and Italy (1.2 tons).

55. Global imports of phentermine saw a small increase in 2024, as 44 countries reported a total of 23.3 tons imported, up from 22.5 tons in 2023. The United States, reporting 10.7 tons, remained the leading importer of the substance, followed by Mexico (6.1 tons), the Republic of Korea (1.9 tons) and Australia (1.6 tons). Global exports of phentermine were lower in 2024, at 23.3 tons, with Germany remaining the top exporter of the substance (15.1 tons).

56. Twenty countries and territories reported data on the consumption of phentermine in 2024, with New Zealand (20.42 S-DDD<sub>ptpd</sub>), the United States (8.04 S-DDD<sub>ptpd</sub>), Mexico (7.80 S-DDD<sub>ptpd</sub>), the Republic of Korea (5.84 S-DDD<sub>ptpd</sub>) and Costa Rica (3.33 S-DDD<sub>ptpd</sub>) reporting the highest rates of consumption.

## Benzodiazepines

57. The benzodiazepines listed in Schedule IV of the 1971 Convention are prescribed for the treatment of a large range of medical conditions, including anxiety, panic disorders, depression and insomnia; some are also used for general anaesthesia, sedation prior to surgery and in the treatment of alcohol withdrawal and drug-associated agitation. Trade in benzodiazepines continues to be a global phenomenon. For decades, nearly all countries and territories have reported trade in at least one benzodiazepine in a quantity of more than 1 kg.

58. In the early 1980s, benzodiazepines began to come under international control. Over time, control measures have been expanded to include additional substances, and currently 41 benzodiazepines are internationally controlled, including four classified as new psychoactive substances.

59. Of the 41 benzodiazepines under international control, 20 had a significant presence on the licit market in 2024 (see table 10). As in previous years, diazepam, midazolam, alprazolam, clonazepam and lorazepam were the most widely traded benzodiazepines in 2024, with each substance imported by 120 or more countries and territories. In comparison with 2023, the number of countries and territories reporting imports of those benzodiazepines changed only slightly.

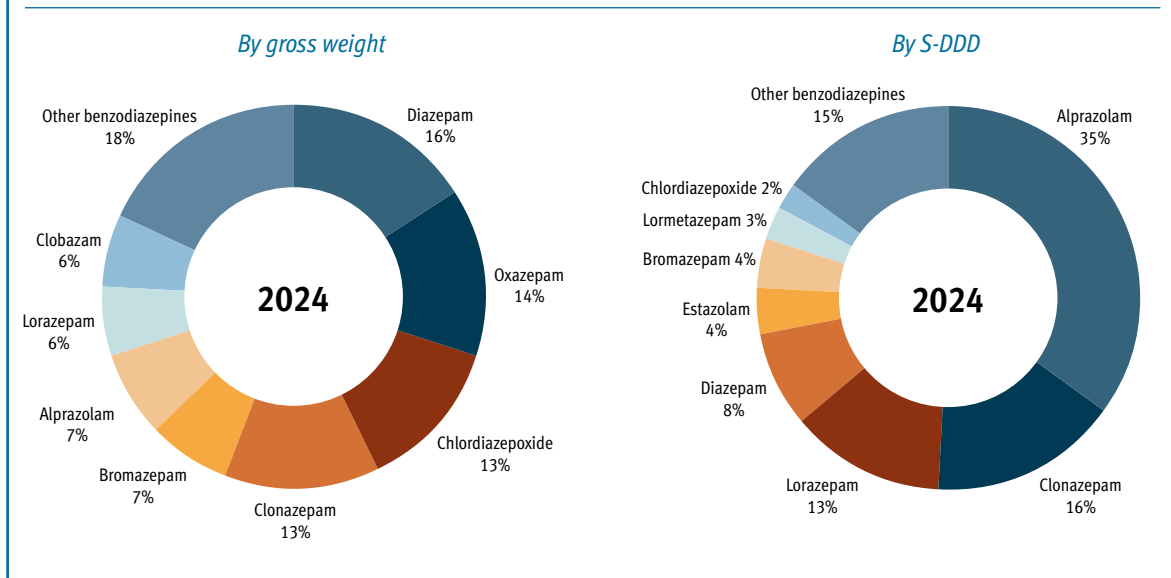
**Table 10. Most widely manufactured and traded benzodiazepines: total global manufacture and number of importing countries and territories, ranked by manufacture in S-DDD, 2024**

<i>Substance</i>	<i>S-DDD (mg)</i>	<i>Manufacture (kg)</i>	<i>Manufacture (millions of S-DDD)</i>	<i>Number of importing countries and territories</i>
Alprazolam	1	12 406.67	12 406.67	141
Clonazepam	4	22 993.78	5 748.44	139
Lorazepam	2.5	11 397.87	4 559.15	128
Diazepam	10	29 133.59	2 913.36	167
Estazolam	2	2 877.04	1 438.52	13
Bromazepam	10	13 629.51	1 362.95	110
Lormetazepam	1	1 179.14	1 179.14	16
Chlordiazepoxide	30	23 636.06	787.87	76
Brotizolam	0.25	194.66	778.62	13
Flunitrazepam	1	701.87	701.87	25
Nitrazepam	5	3 101.82	620.36	54
Clobazam	20	11 005.15	550.26	103
Oxazepam	50	25 540.63	510.81	51
Midazolam	15	7 043.58	469.57	162
Temazepam	20	5 517.25	275.86	31
Triazolam	0.25	60.10	240.40	31
Clorazepate	20	2 138.35	106.92	42
Prazepam	30	2 555.03	85.17	27
Loprazolam	1	70.41	70.41	12
Flurazepam	30	1 601.89	53.40	21

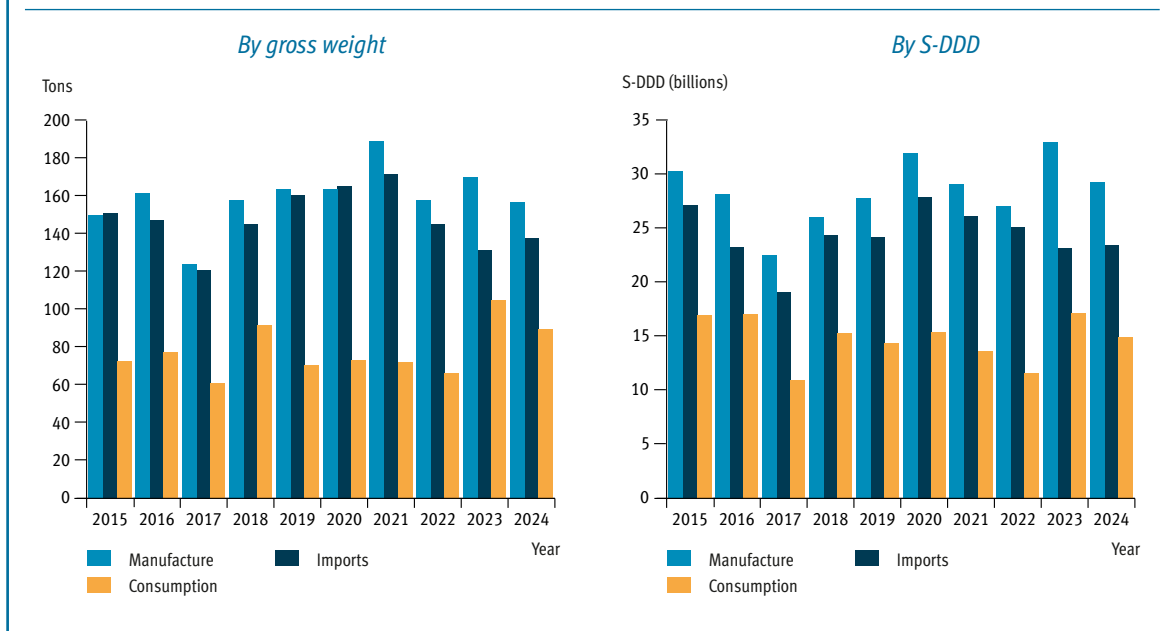
60. In 2024, the total reported manufacture of the most widely traded benzodiazepines was slightly over 176 tons, which constituted a noticeable decline compared with 2023. While manufacture was reported in multiple regions around the world, 93% of total manufacture was concentrated in four countries: Italy (38%), India (38%), Switzerland (10%) and China (7%). Notwithstanding the notable decrease in its manufacture of the substances, Italy remained the leading manufacturer. Manufacture in India declined slightly compared with 2023, and China reported lower volumes than in the period from 2021 to 2023. Switzerland, which had not reported any manufacture in 2023, ranked third in 2024 upon reporting a record-high volume. In terms of gross weight, eight benzodiazepines – diazepam, oxazepam, chlordiazepoxide, clonazepam, bromazepam, alprazolam, lorazepam and clobazam – accounted for 82% of total manufacture in 2024; in terms of S-DDD, the top eight benzodiazepines – alprazolam, clonazepam, lorazepam, diazepam, estazolam, bromazepam, lormetazepam and chlordiazepoxide – accounted for 85% of the total (see figure 8).

61. Globally, nine benzodiazepines were the most significant in terms of manufacture based on gross weight and trade data: alprazolam, bromazepam, chlordiazepoxide, clobazam, clonazepam, diazepam, lorazepam, midazolam and oxazepam. Together, those substances comprised 89% of the licit manufacture of benzodiazepines with a significant presence on the licit market. Their global manufacture has fluctuated over the past five years. In 2024, aggregated global manufacture amounted to 156 tons, which was equivalent to 28.7 billion S-DDD; total imports stood at 136.4 tons, equivalent to 23.4 billion S-DDD (see figure 9).

**Figure 8. Benzodiazepines with significant presence on the licit market: shares of global manufacture by substance, based on gross weight and by S-DDD, 2024**



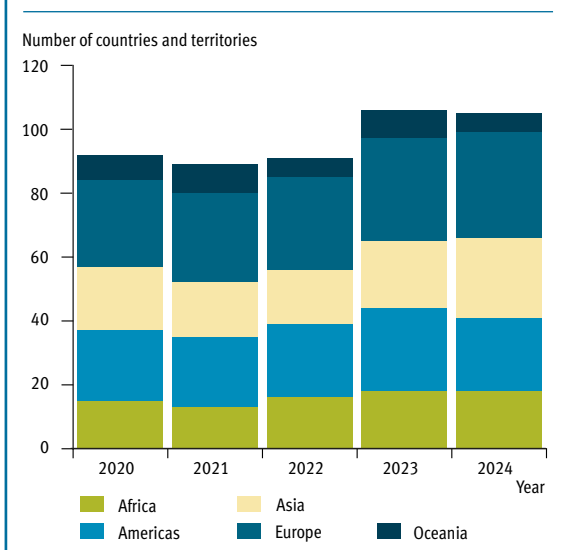
**Figure 9. Most traded benzodiazepines: global manufacture, imports and consumption, based on gross weight and S-DDD, 2015-2024**



## Diazepam

62. As in previous years, diazepam continued to be the most manufactured benzodiazepine in 2024 in terms of gross weight (29.0 tons). However, as the manufacture of most of the other benzodiazepines increased, the relative share of diazepam decreased; in 2024, it accounted for 16% of the overall manufacture of benzodiazepines, compared with 29% in 2023. Global manufacture of diazepam reached its lowest level of the past decade in 2024, following several years of marked fluctuations. Manufacture of the substance in Italy peaked at 29.2 tons in 2021, but declined sharply thereafter, falling to 12.2 tons in 2024. Although India had shown a general upward trend in manufacture over the past decade, manufacture declined in 2024, to a level of 16.0 tons. Despite this drop, India remained the top manufacturer globally. In China, manufacture of the substance exhibited significant volatility between 2016 and 2024, peaking at 23.8 tons in 2019 but dropping to a low of 0.9 tons in 2024. Globally, 97% of the manufacture of diazepam in 2024 was reported by two countries: India (55%) and Italy (42%). Total

**Figure 10. Diazepam: number of countries and territories reporting consumption, by region, 2020–2024**



Spain, France, Czechia, Nigeria, Bangladesh and Pakistan (in descending order by quantity imported), which together accounted for approximately 61% of total global imports. The main exporting countries in 2024 were Italy (15.2 tons), India (10.7 tons), the United States (2.2 tons), Denmark (2.1 tons), China (1.7 tons), Czechia (1.5 tons) and Germany (1.2 tons). Taken together, those countries accounted for 91% of global exports of the substance.

64. Among those countries and territories that provided data, the number that reported consumption data for diazepam rose markedly from 91 in 2022 to 106 in 2023, before dropping slightly to 105 in 2024 (see figure 10). In 2024, Montenegro reported the highest level of consumption of diazepam, at 13.92 S-DDD<sub>ptpd</sub>, followed by Cuba (12.30 S-DDD<sub>ptpd</sub>), Portugal (11.80 S-DDD<sub>ptpd</sub>) and Gibraltar (10.93 S-DDD<sub>ptpd</sub>). Spain and Uruguay also reported high levels, with 9.64 S-DDD<sub>ptpd</sub> and 8.84 S-DDD<sub>ptpd</sub>, respectively. Several other countries, including the Democratic Republic of the Congo, Ireland and Slovenia, reported moderate consumption levels above 6 S-DDD<sub>ptpd</sub>.

## Midazolam

65. After the record-high level of 25 tons of midazolam manufactured in 2021, as a result of the increased demand for the substance during the coronavirus disease (COVID-19) pandemic, manufacture dropped sharply in 2022, to 13.5 tons, and then to 6.8 tons in 2024. For several years, most of the global supply of midazolam has been manufactured in five countries, namely, Brazil, China, India, Israel and Italy. For 2024, India reported manufacture of 4 tons, up somewhat from 2.9 tons in 2023. In Italy, the downward trend continued; manufacture stood at 1.9 tons in 2024, down from 2.3 tons in 2023 and 4.4 tons in 2022. China manufactured 0.75 tons of the substance, a slight decrease from 0.84 tons in 2023. Global manufacturers' stocks of midazolam continued to decline, dropping to 7.1 tons in 2024 from 8.4 tons in 2023 and 14.4 tons in 2022. The largest stocks were held by the United Kingdom (1.4 tons), India (0.9 tons), France (0.9 tons) and Italy (0.9 tons). Manufacturers' stocks of midazolam varied across reporting countries and showed no consistent country-level pattern. In 2024, 15 countries reported manufacturers' stocks of approximately 100 kg or more.

66. Global midazolam imports peaked at 18.2 tons in 2021, driven by demand related to the COVID-19 pandemic. That figure then declined to 12.6 tons in 2022, 8.4 tons in 2023 and 7.1 tons in 2024, with 154 countries reporting. Throughout that period, the number of reporting countries and territories remained relatively stable. The largest importers of midazolam in 2024 were Germany (2.0 tons) and Spain (0.8 tons); the other reporting countries indicated significantly lower import quantities. The overall decline in imports was primarily due to substantial reductions by some major importers from previous years. Exports were led by Italy (2 tons), Germany

manufacturers' stocks across all countries and territories declined slightly, dipping from 39.9 tons in 2023 to 35.0 tons in 2024. The countries with the largest stocks of diazepam in 2024 were China (18.1 tons), Italy (5.1 tons), India (4.0 tons) and France (1.4 tons).

63. Diazepam was again the most widely traded internationally controlled psychotropic substance in 2024, with 167 countries and territories reporting imports of the substance. Global imports of diazepam increased steadily from 32.5 tons in 2017 to a peak of 66.4 tons in 2021. However, imports have since followed a downward trend, declining to 44.4 tons in 2022, 37.3 tons in 2023 and 33.1 tons in 2024. The number of countries and territories importing diazepam peaked at 176 in 2018 and then fluctuated in the years that followed. As noted above, 167 countries and territories reported imports of the substance in 2024, up slightly from 165 in 2023. Imports of more than 1 ton in 2024 were reported by Ghana, the Democratic Republic of the Congo, the United States, Germany,

(1.6 tons) and India (1.5 tons). The countries reporting exports of more than 100 kg in 2024 comprised Spain, Slovakia, Switzerland, Türkiye, France and Latvia (listed in descending order of quantities).

67. Data on the consumption of midazolam in 2024 were provided by 100 countries and territories. The highest rates of midazolam consumption were reported by the United Kingdom (14.7 S-DDD<sub>ptpd</sub>) and Montserrat (12.3 S-DDD<sub>ptpd</sub>).

## Alprazolam

68. Alprazolam, a short-acting tranquillizer used in the short-term management of anxiety disorders, is one of the most frequently prescribed benzodiazepines worldwide. After reaching a record high of 15.6 tons in 2023, global manufacture of the substance dropped significantly to 12.4 tons in 2024. That decrease was primarily driven by a reduction in India, where total manufacture dropped from 10.9 tons in 2023 to 6.3 tons in 2024. In contrast, the United States reported increased manufacture in 2024, totalling 3.0 tons, up from 2.1 tons in 2023. Italy and China reported manufacture quantities in 2024 that were very close to their 2023 levels, at 1.7 tons and 0.5 tons, respectively. France and Argentina reported considerably lower quantities than in 2023, manufacturing 0.2 tons and 0.1 tons, respectively. Total global stocks of alprazolam have been steadily decreasing since 2020, when they peaked at 9.6 tons, reaching their lowest point of 6.9 tons in 2024. Italy (1.4 tons), the United States (1.3 tons), China (892 kg), India (800 kg) and Ireland (608 kg) held the largest quantities.

69. The total volume of alprazolam imported globally continued to decline in 2024 to a level of 8.8 tons, down from 9.8 tons in 2023 and 10.1 tons in 2022. A total of 141 countries and territories reported imports in 2024. Italy reported the highest volume of imports, at 1.15 tons, down slightly from 1.3 tons in 2023. The United States was the second largest importer, at 936 kg, marking a notable decrease from 1.51 tons the previous year. India, however, saw a significant increase in its imports of alprazolam, which came to 862 kg and was more than double its 2023 figure of 401 kg. Ireland also imported more of the substance in 2024, reaching 725 kg, up from 399 kg in 2023. After not reporting any imports of alprazolam in 2023, the Islamic Republic of Iran re-entered the list with 521 kg. Switzerland saw a noticeable decline, importing 375 kg in 2024 compared with 504 kg in 2023. Smaller quantities were imported by various other countries. In 2024, the top exporters of alprazolam were Italy with 2.1 tons, Germany with 1.6 tons and India with 1.5 tons.

70. In 2024, a total of 85 countries and territories reported consumption data for alprazolam. Of that total, 9 reported rates of consumption of 10 S-DDD<sub>ptpd</sub> or higher and 32 reported rates below 10 S-DDD<sub>ptpd</sub> but higher than 2 S-DDD<sub>ptpd</sub>. Among those countries and territories, Hungary (49.01 S-DDD<sub>ptpd</sub>), Portugal (30.73 S-DDD<sub>ptpd</sub>), Spain (19.66 S-DDD<sub>ptpd</sub>), Montenegro (19.51 S-DDD<sub>ptpd</sub>) and Belgium (16.08 S-DDD<sub>ptpd</sub>) were the top five consumers of the substance in 2024.

## Clonazepam

71. Clonazepam, the only anti-epileptic benzodiazepine under international control, is also used for the treatment of panic disorders and anxiety. In 2024, global clonazepam manufacture reached a new record high of 23.0 tons, surpassing all previous years. Manufacture had previously peaked at 18.5 tons in 2020, followed by a slight decline to 17.2 tons in 2021 and a sharp drop to 10.7 tons in 2022. The trend reversed in 2023 when manufacture rose to 17.9 tons and then continued upward in 2024. The upsurge was largely driven by Switzerland, which reported manufacturing 10.6 tons in 2024 in an extraordinary increase from just 4 kg in 2022 and no reported manufacture in 2023. India, despite a decrease in manufacture to 8.9 tons in 2024 from 11.4 tons in 2023, recorded its second-highest volume of the past decade. Italy also contributed significantly to the overall increase, reporting 2.4 tons in 2024 – its highest level this decade and a large increase over the 1.6 tons reported in 2023. Together with China (987 kg), these four countries accounted for nearly all of the global clonazepam manufacture in 2024. Global stocks of clonazepam also rose in 2024, reaching a total of 6.6 tons, up from 6.5 tons in 2023 and 6.6 tons in 2022; that level was still well below the record high of 13.8 tons registered in 2021. In Switzerland, manufacturers' stocks of the substance jumped sharply to 5.3 tons, after standing at just 472 kg in 2023. Italy also saw a significant increase, reporting 1.4 tons in 2024 – its highest level since 2021 – up from 597 kg in 2023. In 2024, the stocks held by Switzerland and Italy accounted for 72% of the total clonazepam stocks reported globally.

72. Global imports of clonazepam similarly increased in 2024, reaching 15.1 tons, which was up from 11.4 tons in 2023 and nearly matched the level reported in 2022. A total of 139 countries reported imports in 2024, with the top seven importers accounting for 77% of imports worldwide. Leading the list was Germany, with 5.6 tons, followed by the United States (1.5 tons), Spain (1.2 tons), Argentina (0.9 tons), Switzerland (0.8 tons) and the Islamic Republic of Iran (0.8 tons). In 2024, just five countries accounted for 98% of clonazepam exports worldwide. Switzerland led with 5.9 tons, and was followed by India (5.3 tons), Germany (1.9 tons), Italy (1.7 tons) and Spain (0.7 tons).

73. In 2024, 92 countries and territories reported consumption data for clonazepam, up from 90 in 2023. Uruguay recorded the highest consumption, at 15.47 S-DDD<sub>ptpd</sub>, which was almost double its 2023 figure of 8.05 S-DDD<sub>ptpd</sub> and represented a turnaround from a previously downward trend. Consumption of the substance in Spain also showed a strong upturn, rising to 7.06 S-DDD<sub>ptpd</sub> in 2024 from 3.73 S-DDD<sub>ptpd</sub> in 2023. Mexico, which had experienced a sharp increase in 2023 to 9.30 S-DDD<sub>ptpd</sub>, reported a decline to 6.26 S-DDD<sub>ptpd</sub> in 2024. Costa Rica saw a modest decrease in consumption to 6.00 S-DDD<sub>ptpd</sub>, down from 7.22 S-DDD<sub>ptpd</sub> in 2023. Hungary continued its gradual downward trend, reporting 4.17 S-DDD<sub>ptpd</sub> in 2024 compared with 4.85 S-DDD<sub>ptpd</sub> in 2023.

## Lorazepam

74. The global manufacture of lorazepam continued its upward trend in 2024, reaching 11.4 tons. That marked the fourth consecutive year of growth in the manufacture of this substance, following on 8.0 tons in 2021, 8.5 tons in 2022 and 10.2 tons in 2023. The growth in 2024 was driven primarily by India and Italy. In India, manufacture surged to 5.0 tons, continuing the sharp upward trend from 1.8 tons in 2022 and 3.1 tons in 2023. Italy maintained its position as the largest manufacturer, increasing output to 5.6 tons and thus reversing the dip to 4.3 tons seen in 2023. In contrast, Germany, which had reported a notable rise to 2.3 tons in 2023, saw a steep decline to just 234 kg in 2024. Smaller quantities were also manufactured in China (380 kg), whose level remained relatively stable, and in the United States, Costa Rica and Ukraine. Global manufacturers' stocks decreased from 9.0 tons in 2023 to 6.8 tons in 2024. Ireland was the largest holder of stocks, with just over 1.2 tons, followed by Germany (just under 1.2 tons), Italy (853 kg) and China (758 kg). Smaller quantities were held by 33 other countries.

75. In 2024, global imports of lorazepam increased to 10.4 tons, reversing the downward trend observed in previous years of 8.5 tons in 2023 and 8.6 tons in 2022. The 2024 figure marks the highest level since 2020, when imports reached 11.9 tons. A total of 128 countries reported importing lorazepam in 2024. Ireland was the largest importer, with just over 1.5 tons, followed closely by Spain (just under 1.5 tons), Germany (981 kg), the United States (743 kg) and Thailand (732 kg). Global exports of lorazepam rose to 11.6 tons in 2024, up from 9.0 tons in 2023, continuing an upward trend. Italy remained the leading exporter, as its exports increased to 5.3 tons; it was followed by India (2.7 tons) and Germany (1.6 tons). These three countries were the only ones to export more than 1 ton of the substance in 2024. Other major exporters included Ireland (830 kg) and Switzerland (409 kg), as well as some other countries with smaller quantities.

76. In 2024, 75 countries and territories reported consumption data for lorazepam. Spain recorded the highest level, at 33.21 S-DDD<sub>ptpd</sub>, followed by Portugal (23.12 S-DDD<sub>ptpd</sub>), Montenegro (15.84 S-DDD<sub>ptpd</sub>), Italy (15.14 S-DDD<sub>ptpd</sub>), Malta (12.90 S-DDD<sub>ptpd</sub>) and Belgium (12.68 S-DDD<sub>ptpd</sub>). These six countries reported consumption levels above 10 S-DDD<sub>ptpd</sub>; 23 other countries reported levels between 2 and 10 S-DDD<sub>ptpd</sub>, and the remaining countries reported consumption below 2 S-DDD<sub>ptpd</sub>.

## Bromazepam

77. In 2024, global manufacture of bromazepam increased to 13.6 tons, springing back from the 9.0 tons reported in 2023 and approaching the peak of 15.2 tons recorded in 2022. This increase was primarily driven by Switzerland, which reported manufacture of 8.0 tons after not reporting any in 2023. Italy, while still a major manufacturer, saw a decline to 4.1 tons in 2024, down from 6.2 tons in 2023. India was again among the major manufacturers in 2024, reporting 1.5 tons. No other countries reported manufacture of bromazepam in 2024. In 2024, global stocks of bromazepam decreased slightly to 8.1 tons, down from 8.9 tons in 2023 and well below the peak of 11.6 tons recorded in 2022. Switzerland increased its stocks to 2.6 tons, up from the 1.7 tons reported

in 2023, though still below the 5.5 tons reported in 2022. France also saw a notable rise, reporting 2.3 tons in 2024, up from 1.2 tons in 2023. In contrast, Italy experienced a decline, with stocks falling to 1.8 tons from 2.5 tons the previous year. The other 27 countries reporting stocks of bromazepam all indicated levels below 1 ton in 2024.

78. In 2024, global imports of bromazepam rose to 16.4 tons, continuing the upward trend from previous years. The increase was largely driven by Germany, which reported 7.5 tons and thus maintained its position as the largest importer of the substance. Other major importers included France (1.7 tons), Pakistan (1.4 tons), Serbia (689 kg) and Italy (677 kg). In total, 102 countries reported importing bromazepam in 2024. Global exports of bromazepam also increased, reaching 17.6 tons in 2024. The leading exporters were Switzerland (7.5 tons), Italy (4.9 tons), Germany (3.0 tons) and India (1.5 tons), together accounting for 96% of global exports. This pattern reflects the practice of re-exporting in some countries, particularly Germany, which is both a major importer and exporter of bromazepam.

79. In 2024, Montenegro remained the highest consumer of bromazepam, reporting 14.64 S-DDD<sub>ptpd</sub>, which was slightly down from its 2023 level. Other countries reporting notable consumption included France (5.24 S-DDD<sub>ptpd</sub>) and Lithuania (4.87 S-DDD<sub>ptpd</sub>), both maintaining levels above 4 S-DDD<sub>ptpd</sub>. In total, 67 countries reported consumption of bromazepam in 2024. The other 64 countries reported consumption in smaller amounts.

## Clobazam

80. Global manufacture of clobazam increased to 11.0 tons in 2024, up from 8.7 tons in 2023. This rise was primarily driven by France, which reported manufacture of 4.7 tons in 2024 after not reporting any in 2023. Notwithstanding the decline from 6.6 tons in 2023 to 5.3 tons in 2024, India remained the leading global manufacturer, followed by Germany (726 kg). Italy, Argentina and the United States also reported manufacture but in far smaller quantities.

81. Global imports of clobazam have remained relatively stable over the past several years, standing at 7.5 tons in 2024. Among the 103 importing countries and territories, India was the largest importer of clobazam in 2024, with 1.7 tons, followed by France (906 kg) and the United States (891 kg). Global exports of the substance totalled 10.0 tons in 2024. France (3.8 tons), India (3.4 tons) and Germany (1.9 tons) were the only major exporters of clobazam in 2024.

82. Consumption of clobazam was reported by 66 countries and territories in 2024. New Zealand reported the highest rate, at 3.36 S-DDD<sub>ptpd</sub>, followed by Cuba (1.21 S-DDD<sub>ptpd</sub>), Portugal (1.2 S-DDD<sub>ptpd</sub>) and Sri Lanka (1 S-DDD<sub>ptpd</sub>).

## Chlordiazepoxide

83. After displaying a general upward trend in 2021 (24.2 tons) and 2022 (when it peaked at 25.5 tons), the global manufacture of chlordiazepoxide remained stable at 22.8 tons in 2023 and 23.6 tons in 2024. Manufacture in Italy dropped significantly in 2024 to 7.5 tons, down from 12.2 tons in 2023, while India increased its manufacture of the substance from 9.6 tons in 2023 to 12.8 tons in 2024. Over the same period, China tripled its manufacture of chlordiazepoxide from 978 kg in 2023 to 3 tons in 2024. Manufacturers' stocks of chlordiazepoxide increased from 10.7 tons in 2023 to 11.7 tons in 2024; they were held in 31 countries, mainly Italy (6.5 tons), China (2.7 tons) and India (724 kg).

84. Annual global imports of chlordiazepoxide have fluctuated around 13 tons since 2020. After a peak of 14.1 tons in 2020, imports decreased to 13.9 tons in 2022 and then fell to 13.8 tons in 2024. Italy (7.8 tons), India (4.6 tons) and Switzerland (1.7 tons) accounted for about 96% of all exports of chlordiazepoxide in 2024.

85. Consumption of chlordiazepoxide was reported by 48 countries and territories in 2024. As was the case in 2023, Iceland in 2024 reported the highest level of consumption, at 1.22 S-DDD<sub>ptpd</sub>, followed by Portugal with 0.85 S-DDD<sub>ptpd</sub>. Other significant levels of consumption were reported by Albania (0.63 S-DDD<sub>ptpd</sub>), Lebanon (0.59 S-DDD<sub>ptpd</sub>) and Morocco (0.48 S-DDD<sub>ptpd</sub>).

## Oxazepam

86. The global manufacture of oxazepam had followed a downward trend between a peak in 2019 (27.5 tons) and 2023 (18.8 tons), but then displayed a significant increase in 2024 (25.5 tons) as manufacture in Italy, the leading manufacturer, rose from 15.3 tons in 2023 to 18.3 tons in 2024. A similar upsurge was observed in manufacture in India, which increased from 1.25 tons in 2023 to 4.6 tons in 2024. China, which began manufacturing significant quantities of the substance in 2021, reported a volume of 2.4 tons in 2024. Manufacturers' stocks of oxazepam have been declining since reaching a peak of 32.7 tons in 2020, dropping to 21.4 tons in 2022 and 15.9 tons in 2024; most of the stocks held were reported by France (6.4 tons) and Italy (2.5 tons).

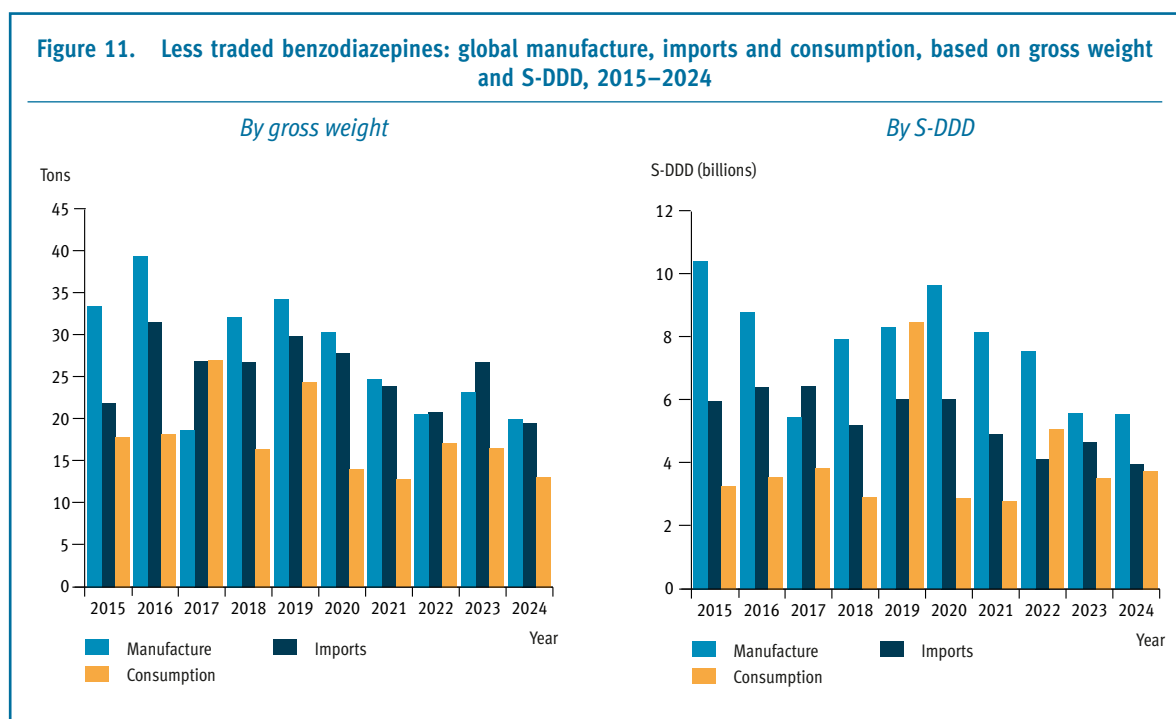
87. Global imports of oxazepam have declined since 2019, when they reached a record-high level of 30.5 tons. The level dropped to 19.9 tons in both 2022 and 2023, but then rose again in 2024 to 25.1 tons. France was the largest importer of oxazepam, reporting 14.9 tons in 2024, slightly more than in 2023. Germany followed with 1.6 tons, and South Africa imported 1.4 tons in 2024. Italy (18.9 tons), India (2.6 tons), Germany (1.3 tons) and Poland (856 kg) accounted for 95% of all exports of oxazepam in 2024.

88. Consumption of oxazepam was reported by 36 countries in 2024. France reported the highest level of consumption, at 9.26 S-DDD<sub>ptpd</sub>, followed by Iceland (5.79 S-DDD<sub>ptpd</sub>), Finland (4.62 S-DDD<sub>ptpd</sub>), Norway (4.49 S-DDD<sub>ptpd</sub>), the Kingdom of the Netherlands (3.88 S-DDD<sub>ptpd</sub>), Austria (3.58 S-DDD<sub>ptpd</sub>), Sweden (2.01 S-DDD<sub>ptpd</sub>), Switzerland (1.86 S-DDD<sub>ptpd</sub>) and Portugal (0.82 S-DDD<sub>ptpd</sub>).

## Other benzodiazepines with a presence on the licit market

89. In addition to the above-described substances, 11 other benzodiazepines had an impact on the global market: brotizolam, clorazepate, estazolam, flunitrazepam, flurazepam, loprazolam, lormetazepam, nitrazepam, prazepam, temazepam and triazolam.

90. Their global manufacture has fluctuated over the five years. In 2024, their combined global manufacture amounted to 19.6 tons, which was equivalent to 5.5 billion S-DDD; and total imports came to 19.4 tons, equivalent to 3.9 billion S-DDD (see figure 11).



## Barbiturates

91. In 2024, only three internationally controlled barbiturates had a significant presence on the licit market (see table 11). While the manufacture of phenobarbital was significantly lower than in previous years, the manufacture of pentobarbital and barbital had also decreased albeit by smaller percentages. Total imports of the three substances were also down notably, as was consumption.

**Table 11. Barbiturates with significant presence on the licit market: total global manufacture and imports, ranked by number of importing countries and territories, 2024**

<i>Substance</i>	<i>S-DDD (mg)</i>	<i>Manufacture (kg)</i>	<i>Imports (kg)</i>	<i>Number of importing countries and territories</i>
Phenobarbital	100	308 082.38	154 133.67	152
Pentobarbital	100	56 043.10	57 213.01	63
Barbital	500	56 179.10	2 038.95	22

## Phenobarbital

92. In terms of gross weight, phenobarbital has been the most manufactured psychotropic substance under international control since 2012. In 2024, total reported manufacture of the substance came to 308 tons, down significantly from the 374 tons reported in 2023. Despite a continuing decline over the past several years, China remained the largest manufacturer of phenobarbital, producing 159.8 tons in 2024. India, the other major manufacturer of the substance, reported a total of 129.4 tons in 2024, nearly the same as in 2023. The Russian Federation (13.1 tons), Japan (3.7 tons) and the United States (1.4 tons) were the only other countries to report any significant quantities manufactured in 2024. In terms of dosage, phenobarbital is among the most manufactured psychotropic substances under international control, although several other substances rank higher (see figure 2 above). In 2024, approximately 3 billion S-DDD of phenobarbital were manufactured in 2024, compared with 3.7 billion S-DDD in 2023.

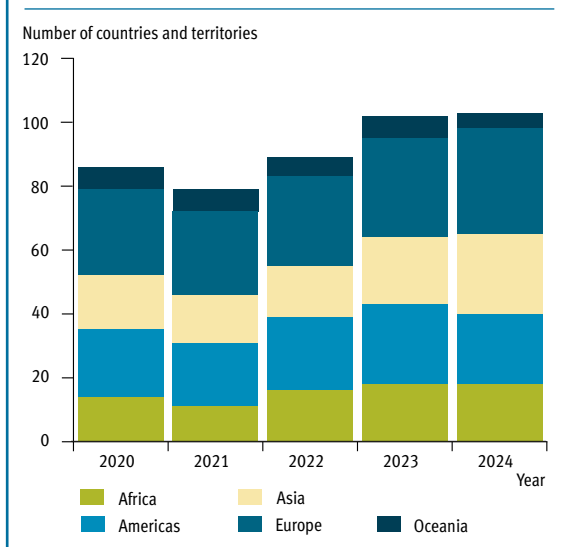
93. Manufacturers' stocks of phenobarbital decreased by 76.9 tons, from 245.2 tons in 2023 to 168.3 tons in 2024. The largest stocks were held by China (60.4 tons), followed by the Russian Federation (29 tons), India (12. tons), the United States (11.6 tons), Hungary (9.7 tons) and France (8.7 tons). In addition, 8 countries reported stocks ranging from 1 to 8 tons, and another 32 countries reported stocks of less than 1 ton.

94. Imports of phenobarbital were reported by 152 countries and territories in 2024, making it one of the most widely traded psychotropic substances under international control. For 2024, the total volume of global imports came to 154.1 tons, reflecting a significant decrease from the 210.9 tons reported in 2023. The large drop was due to the Russian Federation reporting no imports and Brazil providing no data in 2024. The United States reported the largest amount imported in 2024 at 23.0 tons, followed by Ethiopia (14.8 tons), Switzerland (10.9 tons), France (10.8 tons) and the Islamic Republic of Iran (8.9 tons). Another 22 countries reported imports ranging from 1 to 6.5 tons. Imports reported by other countries and territories varied widely, from just a few dozen grams to several hundred kilograms.

95. Total exports of phenobarbital decreased somewhat, from 199.8 tons in 2023 to 188.2 tons in 2024. India was the leading exporter of phenobarbital in 2024 at 76.4 tons, followed by China (53.0 tons), Hungary (22.4 tons), Denmark (8.9 tons) and Switzerland (8.8 tons). Another 6 countries reported exports ranging from 1.9 to 3.9 tons. Exports reported by 30 other countries and territories varied widely, from just a few dozen grams to several hundred kilograms.

96. The number of countries and territories providing data on phenobarbital consumption increased from 102 in 2023 to 103 in 2024. A regional comparison of the number of countries and territories that provided consumption data from 2020 to 2024 is shown in figure 12. During that period, the Americas and Europe showed consistently high numbers of countries and territories providing data on phenobarbital consumption. In absolute terms, Oceania exhibited the lowest number of countries and territories providing such data each year. The number of countries and territories in Asia that provided consumption data rose for the second year in a row,

**Figure 12 Phenobarbital: number of countries and territories reporting consumption, by region, 2020–2024**



varied widely: China reported the highest rate of consumption (2.34 S-DDD<sub>ptpd</sub>) and the Democratic People’s Republic of Korea – providing data for the first time – the lowest (0.01 S-DDD<sub>ptpd</sub>). In Oceania, five countries and territories provided data on the consumption of phenobarbital, with the highest rate of consumption having been reported by New Zealand (0.82 S-DDD<sub>ptpd</sub>).

with 24 countries and territories providing data. Performance in providing data among countries in Africa has remained consistent since 2022.

97. Among the countries and territories that provided data, Cuba reported the highest rate of phenobarbital consumption in 2024 (9.75 S-DDD<sub>ptpd</sub>), a significant increase from the previous year (0.03 S-DDD<sub>ptpd</sub>). In Europe, Ukraine (2.32 S-DDD<sub>ptpd</sub>) had the highest levels of consumption, followed by Latvia (2.00 S-DDD<sub>ptpd</sub>) and France (1.24 S-DDD<sub>ptpd</sub>). In Africa, Cabo Verde reported the highest rate of consumption (4.34 S-DDD<sub>ptpd</sub>), while Sierra Leone reported the lowest rate (0.01 S-DDD<sub>ptpd</sub>). There was broad intraregional disparity in the Americas: as noted above, Cuba (9.75 S-DDD<sub>ptpd</sub>) reported the highest level of consumption in 2024, while the Bolivarian Republic of Venezuela reported the lowest (less than 0.04 S-DDD<sub>ptpd</sub>). In Asia, the consumption levels among countries and territories that provided data also

## Pentobarbital

98. The United States and Germany were again the primary manufacturers of pentobarbital in 2024, reporting 32.7 tons and 22.6 tons manufactured, respectively. India reported a significant increase in its manufacture of the substance, which rose from just over 0.1 kg (2022) to 662.6 kg (2024). In total, 56.0 tons of pentobarbital were manufactured in 2024, a slight decrease from the 58.6 tons reported in 2022. Manufacture in both Germany and the United States was slightly lower than in 2023. Japan, which had reported a few hundred kilograms in 2023, reported manufacture of only 24.0 kg in 2024.

99. Manufacturers’ stocks of pentobarbital rose from 47.6 tons in 2023 to 51.7 tons in 2024. The United States held approximately 20.5 tons of those stocks; Germany reported holding approximately 20.0 tons, followed by France (3.9 tons), the United Kingdom (2.3 tons), and Austria and Switzerland (1.6 tons each). Seventeen other countries reported stocks, with each holding not more than a few hundred kilograms.

100. Global imports of pentobarbital were also down 4 tons from 2023 and stood at 57.2 tons in 2024. Germany was the leading importer of pentobarbital, reporting 6.6 tons for 2024, almost unchanged from 2023. Imports of pentobarbital reported by other countries were down slightly from previous years; the other main importers were France (6.2 tons) and Denmark (5.4 tons). Seven other countries reported imports of at least 1 ton. Another 49 countries and territories reported imports between several dozen kilograms and 1 ton.

101. Global exports of pentobarbital were down in 2024, standing at 29.5 tons as compared with 36.6 tons in 2023. Germany, a leading manufacturer of pentobarbital, led in exports of the substance, reporting 15.8 tons exported in 2024, 7 tons less than in 2023. Denmark was the second largest exporter, at 5.5 tons. France and Austria reported exports of more than 2.2 tons and 2.1 tons, respectively.

102. For 2024, a total of 42 countries and territories provided data on pentobarbital consumption, fewer than in 2023. Consumption was higher in nearly all of them, with New Zealand reporting the highest rate of consumption of pentobarbital in 2024, at 5.54 S-DDD<sub>ptpd</sub>, more than double its reported level from 2023. Other major consumers in 2024 were Luxembourg (5.12 S-DDD<sub>ptpd</sub>), Denmark (3.88 S-DDD<sub>ptpd</sub>), Estonia (3.19 S-DDD<sub>ptpd</sub>) and Switzerland (2.68 S-DDD<sub>ptpd</sub>).

## Barbital

103. The global manufacture of barbital decreased from 58.3 tons in 2023 to 56.2 tons in 2023. China remained the main manufacturer, reporting 39.6 tons manufactured in 2024, up from 36.8 tons in 2023. The only other major manufacturer of barbital in 2024 was India (15.9 tons), while Japan reported a small quantity manufactured (622.8 kg) in 2024. For the first time in many years, Germany reported no manufacture of the substance. Global manufacturers' stocks of barbital fell sharply in 2024 to 28.8 tons, down from 46.7 tons in 2023, mostly due to a reduction of approximately 16.0 tons of stocks in China. China was the leading holder of stocks of barbital in 2024, at 24.9 tons, while Germany (2.3 tons) and France (1.2 tons) held most of the remainder.

104. Trade in barbital was somewhat limited, with only 22 countries and territories reporting imports of the substance. Total global imports in 2024 came to just over 2 tons, the lowest level of the past 10 years. The largest importer of barbital in 2024 was France (949.3 kg), followed by the United States (739.4 kg), Switzerland (153.7 kg) and the United Kingdom (139.5 kg). As with imports, total exports came to just over 2 tons in 2024, also the lowest level of the past 10 years. Germany (1.8 tons) accounted for the largest share of global exports. Switzerland (165.4 kg) and the United States (22.4 kg) were the only other countries to report any significant quantities exported.

105. With regard to the consumption of barbital, data were available from relatively few countries. For 2024, only 14 countries provided consumption data and all of them – with the exception of China (0.06 S-DDD<sub>ptpd</sub>) – reported consumption levels below 0.01 S-DDD<sub>ptpd</sub>. The entirety of the barbital manufactured in China was intended for domestic consumption.

## Other sedative-hypnotics

106. Of the eight sedative-hypnotics that are not benzodiazepines or barbiturates, only two are currently traded on the licit market: *gamma*-hydroxybutyric acid (GHB) and zolpidem. Given that most substances controlled under the 1971 Convention have S-DDD values ranging from 1 to 200 mg, the gross figures for the manufacture of and trade in GHB (S-DDD of 7,500 mg) may appear to suggest that it has a large market presence compared with substances having a much lower S-DDD value (see table 12).

**Table 12. Other sedative-hypnotics with significant presence on the licit market: total global manufacture and number of importing countries and territories, ranked by manufacture in S-DDD, 2024**

<i>Substance</i>	<i>S-DDD (mg)</i>	<i>Manufacture (kg)</i>	<i>Manufacture (millions of S-DDD)</i>	<i>Number of importing countries and territories</i>
Zolpidem	10	29 974.72	2 997.47	120
<i>Gamma</i> -Hydroxybutyric acid	7 500	67 473.88	9.00	39

## *Gamma*-Hydroxybutyric acid

107. Owing to its high S-DDD value, GHB must be manufactured in far larger quantities relative to other substances in order to meet global demand for medical and scientific purposes even though the substance is not as extensively traded as other psychotropic substances under international control.

108. In 2024, 67.5 tons of GHB were reported manufactured, 10 tons more than in 2023. As was the case in 2023, Ireland (28.1 tons) was the leading manufacturer of GHB in 2024, followed by the United States (19.8 tons) and India (10.3 tons). Manufacturers' stocks of GHB decreased drastically, from 217.0 tons in 2023 to 89.7 tons in 2024. The largest holder of stocks was Ireland (54.4 tons), followed by the United States (18.5 tons) and France (4.3 tons).

109. Global imports of GHB were reported by 39 countries and territories in 2024 for a total of 78 tons, a significant increase over the 69 tons reported in 2023. For 2024, the largest quantity of imports was reported by the United States (36.7 tons), followed by Bulgaria (6.7 tons), Spain (6.1 tons), Italy (5.7 tons) and France (5.2 tons).

110. Mirroring the trend observed in the manufacture of GHB, global exports rose to 78.6 tons in 2024, up from 63.3 tons in 2023. The increase is attributable mostly to an upsurge in exports from Ireland, which saw exports rise from 32.5 tons in 2023 to 34.6 tons in 2024; the country remained the leading exporter of the substance in 2024. Ireland was followed by the United States (11.3 tons), Germany (9.3 tons), India (7.7 tons), Belgium (5.6 tons), France (5.3 tons), Latvia (2.8 tons) and Spain (2.1 tons) The exports from the United Kingdom fell sharply from 1.5 tons in 2023 to 54 kg in 2024.

111. Twenty-six countries reported consumption of GHB in 2024. Continuing the trend from the past few years, they were mainly countries in Europe, in addition to Canada and the United States. The highest rate of consumption was reported by the United States (0.05 S-DDD<sub>ptpd</sub>), followed by Italy, Norway, Finland, Iceland and the Kingdom of the Netherlands (each at 0.03 S-DDD<sub>ptpd</sub>). Latvia and Sweden each reported a consumption rate of 0.02 S-DDD<sub>ptpd</sub>. Other countries that provided consumption data reported consumption levels below 0.02 S-DDD<sub>ptpd</sub>.

## Zolpidem

112. Zolpidem continues to be one of the most widely traded psychotropic substances under international control. In 2024, 120 countries and territories reported imports of the substance, and consumption of zolpidem was reported in all regions of the world.

113. The manufacture of zolpidem declined from 40.7 tons in 2023 to 29.9 tons in 2024, attributable mainly to a steep drop in manufacture in India, the primary manufacturer of the substance, which reported 19.6 tons manufactured in 2024 as compared with 25.8 tons in 2023. France reported the second largest quantity manufactured in 2024, at 7.3 tons. Japan (1.2 tons) and Argentina (1.1 tons) were among the other significant manufacturers of zolpidem in 2024.

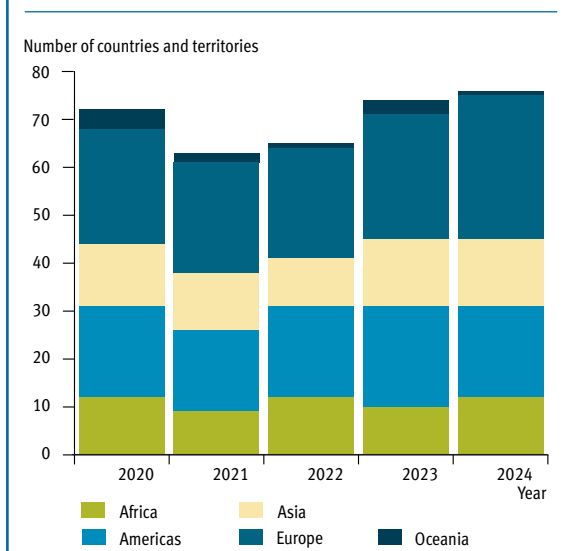
114. Global manufacturers' stocks of zolpidem decreased sharply from 87.9 tons in 2023 to 15.9 tons in 2024. The largest quantities were held by France (9.5 tons) and India (2.1 tons). Smaller quantities were held by 32 other countries.

115. Global imports of zolpidem stood at 32.2 tons in 2024. As in previous years, the United States reported the largest quantity of zolpidem imports, at 6.6 tons. Germany (2.8 tons), Spain (2.6 tons), Japan (1.4 tons), the Republic of Korea (1.2 tons), Slovenia (1.2 tons) and Switzerland (1.1 tons) were the other main importers of the substance. Several of those countries imported zolpidem for the purpose of re-export.

116. Global exports of zolpidem have remained relatively steady for several years, totalling 36.9 tons in 2024 and 37.6 tons for 2023. As the primary manufacturer of zolpidem, India was the leading exporter of the substance in

2024, at 14.9 tons. Other major exporters were France (6.7 tons), Czechia (5.7 tons), Germany (2.6 tons) and Spain (1.2 tons).

**Figure 13. Zolpidem: number of countries and territories reporting consumption, by region, 2020–2024**



117. Seventy-six countries and territories provided data on zolpidem consumption in 2024 (see figure 13). At the regional level, a slight increase in reporting was observed in Europe, where more than half of the countries and territories provided data on consumption.

118. In 2024, Luxembourg reported the highest level of consumption of zolpidem worldwide, at 15.55 S-DDD<sub>ptpd</sub>, followed by Uruguay (15.08 S-DDD<sub>ptpd</sub>), Czechia (14.97 S-DDD<sub>ptpd</sub>), Belgium (13.45 S-DDD<sub>ptpd</sub>) and Iceland (12.72 S-DDD<sub>ptpd</sub>). Overall, among the countries and territories that provided data, the average consumption of zolpidem in Europe continued to be higher than in other regions. In Africa, Namibia (3.66 S-DDD<sub>ptpd</sub>) reported the highest level of consumption and was followed by

Morocco (0.58 S-DDD<sub>ptpd</sub>), while Burkina Faso (0.01 S-DDD<sub>ptpd</sub>) reported the lowest level. In the Americas, Paraguay reported the highest consumption level (2.68 S-DDD<sub>ptpd</sub>). In Asia, the Republic of Korea reported the highest consumption level (8.79 S-DDD<sub>ptpd</sub>) and Oman the lowest (0.02 S-DDD<sub>ptpd</sub>). In Oceania, only New Zealand reported consumption of zolpidem in 2024 (0.01 S-DDD<sub>ptpd</sub>).

## Meprobamate

119. Meprobamate, an anxiolytic listed in Schedule IV of the 1971 Convention, is the only non-benzodiazepine-type anxiolytic under international control that currently has any significant presence on the licit market. Although the substance is traded among only about a dozen countries, in terms of gross weight it is one of the most manufactured psychotropic substances under international control.

120. Although the manufacture of and trade in the substance are limited to a small group of countries, the high dosage weight of meprobamate, like that of GHB, requires significant quantities of the substance to be manufactured in order to meet demand. As shown in table 13, manufacture of meprobamate increased drastically in 2024, reaching 119.5 tons as compared with 39.5 tons in 2023. As in previous years, China and India were the largest manufacturers of the substance in 2024, reporting 49.5 tons and 70.0 tons manufactured, respectively. Global manufacturers' stocks of meprobamate came to 42.8 tons in 2024. As in previous years, China held the largest stocks (26.7 tons), followed by India (8.5 tons) and South Africa (7.6 tons).

**Table 13. Meprobamate: total global manufacture, imports and number of importing countries, 2024**

<i>Substance</i>	<i>S-DDD (mg)</i>	<i>Manufacture (kg)</i>	<i>Imports (kg)</i>	<i>Number of importing countries</i>
Meprobamate	1 200	119 450.33	59 974.43	14

121. Total imports of meprobamate increased to 59.9 tons in 2024, up from 49.2 tons in 2023. South Africa accounted for nearly all imports of the substance (55.0 tons), followed by Namibia (881 kg) and Denmark (700 kg). In 2024, exports of meprobamate rebounded to 124.4 tons, back from 41.0 tons in 2023. India and China – the main manufacturers of the substance – also were the leading exporters, with totals of 59.5 tons and 63.4 tons, respectively.

122. As meprobamate is manufactured and traded in a relatively small group of countries, consumption of the substance has also been very limited. In 2024, nine countries provided data regarding consumption of the substance, up from three countries in 2023. The highest level of consumption in 2024 was reported by Namibia, at 1.17 S-DDD<sub>ptpd</sub>, followed by Lebanon (0.26 S-DDD<sub>ptpd</sub>) and Belgium (0.02 S-DDD<sub>ptpd</sub>).

## Buprenorphine

123. Of the three analgesics listed in Schedule III of the 1971 Convention, only one substance, buprenorphine, had a significant presence on the licit market in 2024. An opioid analgesic that is also used in opioid agonist therapy, the substance was imported by 88 countries and territories in 2024 (see table 14).

**Table 14. Buprenorphine: total global manufacture, imports and number of importing countries and territories, 2024**

<i>Substance</i>	<i>S-DDD (mg)</i>	<i>Manufacture (kg)</i>	<i>Imports (kg)</i>	<i>Number of importing countries</i>
Buprenorphine	8	12 173.49	10 837.59	91

124. The global manufacture of buprenorphine started to increase gradually in the late 1990s as the substance began to be used in higher doses for the treatment of pain and opioid addiction. After a significant decline in 2010, the reported global manufacture of the substance rose steadily, reaching 17.2 tons in 2018. In 2024, total manufacture stood at 12.2 tons, with the same four countries as in 2023 manufacturing significant quantities of the substance, namely, the United Kingdom (4.1 tons), Germany (3.8 tons), the United States (2.6 tons) and India (1.3 tons).

125. Trade in buprenorphine declined from 13.5 tons of imports in 2022 to 10.8 tons in 2024. Imports were reported by 88 countries and territories worldwide, led by the United States (7.2 tons), which was followed by France (712.1 kg), Germany (450.6 kg), Canada (303.1 kg), the United Kingdom (276.5 kg) and India (280.0 kg). As for exports, the United Kingdom (4.2 tons), Germany (3.3 tons) and Czechia (1.4 tons) were the primary exporters in 2024, as was also the case in 2023.

126. For 2024, 62 countries and territories provided data on the consumption of buprenorphine. Consumption was reported mostly in Europe and North America, as in previous years (see table 15). The highest rate of consumption for 2024 was reported by the United States (9.23 S-DDD<sub>ptpd</sub>), followed by Iceland (3.84 S-DDD<sub>ptpd</sub>), Finland (2.25 S-DDD<sub>ptpd</sub>), Canada (2.20 S-DDD<sub>ptpd</sub>), Gibraltar (2.09 S-DDD<sub>ptpd</sub>) and Montenegro (2.06 S-DDD<sub>ptpd</sub>).

**Table 15. Buprenorphine: rates of consumption in selected countries and territories, ranked by rate of consumption in 2024**

Country or territory	S-DDD per 1,000 inhabitants per day		
	2022	2023	2024
United States	9.16	8.84	9.23
Iceland	9.53	3.60	3.84
Finland	2.10	2.25	2.33
Canada	2.01	2.10	2.20
Gibraltar	0.11	1.43	2.09
Montenegro	2.10	2.11	2.06
United Kingdom	2.13	2.45	1.92
Norway	1.98	1.97	1.90
Sweden	1.59	1.64	1.70
France	—	1.48	1.39
Portugal	1.48	1.69	1.31
Austria	1.25	1.22	1.18
Malta	0.45	0.17	1.09
Georgia	1.06	0.84	0.91
Israel	0.89	0.05	0.78

## Exempted preparations

127. The reporting obligations under article 16 of the 1971 Convention require that Parties report quantities of psychotropic substances used for the manufacture of other psychotropic substances, of exempt preparations and of non-psychotropic substances. These uses of psychotropic substances are distinct from the reported consumption of quantities used for medical and scientific purposes.

128. Article 3 of the 1971 Convention permits countries to exempt preparations containing psychotropic substances from some measures of control. Only preparations containing substances included in Schedules II, III or IV of the Convention can be exempted. Such exemptions can allow a country to make certain medicines more readily available in its territory or more easily traded.

129. Three substances included in Schedule II were used in quantities of more than 0.01 kg to manufacture exempted preparations in 2024 (see table 16). As in 2022, the United States had accounted for all the levomethamphetamine used for exempted preparations in 2024. Australia accounted for all the *delta*-9-THC used for exempted preparations in 2024, while Germany accounted for all the dexamfetamine used for such purposes. Five other substances were used for the manufacture of exempted preparations but in very small quantities.

**Table 16. Schedule II substances used in the manufacture of exempted preparations, by quantity used, 2022–2024**

<i>Substance</i>	<i>Quantity used (kg)</i>		
	<i>2022</i>	<i>2023</i>	<i>2024</i>
Levomethamphetamine	247.25	—	145.23
<i>Delta</i> -9-Tetrahydrocannabinol	25.51	8.85	53.76
Amphetamine	<0.01	—	7.35
Dexamphetamine	0.05	<0.01	<0.01
Metamphetamine	0.01	412.00	<0.01
Methaqualone	—	—	<0.01
Metamphetamine racemate	127.49	1 388.89	<0.01
Phencyclidine (PCP)	—	—	<0.01
<i>Gamma</i> -Hydroxybutyric acid	71.89	216.99	—
<i>N</i> -benzylpiperazine	<0.01	—	—

130. The use of one substance listed in Schedule III in a quantity of 0.01 kg or more for the manufacture of exempted preparations was reported for 2024 (see table 17). Since 2017, the United States has been the only country to report the use of butalbital in the manufacture of exempted preparations. Most of the butalbital manufactured in that country is used for the manufacture of such preparations, including codeine phosphate and acetaminophen, or for the manufacture of other non-psychotropic substances. In 2024, the United States reported 915.31 kg used for this purpose, slightly less than in 2023. The use of buprenorphine for exempted preparations has declined since 2020, with only a negligible quantity used in 2022 and none in 2023 and 2024.

**Table 17. Schedule III substances used in the manufacture of exempted preparations, by quantity used, 2022–2024**

<i>Substance</i>	<i>Quantity used (kg)</i>		
	<i>2022</i>	<i>2023</i>	<i>2024</i>
Butalbital	5 303.81	978.69	915.31
Buprenorphine	0.01	—	—

131. The use of 16 substances listed in Schedule IV of the 1971 Convention in quantities of 0.01 kg or more for the manufacture of exempted preparations was reported by 10 countries for 2024 (see table 18). The Russian Federation accounted for the bulk of the phenobarbital used for exempted preparations in 2024. Ukraine reported no use in 2024, which explains the decline of approximately 5 tons between 2023 and 2024. There has been a steady increase in the use of diazepam in the manufacture of exempted preparations since 2022. Germany has accounted for nearly all such manufacture since 2022. With respect to other substances, the trends are largely unchanged from previous years.

**Table 18. Schedule IV substances used in the manufacture of exempted preparations, by quantity used, 2022–2024**

<i>Substance</i>	<i>Quantity used (kg)</i>		
	<i>2022</i>	<i>2023</i>	<i>2024</i>
Phenobarbital	18 049.26	61 380.65	57 009.85
Diazepam	1 597.26	1 918.90	2 359.30
Oxazepam	1 405.61	1 680.15	1 802.62
Zolpidem	1 790.10	1 811.52	1 452.55
Barbital	1 531.50	1 001.14	1 076.81
Nordazepam	—	—	719.40
Temazepam	594.15	516.09	688.10

**Table 18. Schedule IV substances used in the manufacture of exempted preparations, by quantity used, 2022–2024 (continued)**

<i>Substance</i>	<i>Quantity used (kg)</i>		
	<i>2022</i>	<i>2023</i>	<i>2024</i>
Bromazepam	513.54	515.04	541.64
Chlordiazepoxide	218.54	197.60	197.60
Midazolam	228.28	183.37	147.62
Lorazepam	85.69	94.44	84.46
Alprazolam	43.47	33.72	45.19
Lormetazepam	3.63	11.43	15.99
Nitrazepam	18.00	26.00	15.00
Clonazepam	23.42	44.08	5.78
Mesocarb	—	—	4.22
Phentermine	0.01	0.01	—
Triazolam	—	<0.01	—
Prazepam	211.88	311.80	—
Flurazepam	—	148.08	—
Clorazepate	389.98	—	—
Amfepramone (diethylpropion)	334.78	—	—
Brotizolam	2.56	—	—

## GLOBAL ASSESSMENT SYSTEM FOR PSYCHOTROPIC SUBSTANCES FOR MEDICAL AND SCIENTIFIC PURPOSES AND RECENT TRENDS

### Assessment system for psychotropic substances and adherence by countries

#### Introduction

132. In its resolutions 1981/7 and 1991/44, the Economic and Social Council invited countries to communicate to the Board from time to time their assessments of annual medical and scientific requirements for substances listed in Schedules II, III and IV of the 1971 Convention. Assessments are not required for substances included in Schedule I. Since the adoption of those resolutions, INCB has received such assessments from countries and territories and made them available to the international community by various means. The system has become a crucial pillar of the control of the international movement of psychotropic substances.

133. Since the adoption of the assessment system, the Board has advised countries that they should provide updated assessments of their annual licit requirements for psychotropic substances at least every three years. In addition, countries are invited to submit modifications of their assessments for specific substances as required, for example if their need for a substance exceeds a previously established assessment.

#### Submission of assessments and adherence to the assessment system for psychotropic substances

134. In general, countries and territories adhere to the assessment system for psychotropic substances even though the system was established outside the scope of the 1971 Convention and is entirely voluntary. All countries

and territories recognized by the United Nations have established assessments for at least some substances controlled under the Convention. When a country has not established or is unable to establish its own assessments, the Board will do so to ensure that the most critical psychotropic substances can be imported by that country. The last time the Board had to establish assessments for a country was for South Sudan, in 2011.

135. Once established, assessments for psychotropic substances do not expire, and countries and territories therefore do not need to provide updated assessments for psychotropic substances on an annual basis, unlike for narcotic drugs controlled under the 1961 Convention as amended. It is recommended, however, that countries and territories update their assessments every three years in order to ensure that the assessments adequately reflect their medical needs. As a result, not all countries and territories submit new assessments each year, and if they believe their needs are being met, they may not modify any established assessments.

136. Each year, many countries and territories provide the Board with updated assessments for certain psychotropic substances. In the period 2015–2024, 90 to 105 countries and territories provided a total of 2,690 to 3,922 assessments for psychotropic substances each year (see table 19). During the same period, 82 to 104 countries and territories submitted a total of 398 to 675 modifications to their established assessments for psychotropic substances each year. During that 10-year period, a total of 205 countries and territories provided at least one assessment or modification to an established assessment for a psychotropic substance.

**Table 19. Assessments for psychotropic substances and modifications received from countries and territories, 2015–2024**

<i>Year</i>	<i>Assessments</i>	<i>Countries and territories submitting assessments</i>	<i>Modifications</i>	<i>Countries and territories submitting modifications</i>
2015	2 690	92	513	98
2016	2 965	102	481	96
2017	3 192	104	398	88
2018	3 284	97	421	95
2019	3 700	97	500	90
2020	3 188	90	494	104
2021	2 983	94	607	90
2022	3 572	94	507	89
2023	3 680	94	675	94
2024	3 922	105	511	82

137. The substances for which countries and territories provided the largest numbers of updated assessments or modifications of established assessments were also among the most actively manufactured and traded substances. In total, 152 substances – nearly all of those included in Schedules II, III and IV of the 1971 Convention – were assessed or had an established assessment modified by at least one country or territory in the period 2015–2024. The substances for which the largest number of assessments or modifications were received for 2024 are shown in table 20.

**Table 20. Psychotropic substances with the most assessments or modifications to assessments from countries and territories for 2024**

<i>Substance</i>	<i>Assessments</i>	<i>Substance</i>	<i>Modifications</i>
Diazepam	108	Methylphenidate	39
Midazolam	105	Delta-9-Tetrahydrocannabinol	23
Phenobarbital	105	Dexamfetamine	16
Lorazepam	101	Zolpidem	16
Clonazepam	101	Buprenorphine	16

138. For 2026, 69 countries and territories have provided a total of 2,782 assessments for psychotropic substances. For those 146 countries and territories that have not provided updated assessments for 2026, their

previously established assessments for 2025 will be carried over. Unlike in the estimates system for narcotic drugs, the reported stocks and consumption of psychotropic substances for one year do not affect assessments for those substances in the following year. The substances for which the largest number of countries and territories have updated their assessments for 2026 are shown in table 21.

**Table 21. Psychotropic substances with the most assessments from countries and territories for 2026**

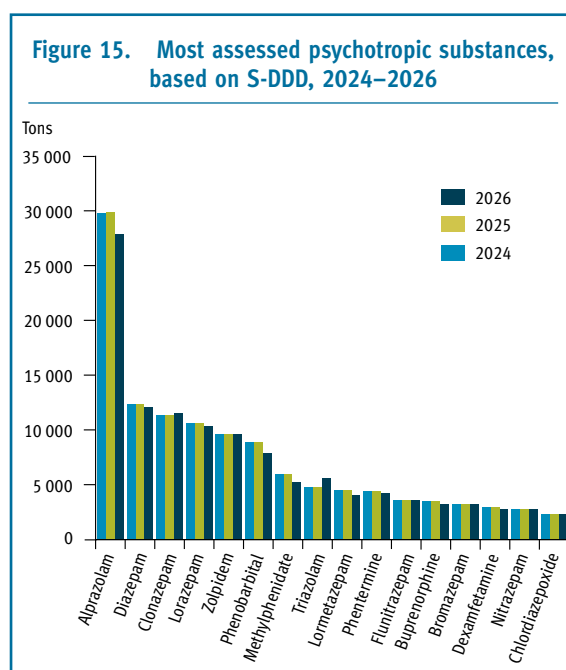
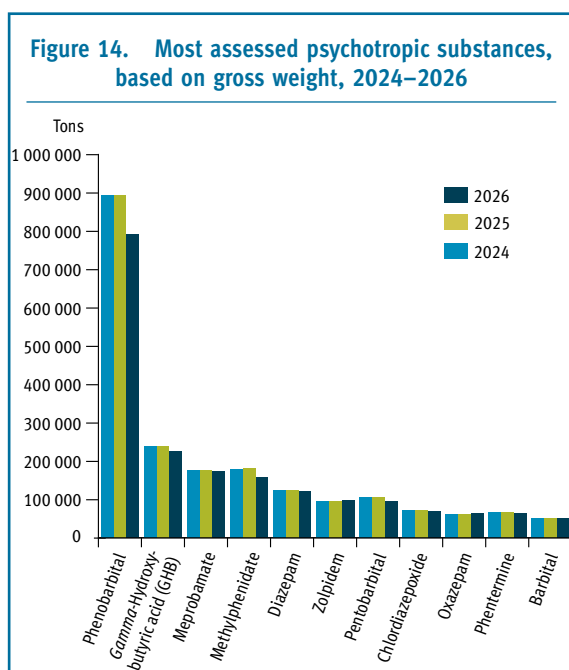
Substance	Assessments
Midazolam	69
Diazepam	69
Phenobarbital	67
Clonazepam	66
Alprazolam	65

139. Assessments for 2026 for all countries and territories can be found in the online annexes. As countries and territories are able to update their assessments for psychotropic substances at any time, the most up-to-date assessments are available from the INCB website.

## Trends in quantities of psychotropic substances assessed by countries and territories

140. As countries and territories are not required to update their assessments for psychotropic substances on an annual basis, global assessments for psychotropic substances do not tend to change significantly from one year to the next. Nonetheless, as indicated in the previous section, many countries regularly modify their global assessments in the course of the calendar year. The analysis below covers assessments as they stood at the end of 2024, in 2025 and for the beginning of 2026.

141. For 2026, the most assessed psychotropic substances by gross weight are phenobarbital (790.4 tons), GHB (225.7 tons), meprobamate (173.8 tons), methylphenidate (156.5 tons), diazepam (121.1 tons), zolpidem (96.7 tons), pentobarbital (96.1 tons), chlordiazepoxide (69.9 tons) and oxazepam (63.2 tons) (see figure 14). The assessments for phenobarbital for 2026 have decreased from 892.2 tons for 2025. Similarly, the assessments for GHB, meprobamate, methylphenidate, diazepam and pentobarbital have declined compared with previous years.



142. When considered in terms of dosage (S-DDD), the most assessed psychotropic substances are very different from those expressed in terms of gross weight. For 2026, the most assessed substances in terms of S-DDD are alprazolam (28.5 billion S-DDD), diazepam (12.1 billion S-DDD), clonazepam (11.4 billion S-DDD), lorazepam (10.4 billion S-DDD), zolpidem (9.7 billion S-DDD), phenobarbital (8.1 billion S-DDD), methylphenidate (5.6 billion S-DDD), triazolam (5.6 billion S-DDD) and phentermine (4.2 billion S-DDD).

143. As can be seen in figure 15, global assessments of alprazolam are more than double those of diazepam, the second most assessed substance. Notably, the assessments for alprazolam for 2026 have increased by 1.3 billion S-DDD compared with those for 2024. In terms of both gross weight and S-DDD, assessments for diazepam have declined. The other substances most assessed in terms of S-DDD exhibited only slight changes and fluctuations from 2024 to 2026.



## About the International Narcotics Control Board

The International Narcotics Control Board (INCB) is an independent and quasi-judicial control organ, established by treaty, that monitors the implementation of the international drug control treaties. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

### Composition

INCB consists of 13 members who are elected by the Economic and Social Council and who serve in their personal capacity, not as government representatives. Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by the World Health Organization (WHO) and 10 members are elected from a list of persons nominated by Governments. Members of the Board are persons who, by their competence, impartiality and disinterestedness, command general confidence. The Council, in consultation with INCB, makes all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. INCB has a secretariat that assists it in the exercise of its treaty-related functions. The INCB secretariat is an administrative entity of the United Nations Office on Drugs and Crime, but it reports solely to the Board on matters of substance. INCB closely collaborates with the Office in the framework of arrangements approved by the Council in its resolution 1991/48. INCB also cooperates with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly WHO. It also cooperates with bodies outside the United Nations system, especially the International Criminal Police Organization (INTERPOL) and the World Customs Organization (WCO).

### Functions

The functions of INCB are laid down in the following treaties: 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. Broadly speaking, INCB deals with the following:

*(a)* As regards the licit manufacture of, trade in and use of drugs, INCB endeavours, in cooperation with Governments, to ensure that adequate supplies of drugs are available for medical and scientific uses and that the diversion of drugs from licit sources to illicit channels does not occur. INCB also monitors Governments' control over chemicals used in the illicit manufacture of drugs and assists them in preventing the diversion of those chemicals into illicit traffic;

*(b)* As regards the illicit manufacture of, trafficking in and use of drugs, INCB identifies weaknesses in national and international control systems and contributes to correcting such situations. INCB is also responsible for assessing chemicals used in the illicit manufacture of drugs in order to determine whether they should be placed under international control.

In the discharge of its responsibilities, INCB:

*(a)* Administers a system of estimates for narcotic drugs and a voluntary assessment system for psychotropic substances and monitors licit activities involving drugs through a statistical returns system, with a view to assisting Governments in achieving, inter alia, a balance between supply and demand;

*(b)* Monitors and promotes measures taken by Governments to prevent the diversion of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances and assesses such substances to determine whether there is a need for changes in the scope of control of Tables I and II of the 1988 Convention;

*(c)* Analyses information provided by Governments, United Nations bodies, specialized agencies and other competent international organizations, with a view to ensuring that the provisions of the international drug control treaties are adequately carried out by Governments, and recommends remedial measures;

*(d)* Maintains a permanent dialogue with Governments to assist them in complying with their obligations under the international drug control treaties and, to that end, recommends, where appropriate, technical or financial assistance of the provision.

INCB is called upon to ask for explanations in the event of apparent violations of the treaties, to propose appropriate remedial measures to Governments that are not fully applying the provisions of the treaties or are encountering difficulties in applying them and, where necessary, to assist Governments in overcoming such difficulties. If, however, INCB notes that the measures necessary to remedy a serious situation have not been taken, it may bring the matter to the attention of the parties concerned, the Commission on Narcotic Drugs and the Economic and Social Council. As a last resort, the treaties empower INCB to recommend to parties that they stop importing drugs from a defaulting country, exporting drugs to it or both. In all cases, INCB acts in close cooperation with Governments.

INCB assists national administrations in meeting their obligations under the conventions. To that end, it proposes and participates in regional training seminars and programmes for drug control administrators.

## Reports

The international drug control treaties require INCB to prepare an annual report on its work. The annual report contains an analysis of the drug control situation worldwide so that Governments are kept aware of existing and potential situations that may endanger the objectives of the international drug control treaties. INCB draws the attention of Governments to gaps and weaknesses in national control and in treaty compliance; it also makes suggestions and recommendations for improvements at both the national and international levels. The annual report is based on information provided by Governments to INCB, United Nations entities and other organizations. It also uses information provided through other international organizations, such as INTERPOL and WCO, as well as regional organizations.

The annual report of INCB is supplemented by detailed technical reports. They contain data on the licit movement of narcotic drugs and psychotropic substances required for medical and scientific purposes, together with an analysis of those data by INCB. Those data are required for the proper functioning of the system of control over the licit movement of narcotic drugs and psychotropic substances, including preventing their diversion to illicit channels. Moreover, under the provisions of article 12 of the 1988 Convention, INCB reports annually to the Commission on Narcotic Drugs on the implementation of that article. That report, which gives an account of the results of the monitoring of precursors and of the chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, is also published as a supplement to the annual report.



The annexes for this report are available on the INCB website at:  
<https://www.incb.org/incb/en/psychotropics/technical-report.html>



## INTERNATIONAL NARCOTICS CONTROL BOARD

The International Narcotics Control Board (INCB) is the independent monitoring body for the implementation of United Nations international drug control conventions. It was established in 1968 in accordance with the Single Convention on Narcotic Drugs, 1961. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

Based on its activities, INCB publishes an annual report that is submitted to the United Nations Economic and Social Council through the Commission on Narcotic Drugs. The report provides a comprehensive survey of the drug control situation in various parts of the world. As an impartial body, INCB tries to identify and predict dangerous trends and suggests necessary measures to be taken.

