INTERNATIONAL NARCOTICS CONTROL BOARD

Report

2016

UNITED NATIONS

EMBARGO

Observe release date:
Not to be published or broadcast before
Thursday, 2 March 2017, at 1100 hours (CET)

CAUTION

Reports published by the International Narcotics Control Board in 2016

The *Report of the International Narcotics Control Board for 2016* (E/INCB/2016/1) is supplemented by the following reports:

Narcotic Drugs: Estimated World Requirements for 2017—Statistics for 2015 (E/INCB/2016/2)

Psychotropic Substances: Statistics for 2015—Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971 (E/INCB/2016/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2016 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2016/4)

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.

Contacting the International Narcotics Control Board

The secretariat of the Board may be reached at the following address:

Vienna International Centre
Room E-1339
P.O. Box 500
1400 Vienna
Austria

In addition, the following may be used to contact the secretariat:

Telephone: (+43-1) 26060
Fax: (+43-1) 26060-5867 or 26060-5868
E-mail: secretariat@incb.org

The text of the present report is also available on the website of the Board (www.incb.org).

INTERNATIONAL NARCOTICS CONTROL BOARD

Report
of the International Narcotics Control Board for 2016

UNITED NATIONS
New York, 2017

E/INCB/2016/1

UNITED NATIONS PUBLICATION
Sales No. E.17.XI.1
ISBN: 978-92-1-148289-8
eISBN: 978-92-1-060065-1
ISSN 0257-3717

© United Nations: International Narcotics Control Board, January 2017. All rights reserved worldwide.
Publishing production: English, Publishing and Library Section, United Nations Office at Vienna.

Foreword

In this foreword to the annual report of the International Narcotics Control Board (INCB) for 2016, I would like to recognize the tremendous efforts that went into the thirtieth special session of the General Assembly, which was held in April 2016. Over the past two years, we have seen the global community examine in depth the successes and challenges faced in addressing the world drug problem, and INCB applauds the results of this hard work, as reflected in the outcome document of the thirtieth special session, entitled "Our joint commitment to effectively addressing and countering the world drug problem".[1]

INCB notes that, in the outcome document, Member States underscored the role of the three international drug control treaties as the basis for international cooperation, ensuring the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, preventing illicit drug crop cultivation and production and addressing drug trafficking and abuse. Governments have demonstrated that they intend to fulfil their joint commitments to cooperate on demand and supply reduction as well as on preventing diversion. At the special session of the General Assembly, the international community reaffirmed the pivotal role of the conventions and reiterated its commitment to their implementation. However, some actors will continue to talk about a need to "modernize" the treaties and their provisions; INCB is of the view that the international drug control system continues to provide a modern and flexible structure that can meet the world's drug control needs of today and tomorrow.

In that context, INCB calls upon all stakeholders to place science and evidence-based approaches at the centre of drug control discussions. INCB sees its treaty-mandated role in determining the extent to which implementation at the national level is within the flexibility allowed for by the conventions. As we have often pointed out, the conventions provide for a certain flexibility at the national level, particularly with respect to determining appropriate sanctions, including non-punitive or non-custodial measures, for minor offences, for example for possession of drugs for personal use. However, flexibility has limits; it does not extend to regulating the use of drugs for non-medical purposes. States parties are now challenged to examine how to respond to the developments in some countries that are in contravention of the treaties by permitting and regulating the non-medical use of drugs. A special topic in chapter II of the present report explores the possible effects of legislation in several jurisdictions that permits the non-medical use of cannabis.

The success of future international cooperation on drug control will depend on the ability of States parties to recognize that the treaties emphasize, first and foremost, the health needs and human rights of individuals. As a treaty-monitoring body, INCB assumes that the States parties themselves understand that it is their treaty obligation to prevent and treat drug abuse and reduce its negative consequences, based on the principles and provisions of the conventions and political declarations. Protecting the health and welfare of humankind remains the ultimate goal of the international drug control system; all drug-related policies and programmes that address current challenges in a balanced manner, in conformity with the treaties and with respect for human rights, will continue to be acknowledged and supported by INCB.

This year's report of the Board contains a thematic chapter on women and drugs, the specific needs of women who use drugs and the harms they face in connection to drug use. That chapter looks at the epidemiology of drug use among women and the socioeconomic contexts surrounding issues such as drug injection. Drug-related harms to women and the resulting consequences for communities are often sorely under-studied, and gender-disaggregated data on drug use are rarely collected. There are also inadequate budget allocations by Member States for the specific prevention and treatment of drug dependence and substance use disorders among women, who often do not

[1] General Assembly resolution S-30/1, annex.

have access to any assistance and suffer in silence. INCB believes that this year's thematic chapter can change perceptions and remind people, particularly policymakers, of the importance of protecting the rights of women who use drugs or who have committed drug-related crimes and of protecting the rights of their families.

In the foreword to the INCB annual report for 2015, I discussed the spirit of the conventions, with the hope that when Governments developed their operational approaches to addressing local drug control issues, they would strive for the betterment of public health and put in place practices and programmes that fully respect human rights. Criminal justice responses to drug use must be tempered by respect for due process and acknowledgment that the conventions foresee humane and proportionate responses to substance abuse and drug-related crimes, including alternatives to conviction through education, treatment, aftercare, rehabilitation and social reintegration. In that connection, the death penalty for drug-related offences should not be retained. Moreover, it is often the most vulnerable in society who suffer most from unjust, inappropriate or disproportionate law enforcement measures and criminal justice sanctions. Public safety and security are critical objectives for any Government, yet the pursuit of them must not be at the expense of the inherent dignity of the individual. It goes without saying that the same applies to demand reduction: there is no place for demand reduction interventions that violate human rights in the name of drug control. Such interventions are contrary to the spirit and letter of the drug control conventions, the objectives of which include the protection of public and individual health and welfare.

This year's report, together with the annual report on precursors, provides an up-to-date analysis on developments in global drug control, as well as recommendations to Governments and relevant international and regional organizations. In the light of the discussions surrounding the thirtieth special session of the General Assembly, the Board's recommendations in our 2016 publications are aimed at helping States take effective measures and implement comprehensive plans to tackle drug-related challenges. In the report on precursors,[2] for example, guidance and information are provided to enable States to enhance information-sharing, develop multilateral operational cooperation and implement measures for preventing the diversion of chemicals used in the illicit manufacture of drugs.

Following the thirtieth special session of the General Assembly, we are actively working towards the next milestone of a review in 2019 of the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. INCB looks forward, in the next three years and beyond, to being a voice for the practical application of evidence-based knowledge that coherently supports States in the protection of the health and welfare of their citizens. I hope that, through the release of these annual reports, greater understanding of the work and functions of INCB can be achieved. As always, Member States are invited to communicate directly with the Board regarding any questions they may have about implementation of the treaties.

Werner Sipp
President
International Narcotics Control Board

[2] E/INCB/2016/4.

Contents

Explanatory notes

Data reported later than 1 November 2016 could not be taken into consideration in preparing this report.

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.

References to dollars ($) are to United States dollars, unless otherwise stated.

The following abbreviations have been used in this report:

AIRCOP	Airport Communication Project
APAAN	*alpha*-phenylacetoacetonitrile
ASEAN	Association of Southeast Asian Nations
CARICC	Central Asian Regional Information and Coordination Centre
CARICOM	Caribbean Community
CICAD	Inter-American Drug Abuse Control Commission
ECOWAS	Economic Community of West African States
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
Europol	European Police Office
GBL	*gamma*-butyrolactone
GHB	*gamma*-hydroxybutyric acid
ha	hectare
I2ES	International Import and Export Authorization System
INCB	International Narcotics Control Board
INTERPOL	International Criminal Police Organization
IONICS	Project Ion Incident Communication System
LSD	lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine
NATO	North Atlantic Treaty Organization
OAS	Organization of American States
PEN Online	Pre-Export Notification Online
PICS	Precursors Incident Communication System
SMART	global Synthetics Monitoring: Analysis, Reporting and Trends programme
THC	tetrahydrocannabinol
UNAIDS	Joint United Nations Programme on HIV/AIDS
WCO	World Customs Organization
WHO	World Health Organization

Chapter I.

Women and drugs

1. There is growing awareness of the importance of appropriately incorporating a gender perspective into drug-related policies and programmes. The Political Declarations of 1998[3] and 2009[4] incorporate gender considerations, and both the General Assembly[5] and the Commission on Narcotic Drugs[6] have given increasing attention to this aspect over the past 10 years. In addition, the General Assembly, in its resolution on the 2030 Agenda for Sustainable Development,[7] underlined the critical importance of gender equality and the empowerment of women. In the outcome document of the thirtieth special session of the General Assembly, entitled "Our joint commitment to effectively addressing and countering the world drug problem",[8] Member States are encouraged to address the specific needs of women in the context of drug policy. The Commission on Narcotic Drugs, the main policymaking body of the United Nations system for drug-related matters, has adopted a number of resolutions with regard to the situation of women as it relates to the world drug problem. To contribute to the advancement of gender-sensitive policies to address this issue, the Commission has highlighted the specific needs of women, most recently at its fifty-ninth session, held in March 2016, when it adopted its resolution 59/5, entitled "Mainstreaming a gender perspective in drug-related policies and programmes".

2. Recognizing the importance of gender-responsiveness, the International Narcotics Control Board (INCB) has devoted the first chapter of the present annual report to the topic of women and drugs. However, owing to the multifaceted nature of this subject, it cannot be dealt with in an exhaustive manner in only one chapter. Moreover, data on women drug users are sparse, further complicating analysis. For those reasons, the present chapter is limited to some salient aspects: drug-related harms, special populations, prevention and treatment, and rehabilitation for drug dependence.

3. Drug-dependent women may face many difficulties: they can experience high levels of stigmatization; they can be ostracized by their family or community; they may be subjected to violence from partners or family members; and they may turn to, or be coerced into, sex work to support their drug use or that of their partner. In addition, they lack access to gender-sensitive treatment for drug dependence. The limited data available at the global level show that women drug users are increasing in number among youth and prison populations. Few countries provide adequate levels of drug-dependency treatment to women, and virtually all countries need to expand gender-sensitive treatment if they are to achieve the highest attainable standard of health for women.

4. Criminal justice data indicate that an increasing number of women are arrested for drug-related crimes. The incarceration of women involved in drug-related offences may have a catastrophic effect on their children, particularly if they are the primary caregivers. Additionally,

[3] Political Declaration adopted by the General Assembly at its twentieth special session, devoted to countering the world drug problem together (General Assembly resolution S-20/2, annex).

[4] Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (see *Official Records of the Economic and Social Council, 2009, Supplement No. 8* (E/2009/28), chap. I, sect. C).

[5] General Assembly resolutions 58/138, 61/143, 63/241 and 70/182.

[6] Commission on Narcotic Drugs resolutions 52/1, 55/5 and 59/5.

[7] General Assembly resolution 70/1.

[8] General Assembly resolution S-30/1, annex.

female prisoners have very high levels of drug dependence but rarely have access to treatment and rehabilitation services.

A. Prevalence and patterns of drug abuse

5. Women and girls comprise one third of people who use drugs globally. In 2010, the global estimated number of women dependent on amphetamines was 6.3 million; women dependent on opioids numbered 4.7 million; and women dependent on cocaine numbered 2.1 million. Women had a high prevalence of amphetamine dependence (0.31 per cent) in South-East Asia and Oceania, of opioid dependence (0.25 per cent) in Oceania, and of cocaine dependence (0.22 per cent) in North America and Latin America. Also in 2010, an estimated 3.8 million women injected drugs globally, corresponding to 0.11 per cent of the world female population.[9] Drug-use patterns among women reflect differences in opportunities to use drugs, which are a result of the influence of their social or cultural environment.

6. Generally, women start using drugs later than men do, and their use is strongly influenced by partners who also use drugs. However, once women start abusing drugs, their rate of consumption of cannabis, opioids and cocaine progresses more rapidly than among men, and they tend to develop a substance use disorder more quickly than men do. In the case of methamphetamines, women begin using them at an earlier age than men, and they are more likely to have a methamphetamine use disorder than men. Compared with men, women who use heroin are younger, likely to use smaller amounts and for a shorter time, are less likely to inject the drug and are more likely to be influenced by drug-using sexual partners. Often, someone else, typically their partner, will administer a woman's first injection of drugs.

7. Women in high-income countries have a higher level of drug use than women in low- and middle-income countries. In terms of abuse of all drugs, the gap between women and men is narrower among the youth population than among the adult population. Women also constitute a large proportion of those abusing prescription drugs. The Pompidou Group of the Council of Europe reported that the use of prescription drugs by women increases according to age group, peaking among women in their thirties. Although data are limited, both Germany and Serbia reported that fatal overdoses owing to prescription drug abuse were more common among women than among men.[10] Studies show that women are more likely to use prescription drugs, such as narcotic analgesics and tranquillizers (e.g., benzodiazepines), for non-medical purposes.[11] This is compounded by the greater vulnerability of women to depression, anxiety, trauma and victimization compared with men. Women report using drugs to cope with stressful situations in their lives, and there is evidence that women are significantly more likely than men to be prescribed narcotics and anti-anxiety medications.[12]

8. The prevalence of illicit drug use, drug abuse by injection and drug dependence is consistently higher among women who have sex with women. Among transgender women, drug abuse, including by injection, is also common, ranging from approximately 30 per cent in the United States of America, to 42 per cent in Australia and up to 50 per cent in Portugal and Spain. However, a study carried out in 2004 in Pakistan found that fewer than 2 per cent of transgender women had injected drugs in the previous year.[13]

B. Initiation into, reasons for and circumstances of drug abuse

9. Both drug abuse and drug abuse by injection typically begin in adolescence and early adulthood. Particularly vulnerable young people, such as those who are homeless, may begin injecting in their early teenage years. Women, like men, take drugs for a variety of reasons, including experimentation, peer pressure, to escape or to

[9] Harvey A. Whiteford and others, "Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010", *The Lancet*, vol. 382, No. 9904 (2013), pp. 1575-1586.

[10] Marilyn Clark, *The Gender dimension of non-medical use of prescription drugs* (Strasbourg, Council of Europe, 2015).

[11] L. Simoni-Wastila, G. Ritter and G. Strickler, "Gender and other factors associated with the nonmedical use of abusable prescription drugs", *Substance Use and Misuse,* vol. 39, No. 1 (2004), pp. 1-23; *2007 ESPAD Report: Substance Use Among Students in 35 European Countries* (Stockholm, Swedish Council for Information on Alcohol and Other Drugs, 2009).

[12] UNODC, *The Non-Medical Use of Prescription Drugs:* Policy Direction Issues (Vienna, 2011).

[13] Sarah Larney and others, "Global epidemiology of HIV among women and girls who use or inject drugs: current knowledge and limitations of existing data", *Journal of Acquired Immune Deficiency Syndromes*, vol. 69, supp. 2 (June 2015).

relax. Factors such as personality or environment can lead to a woman progressing from drug abuse to drug abuse by injection. Additional factors may include being subject to physical or sexual abuse during childhood, involvement in sex work and socializing with persons who abuse drugs by injection.

10. Some women report using substances to relieve stress or negative emotions or to cope with divorce, loss of child custody or the death of a relative. Women with substance use disorders have often experienced a difficult upbringing and conflict within the family, as well as having had to prematurely take on adult responsibilities. They often have a family member who is drug-dependent, and many women identify relationship problems as a factor leading to substance use. Additionally, mood and anxiety disorders often predate the onset of substance abuse problems. Other reasons given by women for abusing drugs are to aid with dieting, to counter exhaustion, to relieve pain, and as self-medication for mental health problems.

1. Biological factors

11. Dependence on drugs is determined by a combination of biological, environmental, behavioural and social factors. Factors increasing the risk of dependence include being male, having a novelty- and sensation-seeking temperament, early defiant behaviour and conduct disorders, poor school performance and inadequate sleep. Women may face unique issues when it comes to substance use, in part related to biological factors.

12. Dependence develops when a person's neurons adapt to repeated drug exposure and only function normally in the presence of the drug. Genetic variability can determine to a large extent an individual's risk of dependence. Therefore, understanding the role of genetic factors may assist in the treatment of drug dependence. It is thought that genetic factors account for between 40 and 60 per cent of a person's vulnerability to addiction. Studies of twins have revealed that the likelihood of heritability of addictive disorders, on a scale from 0 to 1, ranges from 0.39 for hallucinogens to 0.72 for cocaine.[14] A meta-analysis of studies of twins conducted by Verweij and others (2010) estimated that, among females, 59 per cent of problematic cannabis use could be attributed to shared genes, while among male twins, just 51 per cent was attributed to shared genes.

13. Women may face unique issues when it comes to substance use, in part influenced by differences based on biology and distinctions related to gender norms. Research has determined that women's experience of drugs and the ability to recover from drug use can be impacted by hormones, the menstrual cycle, fertility, pregnancy, breastfeeding and menopause. In human studies, the follicular phase of the menstrual cycle, in which estradiol levels are high and progesterone low, is associated with the greatest responsivity to stimulants. A study investigating response to cocaine administration found that women in the luteal phase reported lower ratings of feeling high than women in the follicular phase or men.[15] Research has also found different effects of monoamine oxidase A (MAO-A) (an enzyme that breaks down monoamine neurotransmitters, e.g., serotonin) genotypes on female psychopathology and behaviour.[16] There is also evidence that childhood sexual abuse and intimate partner violence constitute unique risk factors for antisocial behaviour and drug use among women and can predict relapse many years later.[17]

2. Social and environmental factors

14. Some countries have high levels of unemployment, drug availability and crime that result in an environment likely to foster problematic drug use. It has been suggested that there is a reciprocal relationship between low socioeconomic status and drug use. Living in poverty can create chronic stress, which affects an individual's mental health, from which drugs can provide some temporary reprieve. Additionally, albeit to a lesser extent, drug abuse may lower socioeconomic status. In the case of women, the impact of these factors is often exacerbated. For example, an investigation by the United Nations Office on Drugs and Crime (UNODC) into the impact of drug use on the family unit in Afghanistan found strong links between drug use, unemployment and poverty.[18] Over half of those who had been employed prior to using drugs had subsequently lost their jobs, and over one third of the children interviewed said that they had been forced to leave school because of drug abuse by a family member. Communities with high levels of drug use often have

[14] Laura Bevilacqua and David Goldman, "Genes and addictions", *Clinical Pharmacology and Therapeutics*, vol. 85, No. 4 (2009).

[15] Mehmet Sofuoglu and others, "Sex and menstrual cycle differences in the subjective effects from smoked cocaine in humans", *Experimental Clinical Psychopharmacology*, vol. 7, No. 3 (1999), pp. 274-283.

[16] J. Kim-Cohen and others, "MAOA, maltreatment, and gene-environment interaction predicting children's mental health: new evidence and a meta-analysis", *Molecular Psychiatry*, vol. 11 (2006), pp. 903-913.

[17] Office of Research on Women's Health, "Research summaries, FY 2011" (Bethesda, Maryland, National Institutes of Health, 2011).

[18] UNODC, *Impacts of Drug Use on Users and Their Families in Afghanistan* (Vienna, 2014).

poor access to social support, health care and community organizations, making it more difficult for residents to receive assistance to break the cycle of drug abuse and poverty.

15. A large study of nearly 3,000 people who use drugs in India[19] found that almost 10 per cent were women. Many of the women were illiterate, and very few had received any vocational training. Most were using heroin. The women commonly reported both physical and psychological problems resulting from their drug abuse, including miscarriages or terminations. About half of the women who took part in the study engaged in sex work to support their drug use, increasing their risk of contracting HIV, which, in turn, in the case of pregnancy or breastfeeding, can be transmitted to the child. Marital conflict was a common reason given for starting to abuse drugs.

C. Drug-related harm

1. HIV infection, overdose and other negative health consequences

16. Studies of drug abuse and its related harms often do not specifically consider women, in turn limiting the accurate assessment of how various issues affect women who use drugs. Furthermore, most research is undertaken in high-income countries, thus limiting the global understanding of the situation. Nevertheless, a reasonable amount of data on HIV among women has been generated, providing some indication of the problem, given the link between injecting drug use and the risk of HIV infection. HIV prevalence among female drug users can range vastly, from low levels in several countries to over 50 per cent in some others, such as Estonia and the Philippines. In the United Republic of Tanzania, 72 per cent of women who abuse heroin by injection are HIV positive, compared with 45 per cent of men. In Senegal, HIV prevalence among women who abuse drugs by injection is three times higher than among men.

17. Overall, even in generalized epidemics in sub-Saharan Africa, female sex workers are 12 times more likely to be HIV positive than the general female population. Similarly, in other environments with medium or high prevalence of HIV, or generalized HIV epidemics, the likelihood of HIV infection was found to be high.[20] Female prisoners also have higher rates of HIV infection compared with both the general population and male prisoners.[21]

18. Women who inject drugs frequently report sharing needles, giving reasons such as being unaware of the risks, being unable to obtain needles from pharmacies and being afraid of being caught by police. Some women report that they share needles with their partner as a sign of love or trust. Poor injecting techniques cause vein injuries with severe complications. Women injecting drugs face problems such as fatigue, weight loss, withdrawal pain, depression and suicidal tendencies; many also have sexually transmitted infections and hepatitis. For these women, access to health care is mainly hindered by the stigma attached to women who abuse drugs by injection.

19. In 2012, more than 15,000 women died from drug overdoses in the United States. Between 1999 and 2010, the number of deaths related to the use of prescription opioid painkillers among women in the United States increased by a factor of 5, while the rate for men increased by a factor of 3.6. A review of mortality data in the United Kingdom of Great Britain and Northern Ireland from 2007 to 2008 revealed larger increases in overdoses (of all substances) among women than among men (17 per cent for women and 8 per cent for men). In particular, there was an 8 per cent increase in the number of deaths of women from heroin/morphine overdose and a 20 per cent increase in the number of deaths of women from cocaine overdose during that period.[22]

2. Mental illness

20. The dual occurrence of substance use disorder and mental illness is difficult to diagnose and treat and is more common in women than men. If women who suffer from this dual occurrence are not treated they will have poorer clinical outcomes than women with a single disorder. In Europe, co-morbid major depression is more frequent in women with substance use disorders than in

[19] India, Ministry of Social Justice and Empowerment, and UNODC, Regional Office for South Asia, "Women and drug abuse: the problem in India—highlights of the report" (New Delhi, 2002).

[20] Stefan Baral and others, "Burden of HIV among female sex workers in low-income and middle-income countries: a systematic review and meta-analysis", *The Lancet*, vol. 12, No. 7 (2012), pp. 538-549.

[21] Kate Dolan and others, "People who inject drugs in prison: HIV prevalence, transmission and prevention", *International Journal of Drug Policy*, vol. 26, Suppl. No. 1 (2015), pp. S12-S15.

[22] Silvia Martins and others, "Worldwide prevalence and trends in unintentional drug overdose: a systematic review of the literature", *American Journal of Public Health*, vol. 105, No. 11 (November 2015).

men with such disorders. Among this group of women, the prevalence of major depression is twice as high among women in the general population.[23] Individuals with a dual diagnosis have a poorer prognosis, require more intense supportive care and have a higher risk of suicide compared with those with a single diagnosis.[24] Effective treatments for dual diagnosis focus equally on both types of disorders and deliver services in a fully integrated manner.

21. A comparison between female prisoners with a dual diagnosis and those with severe mental illness alone found that the first group was more likely to have more immediate service needs once released, such as housing, and were more likely to reoffend. Once in prison, women are at risk of acquiring major depressive and anxiety disorders. Furthermore, whereas psychiatric symptom prevalence has been noted to decline among men who have been convicted, this is not found to be the case among women who are held as pretrial detainees.

3. Violence

22. Globally, it is estimated that one in three women has experienced physical or sexual violence. Rates of physical and sexual violence suffered by women undergoing drug treatment are very high, ranging from 40 to 70 per cent.[25] Such violence has adverse consequences on the mental, physical and reproductive health of women. About 20 per cent of women who have experienced violence will develop a psychiatric disorder, such as depression or post-traumatic stress disorder. An investigation by UNODC into the impact of drug use on the family unit in Afghanistan found that drug use increased the likelihood of domestic violence.[26] In a review undertaken in 2015, the Pompidou Group of the Council of Europe found that women who used drugs were subjected to more violence than women who did not use drugs. Rates of violence were found to be even higher among drug-using women who were pregnant or who engaged in sex work.[27]

4. Imprisonment

23. The proportion of women involved in drug offences is increasing. Over the last 30 years, the number of women incarcerated in the United States for drug-related offences increased by over 800 per cent, compared with a 300 per cent increase for men. Two thirds of women in federal prisons in the United States are incarcerated for non-violent drug offences. In Europe and Central Asia, more than 25 per cent (and up to 70 per cent in Tajikistan) of women prisoners have been convicted of drug-related offences. In Latin America, between 2006 and 2011, the female prison population almost doubled, with 60 to 80 per cent incarcerated for drug-related offences.

24. Women who have little formal education or who lack employment opportunities are those most frequently found to be involved in the drug trade. Most women who are arrested for acting as drug couriers have no previous criminal convictions and many are foreign-born. In Argentina, 9 out of every 10 foreign female prisoners with drug convictions were couriers, and the overwhelming majority were first-time offenders.[28] These female inmates have no family, social or institutional ties to the country in which they are held and are often serving long sentences.

D. Special populations who use drugs

1. Female prisoners and their children

25. Although men outnumber women by a ratio of 10 to 1 in prison populations, the number of incarcerated women is increasing. Over the last 15 years, the number of women in prison has increased by about 50 per cent.[29] In 2015, over 700,000 women and girls were held in penal institutions throughout the world as either pretrial detainees or as convicted and sentenced prisoners.[30] Prevalence of drug use among female prisoners is much higher than among male prisoners. Globally, between 30 and 60 per cent of women abused drugs in the month before being imprisoned, compared with between 10 and 50 per cent of men.

[23] EMCDDA, *Comorbidity of Substance Use and Mental Disorders in Europe* (Luxembourg, Publications Office of the European Union, 2015).

[24] Stephanie Hartwell, "Triple stigma: Persons with mental illness and substance abuse problems in the criminal justice system", *Criminal Justice Policy Review*, vol. 15, No. 1 (March 2004).

[25] Mayumi Okuda and others, "Mental health of victims of intimate partner violence: results from a national epidemiologic survey", *Psychiatric Services*, vol. 62, No. 8 (August 2011).

[26] *Impacts of Drug Use on Users and Their Families in Afghanistan*.

[27] Thérèse Benoit and Marie Jauffret-Roustide, *Improving the Management of Violence Experienced by Women Who Use Psychoactive Substances* (Strasbourg, Council of Europe, 2016). Available at www.coe.int/.

[28] Corina Giacomello, "Women, drug offenses and penitentiary systems in Latin America", IDPC Briefing Paper (International Drug Policy Consortium, 2013).

[29] Roy Walmsley, "World Female Imprisonment List", 3rd ed., World Prison Brief (London, Institute for Criminal Policy Research, Birkbeck, University of London, 2015).

[30] Ibid.

26. When women are imprisoned, family life is often greatly disrupted: in Latin America, a third of female prisoners lose their homes, and just 5 per cent of children remain in their own home once their mother has been imprisoned. A study done in Brazil revealed that most children continue to be cared for by their mother when their father is imprisoned; however, in the event of a mother being incarcerated, just 10 per cent of children remain in their father's care. In Latin America, most incarcerated women are first-time offenders and, as primary caregivers to their children, their incarceration often means that their children either accompany them to prison or become homeless.

27. Owing to an insufficient number of female prison facilities, women are often imprisoned far from their homes, making it difficult to receive visits. Separation from their communities, homes and families has a considerably detrimental impact on the mental well-being of female prisoners. Female prisoners have significantly higher levels of psychiatric conditions than male prisoners. Such conditions include depression, bipolar disorder, psychosis, post-traumatic stress disorder, anxiety, personality disorder and drug dependence.

28. A large proportion of women incarcerated worldwide are in pretrial detention. Some have been detained for years; often longer than the sentence they are potentially facing. In Pakistan, over half of all female prisoners interviewed for a UNODC study were on trial, and one fifth of them had spent over a year awaiting trial. An inspection of nine prisons in the country found virtually no recreational facilities, educational services or health services for women or children, and no vocational training for women. In one prison, 60 inmates shared one washroom and eight of the nine prisons had unsafe drinking water, leading to waterborne diseases. Medical facilities were inadequate and lacked any mental health services. Most of the specialist women's health care was being provided by non-governmental organizations, rather than the Ministry of Health or the Prison Department. In small towns, female prisoners had given birth in prison without any medical assistance.[31]

29. Several South American countries have amended their national legislation pertaining to pretrial detention for pregnant women and nursing mothers. The amendments allow such women to serve pretrial periods at home.

30. Countries wishing to reduce the numbers of women incarcerated have the possibility of making use of the provisions of article 3, subparagraph 4 *(c)*, of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,[32] which clearly provides for alternatives to incarceration, stating that "in appropriate cases of a minor nature, the Parties may provide, as alternatives to conviction or punishment, measures such as education, rehabilitation or social reintegration, as well as, when the offender is a drug abuser, treatment and aftercare."

2. Sex workers

31. Female sex workers who abuse drugs by injection face major health risks, the threat of violence and social marginalization. Many countries have severe punishments, including the death penalty, for people who engage in sex work. There is a high correlation between drug use and sex work: drug dependence may account for a woman's entry into sex work as a means to support that dependence; women may also engage in drug use to cope with the demands and nature of sex work.

32. Globally, rates of drug abuse and HIV infection and incidences of imprisonment are high among female sex workers. In Myanmar, one third of female sex workers interviewed for a study reported using amphetamine-type stimulants for occupational reasons, exacerbating the risks of HIV infection and other sexually transmitted infections. Sex workers who used drugs were three and a half times more likely to report having a sexually transmitted infection than other sex workers.[33]

33. Female sex workers use amphetamine-type stimulants for increased energy and weight control. Cambodian sex workers interviewed for one study also stated that use of amphetamine-type stimulants use increased their overall confidence and control with clients. However, use of amphetamine-type stimulants is associated with risky sexual behaviour and higher rates of sexually transmitted infection. Furthermore, chronic use of amphetamine-type stimulants can lead to paranoia and aggressive behaviour.[34]

[31] UNODC, *Females Behind Bars: Situation and Needs Assessment in Female Prisons and Barracks* (Islamabad, 2011).

[32] United Nations, *Treaty Series*, vol. 1582, No. 27627.

[33] Katie Hail-Jares and others, "Occupational and demographic factors associated with drug use among female sex workers at the China-Myanmar border", *Drug and Alcohol Dependence*, vol. 161 (April 2016).

[34] Marie-Claude Couture and others, "Correlates of amphetamine-type stimulant use and associations with HIV-related risks among young women engaged in sex work in Phnom Penh, Cambodia", *Drug and Alcohol Dependence*, vol. 120 (January 2012).

3. Pregnant women

34. Drug dependence is strongly correlated with unwanted pregnancies, poor birth outcomes and child abuse or neglect. Utilization of drugs during pregnancy may lead to premature births, newborns with a low birthweight and postpartum haemorrhage. Women who use drugs during their pregnancy are also more likely to be admitted to intensive care units during labour and to suffer higher incidences of infant mortality.

35. Prenatal exposure to drugs can result in an array of emotional, psychological and physical disorders. Children who have been exposed to drugs while in the womb may suffer significant developmental problems that require additional care, resulting in both personal and societal costs. Children exposed to a drug-using environment are at a significantly higher risk of both physical and sexual abuse, as well as neglect.

36. Babies whose mothers used cannabis during pregnancy may exhibit neurological development problems; exposure to cannabis in early life may adversely affect brain development and behaviour. Later on, those children are likely to demonstrate impaired attention, poor learning and memory skills, impulsivity and behavioural problems at school. They also have a higher likelihood of using cannabis as adults.

E. Prevention of and treatment and rehabilitation for drug dependence

1. Prevention of drug abuse

37. Programmes for the prevention of substance use disorders in special populations vary across countries. The primary objective of drug abuse prevention is to help people, particularly young people, avoid initiation into the use of drugs or, if they have already started using drugs, to avoid becoming dependent. Prevention programmes are frequently targeted at children and families at risk, prisoners, people living with HIV/AIDS, pregnant women and sex workers. As part of such programmes, particular regard should be paid to the stigma associated with drug use, especially for women. Specific interventions should be developed that enable women to participate in prevention programmes.

38. The provision of evidence-based integrated treatment to pregnant women can have a positive impact on child development, the emotional and behavioural functioning of the mother and parenting skills.

2. Barriers to accessing treatment

39. According to the World Health Organization (WHO), most Governments have no specific budget allocation for the treatment of substance use disorders. Furthermore, the incorporation of drug prevention and treatment services into national health systems is uncommon. Specialized drug treatment for pregnant women (available in 31 per cent of countries) and sex workers (available in 26 per cent of countries) is low and coverage is poor. However, drug treatment services for pregnant women exist in 61 per cent of countries in Europe, and 40 per cent of countries in South-East Asia have such services for sex workers.[35]

40. Globally, women make up one third of people who abuse drugs but just one fifth of those who are in treatment. Women encounter significant systemic, structural, social, cultural and personal barriers to accessing substance abuse treatment. At the structural level, the main obstacles include a lack of childcare services and judgmental attitudes to women who abuse drugs, especially if they are pregnant. Often, residential treatment programmes do not admit women with children.

41. Women who use drugs may not seek treatment for fear of losing custody of their children. Other reasons for low uptake of treatment by women include hostile attitudes of medical staff or clinics being inundated with male clients, making them uninviting for female clients.

42. In many countries, women who abuse drugs face stigma. Therefore, women may be reluctant to disclose their abuse of drugs and may be hesitant to access health services, including drug treatment, for fear of discrimination. Women and girls who use drugs may lose the support of their family, find themselves with limited employment opportunities and turn to sex work, further exacerbating the stigma they face.

43. Pregnant women may be afraid to seek help because of the possible involvement of the authorities and the legal or social repercussions this could entail. However, if pregnant, drug-abusing women remain untreated, it can have major implications for the health of their babies. Some of the factors that motivate women to enter treatment are pregnancy, parenthood and a partner's entry

[35] WHO, *Atlas on Substance Use (2010): Resources for the Prevention and Treatment of Substance Use Disorders* (Geneva, 2010).

into treatment. If a woman's partner leaves treatment, she is likely to leave as well. There is much debate as to whether couples should enter rehabilitation together or separately: although many experts claim that a couple must separate to overcome dependency, many couples have successfully completed treatment together. Nevertheless, relationships rarely survive if only one person stops using drugs.

44. In general, fewer women than men who need to access treatment are able to do so. This is particularly true in low- and middle-income countries; in Afghanistan, despite the high rates of opium and heroin use among women, women make up only 4 per cent of those in treatment; in Pakistan, that figure is 13 per cent. In some regions of the world, such as the Middle East, women generally still fulfil the traditional role of taking care of the household while men go to work. When women step outside of that role by using drugs it can lead to stigma, which prevents women from seeking treatment for their drug dependence.

45. Access to drug treatment increased for women in the Islamic Republic of Iran when women-only drug treatment services were introduced. Prior to the introduction of such services, fewer than 20 per cent of women using drugs had accessed treatment in the previous 10 years. Positive outcomes from the women-only clinics resulted in an increase in the number of such clinics in the country.

3. Treatment outcomes

46. Although population-based studies demonstrate no clear differences between men and women when it comes to staying in and completing treatment programmes, there are certain factors to consider. Two factors that significantly aid in predicting the treatment outcome for women are dual diagnosis and a history of trauma. It is therefore important for treatment programmes to address those issues in order to increase their effectiveness.

47. Although providing exclusively female treatment programmes is still a novel approach, such programmes have been positively endorsed by women. Women who participate in them feel that they are better understood and can more easily relate to other female attendants. Some women report that they feel unsafe or are harassed in mixed-gender programmes. In women-only programmes, clients report that the availability of individual counselling, the absence of sexual harassment and the provision of childcare services are important.

48. In order for treatment services to be gender-sensitive, they should also offer a non-punitive environment and present a positive attitude towards women and their needs. In countries where the provision of drug treatment to women is a recent development, staff are likely to require training to address any biases that they may hold and to ensure non-judgmental treatment. Women are just as likely as men to remain in treatment once it is initiated, but multiple factors increase the likelihood of this taking place. These factors include a patient-centred approach to treatment, on-site childcare facilities and trauma or sexual abuse counselling. Treatment programmes should also provide women with skills, knowledge and support to enable them to change their substance use behaviour when they return to their family and re-enter their community. The rehabilitation process needs to prevent a relapse into substance use by providing women with the skills required to control the impulse to use drugs. The ultimate goals of the rehabilitation process are to assist women in regaining control of their lives, improve their personal health and allow them to re-establish healthy relationships with their children, families and communities.

49. Many studies support the finding that treatment is effective for men and women alike, with minimal differences in treatment-related outcomes. However, women have been found to be more receptive than men to treatment for methamphetamine dependence. The first type of treatment offered to women who use drugs should be voluntary, as compulsory treatment should be limited to exceptional cases. The use of compulsory drug detention centres has been criticized by a number of United Nations organizations.[36] Among other reasons, women detained in such centres are particularly vulnerable to sexual violence and abuse.

F. Recommendations

50. INCB encourages Member States to collect and share data, disaggregated by age, sex and other relevant factors, when providing information through the annual report questionnaire and when reporting to the Commission on Narcotic Drugs.

51. All Governments are encouraged to collect gender-disaggregated data on participation in drug use prevention programmes and access to treatment services, to allow the efficient allocation of resources. Targeted

[36] International Labour Organization and others, "Compulsory drug detention and rehabilitation centres", joint statement, March 2012. Available at www.unodc.org.

interventions, based on research, can be particularly effective in meeting the specific needs of female drug users.

52. Efforts to prevent and treat drug abuse among women should be better funded, coordinated and based on evidence. In addition to Governments, stakeholders such as non-governmental organizations and academia can provide treatment and generate data for a better understanding of drug use by women.

53. Governments should give priority to providing easily accessible health care for drug-dependent women. Special groups such as drug-dependent women who are pregnant need the enhanced services of a specially trained multidisciplinary team. Prenatal care could include testing for HIV and other sexually transmitted infections in order to improve the detection and management of those conditions, but such measures should not be punitive.

54. Drug treatment programmes should be able to guarantee personal safety and confidentiality with women-only spaces or times. Services become more accessible when childcare and interventions or strategies for women engaged in sex work or women who have experienced gender-based violence are provided. In order to mainstream gender equality, policymakers should work to improve the availability, accessibility, affordability and acceptability of services for women who use drugs.

55. Women's right to health includes the right to be free from torture, non-consensual treatment and experimentation. Drug treatment programmes should be held to the same standards of safety and efficacy as programmes for the treatment of other ailments. Furthermore, inhumane or degrading forms of treatment of drug users, such as compulsory drug detention centres, should be eliminated in favour of voluntary, residential and evidence-informed alternatives in the community.

56. Governments should ensure the provision of drug abuse prevention services and evidence-based treatment, especially in communities experiencing social disintegration. Strategies should address high-risk groups, such as pregnant women, sex workers and prisoners.

57. Efforts to eliminate the stigma associated with drug dependence, particularly among women, should be given high priority. Governments need to show leadership if discrimination is to be eliminated. Women who use drugs, engage in sex work or have HIV infection need protection and better access to services.

58. The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules)[37] specifically refer to substance abuse treatment programmes and recommend the provision of gender-sensitive, trauma-informed, women-only substance abuse treatment programmes in the community. They also recommend that women's access to such treatment should be improved, for crime prevention as well as for diversion and alternative sentencing purposes. They emphasize the need to ensure respect for the dignity of women in prison and to avoid any source of physical or sexual violence.

59. INCB encourages Governments to take into consideration the specific needs and circumstances of women subject to arrest, detention, prosecution, trial or the implementation of a sentence for drug-related offences, including appropriate measures to bring to justice perpetrators of abuse of women in custody or in prison settings for drug-related offences. Governments should draw, as appropriate, on the Bangkok Rules, the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules)[38] and the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules).[39]

[37] General Assembly resolution 65/229, annex.

[38] General Assembly resolution 45/110, annex.

[39] General Assembly resolution 70/175, annex.

Chapter II.

Functioning of the international drug control system

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

60. During the period under review, INCB has continued to work closely with all Governments to encourage full ratification of the three international drug control conventions and their implementation into domestic law.

61. The objectives of the drug control framework created by the conventions are manifold and include the following: regulating all licit trade in narcotic drugs and psychotropic substances and precursors used in their illicit manufacture, while preventing their diversion into illicit channels; ensuring adequate access to medicines containing controlled substances for legitimate medical purposes for those who need them; establishing treatment, rehabilitation, after care and social reintegration structures to address drug use and addiction; addressing drug-related criminality in a proportionate manner that is firmly anchored in the rule of law and due process guarantees and that provides for the adoption of institutional responses to address the commission of unlawful acts by individuals affected by drug use or addiction; and facilitating mutual legal assistance and extradition and combating money-laundering.

62. In order to fulfil those objectives, States must adopt a corpus of legal, policy and regulatory measures. In line with the mandate conferred upon it by the drug control conventions, the Board continues to engage with States through a sustained dialogue aimed at helping to ensure the comprehensive implementation of these important instruments, which are aimed at promoting the health and welfare of humanity.

Status of adherence to the international drug control treaties

63. The Board welcomes the international community's widespread support of the international drug control conventions, which is evidenced by the fact that the conventions benefit from near-universal adherence. The Board takes note of the renewed support for the conventions as the cornerstone of the global legal framework governing drug control, as expressed in the outcome document of the special session of the General Assembly on the world drug problem held in April 2016, entitled "Our joint commitment to effectively addressing and countering the world drug problem".

64. As at 1 November 2016, only 11 States had yet to ratify the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol:[40] 2 States in Africa (Equatorial Guinea and South Sudan), 2 States in Asia (State of Palestine and Timor-Leste) and 7 States in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu und Vanuatu). Chad remains the only State having acceded to the 1961 Convention in its unamended state.[41]

65. The Convention on Psychotropic Substances of 1971[42] has been ratified by 183 States parties. The 14 States

[40] United Nations, *Treaty Series*, vol. 976, No. 14152.

[41] Ibid., vol. 520, No. 7515.

[42] Ibid., vol. 1019, No. 14956.

still not parties to it are as follows: 3 States in Africa (Equatorial Guinea, Liberia and South Sudan), 1 State in the Americas (Haiti), 2 States in Asia (State of Palestine and Timor-Leste) and 8 States in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tuvalu und Vanuatu).

66. The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 has been ratified or acceded to by a total of 189 States and formally confirmed by the European Union. Nine States have yet to become party to it: three States in Africa (Equatorial Guinea, Somalia and South Sudan), one State in Asia (State of Palestine) and five States in Oceania (Kiribati, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

67. **The Board calls upon all States that have not ratified one or more of the international drug control conventions to do so without delay, and to ensure that the provisions contained therein are comprehensively implemented within their respective national legal orders.**

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

68. The fundamental goal of the international drug control systems is assuring the health and welfare of humankind. That goal is to be achieved through two, twin actions: ensuring the availability of internationally controlled substances for medical and scientific purposes; and preventing the diversion of controlled substances into illicit channels or, in the case of precursor chemicals, for use in the illicit manufacture of narcotic drugs and psychotropic substances.

69. To monitor compliance with the international drug control treaties, the Board examines action taken by Governments to implement the treaty provisions aimed at achieving the overall goals of the conventions. Over the years, the treaty provisions have been supplemented with additional control measures adopted by the Economic and Social Council and the Commission on Narcotic Drugs to enhance their effectiveness. In the present section, the Board highlights action that needs to be taken to implement the international drug control system, describes problems encountered in that regard and provides specific recommendations on how to deal with those problems.

1. Preventing the diversion of controlled substances

(a) Legislative and administrative basis

70. Governments have to ensure that national legislation complies with the provisions of the international drug control treaties. They also have the obligation to amend lists of the substances controlled at the national level when a substance is included in a schedule of an international drug control treaty or transferred from one schedule to another. Inadequate legislation or implementation mechanisms at the national level or delays in bringing lists of substances controlled at the national level into line with the schedules of the international drug control treaties will result in inadequate national controls being applied to substances under international control and may lead to the diversion of substances into illicit channels. The Board is therefore pleased to note that, as in previous years, Governments have continued to furnish information to the Board on legislative or administrative measures taken to ensure compliance with the provisions of the international drug control treaties.

71. In its decision 59/1, the Commission on Narcotic Drugs decided to include acetylfentanyl in Schedules I and IV of the 1961 Convention as amended. In its decision 59/2, the Commission decided to include MT-45 in Schedule I of that Convention. In accordance with article 3, paragraph 7, of the 1961 Convention as amended, that decision was communicated by the Secretary-General to all Governments, to WHO and to the Board on 17 May 2016, and became effective with respect to each party upon receipt of that notification. **The Board acknowledges the efforts made by Governments that have already put those substances under control and urges all other Governments to amend the lists of substances controlled at the national level accordingly and to apply to those substances all control measures required under the 1961 Convention as amended.**

72. The Board also wishes to draw the attention of Governments to the fact that five substances were placed under international control under the 1971 Convention by the Commission on Narcotic Drugs in March 2016. Pursuant to Commission decision 59/3, *para*-methoxymethylamphetamine (PMMA) was added to Schedule I of the 1971 Convention. Pursuant to Commission decisions 59/4, 59/5 and 59/6, α-pyrrolidinovalerophenone (α-PVP),

para-methyl-4-methylaminorex (4,4'-DMAR) and methoxetamine (MXE) were added to Schedule II of that Convention and, pursuant to Commission decision 59/7, phenazepam was added to Schedule IV. In accordance with article 2, paragraph 7, of the 1971 Convention, those decisions of the Commission were communicated by the Secretary-General to all Governments, to WHO and to the Board on 17 May 2016, and became fully effective with respect to each party on 13 November 2016. **The Board acknowledges the efforts made by some Governments that have already put those substances under control and urges all other Governments to amend the lists of substances controlled at the national level accordingly and to apply to those substances all control measures required under the 1971 Convention.**

73. In accordance with Economic and Social Council resolutions 1985/15, 1987/30 and 1993/38, Governments are required to introduce an import authorization requirement for zolpidem, a substance that was included in Schedule IV of the 1971 Convention in 2001. In response to the Board's request made in its annual reports for 2012 and 2013 and a circular letter sent in 2016, a number of Governments have provided the requisite information. As at 1 November 2016, relevant information was available for 129 countries and territories. Of those, 119 countries and territories have introduced an import authorization requirement, and 2 countries (Indonesia and the United States) require a pre-import declaration. Six countries and territories do not require an import authorization for zolpidem (Cabo Verde, Ireland, New Zealand, Singapore, Vanuatu and Gibraltar). Imports of zolpidem into Azerbaijan are prohibited, and Ethiopia does not import the substance. At the same time, information on the control of zolpidem remains unknown for 85 countries and territories. **The Board therefore again invites the Governments of countries and territories that have not yet done so to supply it with information on the control status of zolpidem as soon as possible.**

74. With regard to precursor chemicals, the Board wishes to recall that *alpha*-phenylacetoacetonitrile (APAAN) and its optical isomers were added to Table I of the 1988 Convention in accordance with Commission on Narcotic Drugs decision 57/1. Governments were therefore required, as of 6 October 2014, to have placed the substance under national control. The Board notes that a certain number of countries have yet to implement at the national level the international scheduling decision with regard to APAAN. In order to effectively monitor the movement of precursor chemicals, both domestically and across borders, it is important that Governments have the appropriate legislation and national control mechanisms in place to allow irregularities in licit trade patterns to be identified at an early stage and thereby mitigate the risk of diversion of precursor chemicals into illicit channels. **Governments are thus requested to adopt and implement national precursor control measures, which are a prerequisite for the functioning of the international precursor control system.**

(b) Prevention of diversion from international trade

Estimates and assessments of annual requirements for internationally controlled substances

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

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

77. Although not mandatory under the 1988 Convention, the Commission on Narcotic Drugs, in its resolution 49/3, requested Governments to provide to the Board their estimated annual legitimate requirements for selected precursor chemicals. The availability of realistic and up-to-date estimates facilitates the identification of

suspicious requests and transactions that may, in the event of such transactions exceeding the legitimate requirements communicated by a country's competent national authorities, indicate an attempt at diversion and can thus function as an early warning mechanism for authorities tasked with the authorization of proposed exports. It is therefore encouraging that 159 out of 189 (84 per cent) of States parties to the 1988 Convention are now providing annual legitimate requirements for at least one of the amphetamine-type stimulant precursors listed in Commission on Narcotic Drugs resolution 49/3.

78. The Board regularly investigates cases involving possible non-compliance by Governments with the system of estimates or assessments, as such non-compliance could facilitate the diversion of controlled substances from licit international trade into illicit channels. In that connection, the Board provides information, support and guidance to Governments on the working of the system for estimates or assessments, as necessary.

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

80. As in previous years, the Board finds that the system of imports and exports generally continues to be respected and works well. In 2015, a total of 18 countries were contacted regarding possible excess imports or excess exports identified with regard to international trade in narcotic drugs that had been effected during the year. As at 1 November 2016, 13 countries had responded and most of the cases were clarified as: *(a)* a result of errors in reporting on imports or exports; *(b)* drugs imported for re-export; *(c)* a result of errors in the reporting of the drugs or trading partner; and *(d)* drugs exported for destruction. However, four countries confirmed that excess exports or excess imports had actually occurred, and they were reminded of the need to ensure full compliance with the relevant treaty provisions. The Board continues to pursue the matter with those countries that have failed to respond.

81. Pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of annual domestic medical and scientific requirements for psychotropic substances listed in Schedules II, III and IV of the 1971 Convention. The assessments received are communicated to all States and territories to assist the competent authorities of exporting countries when approving exports of psychotropic substances. As at 1 November 2016, the Governments of all countries and territories, except for South Sudan, for which assessments were established by the Board in 2011, had submitted at least one assessment of their annual medical requirements for psychotropic substances.

82. The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. However, 31 Governments have not submitted a revision of their legitimate requirements for psychotropic substances for three years or more. The assessments valid for those countries and territories may therefore no longer reflect their actual medical and scientific requirements for psychotropic substances.

83. When assessments are lower than the actual legitimate requirements, the importation of psychotropic substances needed for medical or scientific purposes may be delayed. When assessments are significantly higher than legitimate needs, the risk of psychotropic substances being diverted into illicit channels may be increased. The Board has repeatedly reminded countries that it is important that Governments estimate and assess correctly and realistically the initial needs of their country. **Therefore, the Board calls upon all Governments to review and update their assessments and estimates on a regular basis and to keep it informed of all modifications, with a view to preventing any unnecessary importation and, at the same time, facilitating the timely importation of psychotropic substances needed for medical purposes.**

84. As in previous years, the system of assessments of annual requirements for psychotropic substances continues to function well and is respected by most countries and territories. In 2015, the authorities of 14 countries issued import authorizations for substances for which they had not established any such assessments or for quantities that significantly exceeded their assessments.

Only three countries exported psychotropic substances in quantities exceeding the relevant assessment.

Requirement for import and export authorizations

85. The universal application of the requirement for import and export authorizations laid down in the 1961 and 1971 Conventions is key to preventing the diversion of drugs into the illicit market. Such authorizations are required for transactions involving any of the substances controlled under the 1961 Convention or listed in Schedules I and II of the 1971 Convention. Competent national authorities are required by those conventions to issue import authorizations for transactions involving the importation of such substances into their country. The competent national authorities of exporting countries must verify the authenticity of such import authorizations before issuing the export authorizations required to allow shipments containing the substances to leave their country.

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

87. Most countries and territories have already introduced an import and export authorization requirement for psychotropic substances listed in Schedules III and IV of the 1971 Convention, in accordance with the above-mentioned Economic and Social Council resolutions. In response to a circular letter sent in 2016, the Board also received additional and updated information from the Governments of Serbia, Turkey and Timor-Leste. By 1 November 2016, specific information had been made available to the Board by 206 countries and territories, showing that all major importing and exporting countries now require import and export authorizations for all psychotropic substances in Schedules III and IV of the 1971 Convention. A table showing the import authorization requirements for substances in Schedules III and IV applied pursuant to the relevant Economic and Social Council resolutions by individual countries is disseminated by the Board to all Governments twice a year. That table is also published in the secure area of the Board's website, which is accessible only to specifically authorized Government officials, so that the competent national authorities of exporting countries may be informed as soon as possible of changes in import authorization requirements in importing countries. **The Board urges the Governments of the remaining 15 States in which national legislation does not yet require import and export authorizations for all psychotropic substances, regardless of whether they are States parties to the 1971 Convention, to extend such controls to all substances in Schedules III and IV of the 1971 Convention as soon as possible and to inform the Board accordingly.**

88. The 1988 Convention does not prescribe specific import or export authorization requirements for internationally scheduled precursor chemicals. Instead, the international precursor control system relies on the monitoring of international trade in order to facilitate the identification of suspicious transactions and prevent diversion. The provision of pre-export notifications regarding shipments of precursor chemicals to an importing country's authorities can be made mandatory under the Convention, if a State party chooses to invoke article 12, subparagraph 10 *(a)*, by sending a corresponding request to the Secretary-General (see paras. 92 and 93 below, regarding pre-export notifications for precursor chemicals).

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

89. Import and export authorizations are required for narcotic drugs listed in all Schedules of the 1961 Convention and for psychotropic substances listed in Schedules I and II of the 1971 Convention. Furthermore, pursuant to the relevant Economic and Social Council resolutions, Governments are urged to apply an import and export authorization requirement to substances listed in Schedules III and IV as well. As part of its endeavours to harness technological progress for the effective and efficient implementation of the import and export authorization regime for licit international trade in narcotic drugs and psychotropic substances, the Board has spearheaded efforts to develop an electronic tool to facilitate and expedite the work of competent national authorities and to reduce the risks of diversion of those drugs and substances. The International Import and Export Authorization System (I2ES) is an innovative, web-based application that was developed by the Board in cooperation with UNODC and with the support of Member States. I2ES allows Governments to electronically generate import and export authorizations for licit imports and exports of narcotic drugs and psychotropic substances, to exchange those authorizations in real time and to instantly verify the legitimacy of individual transactions while

ensuring full compliance with the requirements of the international drug control conventions. I2ES significantly reduces the risk of drug consignments being diverted into illicit channels (see section F, below (paras. 338-342), for more details).

90. I2ES was officially launched in 2015 and competent national authorities from 24 countries have registered with the system. In March 2016, a user-group meeting to gather feedback on the system was held on the margins of the fifty-ninth session of the Commission on Narcotic Drugs. Over 30 experts from 21 countries participated in that user-group meeting. The meeting afforded government officials of participating countries a valuable opportunity to exchange ideas on bringing about the implementation of I2ES and to provide feedback to INCB and the information technology service of UNODC that will guide future action and the further development of the system. The user group emphasized the importance of a high level of enrolment in and usage of I2ES by the competent national authorities of Governments around the world, and encouraged all Governments to register to use the system.

91. **The Board wishes to encourage all competent national authorities that have not yet done so to register with and start using I2ES as soon as possible, as only through its widespread application will Governments be able to avail themselves of all the advantages that the tool provides. The Board stands ready to assist in that regard. The Board reiterates the call to Member States contained in Commission on Narcotic Drugs resolution 58/10 to provide the fullest possible financial support to enable the secretariat of the Board to continue administering and monitoring the system.**

Pre-export notifications for precursor chemicals

92. The system of rapid information exchange through pre-export notifications, which enables the Governments of importing and exporting countries to instantly verify the legitimacy of individual shipments of precursor chemicals, has proved to be the most effective tool to prevent the diversion of those substances from international trade. Article 12, subparagraph 10 (a), of the 1988 Convention allows the Governments of importing countries to make it mandatory for exporting countries to inform them of any planned export of precursors to their territory. To date, 112 States and territories have invoked the provision and have formally requested pre-export notifications. However, there is a noteworthy number of Governments and regions that remain unaware of, and vulnerable to, precursor shipments of concern entering their territory. **INCB therefore strongly encourages the remaining Governments to invoke article 12, subparagraph 10 *(a)*, of the 1988 Convention as soon as possible.**

93. Pre-Export Notification Online (PEN Online) is an electronic tool that has been provided by INCB free of charge to allow importing and exporting Governments to communicate securely with one another on international trade in precursor chemicals and to raise alerts when the legitimacy of a given shipment is in doubt. PEN Online has been in operation for more than 10 years and currently has registered users from a total of 153 countries and territories. Nonetheless, the Board notes that PEN Online is not always used to its full potential, despite a technical upgrade that was performed in 2015, making the tool even more user-friendly and intuitive (for more information, see the subsection entitled "New tools for old purposes" in section F, below (paras. 336-356)). **INCB therefore calls upon Governments to actively and systematically use PEN Online and urges the States that have not yet registered to do so as soon as possible.**

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

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

95. Discrepancies in Government reports on international trade in narcotic drugs and psychotropic substances are regularly investigated with the competent authorities of the relevant countries to ensure that no diversion of narcotic drugs and psychotropic substances from licit international trade takes place. Those investigations may reveal shortcomings in the implementation

of control measures for narcotic drugs and psychotropic substances, including the failure of companies to comply with national drug control provisions.

96. Since May 2016, investigations regarding discrepancies for 2015 related to the trade in narcotic drugs have been initiated with 37 countries. As at 1 November 2016, replies had been received from 23 countries. The responses indicated that the discrepancies were caused by clerical and technical errors in preparing the reports, reporting on exports or imports of preparations in Schedule III of the 1961 Convention without indicating it on the form, or inadvertent reporting of transit countries as trading partners. In some cases, countries confirmed the quantities reported by them, resulting in follow-up investigations with their respective trading partners being initiated. Reminder letters were sent to the countries that did not reply.

97. Similarly, with regard to international trade in psychotropic substances, investigations into 264 discrepancies related to 2014 data were initiated with 17 countries. As at 1 November 2016, 9 countries had provided replies relating to 179 cases involving discrepancies, leading to the resolution of 129 of those cases. In all cases in which the data provided were confirmed by the responding countries, follow-up actions with the counterpart countries were initiated. All responses received so far indicate that the discrepancies were caused by clerical or technical errors, in most cases either the failure to convert amounts into anhydrous base or "overlapping", i.e. an export in a given year was received by the importing country only at the beginning of the following year. None of the cases investigated showed a possible diversion of psychotropic substances from international trade.

98. Preventing the diversion of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, and cooperating to that end, is one of the key obligations of States parties under the 1988 Convention. Aided by a number of monitoring systems developed by the Board to support the achievement of that aim, the number of recorded cases of diversion from licit international trade has decreased over the years.

99. The Board continues to be in regular contact with importing and exporting authorities to flag suspicious shipments, request clarification on the details of individual transactions with a view to supporting the expeditious processing of pre-export notifications among competent national authorities and generally facilitate communication on international trade in precursors. A detailed analysis of recent developments and trends observed can be found in the Board's dedicated report on the implementation of article 12 of the 1988 Convention.[43]

100. **The Board calls upon Governments to continue to monitor international trade in narcotic drugs, psychotropic substances and precursors by using the INCB tools described in section F, below (see paras. 336-356). Competent national authorities are encouraged to request the assistance of the Board in ascertaining whether a suspicious individual transaction is legitimate or not.**

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

101. In recent years, the Board has observed a shift in the diversion of precursors from international to domestic trade, i.e. within a country's own national borders. While that shift may be an indicator of the successful functioning of the precursors control regime at the international level, which increasingly manages to reduce the opportunities for traffickers to channel chemicals away from licit cross-border trade into illicit drug manufacture, it exposes potential weaknesses in the design of domestic control systems, which the 1988 Convention leaves to the discretion of States parties. Increased attention must thus be paid to setting up and implementing comprehensive monitoring systems at the national level, focusing on domestic trade. Article 12, paragraph 8, of the 1988 Convention provides some guidance on possible basic features of such a system. Several initiatives of the Board, including Project Prism and Project Cohesion, which focus on precursors used in the illicit manufacture of amphetamine-type stimulants and cocaine and heroin, respectively, also offer a platform for the exchange of information on best practices in tackling new challenges in precursor control.

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

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

[43] E/INCB/2016/4.

medical and scientific purposes and provides, through its secretariat, technical support and guidance to Governments in their implementation of the provisions of the international drug control treaties.

103. To supplement and increase the effectiveness of the action mentioned above, in 2016, the Board launched a project called INCB Learning (see also paras. 154-157, below). The project provides assistance to Member States in their efforts to achieve full compliance with the provisions of the international drug control treaties. One of the objectives of the project is to ensure the appropriate availability of internationally controlled substances, while preventing their abuse and diversion into illicit channels.

104. Under INCB Learning, two regional training seminars for competent national authorities were conducted in 2016. In April, the secretariat, in collaboration with UNODC, implemented a training seminar in Nairobi for 19 participants from nine countries in East Africa. In July, 45 participants from 19 countries in South and East Asia attended a three-day seminar held in Bangkok. The activity was co-organized with the Office of the Narcotics Control Board of Thailand. Both activities were followed by national awareness-raising workshops for the host countries, which brought together participants from national authorities, civil society and the international community to discuss the importance of ensuring the availability of opioid analgesics and psychotropics for medical and scientific purposes.

Supply of and demand for opiate raw materials

105. The Board, in fulfilment of the functions assigned to it under the 1961 Convention and relevant resolutions of the Economic and Social Council and the Commission on Narcotic Drugs, regularly examines issues affecting the supply of and the demand for opiates for licit requirements, and endeavours to ensure a standing balance between that supply and demand on the basis of data provided by Governments.[44]

106. In order to establish the status of the supply of and demand for opiate raw materials, the Board analyses the data on opiate raw materials and on opiates manufactured from those raw materials provided by Governments. In addition, the Board analyses information on the utilization of those raw materials, estimated consumption for licit use and stocks at the global level. A detailed analysis of the current situation as it pertains to the supply of and demand for opiate raw materials is contained in the 2016 technical report of the Board on narcotic drugs.[45]

107. In 2015, the area sown with opium poppy rich in morphine in the main producing countries, as well as the actual area harvested, decreased compared with the previous year in Australia, France, Hungary and Spain, but increased in Turkey. In India, the only country licitly producing opium for export, cultivation remained stable, with an actual area harvested of 5,422 ha in 2015. The total area of opium poppy rich in morphine sown in the main producing countries was 76 per cent of the total estimated area.

108. In 2015, the cultivation of opium poppy rich in thebaine, in terms of actual area harvested, decreased in Australia and Spain. France did not cultivate any opium poppy rich in thebaine. The total area sown in the main producing countries was 86 per cent of the total estimated area.

109. The actual area harvested for opium poppy rich in codeine in 2015 more than doubled in Australia and increased by 52 per cent in France compared with the previous year.

110. Recently, an increase in the cultivation of opium poppy rich in noscapine in some producing countries has been reported. The quantity of opiates under international control obtained from the cultivation of that particular variety and all other varieties of opium poppy were included in the analysis of the global production of and demand for opiate raw materials. In 2015, Hungary was the only country that reported the cultivation of opium poppy rich in noscapine.

111. The advance data for 2016 show a 15 per cent decrease in the total estimated area of opium poppy rich in morphine to be harvested in the main producing countries. In 2017, the cultivation of opium poppy rich in morphine is expected to increase in Hungary, India and Turkey and to decrease in Australia, France and Spain.

112. Australia, Hungary and Spain decreased their estimate of the area to be used for the cultivation of opium poppy rich in thebaine, whereas France increased its estimate. The estimated area for Hungary for 2016 is the same as for 2015. For 2017, Australia, Hungary and Spain

[44] The analysis excludes data on China and the Democratic People's Republic of Korea, which produce opiate raw materials solely for domestic use. It also excludes data on the utilization of seized opium that was released for licit use in the Islamic Republic of Iran and on the demand for opiates derived from such opium.

[45] E/INCB/2016/2.

are estimating a decrease in cultivation of that variety, while France is planning to increase the area of cultivation.

113. Both Australia and France, the only countries among the main producers that cultivate opium poppy rich in codeine, are expected to decrease their cultivation in 2016, but Australia is projecting an increase in 2017. France did not provide an estimate of cultivation for that year.

114. The total production of morphine-rich opiate raw materials in the main producing countries increased to 586 tons in morphine equivalent in 2015 and it is projected to decrease to about 566 tons in morphine equivalent in 2016. Of that quantity, poppy straw will account for 561 tons (99 per cent) and opium will account for 5 tons (1 per cent). For 2017, it is estimated that global production of opiate raw materials rich in morphine will increase to 669 tons in morphine equivalent, mainly as a result of the increase in the estimates of Hungary, India, Spain and Turkey.

115. In 2015, the global production of opiate raw materials rich in thebaine was 216 tons in thebaine equivalent. During that year, production decreased in almost all the main producing countries, but it is expected to increase to about 298 tons in thebaine equivalent in 2016 as a result of the expected increase in France and Spain. Australia, France and Spain are expected to account for about 99 per cent of the global production of opiate raw materials rich in thebaine in 2016. Production of thebaine-rich raw materials in 2017 is expected to increase further, to 366 tons. Again, that will result mainly from the expected increase in production in France and Spain, as well as the increase in the thebaine obtained from the cultivation of opium poppy in India. As in previous years, the actual production of opiate raw materials in 2016 and 2017 may differ considerably from the estimates, depending on weather and other conditions.

116. Stocks of opiate raw materials rich in morphine (poppy straw, concentrate of poppy straw and opium) amounted to about 746 tons in morphine equivalent at the end of 2015. Those stocks were considered to be sufficient to cover 19 months of expected global demand by manufacturers at the 2016 level of demand.

117. Stocks of opiate raw materials rich in thebaine (poppy straw, concentrate of poppy straw and opium) decreased to about 274 tons in thebaine equivalent by the end of 2015. Those stocks are sufficient to cover 16 months of expected global demand by manufacturers at the 2016 level of demand.

118. Global stocks of opiates based on morphine-rich raw materials, mainly in the form of codeine and morphine, held at the end of 2015 (558 tons in morphine equivalent) were sufficient to cover global demand for those opiates for about 16 months. On the basis of data reported by Governments, total stocks of both opiates and opiate raw materials are fully sufficient to cover demand for medical and scientific purposes.

119. Global stocks of opiates based on thebaine-rich raw materials (oxycodone, thebaine and a small quantity of oxymorphone) increased to 241 tons in thebaine equivalent at the end of 2015 and were sufficient to cover global demand for medical and scientific purposes for thebaine-based opiates for about 18 months.

120. In 2015, global demand for opiate raw materials rich in morphine decreased to 437 tons in morphine equivalent because of the decrease in demand for opium and poppy straw. However, it is expected to increase in 2016 and 2017.

121. Global demand by manufacturers for opiate raw materials rich in thebaine has been decreasing since 2012, probably as a result of restrictions on prescription drugs introduced in the United States, the main market. In 2015, total demand continued to decrease, to 183 tons of thebaine equivalent, compared with 202 tons in 2014. Global demand for raw materials rich in thebaine is expected to amount to 210 tons of thebaine equivalent in 2016 and to reach 220 tons in 2017.

122. Codeine and hydrocodone are the most-consumed opiates manufactured from morphine. Global demand for morphine-based opiates decreased slightly, to 410 tons in morphine equivalent in 2015, compared with 416 tons in 2014.

123. Demand for thebaine-based opiates is concentrated mainly in the United States and has increased sharply since the late 1990s. In 2015, the global demand for thebaine-based opiates stayed at the level of the previous year and amounted to 151 tons.

124. The global production of opiate raw materials rich in morphine has exceeded the global demand for those raw materials since 2009. As a result, stocks have been increasing, albeit with fluctuations. In 2015, stocks increased to 746 tons in morphine equivalent and were sufficient to cover the expected global demand for about 19 months. In 2016, global production of opiate raw materials rich in morphine is expected to exceed global demand again, with the result that global stocks of those raw materials will further increase in 2017. Stocks are

expected to reach 842 tons by the end of 2016, which is equivalent to about 21 months of expected global demand at the 2017 level of demand (although not all data are available for a complete forecast). The global supply of opiate raw materials rich in morphine (stocks and production) will remain sufficient to cover global demand.

125. In 2015, global production of opiate raw materials rich in thebaine was again higher than demand. However the gap between production and demand was reduced, with a decrease in stocks (274 tons) at the end of 2015. Those stocks were equivalent to global demand for 16 months. Production is expected to increase in 2016 and 2017. By the end of 2016, global stocks of opiate raw materials rich in thebaine are likely to reach 362 tons, sufficient to cover global demand for about 20 months, and at the end of 2017 they may reach 508 tons, sufficient to cover global demand for more than one year. The global supply of opiate raw materials rich in thebaine (stocks and production) will be more than sufficient to cover global demand in 2016 and 2017.

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

126. The Board is mandated to publish two reports each year: the annual report and the report of the Board on the implementation of article 12 of the 1988 Convention. It also publishes technical reports that provide Governments with an analysis of statistical information on the manufacture, trade, consumption, utilization and stocks of internationally controlled substances, and with an analysis of estimates and assessments of requirements for those substances.

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

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

2. Submission of statistical information

129. Governments have an obligation to furnish to the Board the statistical reports required by the international drug control conventions on an annual basis and in a timely manner.

130. As at 1 November 2016, the Board had received annual statistical reports from 149 States (both parties and non-parties to the 1961 Convention) and territories on the production, manufacture, consumption, stocks and seizures of narcotic drugs during 2015 (form C), or about 70 per cent of those requested. That number was higher than in 2015 (139 reports pertaining to 2014), but almost equal to that of 2014 (145 reports pertaining to 2013). Seventy-nine Governments (37 per cent) had submitted their data on time, which was more than in the three preceding years (71 countries in 2015, 64 in 2014 and 61 in 2013). Governments of 56 countries and 9 territories (30 per cent) had not yet submitted their annual statistics for 2015, but several could be expected do so in the following months. Most of the countries that had failed to submit their reports on time were in Africa, the Caribbean, Asia and Oceania. Almost all countries where large amounts of narcotic drugs were being produced, manufactured, imported, exported or consumed had submitted their annual statistics. However, the Board was concerned about the quality of their data, especially the data from some of the major producing and manufacturing countries, as they seemed to indicate deficiencies in national mechanisms for regulating and monitoring internationally controlled substances. **INCB invites Governments to enhance their national mechanisms to monitor the cultivation, production and manufacture of and trade in controlled substances. This may be achieved, in part, by improving and developing national data systems, training staff of the competent national authorities and ensuring that companies licensed to deal with internationally controlled substances fulfil the legal requirements associated with their licences.**

131. As at 1 November 2016, the complete set of four quarterly statistics of imports and exports of narcotic drugs for 2015 (form A) had been received from 136 Governments (122 countries and 14 territories), i.e. about 64 per cent of the 214 Governments requested. In addition, 34 Governments (about 16 per cent) had submitted at least one quarterly report. A total of 40 countries and 4 territories (about 21 per cent) had failed to submit any quarterly statistics for 2015, most of them in Africa (22 countries and 1 territory).

132. The Board routinely investigates discrepancies in Government reports on international trade in narcotic drugs to ensure that none are diverted from licit international trade. Some of those investigations have revealed shortcomings in the implementation of control measures and infringements of national drug control provisions by companies. Governments have an obligation to comply with the limits on imports and exports of narcotic drugs imposed by articles 21 and 31 of the 1961 Convention. Under article 21, the total of the quantities of each drug manufactured and imported by any country or territory in any one year may not exceed the sum of the quantities consumed and utilized, within the limits of the relevant estimates, the quantity exported, the quantity added to the stock for the purpose of bringing that stock up to the level specified in the relevant estimate, and the quantity acquired within the limit of the relevant estimate for special purposes. Article 31 requires all exporting countries to limit the export of narcotic drugs to any country or territory to the total of the estimates of the importing country or territory, with the addition of the amounts intended for re-export. The secretariat routinely identifies cases of possible non-compliance by Governments with those provisions. Non-compliance could facilitate the diversion of narcotic drugs from licit international trade into illicit channels. Therefore, the Governments concerned are requested to identify reasons for any cases of excess trade and inform INCB of the outcome of their investigations. They are also requested to strictly comply with the limits for imports and exports in the future, and are directed to consult the annual estimates of narcotic drug requirements for each country, which are published by INCB in its technical report on narcotic drugs and in the monthly updates of the list of estimates on the INCB website.

133. As at 1 November 2016, annual statistical reports for 2015 on psychotropic substances (form P) had been submitted to the Board in conformity with article 16 of the 1971 Convention by 137 States and territories, amounting to 63 per cent of those required to do so. The Board notes that this rate of submission is almost identical to that for 2014. In addition, 95 Governments voluntarily submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II of the 1971 Convention for 2015, in conformity with Economic and Social Council resolution 1981/7, and a further 59 Governments submitted several quarterly reports.

134. While the majority of Governments regularly submit their mandatory and voluntary statistical reports, the cooperation of some has not been satisfactory. In 2016, only about 60 per cent of the countries that submitted form P related to 2015 did so before the deadline. Among those that failed to submit form P before the deadline of 30 June 2016 were major manufacturing, importing and exporting countries such as Australia, Brazil, China, France, India, Japan and New Zealand. The Republic of Korea, a significant importer and exporter of psychotropic substances, furnished form P for 2014 but failed to do so for the years 2011 to 2013. The Board notes that at the end of September 2016, three months after the deadline, the Republic of Korea had not yet furnished its reports for 2015.

135. The Board notes with concern that the number of countries and territories that have not furnished form P is again highest in Africa, Oceania and the Caribbean. A total of 34 countries and territories in Africa[46] (60 per cent of those in that region) failed to furnish form P for 2015. Likewise, 55 per cent of the countries and territories in Oceania (10 countries and 1 territory)[47] and 42 per cent (9 countries and 5 territories) of those in Latin America and the Caribbean[48] failed to do so. In Europe, form P for 2015 was furnished by 84 per cent of all countries, but three countries did not furnish it for 2015 (Greece, Luxembourg and Serbia), compared with just two in 2014. In South America, a total of three countries failed to furnish form P for 2015 (Paraguay, Suriname

[46] Angola, Benin, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Djibouti, Equatorial Guinea (non-party to the 1971 Convention), Eritrea, Gabon, Gambia, Guinea, Guinea-Bissau, Lesotho, Liberia (non-party to the 1971 Convention), Libya, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Sao Tome and Principe, Senegal, Somalia, South Sudan (non-party to the 1971 Convention), Swaziland, Togo, Uganda and Zambia, as well as Ascension Island, Saint Helena and Tristan da Cunha.

[47] Fiji, Kiribati (non-party to the 1971 Convention), Nauru (non-party to the 1971 Convention), Niue, Palau, Papua New Guinea, Samoa (non-party to the 1971 Convention), Solomon Islands (non-party to the 1971 Convention), Tuvalu (non-party to the 1971 Convention) and Vanuatu, as well as French Polynesia.

[48] Antigua and Barbuda, Bahamas, Belize, Cuba, Dominican Republic, Grenada, Saint Kitts and Nevis, Saint Lucia and Trinidad and Tobago, as well as Aruba, Bermuda, British Virgin Islands, Cayman Islands and Turks and Caicos Islands.

and Uruguay). In Asia, 25 per cent of the countries and territories did not furnish form P for 2015.[49]

136. Difficulties encountered by Governments in submitting statistical reports to the Board may indicate deficiencies in their national mechanisms for regulating and monitoring controlled substances. The Board therefore wishes to invite the Governments concerned to take steps to enhance, as necessary, their mechanisms for regulating licit activities involving controlled substances, including their national systems for compiling data for the mandatory and voluntary statistical reports on psychotropic substances, and to provide adequate training to the staff of their competent national authorities, in line with the requirements of the international drug control treaties.

137. The Economic and Social Council, in its resolutions 1985/15 and 1987/30, requested Governments to provide the Board with details on trade (data broken down by countries of origin and destination) in substances listed in Schedules III and IV of the 1971 Convention in their annual statistical reports on psychotropic substances. For 2015, complete details on such trade were submitted by 105 Governments (77 per cent of all submissions of form P), which is about the same number as for 2014. The remaining 32 Governments submitted incomplete trade data, submitted forms with some trade data missing for 2015 or submitted blank forms.

138. The Board notes with appreciation that a number of countries have already submitted consumption data for psychotropic substances on a voluntary basis in accordance with Commission on Narcotic Drugs resolution 54/6. Thus, for 2015, a total of 59 countries and territories submitted data on the consumption of some or all psychotropic substances. **The Board appreciates the cooperation of the Governments concerned and calls upon all Governments to report on the consumption of psychotropic substances on an annual basis, pursuant to Commission on Narcotic Drugs resolution 54/6, as such data are essential for an improved evaluation of the availability of psychotropic substances for medical and scientific purposes.**

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

140. Under article 12 of the 1988 Convention, parties are obliged to furnish information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. That information, provided on form D, helps the Board to monitor and identify trends in trafficking in precursors and the illicit manufacture of drugs. It also enables INCB to offer Governments recommendations concerning remedial action and policies, as necessary.

141. As at 1 November 2016, a total of 120 countries and territories had submitted form D for 2015. Seventy-one Governments had done so by the deadline of 30 June 2016.

142. Of the States and territories that provided data for 2015, 81 reported seizures of scheduled substances and 45 reported seizures of non-scheduled substances, more than in the previous year. As in previous years, many of those authorities did not provide details on the methods of diversion and illicit manufacture or on stopped shipments. The Board urges Governments to put the relevant mechanisms in place to ensure that all data are comprehensive and are submitted on time.

143. In accordance with Economic and Social Council resolution 1995/20, Governments are requested to provide information regarding their licit trade in substances listed in Tables I and II of the 1988 Convention on a voluntary and confidential basis. As at 1 November 2016, 115 States parties had provided information on licit trade related to 2015.

3. Submission of estimates and assessments

144. Under the 1961 Convention, parties are obliged to provide the Board each year with estimates of their requirements for narcotic drugs for the following year. As at 1 November 2016, a total of 160 States and territories, 75 per cent of those required, had submitted estimates of their requirements for narcotic drugs for 2017 for confirmation by the Board. As in previous years, the Board had

[49] Bhutan, Cambodia, Democratic People's Republic of Korea, Iraq, Republic of Korea, Singapore, Sri Lanka, Thailand, Turkmenistan, United Arab Emirates and Yemen, as well as Macao, China.

to establish estimates for those States and territories that had not submitted their estimates on time, in accordance with article 12 of the 1961 Convention.

145. As at 1 November 2016, the Governments of all countries except South Sudan and of all territories had submitted to the Board at least one assessment of their annual medical and scientific requirements for psychotropic substances. In accordance with Economic and Social Council resolution 1996/30, the assessments of requirements for South Sudan were established by the Board in 2011 to enable that country to import psychotropic substances for medical purposes without undue delay.

146. In line with Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of their annual medical and scientific requirements for psychotropic substances listed in Schedules II, III and IV of the 1971 Convention. Assessments for psychotropic substances remain in force until Governments modify them to reflect changes in national requirements. To facilitate the submission of such modifications by competent national authorities, the Board has created a new form, entitled "Supplement to form B/P". It has been translated into the six official languages of the United Nations and was made available to all Governments in October 2014. As at October 2016, two years after its release, almost all countries were using it. The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least once every three years.

147. Between 1 November 2015 and 1 November 2016, a total of 78 countries and 11 territories submitted fully revised assessments of their requirements for psychotropic substances, and a further 42 Governments submitted modifications to their assessments for one or more substances. As at 1 November 2016, Governments of 33 countries and 2 territories had not submitted any revision of their legitimate requirements for psychotropic substances for over three years.

148. **The Board wishes to emphasize the importance of determining estimates for narcotic drugs and assessments for psychotropic substances at levels that reflect actual licit needs. If estimates and assessments are lower than the legitimate requirements, the importation or use of narcotic drugs or psychotropic substances needed for medical or scientific purposes may be delayed or impeded, whereas if they are significantly higher they might increase the risk that imported narcotic drugs and psychotropic substances are diverted into illicit channels.**

149. **The Board reminds all Governments that they can submit to the Board supplementary estimates for narcotic drugs or modifications to assessments for psychotropic substances at any time during the year, whenever they find that their country's current estimates or assessments are insufficient to cover licit needs.** To adequately assess their country's needs, Governments may wish to avail themselves of the *Guide on Estimating Requirements for Substances under International Control*, developed by the Board and the World Health Organization for use by competent national authorities and published in February 2012. That guide is available on the Board's website (www.incb.org) in the six official languages of the United Nations.

150. In line with Commission on Narcotics Drugs resolution 49/3 entitled "Strengthening systems for the control of precursor chemicals used in the illicit manufacture of synthetic drugs", Governments are requested to provide to the Board, on a voluntary basis, annual estimates of their legitimate requirements for imports of the following four precursors of amphetamine-type stimulants: ephedrine, pseudoephedrine, 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P) and 1-phenyl-2-propanone (P-2-P) and, to the extent possible, preparations containing those substances present in such a way that they can easily be used or recovered by readily applicable means. Between the publication of the Board's 2015 report on precursors and 1 November 2016, five Governments submitted annual estimates of their legitimate requirements for the first time, bringing the total number of Governments having submitted such estimates to 162. Similarly, the number of individual estimates increased from 810 in 2015 (published in the Board's report on precursors for that year) to 851 in 2016. Those figures confirm that estimates continue to be a very important tool for Governments to assess the legitimacy of shipments and to identify any excesses in transactions.

151. The latest estimates, as submitted by countries and territories, are regularly updated and published on the Board's website. They are also accessible to registered users through PEN Online and are available as an annex to the Board's annual report on precursors.[50] Governments are advised to consult the Board's website for the most recent estimates. Governments can request to have those estimates revised at any time by contacting the INCB secretariat.

152. **The Board wishes to remind all Governments that the total estimates of annual medical and scientific requirements for narcotic drugs and the assessments of requirements for psychotropic substances are published in yearly and quarterly publications and that monthly**

[50] E/INCB/2016/4.

updates are available on the Board's website. Updated annual estimates of legitimate requirements for precursors of amphetamine-type stimulants are also available on the website.

153. Problems encountered by Governments in furnishing adequate statistics and/or estimates and assessments to the Board are often an indication of deficiencies in their national control mechanisms and/or health-care systems. Such deficiencies may reflect problems in the implementation of treaty provisions, for instance gaps in national legislation, shortcomings in administrative regulations or a lack of training for staff of competent national authorities. **The Board invites all Governments concerned to find the causes for such deficiencies in reporting statistics and/or estimates and assessments to the Board and to inform the Board accordingly with a view to resolving those problems and ensuring adequate and timely reporting.** To assist Governments, the Board has developed tools and kits, as well as several sets of guidelines, for use by competent national authorities. **They are available on its website free of charge and include training materials and the Guide on Estimating Requirements for Substances under International Control. Governments are invited to make full use of these tools in their efforts to comply with the international drug control treaties. The Board also wishes to encourage Governments to avail themselves of the specific training that is provided by INCB upon request.**

INCB Learning

154. In early 2016, the secretariat of the Board launched the first activities under a new project named INCB Learning to provide technical assistance to Member States in complying with the international conventions on narcotic drugs, psychotropic substances and precursor chemicals. The Board has observed that many countries have difficulties in meeting their reporting requirements as set out in the international drug control treaties and related resolutions of the Economic and Social Council and the Commission on Narcotic Drugs, or fail to meet them altogether. The fact that some Member States have insufficient capacity to comply with their reporting obligations weakens the international drug control system as a whole and increases the risk of diversion, trafficking, abuse, and insufficient availability for medical and scientific purposes. The ultimate goal of the project is to ensure the appropriate availability of internationally controlled substances while preventing their abuse and diversion to illicit channels.

155. To address this problem, the Board has initiated INCB Learning. Its objective is to support Governments in the implementation of the operational recommendations on ensuring access to controlled substances for medical and scientific purposes contained in the outcome document of the special session of the General Assembly on the world drug problem held in 2016. Under the project, two regional training seminars for competent national authorities were conducted in 2016. In April 2016, the secretariat held a training seminar in Nairobi in collaboration with UNODC that was attended by 19 participants from nine East African countries. In July 2016, 45 participants from 19 countries attended a three-day seminar in Bangkok for South and East Asia and the Pacific that had been co-organized with the Office of the Narcotics Control Board of Thailand.

156. Another aim of INCB Learning is to provide targeted technical support to individual Member States as a follow-up to regional training seminars. Awareness-raising workshops are held on issues related to the availability of narcotic drugs and psychotropic substances for medical and scientific purposes. E-learning modules are being developed so that the secretariat can reach more officers and staff of competent national authorities in need of training. Finally, the project will also promote and facilitate access to INCB statistics and data already made available as paper publications by developing free and open-access online tools.

157. The Board looks forward to the continued political support of the Commission on Narcotic Drugs for its efforts to implement the operational recommendation, contained in the outcome document of the special session of the General Assembly held in 2016, to provide capacity-building and training to ensure the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion. Continued political and financial support from Member States is essential to enable the Board to sustain its work and expand its activities to new regions, countries and territories.

D. Evaluation of overall treaty compliance

1. Evaluation of overall treaty compliance in selected countries

158. In the pursuit of its treaty-mandated functions, the Board regularly reviews the drug control situation in

different countries. The areas reviewed by the Board include the regulatory framework in place to monitor the cultivation of crops for the licit production and manufacture of and licit trade in controlled substances; the adequacy of national drug control legislation and policy; measures to combat drug trafficking and diversion; the provision of prevention, treatment, rehabilitation, aftercare measures and social reintegration; the availability of narcotic drugs and psychotropic substances for rational medical use; and cooperation with the Board in the form of timely and accurate reporting, responses to Board requests for additional information and acceptance of Board country missions.

159. The Board engages in an ongoing dialogue with Governments that is aimed at working with them to identify good practices and areas in which the implementation of their international legal obligations can be strengthened and to suggest remedial measures, as necessary.

160. In 2016, the Board reviewed the drug control situation in Australia, Colombia, Denmark, Mauritania, Spain and the United States. It also reviewed the measures taken by the Governments of those countries to implement the international drug control treaties.

(a) Australia

161. The Government of Australia is committed to taking an integrated approach to ensure that controlled substances are handled effectively and that their diversion from licit distribution channels is countered through effective control measures.

162. The Board notes that the Narcotic Drugs Act 1967 was amended by the Australian Parliament in February 2016 to permit the legal cultivation of cannabis for the manufacture of medical cannabis products. That amendment was scheduled to enter into force on 30 October 2016. Under the Narcotic Drugs Amendment Bill 2016, the establishment of licensing and permit schemes for the cultivation and production of cannabis and cannabis resin for medical and scientific purposes is permitted. The Board notes the adoption of an amendment to the Therapeutic Goods Act 1989 to allow the use of cannabis for certain medical conditions, including terminal cancer and multiple sclerosis, and for children affected by intractable forms of epilepsy.

163. Reflecting concerns about abuse and diversion, the 1961 Convention establishes an additional set of control measures, set forth in its articles 23 and 28, which should be implemented in order for programmes involving the use of cannabis for medical purposes to be in compliance with the Convention, to which Australia is a State party.

164. The Board notes that the Office of Drug Control has been established within the Department of Health of the Government of Australia as the single agency responsible for the licensing of cannabis grown for medical purposes, as stipulated in article 23 of the 1961 Convention. The Medical Cannabis Section within that Office will be responsible for monitoring compliance and for developing a monitoring regime for cultivators to prevent diversion of cannabis to any use other than that for which a licence is granted. The Board also notes the Government's efforts to ensure full compliance with the provisions of the 1961 Convention and to limit the amount of cannabis plant cultivated for medical cannabis products, to the quantity necessary to meet domestic demand.

165. The Board also notes that, with respect to the prescription of medical cannabis products, the Department of Health, in close cooperation with state and territorial authorities, is developing guidelines to ensure uniform application across the entire country. Prescription of medical cannabis products will be possible only by medical doctors who have been authorized to do so by the Therapeutic Goods Administration of the Department of Health.

166. The Board has continued to monitor developments in Australia with respect to the expansion of jurisdictions within the country in which the licit cultivation of opium poppy is authorized by the Government and has continued to work with the Australian authorities to ensure that the control measures set out in the 1961 Convention with respect to opium cultivation are met. The Board also reminds the Government of Australia of the need to maintain a balance between the global supply of opium poppy and demand for it, so as to prevent diversion into illicit channels.

167. The Board commends the Government of Australia for providing it with updates on the results and analysis of surveys and data collected on the drug abuse situation. The Board notes that national drug strategy household surveys were conducted in 2010 and 2013 and that the fieldwork for the 2016 survey is expected to be completed by the end of 2016. The Board would appreciate receiving the latest results of the survey and the information on prevalence of use and public attitudes towards illicit drug use that is anticipated to be released in late 2017. The Board looks forward to continuing close cooperation with the Government of Australia on that and other matters of drug control.

(b) Colombia

168. In December 2015, the Government of Colombia enacted Decree No. 2467, which permits the cultivation and establishment of a licit market for cannabis for medical purposes. The decree provides for the establishment of a legal and regulatory framework for the cultivation, production, sale, transportation, distribution and delivery of cannabis for medical purposes. As it has done with all other countries choosing to establish legal and regulatory frameworks to allow the use of cannabis for medical purposes, the Board has emphasized to the Government of Colombia the importance of adhering to the legal obligations set out in articles 23 and 28 of the 1961 Convention, which set out the conditions needing to be met for the establishment of a medical cannabis programme. Those obligations include the need to establish a national cannabis agency to control and supervise the cultivation of cannabis crops, designate the areas in which cultivation is permitted and provide licences to cultivators. The Government has designated the Health Ministry as the competent authority in charge of the application of the legislative amendment. It granted the Ministry a coordinating role in the production, manufacture, import and export of and establishment of a licit market for cannabis for medical purposes and made it responsible for authorizing the use of cannabis for medical purposes.

169. While the Colombian legal and regulatory framework satisfies most of the conditions for the establishment of medical cannabis schemes under the 1961 Convention, the Board notes with concern that cultivation by private individuals for personal use is authorized by the Government of Colombia. As it has done before, the Board wishes to remind all States that such cultivation does not meet the minimum control requirement set out in the Convention, owing to the heightened risk of diversion it represents. The Board therefore invites the Government of Colombia to take measures to prohibit that form of cultivation.

170. The Board welcomes the signature of the ceasefire agreement between the Government of Colombia and the leadership of the Revolutionary Armed Forces of Colombia in June 2016. The peace agreement, signed in August 2016, was expected to mark the end of a conflict that had spanned more than five decades. Among the pillars of the peace agreement was a chapter entitled "Solution to the illicit drug problem", which was aimed at strengthening measures against drug trafficking, while enhancing border control, law enforcement and international cooperation. A referendum on the peace agreement was held on 2 October 2016, in which it was rejected by Colombian voters.

171. The Board looks forward to continuing its dialogue with the Government of Colombia in order to assist it in whatever manner it can in strengthening the implementation of the international drug control treaties.

(c) Denmark

172. Over the reporting period, the Board has continued its dialogue with the Government of Denmark on several issues related to drug control, including the question of "drug consumption rooms". In order to fully appraise the situation with respect to treaty compliance, the Board requested the Government to provide it with more detailed information as to the applicable legal framework and the operation of such premises. The Board received an English translation of the legislation on "drug consumption rooms" in April 2016, which was accompanied by explanatory notes.

173. On the basis of the information provided, the Board notes that, in June 2012, the Parliament adopted an amendment to the Danish Law on Psychoactive Substances that provides the legal basis for the opening of "drug consumption rooms" in Denmark, and in 2014 the Parliament adopted a law on "drug consumption rooms". Additional amendments to the legislative framework of the operation of such rooms followed and are contained in the Consolidated Act on Controlled Substances, which entered into force in July 2016.

174. **As it has done with other countries that have allowed the operation of "drug consumption rooms", the Board reiterates that the ultimate objective of such measures is to reduce the adverse consequences of drug abuse without condoning or encouraging drug trafficking. Accordingly, any such facility must provide, or refer patients to, treatment, rehabilitation and social reintegration measures.**

175. The Board notes from the information provided by the Government that the substances consumed in the "drug consumption rooms" are acquired by users prior to entering the facilities. The Board expresses its reservations about those practices.

176. In March 2016, the Government of Denmark informed the Board that it had commissioned an independent evaluation of the implementation of the new policy on "drug consumption rooms", the results of which had led to some adjustments being made to the 2014 law. The Board has requested information on the findings of that evaluation, which was conducted in 2015.

177. The Board appreciates the continued cooperation it has received from the Government of Denmark and the detailed information that the Government has provided regarding Danish drug control policy. The Board looks forward to continuing its ongoing dialogue with the Government on issues related to drug control.

(d) Mauritania

178. Mauritania has established certain institutional mechanisms to address the problems associated with illicit drug use and it has participated in efforts to enhance regional cooperation to combat drug trafficking and organized crime. In January 2016, according to the Council of Ministers, a draft decree on the creation of a special fund to counter drug trafficking was published. The fund would be financed by the sale of confiscated assets from drug-related crimes. Under the draft decree, the capacity of the authorities involved in countering drug trafficking would be increased through the provision of earmarked financial support.

179. The Government of Mauritania has developed a National Strategy on Drug Control. The Strategy provides for specific actions by the Directorate General of National Security, including the reactivation of the Central Office for Combating Illicit Drug Traffic, the creation of special drug enforcement units, the provision of increased resources to border control authorities, and the provision of equipment and capacity-building. The Government has also reported improvements to the institutional framework, including the creation of 45 adequately equipped entry points; the provision of scanner equipment for container control at the Nouakchott Port; the provision of training to customs officers; and the creation of the posts of special judge and associate prosecutor to address drug trafficking.

180. The country continues to face numerous challenges in its drug control efforts. In particular, the lack of resources allocated to the competent national authorities limits their ability to effectively carry out their regulatory functions. Further capacity-building initiatives may also be required to support the efforts of national law enforcement authorities. Additional areas of concern include poor coordination among drug control stakeholders and limited statistical and epidemiological data.

181. The Board continues to be concerned about the drug control situation in Mauritania. It is difficult to evaluate the situation, in view of the scarcity of relevant information related to drug control available from official and open sources. In particular, the Board is concerned about the lack of cooperation by the Government of Mauritania with regard to the provision of information to the Board on the drug control situation in the country and the country's compliance with its reporting obligations under the international drug control treaties, as well as the Board's efforts to secure a mission to the country. The Board has also noted several deficiencies in the legislative and institutional drug control frameworks, including inadequate mechanisms for coordination among Government agencies in the field of drug control.

182. From the limited information available from official sources, including seizure data, the Board notes with concern that Mauritania continues to be targeted by international drug trafficking syndicates as a transit country for drugs, including cannabis and cocaine, destined for Europe. There have also been reports of drug trafficking groups involving both Mauritanian and foreign nationals operating within the country.

183. Within the scope of its mandate, the Board reiterates its readiness to assist the Government of Mauritania in fulfilling its obligations under the international drug control conventions, in particular through the provision of statistical data to the Board, and encourages the Government to maintain an ongoing dialogue with it in order to identify existing challenges and means of addressing them.

(e) Spain

184. The Board continues to pursue a constructive dialogue with the Government of Spain on drug-related developments in the country. During the special session of the General Assembly on the world drug problem held in April 2016, Spain expressed its commitment to the international drug control conventions and related international human rights instruments. The Government particularly underscored the importance of the proportionality of sanctions for drug-related offences and of alternative development programmes for farmers.

185. The Government of Spain has taken several legislative measures related to drug control during the period under review. Spanish drug control policy continues to be guided by the National Drug Strategy for the period 2009-2016, most recently implemented by means of an action plan for the period 2013-2016.

186. The legal regime governing the Spanish Council on Drug Dependence and other Addictions was established by royal decree in December 2015. In November 2015, the Centralized Body for the Prevention of

Money-Laundering was created. In addition, asset recovery procedures led to confiscated assets linked to drug-related offences being used to fund various drug control initiatives, including those related to supply reduction at the national and international levels.

187. Under the Spanish legislative framework, cannabis remains a controlled substance pursuant to Narcotic Drugs Control Act No. 17/1967, and possession, consumption and cultivation of cannabis are liable to criminal sanctions under the Citizen Security Law. However, the Board notes with concern the continued proliferation of "cannabis consumption clubs" in several autonomous communities in Spain. According to the last communication sent to the Board by the Government of Spain on that topic, associations that operate primarily within the territory of an autonomous community are required to register with the associations registry of that community. According to information provided previously, the Autonomous Community of the Basque Country was the only one maintaining a registry of "cannabis consumption clubs". The Government has not supported any initiative to regulate or authorize such clubs. The clubs have been developing using the regulatory framework of article 22 of the Constitution of Spain and Act No. 1/2002 of 22 March 2002, which deals with freedom of association. Associations that pursue aims or use methods classified as criminal are illegal. Hence, the General Prosecutor's Office is coordinating the investigation into the alleged distribution of cannabis.

188. **The Board reiterates its position that the establishment of "cannabis consumption clubs" is not consistent with article 4, paragraph *(c)*, of the 1961 Convention, pursuant to which States parties are obliged to limit exclusively to medical and scientific purposes the production, manufacture, export, import and distribution of, trade in and use and possession of drugs, or with article 3, subparagraph 1 *(a)*, of the 1988 Convention, which requires States to adopt such measures as may be necessary to establish as criminal offences under its domestic law the production, manufacture, extraction, preparation, offering, offering for sale, distribution, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation or exportation of any narcotic drug contrary to the provisions of the 1961 Convention.**

189. The Board has actively engaged the Spanish authorities in an ongoing dialogue on the matter. The Board notes the various measures undertaken and planned by the Government of Spain to stem the spread of "cannabis consumption clubs" in certain autonomous communities, including through the refusal to authorize their registration on the official registry of associations and the referral of such requests to prosecutorial authorities. One of the measures taken by the Government is the establishment of the Special Drug Prosecutor's Office. Another measure is the referral to the Constitutional Court to decide on the constitutionality of laws issued by the autonomous communities that led to the development of those structures. Finally, administrative instruction No. 2/2013 was issued with the aim of coordinating the investigative criteria in the General Prosecutor's Office and of establishing common guidelines on the exercise of penal action.

190. The Board encourages the Government of Spain to continue to take all practical actions to control cannabis in accordance with the requirements of international drug control treaties, bearing in mind that cannabis is subject to special control measures owing to its scheduling in Schedules I and IV of the 1961 Convention.

191. Although the prevalence rate of new psychoactive substances is low and the use of such substances is considered by the National Drugs Observatory as a minor phenomenon in Spain, there is evidence to suggest that small groups of high-risk drug users who used to inject heroin have switched to injecting new psychoactive substances.

192. Spain has informed the Board that it has achieved a significant reduction in rates of cocaine consumption over the past 10 years. The country has also witnessed a decline in heroin use prevalence since 2013, reversing an earlier trend toward increased abuse of the drug, which had contributed to rising rates of HIV infection. The Government has reported that one of the major challenges it continues to face is the high lifetime prevalence rate of cannabis use, reported to be over 30 per cent, although surveys in Spain show a decreasing or stable prevalence rate of cannabis use over the past decade. Despite that development, an increase in acute medical emergencies related to cannabis abuse has been reported to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

193. Spain has over 500 accredited drug treatment and rehabilitation centres. In addition, prisons are also equipped with drug treatment and rehabilitation units, offer syringe distribution services and ensure the provision of opioid substitution therapy.

194. Several important challenges remain, including those related to Spain's continued status as a major entry and transit point for drugs trafficked into Europe: Spain reported seizing almost 16 tons of cannabis herb, over 380 kg of cannabis resin and over 21 tons of cocaine in 2015.

195. The Board notes that drug trafficking continues to pose a significant challenge to the Government's efforts to address the drug problem. Clandestine laboratories continue to be dismantled in Spain, with large seizures being made. The Board encourages the Government of Spain to pursue its drug control efforts, in particular those that are aimed at combating illicit cannabis cultivation and trafficking in the country, and stands ready to assist in whatever manner it can.

(f) United States of America

196. During the period under review, the Board has maintained an active dialogue with the Government of the United States on drug-related developments in the country. Among the principal issues on which discussions have centred is the control of cannabis in various jurisdictions in the country.

197. Under federal legislation, namely the Controlled Substances Act, cannabis is classified as a substance having no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision and a high potential for abuse; however, the legal regime applicable to cannabis in several states is an area of great concern for the Board.

198. In its discussions with the Government of the United States, the Board has continued to reiterate that the legislative and administrative measures taken by several states in the country to legalize and regulate the sale of cannabis for non-medical purposes cannot be reconciled with the legal obligation contained in article 4, paragraph *(c)*, of the 1961 Convention to limit exclusively to medical and scientific purposes the production, manufacture, export, import and distribution of, trade in and use and possession of drugs.

199. Accordingly, the Board notes with concern the results of several ballot initiatives held at the state level in November 2016 on the legalization of cannabis for non-medical purposes.

200. The Board also remains concerned that many of the legal and regulatory frameworks of the states that permit the use of cannabis for medical purposes do not fully comply with articles 23 and 28 of the 1961 Convention, which set out the conditions needing to be met for the establishment of a medical cannabis programme. **Accordingly, the Board reiterates its call to Governments of all countries, including in the United States, in which medical cannabis schemes are in place, or in which the establishment of such programmes is being considered, to ensure the full implementation, within the entirety of their territory, of the provisions of the 1961 Convention applicable to the use of cannabis for medical purposes.**

201. The Board notes, with great concern, the large-scale opioid, prescription drug and heroin abuse problem that continues to affect the United States, claiming tens of thousands of victims each year, as expounded upon in chapter III of the present report. The Board welcomes the adoption by the Drug Enforcement Administration of a comprehensive action plan to address opioid addiction and the allocation by the Government of $27.6 billion for the 2016 fiscal year to support the implementation of the 2015 National Drug Control Strategy.

(g) Uruguay

202. **The Board notes the continued implementation by the Government of Uruguay of measures aimed at creating a regulated market for the non-medical use of cannabis. While this policy has not yet been fully implemented, the Board wishes to reiterate its position that such legislation is contrary to the provisions of the international drug control conventions, particularly to the measures set out in article 4, paragraph *(c)*, of the 1961 Convention as amended, according to which States parties are obliged to "limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs".** Additionally, according to article 3, subparagraph (1) *(a)*, of the 1988 Convention, each State party is obliged to adopt such measures as may be necessary to establish as criminal offences under its domestic law the production, manufacture, extraction, preparation, offering, offering for sale, distribution, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation or exportation of any narcotic drug contrary to the provisions of the 1961 Convention.

203. The Board will continue its dialogue with the Government of Uruguay with the aim of promoting the country's compliance with the three international drug control conventions.

2. Country missions

204. Every year, as part of its mandate as a treaty-monitoring body, the Board undertakes a number of missions to countries it selects. The objective of the missions is to assist States in meeting the international legal obligations incumbent upon them by virtue of their status as States parties to the international drug control conventions.

205. During a mission, in order to gain a comprehensive overview of the drug control situation in the country being visited, the Board holds meetings with major stakeholders in the drug control field, including government officials and representatives from regulatory authorities, treatment and rehabilitation providers and civil society groups.

206. Following the discussions held, the Board member leading the mission presents his or her findings to the Board, based upon which the Board adopts a series of confidential recommendations that are conveyed to the Government for its consideration and action.

207. The recommendations transmitted to the Government contain proposed actions to improve compliance with the international drug control framework in various fields related to drug control, including: national drug policy; inter-agency cooperation; the regulation of licit production of and trade in narcotic drugs and psychotropic substances subject to international control under the drug control conventions; the prevention of drug use and the treatment and rehabilitation of drug users; access to controlled substances for rational medical use; law enforcement; measures to address illicit drug production, manufacture and trafficking; and precursor chemical control.

208. During the period under review, the Board undertook missions to Afghanistan, Argentina, Bolivia (Plurinational State of), Canada, China, Israel, Myanmar, Oman, Senegal, South Africa, the State of Palestine, Uruguay and Viet Nam.

209. Additional missions have been accepted, in principle, by the Governments of Colombia, Egypt, Iraq, Jamaica, Kuwait and Uzbekistan but have not yet been carried out. The Board has also contacted the Governments of the Democratic Republic of the Congo, Papua New Guinea and Qatar, but has not yet received confirmation of the acceptance of a mission by those Governments.

(a) Afghanistan

210. A high-level INCB mission, led by the President of the Board, was carried out to Afghanistan in May 2016. The purpose of the mission was to continue the consultations with the Government of Afghanistan that the Board had initiated in May 2000. At that time, INCB concluded that the situation in the country, if left unattended, would seriously endanger the aims of the 1961 Convention, and it decided to invoke article 14 of that Convention with a view to promoting cooperative action at the international level.

211. The mission held high-level discussions with the Chief Executive of Afghanistan and Government representatives, including ministers and members of the Parliamentary Commission on Counter Narcotics, about the current drug control situation, future prospects, the actions and initiatives of the Government and the need for cooperation from the international community.

212. The Board noted the adoption by the Government of a new National Drug Action Plan (2015-2019) in October 2015, the main objectives of which are to reduce opium poppy cultivation and opiate manufacture and trafficking, reduce illicit demand for drugs and increase the provision of treatment for users.

213. More information on recent developments in Afghanistan is contained in section E, subsection 2, entitled "Consultation with the Government of Afghanistan pursuant to article 14 of the 1961 Convention as amended by the 1972 Protocol", and in chapter III of the present report.

(b) Argentina

214. In June 2016, an INCB mission was carried out to Argentina. The objective of the mission was to review drug control developments and progress in the implementation of the international drug control conventions since the Board's previous mission to the country, in 2006.

215. In recent years, Argentina has been a transit country for Andean-produced cocaine, with instances of domestic cocaine manufacture. The Board has noted that, in his inaugural speech, the President of the Republic had listed countering the drug problem as one of the three central priorities of the Government. During the mission, information was given to the Board about the reorganization of the various agencies dealing with drug control, in order to increase the efficiency and effectiveness of their work.

216. The Board noted improvements in the oversight of the licit import, export and manufacturing of narcotic drugs and psychotropic substances and in access to opioid analgesics in Argentina. Information was also provided about the efforts made by the Government in the area of prevention and treatment of drug abuse to develop a comprehensive and integrated strategy involving health, education and social affairs authorities and other government agencies to ensure a comprehensive approach to the issue. Following the mission, those initiatives were reflected in a national plan on drug control that was launched in August 2016 by the President of the Republic.

(c) Bolivia (Plurinational State of)

217. INCB undertook a treaty compliance monitoring visit to the Plurinational State of Bolivia from 17 to 20 October 2016. The purpose of the mission was to discuss with the Government of the country its compliance with the three international drug control treaties, in particular the 1961 Convention as amended, in view of the country's reaccession to that Convention in 2013 with a reservation with respect to coca leaf.

218. Under the reservation, and since February 2013, the chewing of coca leaf and the consumption and use of the coca leaf in its natural state for "cultural and medicinal purposes" are permitted in the territory of the Plurinational State of Bolivia.

219. During the mission, the INCB delegation held consultations with the Minister of the Interior, the Minister of Rural Development and Land, the Deputy Minister for Social Welfare and Controlled Substances and the Deputy Minister for Coca and Comprehensive Development.

220. Discussions were also held on the implementation of the reservation expressed by the Plurinational State of Bolivia upon reaccession and the steps taken by the Government to ensure compliance with the requirements of the 1961 Convention. Such requirements include the need to ensure a licensing system, monitor the harvest and prevent diversion. The INCB delegation was informed about progress in the control of coca cultivation, the reduction of illicit cultivation in recent years and measures taken against trafficking.

221. Consultations were held with representatives of the law enforcement agency responsible for the fight against drug trafficking, as well as with representatives of the joint task force of the army responsible for the eradication of illicit cultivation of coca bush. In addition, the delegation met representatives of the Regional Association of Coca Producers (ADEPCOCA) in the market of Villa Fatima in La Paz.

(d) Canada

222. The Board undertook a mission to Canada in October 2016. The primary objective of the mission was to discuss legislative measures currently being developed relating to the legalization and regulation of the non-medical use of cannabis. The last mission of the Board to Canada took place in 2013.

223. Canada is party to all three international drug control treaties. The Government has initiated a process that has as its goal the legalization and regulation of access to cannabis for non-medical use. The Board notes that the legalization of the use of cannabis for non-medical purposes is inconsistent with the provisions of the 1961 and 1988 Conventions because the Conventions oblige States parties to limit the use of narcotic drugs exclusively to medical and scientific purposes. That limitation, expressed in article 4, paragraph *(c)*, of the 1961 Convention, is binding on all parties; regulating the use of drugs outside medical and scientific purposes is not allowed under the Convention. The limitation of the use of drugs to medical and scientific purposes is a fundamental principle that lies at the heart of the international drug control framework, to which no exception is possible and which gives no room for flexibility. The Board urges the Government to pursue its stated objectives — namely the promotion of health, the protection of young people and the decriminalization of minor, non-violent offences — within the existing drug control system of the Conventions.

224. In its discussions with the Government, the delegation of the Board was informed about and noted with concern the increasing number of overdoses and deaths caused by opioids, including fentanyl, which the Government described at being at crisis levels. The Board commends the Government of Canada for the action taken so far and for its commitment and resolve to addressing this important matter, and it encourages the authorities to take further measures in that regard.

(e) China

225. A mission of the Board was carried out to China in October 2015. During the mission, the INCB delegation held consultations with senior officials from the Ministries of Security, Health, Foreign Affairs and Justice, as well as the General Administration of Customs. The delegation also had the opportunity to visit the Beijing Narcotics Control Volunteers Organization, a non-governmental organization.

226. The delegation discussed matters of common interest relating to international drug control policy, including the outcome of the special session of the General Assembly on the world drug problem held in 2016, the latest changes in the legal drug control framework in China, the reporting obligations incumbent upon States parties to the international drug control treaties, the issue of new psychoactive substances, the availability of scheduled substances for medical purposes, and treatment and rehabilitation in China.

227. The Board expresses its appreciation to the Government of China for the country's active participation in various INCB initiatives, and its wish to continue that cooperation in the future. INCB recognizes the substantial efforts made by the Government of China with regard to the strict control of scheduled substances and the progress it has achieved in that regard.

(f) Israel

228. A mission of the Board was carried out to Israel in July 2016. As Israel is party to the three international drug control conventions, the INCB delegation reviewed implementation of those conventions, including legislative and other developments relating to drug control since the last mission of the Board to Israel, which was carried out in 2009.

229. Consultations were held with senior officials from the Ministry of Health, the Ministry of Justice and the Ministry of Economy and Industry. The delegation also heard directly from a recipient of a treatment and rehabilitation care programme in a prison.

230. The Board noted that, since its last mission in 2009, the Israeli Anti-Drug Authority had continued to play a crucial role as an independent, interdisciplinary authority, coordinating the country's drug control policy in line with its international obligations.

231. During the mission, the Government demonstrated its commitment to addressing drug addiction in Israel. The Board noted that Israel had implemented effective treatment and rehabilitation services, in particular harm reduction services, which were tailor-made for recipients.

232. Representatives of the Israeli Medical Cannabis Agency provided a comprehensive briefing for the INCB delegation, during which it outlined the legislative framework establishing the agency and set out its mandate and responsibilities. The Agency demonstrated its commitment to ensuring compliance with the international drug control treaties, in particular the requirements set forth in the 1961 Convention.

(g) Myanmar

233. A mission of the Board was carried out to Myanmar in June 2016 to review the compliance of the Government with its obligations under the three international drug control treaties and to monitor progress made in implementing the recommendations made by the Board following its previous mission to the country, in 2010.

234. Since the Board's mission in 2010, progress has been made in the country's review of drug control legislation, the assessment of its drug use situation and its level of international cooperation. The Board welcomes the adoption by the Government of a health-based approach to the treatment of drug addiction and the conduct of the country's first national drug use survey, the preliminary results of which were expected to be available in early 2017.

235. The Board notes that significant challenges remain to be addressed. In particular, the illicit cultivation of opium poppy and production of opium have remained significant over the past few years and the implementation of sustainable alternative development programmes has continued to be difficult. In addition, the Board reiterates its call to the Government to increase its efforts to reduce the trafficking in and illicit manufacture of amphetamine-type stimulants in the country, which have remained a major concern. More awareness and resources are also required to address the existing problem of inadequate availability of controlled substances for medical purposes in the country.

(h) Oman

236. A mission of the Board was carried out to Oman in April 2016. The objective of the mission was to review the Government's compliance with the provisions of the international drug control treaties and its cooperation with the Board. During the mission, the INCB delegation was provided with information on relevant drug control legislation, including the legislative measures against money-laundering that are currently in force.

237. The delegation noted the commitment and strong political will of the Government to continue to strengthen its efforts with regard to drug abuse prevention and the treatment and rehabilitation of individuals with problems associated with drug use.

238. A wide range of prevention and awareness programmes are being carried out in Oman and facilities for the treatment and rehabilitation of drug addicts have been established. The Board noted that Oman, in collaboration with WHO, was in the process of establishing opioid substitution therapy services.

239. The Board welcomed the high-level cooperation between Oman and its neighbouring countries within the

Gulf Cooperation Council framework, and encouraged the authorities to continue fostering that cooperation to jointly combat drug-related crime in the region.

(i) Senegal

240. In October 2016, the Board undertook a mission to Senegal. The objective of the mission was to discuss progress made in the implementation of the three drug control conventions, to which Senegal is party, since the Board's last mission to the country in 2000.

241. During the mission, meetings were held with the Ministries of Foreign Affairs, Justice, Finance, Health, Defence, the Interior and Public Security and Social Action, as well as with customs and law enforcement authorities. While in the country, the INCB delegation also visited a treatment facility and met with representatives of two non-governmental organizations working in the field of prevention.

242. The INCB delegation was briefed, inter alia, on the development of a new strategic action plan on drug control that was being finalized under the coordination of the Inter-ministerial Committee on Drugs (CILD). The action plan sets out new policies and initiatives in the field of drug control, including in the fields of demand reduction, including prevention, treatment and rehabilitation, supply reduction and improved inter-institutional coordination.

243. The Board welcomes the measures taken by the Government of Senegal to develop a balanced and evidence-based approach to drug control policy by involving all relevant institutional stakeholders and by working closely with civil society and community-based groups.

(j) South Africa

244. In October 2016, an INCB mission was undertaken to South Africa in order to hold consultations with Government stakeholders on questions related to South African drug policy and the compliance of the country with the three drug control conventions, to which it is a party.

245. Meetings were held with representatives of the Department of Social Development, the Central Drug Authority, the Department Home Affairs, the Department of Basic Education, the Department of Higher Education and Training, the Medicines Control Council, the National Youth Development Agency, the Department of Justice and Constitutional Services, the Department of Sport and Recreation, the Department of Science and Technology, the Department of Correctional Services, the South African Police Service and the South African Revenue Service. In addition, the INCB delegation had the opportunity to visit a drug treatment facility in the Pretoria area.

246. The Board notes the efforts being made by the Government of South Africa to strengthen its drug control efforts, in particular through the adoption of measures aimed at streamlining inter-agency and international cooperation, including through the establishment of a transnational organized crime section within the Department of International Relations and Cooperation.

(k) State of Palestine

247. INCB conducted its first mission to the State of Palestine in July 2016. The objective of the mission was to obtain information on the Government's drug control policy and related legislation and to discuss issues related to trends in trafficking and abuse of narcotic drugs, psychotropic substances and precursors in the country, as well as the availability of substances under international control for medical purposes.

248. The Board recognized the efforts of the Government to comply with international best practices in drug control despite the State of Palestine not yet being party to the international drug control conventions.

249. The Board noted that drug trafficking and abuse, particularly of new psychoactive substances, are increasing at alarming rates. Addressing them will require strong commitment and the consistent application of awareness and education campaigns.

250. The Board also noted that a national survey, to be conducted in the State of Palestine with the involvement of WHO, was planned. The survey would focus on patterns of drug use and drugs of abuse and would assist in providing a coordinated effort to address the serious emerging challenges in the country.

(l) Uruguay

251. In November 2015, INCB carried out a mission to Uruguay. The objective of the mission was to discuss the legislation on the non-medical use of cannabis and its implementation in Uruguay. During the mission, the INCB delegation held consultations with senior officials from the Ministries of the Interior, Health and Foreign Affairs, as well as with the Attorney General. Meetings were also held

with officials from the newly established Institute for the Regulation and Control of Cannabis and the Scientific Advisory Committee. The INCB delegation also had the opportunity to visit drug abuse treatment facilities.

252. During the mission, the implementation of Law No. 19.172, permitting the non-medical use of cannabis, was discussed with the national authorities of Uruguay. The discussions were focused on the inconsistency of that law with the provisions of the 1961 Convention. The Board expressed its intention to continue to monitor the situation and the compliance of the Government of Uruguay with the international drug control treaties. To that end it requested the Government to keep it informed of all relevant developments in that area and to be provided with information on the public health consequences of the implementation of Law No. 19.172. More information regarding developments in Uruguay are contained in chapters II and III of the present report (see paras. 202-203 and 509-566).

(m) Viet Nam

253. In April 2016, the Board carried out a mission to Viet Nam. The objective of the mission was to discuss the implementation by the country of the three international drug control conventions in general and, in particular, the high prevalence rates of illicit drug use and addiction, the discontinuation of compulsory treatment for drug dependency, the administration of opioid substitution therapy, the availability of controlled substances for rational medical use, the reform of criminal justice responses to drug-related crime and the control measures applicable to precursor chemicals.

254. During the mission, the INCB delegation held high-level talks with senior officials from the Government of Viet Nam, including the Deputy Prime Minister, who is also the Chair of the National Committee for AIDS, Drugs and Prostitution Prevention and Control, and senior government officials from the Ministries of Foreign Affairs, Public Security, Health, Justice, Labour, Invalids and Social Affairs, Industry and Trade, and Information and Communication. The delegation also visited a drug treatment centre and held consultations with representatives of civil society groups.

255. The delegation noted that significant resources had been invested by the Government to address drug use and addiction and that a fundamental, ongoing policy shift was being made towards the provision of voluntary drug abuse treatment services under a health-centred approach. During the mission, discussions were held on ways to ensure adequate access to controlled substances for rational medical use, to strengthen institutional capacity and to improve precursor control.

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

256. In order to follow up on the implementation by Governments of the Board's post-mission recommendations, the Board undertakes an annual review of drug control developments three to four years after it has undertaken a mission. In order to follow up on the implementation of its recommendations, the Board communicates with the Governments concerned in order to solicit information detailing the legislative and policy measures that they have adopted to address the aspects of their drug control systems that the Board had raised, in view of its findings following those missions.

257. In 2016, the Board invited the Governments of countries that had received INCB missions in 2013, namely Haiti, Kenya, the Lao People's Democratic Republic, Malaysia, Panama and Singapore, to submit detailed information on legislative, regulatory and policy action taken pursuant to the Board's recommendations resulting from the missions to those countries.

258. The Board wishes to express its appreciation to the Governments of Kenya, Malaysia, Panama and Singapore for the information received. Their cooperation has assisted the Board in its review of treaty implementation by those States and has contributed to the important dialogue that the Board maintains with States parties to the international drug control conventions through the active exchange of information.

259. The Board renews its call to the Governments of Haiti and the Lao People's Democratic Republic to provide the information requested, which has yet to be received, in order for its review of the drug control situations in those countries to be comprehensive and duly informed. Once received, the information provided by those countries will be reviewed by the Board for inclusion in its annual report for 2017.

(a) Kenya

260. Following its 2013 mission to Kenya, the Board notes that the Government of Kenya has taken a number

of measures to implement its recommendations in a number of areas.

261. In order to streamline its drug control efforts, the Government of Kenya has developed the National Strategy for Prevention, Control and Mitigation of Alcohol and Drug Abuse, which contains specific, time-bound objectives in order to address all aspects of alcohol, drug and substance abuse in Kenya.

262. The Board also welcomes the adoption of the Strategic Plan for the period 2015-2019, which sets out measurable goals on alcohol and drug demand and supply reduction, and establishes guidelines for the operation of the National Authority for the Campaign against Alcohol and Drug Abuse. The Plan is the result of an assessment of challenges and good practices identified through periodic and ongoing reviews of the previous strategic plan. The Board wishes to commend the Government of Kenya for its efforts to ensure the inclusion and participation of key stakeholders in the prevention and control of drug abuse at the strategic and operational levels, and the important coordination role given to the National Authority for the collation of data on drug control and the streamlining of reporting to the Board.

263. The Board also welcomes the establishment of a National Drug Observatory, which is intended to serve as a repository for all drug-related data, and the development of capacity-building activities to improve compliance with reporting obligations and build consensus on data-collection tools. Furthermore, the Government is currently reviewing existing drug control legislation to address emerging trends in drug trafficking and precursors control. The Board notes that the Pharmacy and Poisons Board has established annual legitimate requirements for precursor chemicals in an effort to counter the trafficking in and diversion of such substances.

264. The Board noted with appreciation the procurement by the Government of additional forensic testing equipment, as well as the establishment of the National Technical Committee on Drug Trafficking and Abuse to coordinate policy measures to address drug trafficking and abuse in Kenya.

265. The Government has also been actively working on strengthening controls at border crossings through the establishment of anti-drug units and border liaison offices, as well as the Border Control and Operations Coordination Committee. In addition, Kenya has taken steps to strengthen the monitoring of international cargo terminals by providing the equipment needed to detect illicit drugs and providing capacity-building in the field of container control. The Government continues to actively use PEN Online for all exports of internationally controlled precursor chemicals, including those contained in pharmaceutical preparations.

266. The Board notes positive developments with respect to the development of addiction treatment measures in the country and is aware that the Government is taking steps to increase access to treatment services through the establishment of additional drug treatment facilities. The Board would like to encourage the Government of Kenya to continue to pursue the establishment of comprehensive treatment, rehabilitation and social reintegration services, to be offered to those affected by drug abuse.

267. The Board encourages the Government to take further steps to facilitate the availability of controlled narcotic drugs and psychotropic substances for rational medical uses, given the current scarcity of those substances, which are not available in amounts that reflect actual medical needs.

(b) Malaysia

268. According to the information provided by the Government of Malaysia, the Board has been able to ascertain that Malaysia has acted upon several recommendations issued following the INCB mission to the country in 2013. In particular, the Government is committed to implementing its national drug control strategy, has taken considerable measures and initiatives in the fight against cross-border and international drug trafficking and has increased law enforcement capacity at various entry points, especially at Kuala Lumpur International Airport. The Government has also strengthened control of licit activities related to narcotic drugs, psychotropic substances and precursor chemicals through increased collaboration between various drug law enforcement agencies, including through the Integrated Substance Control Management System (SPIKE). The Board welcomes those measures and encourages the Government to continue to implement its national drug control strategy.

269. The Board notes that the Government of Malaysia has continued to strengthen its demand reduction efforts, for example through the development of facilities for the treatment of drug abuse and through community-based prevention programmes. According to the information provided to the Board by the Government of Malaysia, the Ministry of Health was reviewing the National

Guideline and Policy for Methadone Treatment Programme and taking additional measures to prevent the diversion of methadone dispensed by clinics for patients to use off site. In the light of continued challenges related to rates of drug abuse reported to the Board by the Government of Malaysia, the Board encourages the Government to continue its efforts in the area of demand reduction. In particular, the Board encourages the Government to conduct a nationwide assessment of the drug abuse situation in order to inform the development of evidence-based demand reduction activities.

270. The Board notes that the availability of narcotic drugs and psychotropic substances for legitimate medical purposes to meet medical needs in Malaysia remains low and encourages the Government to take additional measures to foster greater access to those medicines.

271. The Board also notes the continued imposition by Malaysia of capital punishment for drug-related crimes. **As it has done in the context of other States that continue to apply the death penalty for that category of offence, the Board calls upon the Government of Malaysia to commute death sentences that have already been handed down and to consider the abolition of the death penalty for drug-related offences.**

(c) Panama

272. The Board notes the action taken by the Government of Panama to implement its recommendations following its 2013 mission to the country, including several legislative and policy measures to strengthen the country's implementation of its legal obligations under the three international drug control conventions.

273. The Board notes the continued implementation by the Government of Panama of the National Drug Strategy for the period 2012-2017. The Strategy covers demand reduction, supply reduction, control measures and international cooperation. It was developed with the participation of all relevant stakeholders and includes a framework for monitoring and evaluation. As one of the Strategy's pillars, an operational and financial management system has been established to ensure the availability of the resources needed to achieve the strategic objectives and agreed targets set out in the Strategy. According to the information provided by the authorities, the Ministry of the Interior is responsible for implementing the Strategy, with funds drawn from several financial sources, including from the auction of confiscated drug-related assets.

274. The Board welcomes measures to improve the availability of opioid analgesics for medical use in the country through a legislative amendment that covers issues ranging from import to dispensing. In May 2016, Panama passed Act No. 14, which repealed Law No. 23 of 16 February 1954 and established a legal framework for the control of the importation, exportation, gathering, production, purchase, stocking, sale, distribution and use of narcotic drugs and psychotropic substances. This legislation provides for changes in the institutional framework through the creation of the Department of Controlled Substances, which will be part of the National Directorate of Pharmaceutical Products and Drugs. It also contains provisions on licensing and a regime of sanctions in cases of non-compliance. The Board would like to encourage Panama to continue to make progress in ensuring the availability and rational prescribing of narcotic drugs and psychotropic substances for medical purposes. The Board encourages the authorities to continue to identify and address obstacles in that area, particularly those obstacles relating to capacity-building and the training of health-care professionals, as required.

275. The Board notes the Government's plan to create an observatory on drugs. In June 2015, Panama conducted a second national household survey, the data from which were being processed and analysed at the time of writing. The Board invites the Government of Panama to inform it of the results of the survey once they are available. The Government has reported the results of the previous two surveys conducted among secondary school students about their consumption of controlled substances, which described the extent of licit and illicit drug use in urban agglomerations of 30,000 or more inhabitants aged 12-65 years. A new national survey is planned for 2017, which will extend the sample group to small cities and rural areas, according to the information provided by the Government.

276. The Government has reported a wide array of measures with respect to drug-related criminality, including the expansion of a specialized prosecution service to combat organized crime and the adoption of measures to combat money-laundering, including through the launch of a public awareness campaign and legislative amendments. Law No. 23 of 27 April 2015 provides, inter alia, for additional measures against money-laundering. Law No. 34 of 8 May 2015 criminalizes customs fraud offences and includes them as a predicate offence of money-laundering. Panama also reported the creation of special prosecutors for drug-related crimes. The authorities explained that they planned to create an inter-agency regional security centre as a platform for international

intelligence exchange. They confirmed that 59 tons of controlled substances had been seized in 2015.

277. With respect to the control of precursor chemicals, the country has regulations in place for the control of chemical substances subject to control pursuant to article 12 of the 1988 Convention and has an up-to-date register of legal and natural persons whose activities involve chemical substances, as well as a licensing system for manufacturers and distributors of those substances. Panama has also established a competent authority responsible for coordinating control activities with respect to controlled chemical substances and has mechanisms for the timely issuance of and response to pre-export notifications.

278. The Board acknowledges the allocation by the Government of additional law enforcement resources to monitor the increased number of containers transiting through the Panama canal following its expansion in 2016. Additional port control units have been created, as well as a specialized joint container control unit, which now comprises representatives from various institutions.

279. The Board welcomes the developments mentioned above and encourages the Government to continue its efforts in the area of drug control, in particular by providing adequate support to supply and demand reduction programmes and to additional measures against drug trafficking and abuse in the country.

(d) Singapore

280. The Board notes the progress made by Singapore in strengthening its drug control framework since the INCB mission to the country in 2013. In particular, the Government has improved the availability of drug treatment programmes by expanding facilities for the treatment and rehabilitation of drug addicts and establishing the Drug Counselling and Engagement Programme to increase the range of rehabilitation interventions and counselling services available for young people who use drugs. The Government has also launched several public awareness campaigns about the dangers of drug abuse.

281. The Board encourages the Government of Singapore to continue its efforts to improve the collection and analysis of prevalence data by conducting additional studies to inform the adoption of drug prevention and treatment measures and to expand drug abuse prevention programmes and facilities, as needed.

282. **The Board notes that Singapore continues to apply the death penalty for drug-related offences. The Board calls upon the Government of Singapore to commute death sentences that have already been handed down and to consider the abolition of the death penalty for drug-related offences.**

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

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

283. Article 14 of the 1961 Convention as amended by the 1972 Protocol, article 19 of the 1971 Convention and article 22 of the 1988 Convention contain measures that INCB may take to ensure the execution of the provisions of those Conventions. Such measures, which consist of increasingly severe steps, are considered when the Board has reason to believe that the aims of the Conventions are being seriously endangered by the failure of a State party to implement their provisions.

284. Over the years, INCB has decided to invoke article 14 of the 1961 Convention and/or article 19 of the 1971 Convention with respect to a limited number of States. The Board's objective has been to encourage ongoing dialogue with those States to bring about compliance with the Conventions when all other means have failed.

285. The names of the States concerned are not publicly disclosed until INCB decides to bring the situation to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs. Following intensive dialogue with the Board, pursuant to the above-mentioned articles, most of the States concerned have taken remedial measures, resulting in a decision by the Board to terminate the action taken under those articles with regard to those States.

286. Afghanistan is currently the only State for which action is being taken pursuant to article 14 of the 1961 Convention. The Board first invoked article 14, subparagraph 1 *(a)*, of the 1961 Convention in 2000 to encourage dialogue with the authorities of Afghanistan to promote compliance with the Convention. In 2001, the Board invoked article 14, subparagraph 1 *(d)*, of that

Convention, in order to bring about cooperative action at the international level to assist the Government of Afghanistan in ensuring compliance with the Convention.

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

287. During the current reporting period, the Board's consultations with the Government of Afghanistan have continued. Following several years of preparation, a high-level INCB mission visited Afghanistan from 8 to 10 May 2016. The mission was led by the President of the Board, accompanied by the Secretary of the Board and a member of the INCB secretariat. The purpose of the mission was to continue consultations with the Government of Afghanistan under article 14 of the 1961 Convention, with a view to strengthening the implementation of the drug control conventions in Afghanistan, including by continuing to seek cooperative international action and through the provision of technical assistance from members of the international community.

288. The mission was received by the Chief Executive of Afghanistan, the Minister of Counter Narcotics, the Minister of Public Health and the Minister of Agriculture, Irrigation and Livestock. The President of the Board also held consultations with the National Security Adviser to the President of Afghanistan and with the Special Envoy of the President for the Commonwealth of Independent States and Senior Adviser to the First Vice-President of Afghanistan. In addition, consultations were held with the Chair and members of the Parliamentary Commission on Counter Narcotics, the Deputy Special Representative of the Secretary-General for Afghanistan, and representatives of international organizations and the international community. The President of the Board also visited a drug treatment and rehabilitation centre. Discussions focused on the drug control situation, future prospects, the actions and initiatives of the Government of Afghanistan and cooperation with and assistance from the international community. The Board reiterates that article 14, subparagraphs 1 *(a)* and *(b)*, of the 1961 Convention will continue to remain invoked with respect to Afghanistan.

289. The Board has repeatedly expressed concern about the overall situation in Afghanistan and has cautioned that the deteriorating security situation may continue to have a serious impact on the drug control situation in the country, the effects of which are felt far beyond its borders. The Board stresses the need for the Government of Afghanistan to show tangible results of its drug control efforts and of the level of aid it has received in recent years in order to restore confidence in the Government's ability to absorb assistance and implement its commitments on improving the drug control situation. **The Board also stresses that the drug problem remains inextricably linked to the deeper problems faced in Afghanistan; it requires sustained prioritization by both the Government and the international community.** In that context, the Board commends the Government of Afghanistan for the well-structured and promising National Drug Action Plan 2015-2019, approved by the President of Afghanistan in October 2015. The Board reiterates that it stands ready to continue to support the Government of Afghanistan in its efforts to implement the international drug control conventions. The Board will continue to take every opportunity to rally international support for Afghanistan, including in the form of technical assistance and capacity-building initiatives.

Cooperation with the Board

290. Consultations between the Board and the Government of Afghanistan pursuant to article 14 of the 1961 Convention continued in 2016: the President of the Board held a meeting with the delegation of Afghanistan, which was headed by the Minister of Counter-Narcotics, on the margins of the fifty-ninth session of the Commission on Narcotic Drugs, which was held in Vienna from 14 to 22 March 2016. The Minister updated the President on the current drug control situation in Afghanistan, highlighting challenges that the Government was likely to face in addressing the drug problem in the coming years and underlining the importance of a balanced approach to addressing the drug problem. The President of the Board, while noting the difficulties in addressing the drug problem, recalled the outcomes of the special session of the General Assembly on the world drug problem held in 2016 and reiterated the obligation of Afghanistan to implement the provisions of the 1961 Convention and ensure that progress was achieved in working towards effective drug control policy and action.

291. The Secretary of the Board held meetings with the Permanent Mission of Afghanistan in Vienna on a number of occasions during the year to follow up on the Government's implementation of the international drug control treaties. The meetings focused on issues of concern to the Board relating to Afghanistan, particularly with regard to continuing difficulties in the prevention and reduction of illicit opium poppy cultivation, the worrying trend of illicit cannabis plant cultivation and the increased

levels of drug abuse, as well as the need to address demand reduction matters, in particular drug abuse prevention, treatment and rehabilitation, and trafficking.

292. The Board notes that the Government's treaty-mandated reporting has improved, with statistical data on narcotic drugs, psychotropic substances and precursors being regularly submitted to the Board, as required under the international drug control treaties. Afghanistan has been increasingly involved in various programmes and projects that are aimed at preventing the diversion of precursor chemical substances from licit sources into illicit channels. A recent example of cooperation to assist the Government of Afghanistan was the workshop on the use of customs data, profiling and information systems held in Vienna in August 2016. The workshop, organized by the INCB secretariat in cooperation with UNODC, focused on improving border risk management in Afghanistan and neighbouring countries, with a view to preventing the flow of precursor chemicals into heroin laboratories in Afghanistan. The workshop provided an opportunity to discuss the practical implementation of the provisions of the drug control treaties with the authorities of Afghanistan.

293. The National Drug Action Plan 2015-2019 was approved by the President of Afghanistan on 15 October 2015. The Plan contains measures to reduce the illicit cultivation, production and smuggling of drugs though alternative development, to strengthen regional cooperation, to combat money-laundering and to confiscate property obtained as a result of illegal activity. Furthermore, the Plan contains measures to reduce drug demand while increasing capacity for drug abuse treatment. The Plan encompasses different dimensions of drug control efforts, taking into consideration the characteristics of each province and district in which poppy is cultivated. The Board will continue to closely monitor the drug control situation in Afghanistan and the measures taken and progress made by the Government of Afghanistan in addressing the drug problem, with the assistance of the international community.

Cooperation with the international community

294. The reporting period saw continued activity under the regional programme for Afghanistan and neighbouring countries, led by UNODC, with a focus on building capacity in the collection and analysis of data on drugs, cross-border controls and control of precursor chemicals. In November 2015, the sixth senior officials meeting for the Tripartite Initiative involving Afghanistan, Kyrgyzstan and Tajikistan was hosted by the Counter-Narcotics Police of Afghanistan. The goal of the meeting was to identify mechanisms to strengthen cooperation in counter-narcotics and border management among the partners of the Tripartite Initiative and to amend the road map of action for 2016-2017.

295. The *Afghanistan Opium Survey 2015*, published in December 2015 by UNODC, contained an overview of benchmarks and indicators on cultivation and production. According to the report, the total area under opium poppy cultivation had decreased by 19 per cent in 2015, to an estimated 183,000 ha, as compared with 224,000 ha in 2014, representing the first decrease in cultivation area since 2009.

296. However, according to the executive summary of the *Afghanistan Opium Survey 2016*, published in October 2016 by UNODC, the total area under opium poppy cultivation increased by 10 per cent in 2016, to an estimated 201,000 ha. In addition, potential opium production in 2016 amounted to 4,800 tons, representing an increase of 43 per cent from the 2015 level of 3,300 tons. The Government had aimed at eradicating between 9,000 and 10,000 ha of opium poppy in 2016 (see also paras. 673-678 of the present report).

297. In December 2015, the Ministry of Counter Narcotics released the *Afghanistan Drug Report 2015*. The substantial reductions in opium poppy cultivation and production that were seen in 2015, alongside incremental increases in drug seizures, were highlighted in the report. According to the report, between 1.9 million and 2.4 million adults in the country are estimated to use drugs, equivalent to 12.6 per cent of the adult population. In the report, the limited treatment capacity in Afghanistan was also highlighted. The country has only 123 centres; together they have the capacity to treat 10.7 per cent of opium and heroin users. In order to increase treatment capacity, the Ministry of Public Health, in coordination with the Ministry of Counter Narcotics, opened the country's first drug treatment and rehabilitation centre in Kabul in December 2015.

298. Also in December 2015, a high-level meeting of partners for Afghanistan and neighbouring countries was held in Vienna. It was chaired jointly by the Minister of Counter Narcotics of Afghanistan, the Executive Director of UNODC and the Special Representative for Afghanistan and Head of the United Nations Assistance Mission in Afghanistan and was attended by 122 delegations from 28 countries and 7 international organizations. The high-level meeting continued exchanges to build regional cooperation, combat transnational organized crime and drug trafficking and support the implementation of the Sustainable Development Goals in West Asia.

299. In May 2016, the fourth ministerial meeting of the Tripartite Initiative involving Afghanistan, Kyrgyzstan and Tajikistan was held in Kyrgyzstan. The goal of the meeting was to improve cooperation in counter-narcotics and border management in drug control among the three countries.

300. At the North Atlantic Treaty Organization (NATO) summit held in Warsaw from 7 to 9 July 2016, NATO determined the nature and extent of the assistance that it would continue to provide to Afghanistan. NATO countries pledged to commit military resources beyond 2016 and to continue to make national financial contributions to the Afghan National Defence and Security Forces until the end of 2020.

301. On 29 July 2016, Afghanistan became the 164th member of the World Trade Organization, following almost 12 years of negotiations on its accession terms.

302. The Brussels Conference on Afghanistan was held in October 2016. In advance of the Conference, the Board released a statement in which it expressed its concern about the deteriorating drug control situation in Afghanistan and called upon members of the international community to reaffirm their commitment to supporting the Government of Afghanistan in its development efforts, including by acknowledging the importance of drug control as a cross-cutting issue that should be put at the top of the development agenda for the country. The Brussels Conference was co-hosted by the Government of Afghanistan and the European Union. The aim of the Conference was to continue providing a platform for the Government of Afghanistan to set out its vision for reform and for the international community to provide assistance, including financial assistance, to the Government. The Afghanistan National Peace and Development Framework for the period 2017-2021 was adopted at the Conference. The Framework sets out steps towards achieving economic development and a substantial increase in the welfare of the Afghan people, with the goal of putting an end to corruption, criminality and violence and establishing the rule of law.

Conclusions

303. **The Board takes note of the commitment of the Government of Afghanistan to tackle money-laundering, as reflected in the National Drug Action Plan 2015-2019, and urges the Government of Afghanistan to take determined steps to counter money-laundering and to give effect to its legal framework for identifying, tracing and seizing illicit assets derived from drug trafficking, as well as to the recommendations of relevant international bodies.**

304. The Board notes with concern the deteriorating safety and security situation in Afghanistan and its impact on the authorities' ability to monitor and control the illicit supply of drugs originating in the country. At the same time, the Board has observed that the willingness of the international community to continue providing aid to Afghanistan appears to have been declining, in particular in the area of drug control. The Board acknowledges that the success of drug control efforts in Afghanistan is intrinsically linked to broader developmental and criminal justice challenges being adequately addressed but cautions that action against drugs cannot be removed from the equation if sustainable development is to be achieved. **In that context, the Board calls upon partner Governments and the international community to sustain their support for the counter-narcotics efforts of Afghanistan, in the spirit of their common and shared responsibility to respond to the world drug problem and in order to ensure that the potential vacuum left by the withdrawal of international support from the country is not filled by criminal or terrorist elements.**

305. The deteriorating drug control situation in Afghanistan and the region remains of grave concern. That situation seriously endangers the aims of the international drug control treaties and its repercussions are felt internationally. **The Board calls upon the Government of Afghanistan and the international community, including through relevant United Nations entities and programmes, to continue their cooperation to achieve the goals set out in various documents adopted by the international community.** Bearing in mind the overarching objective of the National Drug Control Strategy of Afghanistan, the Government of Afghanistan, with assistance from the international community, including, in particular, UNODC, should translate its commitment into specific actions and ensure that substantial, sustainable, measurable and demonstrable progress is achieved in countering drug trafficking, promoting alternative development and reducing drug demand; in other words, bringing about the effective implementation of the international drug control treaties in the country.

F. Special topics

1. State responses to drug-related offences

306. As the Board has reiterated on several occasions, the fundamental principles underpinning the three

international drug control treaties, as well as the Political Declaration adopted by the General Assembly at its twentieth special session, devoted to countering the world drug problem together, and the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, are the principle of a balanced approach, the principle of proportionality and respect for human rights.

307. In many States, policies to address drug-related offences, including possession for personal use, have continued to be rooted primarily in punitive criminal justice responses, which include prosecution and incarceration and as part of which alternative measures such as treatment, rehabilitation and social integration remain underutilized.

308. While drug trafficking and the diversion of drugs into illicit channels may require the use of interdiction efforts, criminal prosecution and the imposition of criminal sanctions, in some States, approaches to dealing with criminal behaviour committed by persons affected by drug use and addiction have become more differentiated in recent years. This is a result of an evolution in those States that have come to recognize drug use and dependency as a public health concern requiring responses that are health-centred and less reliant on punitive sanctions.

309. The Board welcomes that development as entirely consistent with what is foreseen in the international drug control framework. Prevention of drug abuse, especially among young people, must be the primary objective of drug control policy, and a comprehensive drug demand reduction strategy that includes the reduction of the adverse health and social consequences associated with drug abuse is of paramount importance.

Proportionality and alternatives to conviction or punishment

310. Disproportionate responses to drug-related offences undermine both the aims of the conventions and the rule of law. Accordingly, the international drug control treaties require proportionate responses by States to drug-related offences and to the treatment of offenders.

311. States have an obligation under the drug control conventions to establish certain behaviours as punishable offences and to ensure that serious offences are liable to adequate punishment, including by imprisonment; however, that obligation is subject to the constitutional principles of the State and to the principle of proportionality. In addition, pursuant to article 36, subparagraph 1 *(b)*, of the 1961 Convention, article 22, subparagraph 1 *(b)*, of the 1971 Convention and article 3, subparagraphs 4 *(b)* and *(c)*, of the 1988 Convention, States are not obliged to adopt punitive responses for minor drug-related offences, including possession of small quantities of drugs for personal use, committed by people who abuse drugs.

312. In such cases, the three conventions provide the possibility for alternatives to conviction or punishment through treatment, education, aftercare, rehabilitation and social reintegration. They allow States to focus the most severe penalties on more serious forms of crime, such as trafficking and money-laundering, giving States a certain discretion in the legislative and policy choices they make in implementing their obligations under the three conventions. There is no obligation stemming from the conventions to incarcerate drug users who commit minor offences.

313. The Board notes that the discretion to adopt criminal justice policies that include alternatives to conviction or punishment for minor offences that is provided for under the conventions remains underutilized.

314. Where States have provided legal penalties for more serious categories of drug-related offences, including trafficking, the principle of proportionality must also continue to act as a guiding principle.

315. **Although the determination of sanctions applicable to drug-related offences remains the prerogative of States parties to the conventions, the Board has continued to encourage States that retain capital punishment for that category of offence to commute death sentences that have already been handed down and to consider the abolition of the death penalty for drug-related offences, in view of the relevant international conventions and protocols and resolutions of the General Assembly, the Economic and Social Council and other United Nations bodies on the application of the death penalty.**

Extrajudicial treatment of suspected drug-related criminality

316. The Board has noted with great concern recent reports in some countries of the targeting of individuals suspected of involvement in drug-related activity, including drug use, who have been subjected to violent acts of reprisal and murder at the hands of law enforcement personnel and members of the civilian population. In some instances, those acts have been committed with the expressed or tacit approval, or even encouragement, of political forces and, in many cases, have gone unpunished.

317. The extrajudicial targeting of persons suspected of illicit drug-related activity is not only a breach of the three international drug control conventions, it also constitutes a serious breach of human rights, including due process norms as contained in the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, and is an affront to the most basic standards of human dignity.

318. **The Board wishes to reiterate, in the strongest possible terms, its categorical and unequivocal condemnation of those acts, wherever and whenever they may occur, and calls upon all Governments concerned to put an immediate stop to such actions and to publicly commit to and undertake investigations into any person suspected of having committed, participated in, aided and abetted, encouraged, counselled or incited any such extrajudicial actions, in full observance of due legal process and the rule of law, and their prosecution and sanction, as warranted.**

2. Regulation of the use of cannabis for non-medical purposes

319. The Board notes the adoption or consideration by some States of measures affecting the legal control measures applicable to cannabis in order to allow the use of cannabis for non-medical purposes and the creation of a regulated market for the distribution and sale of cannabis products for non-medical use.

320. **The Board wishes to reiterate that the 1961 Convention establishes, in its article 4 ("General obligations"), that the parties to the Convention are to take such legislative and administrative measures as may be necessary to give effect to and carry out the provisions of the Convention within their own territories and to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in and use and possession of drugs.** As the Board has repeatedly emphasized, the limitation of the use of controlled substances to medical and scientific purposes is a fundamental principle that lies at the heart of the international legal framework for drug control and allows no exception.

321. The central role of the international drug control conventions was most recently reaffirmed by the States participating in the special session of the General Assembly on the world drug problem held in April 2016.

322. In examining measures taken by States with the aim of permitting and regulating the non-medical use of cannabis, the Board has maintained a dialogue with the States concerned in which it has reaffirmed the incompatibility of such measures with the legal obligations incumbent upon States parties to the 1961 Convention, with a view to promoting compliance.

323. **The Board wishes to remind all States that, in recognition of the public health risks associated with its abuse, cannabis has been subjected to the highest levels of control under the international drug control treaties through its inclusion in Schedules I and IV of the 1961 Convention.** Schedule IV contains noxious substances that are particularly liable to abuse. Furthermore, dronabinol (*delta*-9 tetrahydrocannabinol), the major active ingredient of cannabis, and other tetrahydrocannabinol (THC) isomers are classified as psychotropic substances under Schedules II and I, respectively, of the 1971 Convention.

324. While it is difficult to predict the effects of the legislative measures making cannabis available for non-medical use, it is certain that the abuse of cannabis potentially carries serious health consequences, as acknowledged by WHO. In recent years, States have reported a marked increase in the THC content of cannabis seized and an associated rise in health-related adverse reactions, evidenced by increases in hospital emergency room admissions. There have also been reported cases of children having ingested food products containing cannabis. Moreover, the rates of abuse may increase, especially among young people, because the legalization measures may affect perceptions of harm in that fewer people may perceive cannabis as being harmful, highlighting the need for enhanced prevention measures.

325. One of the central arguments advanced by proponents of the legalization of the use of cannabis for non-medical purposes is that the creation of a regulated licit market for cannabis intended for non-medical use would contribute to reducing drug trafficking by criminal networks. That argument fails to take into account the spillover effect that legalization may have in neighbouring jurisdictions where the use of cannabis for non-medical purposes remains illegal. Countries where legislative measures to permit and regulate the non-medical use of cannabis have been adopted or are being considered should also be aware of the risk that they will be targeted by criminal networks seeking to use them as transit countries for trafficking to other jurisdictions where the non-medical use of cannabis is not permitted.

326. In some States, the legalization of the use of cannabis for non-medical purposes has been justified by its proponents on the basis of the argument that the

criminalization of cannabis possession has led to the targeting of drug users belonging to minority groups and to their disproportionate representation in the criminal justice and prison systems. While the 1961 Convention does require States parties to adopt measures to ensure that possession of drugs is a punishable offence when committed intentionally, the conventions do not require the imposition of punishment or imprisonment for drug users and provide instead for the possibility for each State to impose treatment and rehabilitation measures either as an alternative to conviction or punishment or in addition thereto. **The Board encourages States affected by high rates of arrest and incarceration for minor drug-related offences committed by drug users to consider availing themselves of the possibility provided by the international drug control conventions to adopt non-punitive responses rather than permitting the use of cannabis for non-medical purposes, which may prove to be counterproductive.**

3. Importance of accurate and timely reporting

327. The effectiveness and efficiency of the international drug control system as established by the three international drug conventions depends on the accurate and timely reporting to the Board by Member States. Regrettably, many Governments fail to provide the Board with timely and adequate estimates and assessments and reliable statistical returns. Those sometimes include Governments of major manufacturing, importing and exporting countries; their lack of response has a significant impact on the ability of the Board to accurately monitor the world situation. Some Governments continue to experience difficulties in collecting the required information from their national and subnational stakeholders because of legislative or administrative shortcomings.

328. **Focusing first on narcotic drugs, the Board urges parties to provide accurate estimates and statistics on the stocks held by manufacturers and wholesalers. Information on stocks allows the balance between the supply of opiate raw materials and demand for opiates and the levels of accumulation to be monitored, as high levels may increase the risk of diversion. The Board urges Governments to ensure that their competent national authorities periodically obtain reliable information from private and State-owned manufacturers and wholesalers.**

329. Also relevant to narcotic drugs, many countries have been providing estimates to INCB that are much higher than the reported consumption. While strongly encouraging countries with inadequate and very inadequate levels of consumption of controlled substances for medical and scientific purposes to ensure that consumption matches actual needs, the Board requests parties to provide estimates that realistically reflect their expected consumption. The Board encourages competent national authorities to refer to the *Guide on Estimating Requirements for Substances under International Control,* developed by INCB and WHO,[51] when calculating their estimates, and reminds Governments that supplementary estimates may be sent to the Board at any time during the year.

330. Turning to psychotropic substances and the obligations set forth in the 1971 Convention, Governments are encouraged to fully implement Commission on Narcotic Drugs resolutions 53/4 and 54/6, and therefore to report data on the consumption of psychotropic substances (for medical and scientific purposes). The Board stresses the importance of providing appropriate assessments for psychotropic substances, as this would ensure their availability for the treatment of a large variety of medical conditions, including mental health conditions, and would improve access to them worldwide, while reducing the risk of diversion for illicit use. The reported assessments for all countries are published by INCB on a monthly basis and amendments may be sent to the Board at any time.

331. The estimates of annual legitimate requirements for the import of selected precursors of amphetamine-type stimulants are requested, on a voluntary basis, pursuant to Commission on Narcotic Drugs resolution 49/3, in order to provide the authorities of exporting countries with an indication of the needs of importing countries. Additionally, pursuant to article 12, paragraph 12, of the 1988 Convention, Governments are obliged to report annually to the Board information on seizures of substances listed in Tables I and II of the Convention and of substances not included in Tables I or II; as well as information on methods of diversion and illicit manufacture, stopped shipments and thefts involving those substances. Although the submission rate of data for 2015 was the highest in five years, the Board notes that not all States parties to the 1988 Convention provide such information in an accurate and timely manner. A considerable number of the submissions often do not include important details such as methods of diversion or information on stopped shipments or the illicit manufacture of substances, or are submitted to the Board with significant delays. This hampers the ability of the Board to identify and thoroughly assess worldwide trends in trafficking in precursors and in the illicit manufacture of drugs.

[51] Vienna, 2012.

332. A further issue related to reporting on precursors is the provision of information on the licit trade in and use of substances in Tables I and II of the 1988 Convention, in accordance with Economic and Social Council resolution 1995/20. In contrast to narcotic drugs and psychotropic substances, that information is submitted by Governments on a voluntary basis and enables the Board to assist Governments in preventing diversions by identifying unusual trade patterns and suspicious illicit activities.

333. **The Board wishes to remind Governments of their obligations to provide the information requested pursuant to article 12, paragraph 12, of the 1988 Convention and relevant resolutions to the Board in an accurate and timely manner.**

334. Competent national authorities play a key role in consolidating the information received from pharmaceutical companies, importers and exporters to ensure that reliable data are provided to the Board in a timely manner. The importance of the work of competent national authorities cannot be overstated: they are at the front line of their countries' efforts to facilitate licit trade and to prevent the diversion of controlled substances into illicit channels. They are also responsible for estimating their country's requirements for narcotic drugs and psychotropic substances in order to ensure that the medical needs of their populations, in terms of access to such drugs and substances, are met, while at the same time preventing misuse.

335. Reporting obligations can be best fulfilled if Governments provide for the training of staff. **The Board also encourages all Governments to take the necessary steps to maintain the knowledge base of the staff of competent national authorities at times of staff turnover.**

4. New tools for old purposes: using modern technology to monitor international trade in scheduled substances

336. Ever since the creation of the international drug control system, monitoring international trade in scheduled substances has been one of the main pillars of the three drug control conventions. The ultimate purpose of monitoring the movement of scheduled substances at the global level has not changed: to strike a balance between ensuring the availability of narcotic drugs and psychotropic substances for medical and scientific purposes and curbing illicit drug manufacture and trafficking, including by preventing the diversion from licit trade into illicit channels of precursors used in their manufacture. The idea of supporting competent national authorities in their efforts to effectively exchange information in that regard is thus not new. However, the rapid advancement of modern technology, especially information and communications technology, today offers unprecedented opportunities for more effective, direct and immediate communication among Governments on drug control matters.

337. To assist drug control authorities in that regard and to harness the potential of modern technology for drug control purposes, INCB has developed several electronic tools to facilitate the monitoring of the movement of narcotic drugs, psychotropic substances and precursors, offering new tools for old purposes.[52]

(a) International Import and Export Authorization System (I2ES)

338. A well-functioning import and export authorization system is instrumental in monitoring the international trade in controlled substances and preventing their diversion. The International Import and Export Authorization System (I2ES), a new tool developed by the Board in cooperation with UNODC and with the support of Member States, was launched in March 2015 to facilitate the effective implementation of import and export authorization systems for licit international trade in narcotic drugs and psychotropic substances.

339. I2ES is a web-based application that allows importing and exporting countries to upload and exchange import and export authorizations in a secure environment and to generate and transmit those authorizations electronically, including with the help of a download and print function. I2ES is designed to complement, but not replace, existing national electronic drug control systems, and also provides countries without pre-existing electronic systems a viable tool to manage import and export authorization processes online.

340. Another key feature of I2ES is that it automatically checks the quantity of a narcotic drug or psychotropic substance to be imported and/or exported against the latest estimate or assessment of the importing country's requirements, and automatically displays warning

[52] Enquiries about the tools, including registration requests, can be sent to i2es@incb.org for I2ES (narcotic drugs and psychotropic substances); pen@incb.org for PEN Online (precursors); pics@incb.org for PICS (precursor incidents); and nps@incb.org or ionics@incb.org for Project Ion and IONICS (new psychoactive substances).

messages when it finds excess imports or exports. I2ES also guides the competent national authority through the steps required in such an eventuality. Furthermore, the system has an online endorsement function: after verifying that an arriving shipment matches the quantity authorized for export, the authorities of the importing country can endorse it by confirming receipt to the authorities of the exporting country as required by the 1961 Convention and the 1971 Convention, or alert them in real time if there is a discrepancy.

341. All of those features are designed to help Governments meet their obligations under the international drug control conventions. They are provided at zero cost to Governments and are fully compatible with any pre-existing national systems, to which I2ES can be linked. During a user group meeting on I2ES held in March 2016, initial feedback from competent national authorities using the system indicated that it had facilitated the real-time sharing of information between authorities and had expedited the authorization process.

342. As at 1 November 2016, the following 26 countries had registered for the system and had started using it: Afghanistan, Algeria, Australia, Bangladesh, Brazil, Canada, Chile, China, Colombia, Estonia, Germany, Hungary, India, Indonesia, Jordan, Malaysia, Peru, Poland, Portugal, Saint Lucia, Singapore, Spain, Switzerland, Thailand, Turkey and Zambia. To realize its full potential, the Commission on Narcotic Drugs, in its resolution 58/10, again urged Member States to promote and facilitate the fullest possible use of I2ES. **The Board therefore encourages all Member States that have not yet done so to register for the system and to start using it.**

(b) Pre-Export Notification Online (PEN Online)

343. In March 2006, the Board officially launched PEN Online to help importing and exporting Governments to securely communicate international trade in precursor chemicals, to verify the legitimacy of individual transactions and to identify suspicious shipments. Over time, the system has developed to become the backbone of precursor control at the international level and is the only tool of its kind globally.

344. In the 10 years since its launch, over 200,000 pre-export notifications have been sent by a total of 153 countries and territories, resulting in the prevention of numerous diversions of scheduled chemicals into illicit channels. In the last five years, the number of pre-export notifications sent through PEN Online has more than tripled and provides further evidence that the system is now a firmly established pillar of the international mechanism for monitoring licit global trade in drug precursors.

345. Nevertheless, PEN Online is not always used to its full potential. For example, some countries register with the system but do not actively use it. Also, a number of Governments have not invoked article 12, subparagraph 10 *(a)*, of the 1988 Convention, allowing them to be informed of all planned exports of precursors to their territories, and therefore may remain unaware of, and vulnerable to, shipments of concern destined for their countries.

346. **INCB strongly encourages all the remaining Governments to invoke article 12, subparagraph 10 *(a)*, of the 1988 Convention and to register for and actively use PEN Online.**

(c) Precursors Incident Communication System (PICS)

347. Complementing PEN Online, the Precursors Incident Communication System (PICS), launched in 2012, provides a secure online platform for sharing information in real time on chemical-related incidents with a potentially illicit dimension, such as seizures, shipments stopped in transit, diversion attempts or the dismantling of illicit laboratories. To provide the most comprehensive and up-to-date information possible to its users, PICS allows the communication of incidents involving not only internationally scheduled precursors, but also non-scheduled chemicals that countries have identified as having been used in illicit drug manufacture. Like all INCB electronic tools, PICS is provided to Governments free of charge. It is currently available in four languages: English, French, Russian and Spanish.

348. PICS is intended as an operational communications platform rather than as a tool for reporting. It complements the aggregated seizure data received annually from Governments through form D with real-time information on individual seizures and other incidents as and when they happen. The usefulness of PICS depends to a large extent on the timeliness of the information provided so that it can facilitate immediate follow-up and cooperation to identify those responsible for the diversion of and trafficking in precursors.

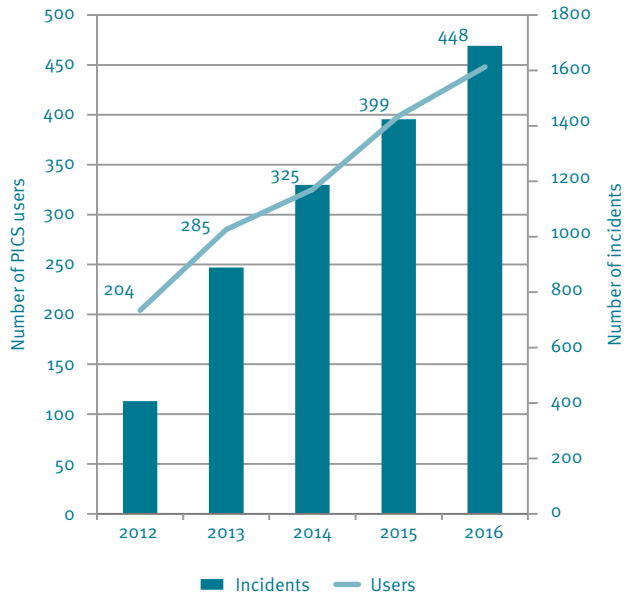
349. The system was primarily designed to connect and enable direct exchanges between the competent national authorities responsible for the control of precursors, in

particular law enforcement, customs or regulatory authorities that have relevant operational information to share on incidents they encounter in their daily work. By offering information of operational value in a secure environment, PICS has provided leads for national authorities to initiate backtracking investigations.

350. The Board is pleased to note that, on several occasions, the timely communication of details of precursor incidents has led to further seizures or prevented diversion attempts. In a recent case, a single incident communicated through PICS led to the detection of a diversion scheme of potentially global dimensions, in which an internationally non-scheduled substance was used to conceal smuggled acetic anhydride. The case now spans across three regions on two continents.

351. The user base of PICS has continually grown since 2012. As at 1 November 2016, PICS had nearly 450 registered users from 214 agencies in 100 countries, who had shared information about close to 1,700 incidents involving more than 90 countries (see figure below). To date, about one third of all incidents communicated through PICS contains immediately actionable information for investigators, such as on methods of concealment, container numbers, company details or shipping documents.

Figure. Number of users of the Precursors Incident Communication System and number of incidents communicated, 2012-2016



352. To maximize the value and quality of data shared through the system, the Board encourages registration by several authorities from the same country if they have complementary responsibilities, and the communication of incidents as close as possible to the date they took place.

(d) Project Ion Incident Communication System (IONICS)

353. In December 2014, under its operational initiative on new psychoactive substances known as Project Ion, the Board launched its own incident communication system, the Project Ion Incident Communication System (IONICS). Its structure is similar to that of PICS. IONICS is dedicated to the exchange at the operational level of information on incidents involving new psychoactive substances. While by definition new psychoactive substances have not yet been placed under international control, there is growing concern about their reaching consumer markets. IONICS was created with a view to addressing that concern.

354. In the two years since its creation, 200 users from 79 countries have registered for IONICS and communicated some 800 incidents involving 155 new psychoactive substances. In 2016, a series of local incidents communicated through the system revealed the existence of an organized criminal group with links in Europe and Asia engaged in the distribution of large amounts of a synthetic cathinone.

Way forward

355. As with most online electronic systems set up to respond to real-life challenges, the effectiveness of the INCB online tools depends to a large extent on a number of common factors, such as their coverage, i.e. the number of registered countries and users contributing information; the quality and timeliness of the data shared; and the availability of sustained support, including financial support, to enable the continued operation and maintenance of the tools over time.

356. **The Board wishes to express its appreciation to all Governments that have provided financial support and technical input for the development of all INCB electronic tools. Further funding is, however, required to enable the INCB secretariat to administer them in line with its mandate and to provide reliable, responsive and tailored user support to competent national authorities. The Board therefore invites all Governments to continue providing both political and financial support to sustain the range of new tools made available to them by INCB, so that it can improve them and develop new ones as the need arises.**

Chapter III.

Analysis of the world situation

Highlights

- Although drug abuse and treatment data for Africa remain limited, there are indications that Africa is a growing market for all types of drugs of abuse.
- Seizures of cocaine in Panama registered an increase of 32 per cent in 2015.
- In 2014, 87 per cent of the cocaine entering the United States was reportedly trafficked through Central America and Mexico and about 13 per cent through the Caribbean.
- The growing number of accidental overdose deaths caused by fentanyl-laced drugs represented a major drug-related challenge in Canada and the United States in 2016; in the United States, drug-related overdose deaths almost doubled between 2013 and 2014.
- On 8 November 2016 in the United States, voters in the states of California, Maine, Massachusetts and Nevada approved ballot measures that would legalize and regulate the use of cannabis for non-medical purposes. In addition, voters in the states of Arkansas, Florida and North Dakota approved ballot measures that would allow cannabis use for medical purposes.
- Coca bush, opium poppy and cannabis plants continue to be illicitly cultivated in South America. Illicit cultivation of coca bush almost doubled in Colombia during the period 2015-2016.
- A peace agreement between the Government of Colombia and the Revolutionary Armed Forces of Colombia is expected to have a positive effect on, inter alia, the drug control situation in the country.
- East and South-East Asia continue to face the challenges of sustained illicit opium poppy cultivation and a further expansion of the manufacture of, trafficking in and abuse of methamphetamine.
- South Asia continues to be affected by all aspects of the drug problem. Opiates and amphetamine-type stimulants are the main substances of concern in the region.
- The critical security situation in Afghanistan continues to severely impact drug control efforts in the country, with serious implications for the region and beyond.
- Seizures of “captagon” tablets (containing amphetamine) continue to be on the rise, especially in the Middle East and Gulf subregions.
- There is no indication of a slowdown, at the global level, in the development of new psychoactive substances; in the European Union, 100 new psychoactive substances were reported for the first time in 2015 through the European Union early warning system.
- Despite diversification of heroin trafficking routes, including through the Islamic Republic of Iran, the Caucasus countries and then across the Black Sea, the traditional Balkan route remains the main corridor for heroin trafficking into Europe.
- The abuse, trafficking and illicit manufacture of methamphetamine remain a major challenge in Oceania.

A. Africa

1. Major developments

357. Africa is perceived mainly as a transit region for drug trafficking, but it is increasingly becoming a consumer and a destination market for all types of drugs of abuse. That trend could, in part, be attributed to regional drug trafficking that has caused a supply-driven increase in the availability of different drugs.

358. Illicit production of, trafficking in and abuse of cannabis have remained major challenges throughout many parts of Africa, with an estimated annual prevalence of cannabis use of 7.6 per cent, twice the global average of 3.8 per cent. Africa also remains a major production and consumption region for cannabis herb and accounted for 14 per cent of cannabis herb seizures worldwide. Increased cannabis resin seizures were also reported by Morocco for 2015. While cannabis remains the primary drug of abuse in Africa, and the drug for which most drug users seek treatment, heroin abuse is also reportedly growing in some countries in the region, mainly in East Africa.

359. Afghan opiates are increasingly being trafficked to East and West Africa, either for local consumption or onward shipment. The modus operandi used depends on various factors, such as proximity to other markets and the level of law enforcement capabilities in the country concerned. Maritime trafficking in opiates across the Indian Ocean through East Africa seems to be on the rise and is reportedly associated with an increase in container trade in East Africa.

360. Increased involvement of nationals of countries in Africa has been reported in drug trafficking incidents worldwide. For example, the involvement of well-organized networks from West Africa has become more apparent in the trafficking in heroin, usually originating in Afghanistan, along the southern route. That route goes through either the Islamic Republic of Iran or Pakistan and across the Indian Ocean, the target markets being located in Africa, Asia and Europe.

361. Heroin trafficking is not limited only to East Africa. The southern route is gaining importance for the trafficking of opiates from Afghanistan, which may have an adverse impact on other subregions in Africa and, in particular, on countries that lie along the route. There are indications that some of the heroin bound for North Africa is trafficked along the Balkan route, by land or by air. West Africa has reportedly seen an increase in the use of both air and sea to traffic heroin. According to UNODC, 11 per cent of global opiate users live in Africa, and more than half of them in West and Central Africa.

362. West Africa, a subregion that has suffered from violent conflicts and political instability, has been increasingly affected by operations by well-organized criminal groups that involve not only drug trafficking from South America to Europe but also local consumption and manufacture of synthetic drugs destined mainly for markets in Asia. The yearly value of cocaine transiting West Africa is estimated to be $1.25 billion. Besides the trafficking of cocaine, heroin trafficking is also occurring in the subregion.

2. Regional cooperation

363. In November 2015, the West Africa Coast Initiative organized the third programme advisory committee meeting in Bissau. The meeting was attended by high-level representatives of the Initiative's implementing countries, the Economic Community of West African States (ECOWAS), the International Criminal Police Organization (INTERPOL), UNODC and other United Nations entities. During the meeting, future operational and strategic priorities for the implementation of the Initiative were agreed, and the need for deeper subregional coordination, as well as enhanced cooperation between the transnational crime units established under the Initiative and other national law enforcement agencies, was emphasized.

364. In January 2016, INTERPOL carried out a 10-day operation named "Adwenpa", in West Africa, in order to strengthen border controls between Abidjan, Côte d'Ivoire, and Lagos, Nigeria. The operation was the final activity undertaken under the two-year INTERPOL Capacity-Building Programme to Strengthen Border Management in West Africa. The operation, involving Benin, Côte d'Ivoire, Ghana, Nigeria and Togo, resulted in major seizures of drugs and other smuggled goods. Reportedly, nearly 900 kg of drugs were seized, including cocaine, cannabis, methamphetamine and khat.

365. The 23rd INTERPOL African Regional Conference, on the theme "Enhancing law enforcement cooperation in Africa: a regional response to organized crime", was held in Brazzaville in February 2016. The Conference, which was attended by senior law enforcement officials from 34 African countries, as well as four observers from Asia, Europe and international organizations, focused on transnational crime-related issues, including drug trafficking. Participants discussed strategies to combat evolving crime threats.

366. INCB organized a regional training seminar, held in Kenya in April 2016, for competent national authorities in East Africa responsible for monitoring the licit international trade in controlled substances. The seminar was attended by participants from Burundi, the Comoros, Ethiopia, Kenya, Madagascar, Rwanda, Seychelles, Uganda and the United Republic of Tanzania, as well as observers from the African Union Commission and WHO. During the seminar, participants strengthened their knowledge of the international drug control framework, the technical reporting required of their Governments under the three international drug control conventions, and the availability and use of electronic tools developed by INCB, such as I2ES and PEN Online, both designed to facilitate the international trade in controlled substances and prevent the diversion of such substances.

367. Access to and availability of narcotic drugs and psychotropic substances for medical and scientific purposes remain limited in Africa. In April 2016, INCB conducted a national awareness-raising workshop for the authorities of Kenya. The workshop was attended by health-care professionals, representatives of different authorities and of civil society, and representatives of the African Union Commission, WHO, UNODC and the international community. Participants discussed the importance of ensuring adequate access to and availability of medicines for the treatment of pain, palliative care and the treatment of mental health conditions.

368. On 30 and 31 May 2016, under the auspices of UNODC, representatives of Mauritania, the United Nations Office for West Africa and the Sahel and ECOWAS and its member States met in Dakar to discuss the finalization of a new regional programme for West Africa for the period 2016-2020. It was agreed that the following areas would be included in the programme: *(a)* strengthening criminal justice systems; *(b)* preventing and countering transnational organized crime and trafficking; *(c)* preventing and countering terrorism; *(d)* preventing and countering corruption; and *(e)* improving drug prevention and drug dependence treatment and care.

369. In August 2016, UNODC launched a regional programme entitled "Promoting the rule of law and human security in East Africa (2016-2021)". The regional programme will address transnational organized crime and trafficking and corruption, as well as terrorism prevention, crime prevention and criminal justice, prevention of drug abuse, treatment and care of those affected by drug use disorders, and HIV and AIDS prevention and care.

370. The Twenty-sixth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Addis Ababa from 19 to 23 September 2016. Discussions focused on the drug control situation in the region, and regional and subregional cooperation in countering drug trafficking. During a series of working groups, participants considered the following topics: *(a)* effective national and regional strategies in addressing drug trafficking by sea; *(b)* challenges in addressing new psychoactive substances, amphetamine-type stimulants and the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances; *(c)* best practices in promoting measures to ensure the availability and accessibility of internationally controlled drugs for medical and scientific purposes; and *(d)* practical measures tailored to the specific needs of children and youth to prevent and treat drug abuse among them and to address their involvement in drug-related crime, including cultivation and trafficking. INCB participated in the working group on best practices in promoting measures to ensure the availability and accessibility of internationally controlled drugs for medical and scientific purposes, giving a presentation on levels of consumption of and obstacles to access to opioid analgesics in Africa and measures to be adopted by Governments in the region to address them.

3. National legislation, policy and action

371. The Government of Algeria promulgated a decree, dated 9 July 2015, in which plants, psychotropic substances, narcotic drugs and precursors are classified into four schedules according to their dangerousness and medical use.

372. The Parliament of Cameroon adopted Law No. 2016/007 of 12 July 2016 relating to the Penal Code, amending the country's Penal Code, which, inter alia, foresees criminal sanctions for various offences including the sale of counterfeit, expired or unauthorized medicines, trafficking in narcotic drugs, driving any vehicle under the influence of drugs and causing harm to any person by furnishing medical treatment or administering any drug or other substance. The punishments vary depending on the offence committed.

373. In June 2016, the Mauritius Revenue Authority launched the Stop Drug Platform, which enables the public to provide and share relevant information on drug trafficking and consumption through its website or a dedicated telephone number. The Platform acts as a tool to enlist the participation of the community to assist the Authority in countering drug trafficking. The information shared through the platform will remain confidential.

374. On 24 and 25 June 2016, the Central Drug Authority of South Africa initiated consultations with relevant national authorities, academia and civil society to develop a new national drug master plan for the period 2017-2022. The new plan will build on the outcomes of the special session of the General Assembly on the world drug problem held in 2016 and will link the drug control agenda to the Sustainable Development Goals.

375. The Food and Drug Authority of the United Republic of Tanzania issued a decision to cease the use of bulk packs (hospital packs) of 500 and 1,000 tablets or capsules in the private sector, with effect from 1 January 2017. The decision reflects the challenges that were being faced, including inadvertent contamination of tablets or capsules packed in such containers owing to repeated opening and closure, counterfeiting of products by replacing tablets and capsules, change of labels after the expiry date of products, and lack of patient information leaflets to guide patients during administration.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

376. Illicit cultivation of, trafficking in and abuse of cannabis continue to present persistent challenges to authorities in Africa. While cannabis herb is produced throughout the continent, the illicit production of cannabis resin remains limited to a few countries in North Africa. Africa is still one of the main regions for cannabis herb production and consumption and accounted for 14 per cent of the reported cannabis herb seizures worldwide.

377. Cannabis resin continues to be produced in North Africa. Following a decline in reported seizures of cannabis resin in Morocco during the period 2012-2014, seizures in 2015 increased to some 235 tons. Seizures of cannabis resin declined in several other countries in the subregion. In the past, significant seizures of cannabis resin were reported by the Government of Algeria. However, since 2013, there has been a drop of almost 40 per cent in the quantities of the substance seized, from 211 tons in 2013 to 127 tons in 2015. Most cannabis resin seized in Algeria was reportedly seized in a province in the north-western part of the country, on the border with Morocco. It is estimated that up to 80 per cent of the substance is bound for foreign markets, while about 20 per cent is destined for local consumption. According to the authorities in Algeria, the typical wholesale price of cannabis resin trafficked through the country ranges from 90,000 to 200,000 Algerian dinars per kilogram (approximately $827 to $1,837),[53] depending on the quality of the substance. The amount of cannabis resin seized in Egypt also declined, from 54 tons in 2014 to 33.5 tons in 2015.

378. In 2015, the authorities in Egypt resumed eradication campaigns targeting cannabis plant and opium poppy cultivation sites in the Sinai peninsula, eradicating 321 ha of cannabis plants and 225 ha of opium poppy during that year. In addition, the authorities seized 360 tons of cannabis herb in 2015.

379. In May 2016, the authorities of Mali seized a record amount of 2.7 tons of cannabis herb and made several arrests. Reportedly, the substance was found in a vehicle en route from Ghana. Seizures of cannabis herb were also reported by Zambia (17 tons), Madagascar (8 tons), Mozambique (5 tons), Côte d'Ivoire (4 tons) and Mauritius (43 kg).

380. During an INTERPOL-led operation targeting criminal networks involved in trafficking in persons, drugs and arms across East and Southern Africa, nearly 70 acres of cannabis plants were reportedly destroyed in Swaziland, 2.2 tons of cannabis were seized and 37 acres of cannabis plants were destroyed in Malawi, and 1 ton of cannabis concealed in a truck in Zimbabwe was seized.

381. There are indications that Africa is regaining importance as a transit region for cocaine. For years, West Africa has been associated with the trafficking by sea in cocaine from South America destined for Europe. The yearly value of cocaine transiting West Africa is estimated at $1.25 billion. However, West Africa is also increasingly witnessing local manufacture of synthetic drugs destined mainly for Asia. That trend is particularly notable in Guinea and Nigeria. Beyond the trafficking of cocaine, West Africa has reportedly seen an increase in the use of both air and sea to traffic heroin. Cocaine trafficking has also been a concern in North Africa, as evidenced by seizures reported by countries in that subregion, including Algeria (over 88 kg) and Morocco (over 120 kg).

382. The increase in drug trafficking through the international airport in Lagos, Nigeria, was reportedly associated with a steady growth in passenger air travel. According to the summary report on the Nigerian aviation sector published by the National Bureau of Statistics of Nigeria on 1 May 2016, the total number of passengers who travelled through Nigerian airports in the third quarter of 2015 was almost 4 million people, an 8.5 per

[53] Estimated on 8 September 2016.

cent increase relative to the second quarter of the same year. More than 30 persons were arrested at Lagos airport between January and March 2016 for drug-related offences.

383. There has also been an increased involvement by nationals of countries in Africa, in particular West Africa, in incidents related to global drug trafficking. Their involvement has been particularly visible in heroin trafficking along the southern route.

384. Trafficking of opiates originating in Afghanistan along the southern route, involving Africa as a transit or consumption region, is becoming more visible, with negative effects evident in the countries that lie along the route. Although both West and East Africa have reportedly seen persistent use of air couriers to traffic heroin, trafficking in opiates through ports in East Africa, including in Mombasa, Kenya, and Dar es Salaam, United Republic of Tanzania, is still the preferred method. Maritime trafficking is reportedly associated with the increase in container trade in East Africa. In 2015, authorities in the United Republic of Tanzania reported seizing a total of 50 kg of heroin. Madagascar reported seizing 1 kg of heroin destined for Seychelles.

385. Seizures of heroin in North Africa are limited. In 2015, Egypt reported a decline of nearly 16 per cent in seizures of heroin, from 613 kg in 2014 to 516 kg in 2015. Authorities in Algeria and Morocco reported seizing moderate quantities of heroin in 2015: 2.6 kg and 4.5 kg, respectively.

(b) Psychotropic substances

386. Countries in Africa have not been spared from illicit manufacture of and trafficking in psychotropic substances.

387. Evidence is provided by the fact that illicit methamphetamine laboratories continue to be dismantled in Nigeria. In March 2016, authorities in the country reported a seizure of 1.5 kg of methamphetamine and several chemicals, including acetic acid, acetone, benzaldehyde, hydrochloric acid and toluene, from one such site. The illicit laboratory was located in an abandoned factory in an industrial area of the Delta State of Nigeria, pointing towards a shift in the location of clandestine laboratories from in and around Lagos to more remote areas. Additionally, 266 kg of methamphetamine, bound for South Africa, were seized by authorities at the seaport in Lagos.

(c) Precursors

388. The collection, submission and analysis of precursors-related data by the national authorities remain serious challenges in many countries in Africa. Information on seizures of substances listed in Tables I and II of the 1988 Convention and seizures of internationally non-scheduled substances, as well as information on methods of diversion and illicit manufacture, stopped shipments and thefts involving those substances, which should be provided annually by Governments to the Board, remain limited and insufficient owing to a poor response rate.

389. Fourteen countries in Africa have registered with PICS. According to information provided through the system, the following countries in Africa have been identified as having been involved in incidents reported between November 2015 and November 2016: Cameroon, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, South Africa, United Republic of Tanzania and Zambia. Those incidents indicate that Africa continues to be affected by the diversion of precursor chemicals, notably ephedrine and pseudoephedrine, used in the illicit manufacture of amphetamine-type stimulants. Most of those incidents involved seizures of ephedrine (totalling over 400 kg) reported by Nigeria and destined to South Africa. The majority of the seizures reported took place at the airport in Lagos or at a seaport; in some cases, methamphetamine (totalling over 350 kg) was also found together with ephedrine, using the same modus operandi. In South Africa, over 300 kg of ephedrine were reported to have been seized at different locations, including at an airport, a land border and a seaport. In 2015, Côte d'Ivoire seized over 277 kg of ephedrine.

390. Recent seizures outside Africa point to the growing significance of East Africa as a transit area for precursor chemicals. For example, in January 2016, authorities in Pakistan seized 21.7 tons of a misdeclared shipment of acetic anhydride, a Table I precursor used in the illicit manufacture of heroin. The investigation confirmed that the substance had transited the United Republic of Tanzania en route to Pakistan. Attempts to use East Africa, predominantly the United Republic of Tanzania, as a diversion point for heroin and amphetamine-type stimulant precursors were also reported in 2016.

391. Only Algeria, Benin, Côte d'Ivoire, Egypt, Ethiopia, Ghana, Kenya, Libya, Madagascar, Nigeria, South Africa, the Sudan, Togo, Uganda, the United Republic of Tanzania and Zimbabwe have invoked article 12, paragraph 10 *(a)*, of the 1988 Convention, to be informed of chemical shipments prior to their departure from the exporting country. Shipments to other countries in the region that have

not yet invoked article 12, paragraph 10 *(a)*, are therefore at risk of being diverted into illicit channels.

392. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the 2016 report of the Board on the implementation of article 12 of the 1988 Convention.[54]

(d) Substances not under international control

393. Information about the emergence of new psychoactive substances, the extent of their use and seizures of them in Africa remains limited, in particular with regard to synthetic new psychoactive substances, making it difficult to assess their impact in the region. During the reporting period, only one incident in Africa was reported through the INCB Project Ion Incident Communication System (IONICS), a secure online platform for enhanced communication of information on new psychoactive substances. That incident involved a shipment of 5 kg of khat (*Catha edulis*), a plant-based substance with psychoactive properties, that originated in South Africa, transited through Singapore and was destined for Hong Kong, China.

394. In 2015, Mauritius reported the first emergence of new psychoactive substances and identified 11 kinds of synthetic cannabinoids. They included 1-naphtalenyl-(1-pentyl-1H-indazol-3-yl)-methanone, 5F-AKB48, 5F-PB-22, AB-FUBINACA, APINACA, FUB-PB-22, JWH-073, JWH-210, MAM-2201, MDMB-CHMICA and QUCHIC.

395. The abuse of tramadol, a synthetic opioid analgesic that is not subject to international control, continues to be a matter of concern for countries in Africa, in particular in North and West Africa. However, seizures of tramadol in Egypt continued to decline, from 145 million tablets in 2014 to 90 million tablets in 2015, following the bringing of tramadol under national control in 2013. In 2015, the Control Unit at the port of Cotonu, Benin, seized over 40 million pills of counterfeit tramadol. Increased misuse of tramadol was reportedly observed in the Sahel region and seems to have increased in Libya, which is considered a major source of tramadol trafficked to Egypt.

[54] E/INCB/2016/4.

5. Abuse and treatment

396. Owing to a paucity of detailed and reliable information related to abuse and treatment provided from the region, assessing the extent of drug abuse and accurately estimating the number of people in treatment in Africa remain challenging.

397. According to the information available, cannabis remains the primary drug for which drug users seek treatment. This could, however, be a result of limited treatment options for users of other drugs in many parts of Africa. The estimated annual prevalence rate of cannabis use in Africa is 7.6 per cent, twice the global average (3.8 per cent), with the estimated number of cannabis users in the continent as follows: 6.6 million in East Africa, 5.7 million in North Africa, 4.6 million in Southern Africa and over 30 million in West and Central Africa. The estimated annual prevalence rate of cannabis use in those subregions is 4.2 per cent, 4.4 per cent, 5.1 per cent and 12.4 per cent, respectively.

398. Although the information on cocaine abuse in Africa is very limited, the annual prevalence of cocaine use in Africa, based on data provided by very few African countries, is estimated at 0.4 per cent, comparable with the global estimate of 0.38 per cent.

399. Data on the annual prevalence of opiate use in Africa are, for many countries, more than 10 years old. According to the latest available information, however, the annual prevalence rate of opiate use in Africa was estimated at 0.31 per cent (almost 2 million users), which is comparable with the global estimate of 0.37 per cent. Within Africa, the estimates range from 0.15 per cent in East Africa, 0.25 per cent in North Africa and 0.34 per cent in Southern Africa to 0.43 per cent in West and Central Africa. Nonetheless, the abuse of opiates continues to be a significant problem in some countries, such as Kenya, Mauritius, Nigeria, Seychelles and South Africa. Owing to increased heroin trafficking to and through the region, as evidenced by large maritime seizures of the substance near its coastal areas, increases in the use of heroin and in drug abuse by injection have been reported in Kenya, Mauritius, Seychelles and the United Republic of Tanzania.

400. According to the 2016 edition of the *Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV Infection in Kenya*, published by the Ministry of Health of Kenya, the prevalence of HIV among people who inject drugs is up to four times that among the general population. People who inject drugs reportedly have limited access to HIV prevention, care and treatment services in the country.

401. In Senegal, the Centre for the Integrated Management of Addiction in Dakar has estimated the number of intravenous drug users in the greater Dakar area at just over 1,300, representing approximately 12 per cent of all drug users in the city. The Centre remains the only drug treatment centre in West Africa providing integrated outreach, health care, treatment, rehabilitation, vocational training and social reintegration services to individuals suffering from drug abuse and addiction. The centre offers methadone substitution treatment as well as outpatient medical care, and dispatches mobile teams to establish contact with drug users and provide them with kits containing sterile syringes, condoms and basic medical supplies to prevent the transmission of blood-borne diseases such as HIV/AIDS and hepatitis C.

402. According to the Mauritius Revenue Authority, cannabis, heroin, sedatives, tranquillizers and buprenorphine are the types of drugs that are mostly abused in the country. In addition, synthetic cannabinoids were reported as being the preferred drug of choice. For example, according to *Health Statistics Report: 2015*, published by the Health Statistics Unit of the Ministry of Health and Quality of Life of Mauritius, 177 persons were treated at the Brown Sequard Psychiatric Hospital in 2015 for mental and behavioural disorders as a result of multiple drug use and use of psychoactive substances, and 17 persons were treated for mental and behavioural disorders that resulted from use of opioids or cannabinoids.

403. The Government of Mozambique reported an increase in the number of prevention programmes that were aimed in particular at young people and prison inmates. In 2015, health units in Mozambique reportedly assisted a total of 7,038 patients with psychiatric disorders related to drug use. Fifty per cent of those cases were in Maputo. Mozambique has observed that most drug users report consuming multiple substances and *Cannabis sativa*, while only a small percentage report using cocaine or heroin. Those reported to be most affected by drug use are aged between 26 and 30 years; that group accounts for 23 per cent of the total number of drug users. Ten per cent of registered drug users are under 20 years old.

404. As part of the implementation of its National Drug Strategy and Plan of Action, Algeria opened 39 treatment centres (out of the 53 planned) to provide drug treatment and rehabilitation facilities across the country.

405. In 2015, the General Secretariat of Mental Health and Addiction Treatment of the Ministry of Health of Egypt, in cooperation with UNODC, conducted an opioid substitution therapy feasibility study. According to the study, about 100,000 people in the country were dependent on opioids. It was estimated that, of those, about 50 per cent were dependent on tramadol and the other half on heroin. The study estimated that 50,000 people were in need of opioid substitution therapy in Egypt. The feasibility study also focused on criteria for selecting opioid substitution therapy pilot sites and the substance to be used (methadone or buprenorphine/buprenorphine-naloxone). The study recommended that opioid substitution therapy be piloted in two hospitals in Cairo, with the target of 200 persons treated under the pilot programme.

B. Americas

Central America and the Caribbean

1. Major developments

406. The region of Central America and the Caribbean continues to be a major trans-shipment area for illicit drugs trafficked from the producing countries in the Andean region, notably Colombia, to final destination markets in the United States and, to a lesser extent, Canada and Europe. A total of 153 countries reported cocaine seizures between 2009 and 2014, and most of the illicit movement of cocaine was from South America to North America and Europe. In Central America and the Caribbean, the cocaine market has recently shifted to areas that had not previously been affected by drug abuse or trafficking.

407. The United States reported that, in 2014, 87 per cent of the cocaine entering the country had been trafficked through Central America and Mexico, and about 13 per cent through the Caribbean, primarily via the Dominican Republic and Puerto Rico. The Dominican Republic and Costa Rica were the countries most frequently identified by European countries as the origin of cocaine shipments destined for Europe.

408. Cocaine trafficking is reported to have had an environmental impact and has been linked to deforestation in Central America, specifically in Guatemala, Honduras and Nicaragua.[55] Deforestation is reported to have intensified in areas affected by drug trafficking, mainly through the building of clandestine roads and landing strips; the use of bribes, property fraud or force to pressure

[55] Kendra McSweeney and others, "Drug policy as conservation policy: narco-deforestation", *Science*, vol. 343, No. 6170 (2014), pp. 489-490.

indigenous peoples and other rural inhabitants to leave their land; and the acquisition of public land to establish agricultural estates associated with drug trafficking (so-called "narco-estates"). The latter activity involves illegally acquiring areas of forest in remote areas and converting them to agricultural land, thereby allowing criminal groups to gain control of territory in border regions and providing an activity that allows money to be laundered.

409. The extent of the increase in criminal activities related to drug trafficking in Central American countries was confirmed by the release of the so-called "Panama papers". The revelations contained in those leaked financial documents led to various operations, including the discovery, in an operation conducted by the Colombian National Police and the Drug Enforcement Administration of the United States in May 2016, of an international criminal ring laundering the proceeds of drug trafficking. Such operations have brought to light the international networks existing in Central America and the Caribbean and the actual methods used to launder the proceeds of criminal activities, particularly drug trafficking. According to the Drug Enforcement Administration, the network detected in the above-mentioned operation had adopted money-laundering practices such as bulk cash smuggling and false commercial invoicing to launder the proceeds of drug trafficking.

410. Data published by UNODC in 2016 indicate that rates of intentional homicide continue to be consistently high in Central America and the Caribbean, although homicide rates have decreased in Central America over the past few years. In some countries in the region, some of those homicides continue to be associated with drug-related criminal activities. According to national data, in Honduras, the decreasing trend in the homicide rate continued in 2015, with about 57 homicides per 100,000 inhabitants, compared with about 68 homicides in 2014, while in El Salvador, a decreasing trend has been reversed since 2013, when it reached a low of about 39 homicides per 100,000 inhabitants, increasing to 103 homicides per 100,000 in 2015. The increase may be explained by the end of the truce among the youth gangs known as "maras".

2. Regional cooperation

411. In June 2016, the Regional Commission on Marijuana established by the secretariat of the Caribbean Community (CARICOM) held, in Saint Vincent and the Grenadines, its first regional consultation on cannabis to explore the implications of the legalization of the use of cannabis in the region. The Commission, which operates under the leadership of the CARICOM Assistant Secretary-General of the Directorate for Human and Social Development, is mandated to analyse the economic, health and legal aspects related to the use of cannabis in the region, to determine whether there should be a change in the classification of cannabis to make it more accessible for all types of usage, be it medical or non-medical. In that context, the Board notes that the 1961 Convention limits the use of cannabis to medical and scientific purposes, as a fundamental principle that lies at the heart of the international drug control legal framework and that cannot be derogated from. **All parties to the Convention have the obligation to carry out the provisions of the Convention within their own territory. The Board encourages States to adopt non-punitive responses for minor drug-related offences committed by drug users, instead of arrest and incarceration, as an alternative provided by the international drug control conventions.**

412. The Regional Security System, a regional organization for the defence and security of the Eastern Caribbean area, continues to play a significant role in countering drug trafficking in the subregion. In October 2015, the first drug prosecutor's course, for police prosecutors, was held at the headquarters of the Regional Security System, in Barbados. The course was delivered by experts from Dominica, with participants from Antigua and Barbuda, Barbados, Grenada, Saint Kitts and Nevis, and Saint Vincent and the Grenadines. In June 2016, the Regional Security System's new Fusion Centre was opened in Barbados. The Centre, funded by the Government of the United Kingdom, hosts regional and international law enforcement experts for information-sharing and the exchange of experiences in the area of counter-narcotics.

413. The Training and Certification Programme for Prevention, Treatment and Rehabilitation of Drug Abuse and Violence of the Organization of American States (OAS) continues to provide training for drug prevention and treatment service providers in Central America and the Caribbean. Among other training activities, the Programme supported the certification of 47 Belizeans in April 2016, in cooperation with the Belize National Drug Abuse Control Council and the University of the West Indies.

414. The Governments of Central America and the Caribbean, in cooperation with UNODC, continued to undertake initiatives to counter organized crime and drug trafficking and to promote effective drug demand reduction actions. Such initiatives include the Container Control Programme, the Airport Communication Project,

the Central American Network of Prosecutors against Organized Crime, and the drug demand reduction-oriented Strengthening Families Programme.

3. National legislation, policy and action

415. Following the amendment of the Dangerous Drugs Act in 2015,[56] Jamaica issued interim regulations for the Cannabis Licensing Authority in May 2016. The regulations include provisions on applications and requirements for licences for the cultivation, processing, transporting and retail sale of cannabis, as well as licences for research and development. The Board notes that the recent regulatory developments in Jamaica are not in accordance with the 1961 Convention, which limits the use of cannabis to medical and scientific purposes.

416. Barbados has approved a new national anti-drug plan for the period 2015-2020, developed by the National Council on Substance Abuse. The plan will coordinate all drug-related strategies of the stakeholders in the country, such as governmental, corporate and non-governmental actors. The Government will prioritize the improvement of the legislative framework in five strategic areas: demand reduction, supply reduction, control measures, strengthening of institutions and international cooperation.

417. In 2015, Dominica established a fully vetted counter-narcotic unit known as the "Strike Force", which is expected to become fully operational in 2016, pending specialized training and the receipt of specialized equipment.

418. The Government of El Salvador launched the "El Salvador seguro" initiative in 2015. The comprehensive initiative comprises five pillars of action and 124 specific actions to address violence and crime, including drug trafficking, and to ensure access to justice and the provision of assistance and protection to victims. The initiative is implemented by the Executive, the National Assembly, the judiciary, the Office of the Attorney-General and other local government bodies, with the support of religious communities, the private sector, civil society and the international community. Implementation of the initiative is overseen and monitored by the National Council for Citizen Security and Coexistence.

419. In May 2016, Panama enacted Act No. 14 on the use of controlled substances, specifically narcotic drugs and psychotropic substances scheduled under the 1961 Convention and the 1971 Convention, for medical and scientific purposes. Under its chapter III, the Act creates the Department of Controlled Substances under the National Directorate of Pharmaceutical Products and Drugs. The Department will be in charge of approving licences for the handling of controlled substances, among other functions. The Act establishes the conditions and requirements for the issuance of licences to pharmaceutical establishments, as well as the prohibitions and sanctions related to failure to implement its provisions.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

420. For several years, Panama has had the largest volumes of seizures of cocaine in Central America and the Caribbean. Seizures of cocaine in Panama in 2015 increased by about 32 per cent compared with 2014, and were 14 per cent higher than in 2013, reversing the 14 per cent decrease that occurred from 2013 to 2014. The recent increase may be related to the significant increase in the illicit cultivation of coca bush observed in Colombia in 2015.

421. A 2015 study of the situation of women deprived of their liberty in Panama found that 65 per cent of the female prison population had been convicted of drug-related offences,[57] and that 22 per cent of them were foreign nationals.

422. Cocaine is trafficked into the Caribbean from Colombia, transiting through Guyana, Trinidad and Tobago and Venezuela (Bolivarian Republic of), among other countries. The shipments are transported northwards through the islands by travellers and couriers or using small fishing boats, cruise ships and sailing vessels, among other means, and may involve the clandestine transfer from one ship to another at sea or the use of commercial airlines and freight shipping containers.

423. Even with the limited resources available to contain the trafficking of cocaine, the Eastern Caribbean islands have a relatively high interdiction rate. However, trafficking persists despite such efforts, as the subregion struggles with low conviction rates and weak criminal justice institutions.

[56] See E/INCB/2015/1, paras. 141-143.

[57] UNODC, "Diagnóstico de la situación de las mujeres privadas de libertad en Panamá: desde un enfoque de género y derechos". Available from www.unodc.org.

424. UNODC reported that the Caribbean accounted for 13 per cent of global seizures of cannabis herb in 2014, and that that amount has been on the increase, with Jamaica being an important source country for cannabis entering the international trafficking chain. Trafficking in firearms, largely between Jamaica and Haiti, is also linked to drug trafficking. According to official estimates, 15,000 ha were under cannabis plant cultivation in Jamaica in 2015. The use of herbicides is prohibited by law; eradication must therefore be conducted manually. In 2015, a total of 725 ha of cannabis plants were eradicated.

425. According to the Organised Crime, Narcotics and Firearms Bureau of Trinidad and Tobago, a shift in the demand for cannabis herb has been observed, resulting in a lower demand for cannabis herb produced locally or on other Caribbean islands and an increased demand for South American cannabis herb. Seizures of cannabis herb in the country in 2015 were 62.5 per cent lower than in 2013.

426. With regard to the proceeds of drug-related criminal activity in the region, the Board has noted the efforts of the Caribbean Financial Action Task Force, which, in June 2016, issued a publication entitled *Anti-Money-Laundering and Counter-Terrorist Financing: Trinidad and Tobago — Mutual Evaluation Report*. The publication identified money-laundering connected to drug trafficking as a high threat area and highlighted it as a priority for action.

427. Seizures of cannabis in Panama have been increasing since 2013, while seizures of heroin in the country have been decreasing over the same period. In Costa Rica, seizures of cannabis herb increased considerably from 2011 to 2014 (by about 660 per cent, reaching 12 tons in 2014). In 2015, seizures decreased to 6.4 tons.

428. Guatemala is the only country in the region to report illicit cultivation of opium poppy. The net area under poppy cultivation after eradication was estimated to have increased from 220 ha in 2012 to 310 ha in 2013 and 640 ha in 2014, according to estimates by the United States State Department as cited by UNODC, and the global potential production of oven-dry opium in that country was estimated to be 4 tons in 2012, 6 tons in 2013 and 14 tons in 2014. At the same time, the area of eradicated opium poppy decreased by 53 per cent in 2014, falling from 2,568 ha in 2013 to 1,197 ha in 2014. Seizures of heroin in Guatemala decreased by 38 per cent from 2014 to 2015, from around 134 kg to around 83 kg. That decline in seizures occurred in parallel with the reported decline in the area under cultivation and in opium production that took place in 2015, a reversal of the increases of the preceding years. According to preliminary estimates, that decrease was linked to *(a)* increased opium production in Mexico, *(b)* a disruption of the main opiate trafficking networks operating in Guatemala, and *(c)* sharply falling opium prices within Guatemala (a 77 per cent decrease), which led farmers to turn to corn, potatoes and other licit crops in 2015.

(b) Psychotropic substances

429. Guatemala is the only country in Central America and the Caribbean to report dismantling clandestine laboratories manufacturing amphetamine-type stimulants in recent years (eight laboratories in 2013, and nine laboratories in 2014, of which four manufactured amphetamine and five manufactured methamphetamine). While the region is thus relatively less affected by the manufacture and trafficking of amphetamine-type stimulants, in the past five years some countries have regularly reported seizures of "ecstasy"-type substances, as well as lysergic acid diethylamide (LSD).

430. In Costa Rica, the price of a tablet of 3,4-methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy") sold on the streets remained stable from 2010 to 2015, varying between $20 and $30, while the amounts seized have fluctuated considerably. That fluctuation is due to single seizures of relatively large quantities that occurred in specific years (12,342 "doses" in 2013 and 19,183 "doses" in 2011).

(c) Precursors

431. The Costa Rican Drug Institute's special unit for controlling and regulating chemical precursors monitors and responds to related illegal activities. By law, importers and businesses dealing with chemical precursors are to register in an online tracking system through which they have to submit monthly reports. The system monitors the movement of chemical precursors and issues alerts to relevant authorities about specific cases that require further investigation. As at August 2015, approximately 3,000 businesses, including 150 importers of chemical precursors, were registered in the system and were submitting regular reports.

432. The manufacture of amphetamine-type stimulants continues to pose a serious challenge for Guatemala, as evidenced by the amount of chemical precursors seized. In 2015, the UNODC-World Customs Organization Global Container Control Programme reported the seizure of 25 tons of chemical precursors in maritime ports in the country.

433. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

434. The use of new psychoactive substances continues to be reported by countries in the Central America and the Caribbean region. The use of those substances may have serious health consequences, as their effects on the human body are not fully understood or known. In addition, the trafficking of those substances creates additional challenges for regulatory and law enforcement authorities. During the reporting period, no incident was reported by countries in Central America and the Caribbean through the Board's Project Ion or its incident communication tool (IONICS). In that connection, the Board encourages countries that have not yet done so to join Project Ion and to register with and actively use IONICS.

5. Abuse and treatment

435. UNODC reported in 2016 that the annual prevalence of use of cannabis was 2.9 per cent in Central America and 2.5 per cent in the Caribbean. Those rates are below the average in North America (12.1 per cent), South America (3.2 per cent) and Western and Central Europe (6.7 per cent). A similar pattern is observed with the prevalence of the use of cocaine, as both Central America and the Caribbean have an annual prevalence rate of 0.6 per cent, which is relatively low compared with North America (1.6 per cent) and South America (1.5 per cent). These are interesting patterns because countries in Central America and the Caribbean are confronted with considerable volumes of cannabis and cocaine that are trafficked through their territories, and, in the case of cannabis, being produced in the region. Thus, more comprehensive national household drug use surveys might be needed to ascertain reliable estimates of the prevalence rate of cannabis use in the Caribbean region.

436. According to the *Report on Drug Use in the Americas 2015* published by the Inter-American Drug Abuse Control Commission (CICAD) of OAS, Belize is the country in Central America reporting the highest annual prevalence rate of cannabis herb use (15.8 per cent) among secondary school students. Honduras is the country reporting the lowest such rate (about 1 per cent), which may be due to the fact that the figures being reported are based on a 2005 survey. The same CICAD report states that Belize also reports the highest annual prevalence rate of inhalant use among secondary school students in Central America (5.5 per cent), and that the Caribbean subregion has particularly high rates of inhalant use for the same group, with annual prevalence rates of over 8 per cent in Barbados, Grenada, Saint Kitts and Nevis, Saint Vincent and the Grenadines and Saint Lucia.

437. Cannabis was the primary drug of abuse for people receiving drug treatment in El Salvador in 2015, followed by tranquillizers and sedatives and then by cocaine. Authorities report that this is part of a recent trend of an increasing number of persons in treatment for abuse of cannabis, and a decreasing trend in the number of persons in treatment for the abuse of cocaine.

438. According to the 2016 document *A Report on Students' Drug Use in 13 Caribbean Countries* published by CICAD/OAS, cannabis herb continues to be the most widely used drug reported by students enrolled in second, fourth and sixth forms in secondary school (corresponding approximately to ages 13, 15 and 17 years), while alcohol is the main overall substance of abuse. Students also reported a very high perception of availability of cannabis herb (between 4 and 5 of every 10 students), meaning that they can easily access the drug in their countries.

439. Trinidad and Tobago reported an increase in the number of persons receiving drug treatment for cocaine abuse, while the number of persons receiving drug treatment for cannabis abuse has remained stable.

440. The annual prevalence of the use of opioids (opiates and prescription opiates) in Central America and the Caribbean is 0.2 per cent and 0.4 per cent, respectively, and 0.07 per cent and 0.28 per cent, respectively, for use of opiates only, as reported by UNODC in 2016. Those rates are all below the regional average for the Americas and are also below global averages.

441. The CICAD/OAS *Report on Drug Use in the Americas 2015* shows a trend of an increased number of countries in the Americas reporting the existence of heroin users. The Dominican Republic has reported the presence of heroin users in its treatment centres, as well as heroin use by individuals belonging to "marginal populations".

442. The annual prevalence of the use of amphetamines and prescription stimulants in Central America and the Caribbean is 0.9 per cent and 0.8 per cent, respectively,

which is close to the global averages. The annual prevalence of the use of "ecstasy" in Central America and the Caribbean is 0.11 per cent and 0.19 per cent, respectively.

443. The *Report on Drug Use in the Americas 2015* states that lifetime prevalence of use of MDMA ("ecstasy") among eighth grade students is 2.8 per cent in Panama, 2.7 per cent in Antigua and Barbuda, and 2.5 per cent in Saint Lucia. Panama reported past-year prevalence among secondary school students of about 1 per cent, while Costa Rica reported 0.4 per cent. In Panama, unlike most other countries in the region, the past-year prevalence rates for males and females are similar, with the rate for females being slightly higher.

444. The Board recommends that countries in the region that have not done so should produce or update prevalence studies according to internationally recognized parameters and use the results to inform the development and adoption of targeted drug demand reduction policies and programmes.

North America

1. Major developments

445. In April 2016, Pennsylvania became the twenty-fourth state in the United States to legislate to permit and regulate, at the state level, cannabis use for medical purposes; it was followed by Ohio in June 2016. On 8 November 2016, the states of Arkansas, Florida and North Dakota voted in favour of authorizing the use of cannabis for medical purposes. In addition, voters in the states of California, Maine, Massachusetts and Nevada approved ballot measures that would legalize and regulate the use of cannabis for non-medical purposes.

446. Prescription opioid and heroin abuse continues to be a matter of great concern in the United States. According to the National Institute on Drug Abuse, in 2014, over 47,000 drug overdose deaths occurred in the country, among which there were more than 18,000 deaths from prescription opioid pain reliever overdose and over 10,000 deaths from heroin-related overdose. The Institute noted that the 2014 data demonstrated that the opioid overdose epidemic reflected both a 15-year increase in overdose deaths involving prescription opioid pain relievers and a recent surge in illicit opioid overdose deaths, driven largely by heroin overdose.

447. A number of legislative, policy and law enforcement actions have been taken by the Government of Canada and by provincial governments to tackle the rise in overdoses and the increased presence of fentanyl-laced drugs, including raising awareness, working with prescribers and providers to give them appropriate tools and addressing issues of access to opioids and treatment.

448. Following its election in October 2015, the Government of Canada confirmed its intention to legalize and regulate the use of cannabis for non-medical purposes through new legislation to be introduced in early 2017. For that purpose, a nine-member Task Force on Marijuana Legalization and Regulation was established, and the Task Force was to present its final report, containing advice on the design of a new legislative and regulatory framework, to the Cabinet in November 2016. Cannabis continues to be a schedule II drug under the Canadian Controlled Drugs and Substances Act; therefore, the growing, possessing, distributing and selling of cannabis remain illegal.

2. Regional cooperation

449. Regional cooperation between the three countries in the North American region remained extensive and is generally considered effective. At a high-level political summit held in Ottawa in June 2016, the three States, inter alia, sought to strengthen actions against the rising death toll from opioids such as heroin and fentanyl and violence associated with opium poppy cultivation and trafficking in Mexico. At the operational level, cooperation among those States includes joint law enforcement operations, intelligence-sharing and border control initiatives, including land and maritime activities.

3. National legislation, policy and action

450. In response to the ongoing crisis of opioid abuse, dependence and overdose in the United States, the Food and Drug Administration released the Opioids Action Plan in February 2016. The plan includes expanding the use of advisory committees, strengthening requirements for drug companies to generate post-market data on the long-term impact of using opioids, updating risk evaluation and mitigation strategy programmes, and expanding access to abuse-deterrent formulations to discourage abuse. As part of the action plan, class-wide safety labelling changes for immediate-release opioid pain medications have been announced. The labels will need to

include information on the serious risks of misuse, addiction, overdose and death.

451. The President of the United States requested $27.6 billion for the fiscal year 2016 to support efforts under the 2015 National Drug Control Strategy to reduce drug use and its effects in the country. Most of that amount was allocated to prevention and treatment efforts. In March 2016, the President requested from Congress an additional $1.1 billion to bolster efforts to address the prescription opioid and heroin crisis in the country. The announced actions represent further steps to expand access to treatment, prevent opioid overdose deaths, invest in community policing to address heroin abuse, and increase community prevention strategies.

452. Opioid overdose and heroin-related deaths have been the focus of state of the state addresses in a number of states of the United States, including Maine, Massachusetts, New Hampshire and Vermont, in which state Governors called for the strengthening of efforts to address illicit drug use and limit opioid prescriptions. As at March 2016, 49 states had established prescription drug monitoring programmes and 14 states had enacted legislation requiring physicians to receive training on the proper prescription of opioids.

453. On 22 July 2016, the Comprehensive Addiction and Recovery Act came into force. The Act addresses the opioid crisis by, inter alia, authorizing the United States Department of Justice to award grants to state, local and tribal governments to provide opioid abuse services, directs the Department of Veteran Affairs to expand its opioid safety initiative, focuses on helping communities develop treatment and overdose programmes and addresses exemptions from criminal and civil liability for those administering an opioid overdose reversal drug or who contact emergency services in response to an overdose.

454. Mexico reported that, in 2015, nearly 13,500 persons had been brought into formal contact with the police and/or the criminal justice system in connection with drug-related offences. Mexico continues its transition from the traditional inquisitorial criminal justice system to an accusatorial system. The changes to the Mexican criminal justice system are expected to increase transparency, strengthen efforts to protect human rights and civil liberties and reduce corruption in criminal cases.

455. One of the main challenges in Canada has been the rise of drug overdoses, partly owing to the increased presence of fentanyl. In response, the British Columbia provincial health officer declared a public health emergency in the province in April 2016. That was the first time that the provincial health officer had served notice under the Public Health Act to exercise emergency powers, and British Columbia became the first province to take that kind of action in response to drug overdoses. The declaring of a public health emergency allows for improved collection and analysis of information and data about overdoses to facilitate the formulation of appropriate responses and target prevention activities.

456. Illicitly produced fentanyl is also present across the United States. In March 2015, the United States Drug Enforcement Administration issued a nationwide alert on fentanyl as a threat to health and public safety, and, in June 2016, it issued an alert to all law enforcement agencies nationwide, warning of the safety precautions to be taken when handling fentanyl and the possibly fatal consequences of undertaking field testing improperly.

457. In March 2016, the Government of Canada revised the listing for naloxone on the Prescription Drug List to allow for emergency use for cases of opioid overdose outside hospital settings, thus enabling provincial governments to allow the drug to be dispensed without a prescription. Naloxone was subsequently reclassified as a schedule II drug in British Columbia, Alberta and Ontario, making it available without a prescription. The college of pharmacists of the three provinces issued guidance for pharmacy professionals on dispensing or selling naloxone take-home kits. Other provinces, including Manitoba, Nova Scotia, Quebec and Saskatchewan have established take-home naloxone programmes permitting health-care providers to dispense naloxone, and encouraged accessibility to and use of naloxone by first responders, including paramedics, firefighters, law enforcement officers and others. Following those developments, matters related to appropriate training, the role of pharmacies and of first responders, the formulation of naloxone for use in kits and the payment for and coverage by insurance of naloxone started to be addressed across the country.

458. While naloxone is a drug administered by injection, in July 2016, as an emergency public health measure in response to the opioid crisis, the Minister of Health of Canada signed an interim order authorizing the sale of Narcan, a naloxone nasal spray, in Canada for use in the emergency treatment of known or suspected opioid overdoses. The nasal spray should be available without a prescription.

459. In the United States, the Drug Enforcement Administration approved Narcan nasal spray (the first nasal spray version of naloxone hydrochloride approved

by the Administration) in November 2015. In response, the National Institute on Drug Abuse dedicated a section of its website to resources about this opioid overdose reversal drug, including information about dosage, precautions, side effects and links to pharmacies that offer it. The Administration has also been reviewing options, including making naloxone available over the counter, to make the drug more accessible for treating opioid overdose in the country. As at May 2016, 39 states allow prescribers to dispense a naloxone prescription to third parties, such as a family member of drug users.

460. The Canadian Agency for Drugs and Technologies in Health has been requested to conduct a comparison of the safety and effectiveness of methadone and buprenorphine (i.e., Suboxone), in order to enhance opioid dependency treatment options. In order to prescribe methadone for the treatment of opioid dependence, physicians must be exempted under section 56 of the Controlled Drugs and Substances Act. However, a number of provinces have been exploring options to allow the prescription of Suboxone without being required to hold such an exemption, as required for methadone.

461. In response to the rise in drug overdoses, fentanyl and related deaths, the government of Ontario launched the "Patch4Patch" programme (Bill 33). People with a prescription for fentanyl would be given new patches containing the drug only when they turned in their old used patches. The bill received royal assent in December 2015.

462. In January 2016, Canada approved a second supervised "drug injection site" in the city of Vancouver, following a two-year process to grant an exemption from the Controlled Drugs and Substances Act. The facility is housed in the existing HIV/AIDS treatment clinic in Vancouver and, as such, it is the first supervised "drug injection site" in North America integrated into an existing health-care facility. In March 2016, a four-year extension was issued to the supervised "drug injection site" (called "Insite"), granting it permission to continue its operation until 2020. The Minister of Health of Canada has stated that a number of additional applications for exemptions to operate "injection sites" had been received and were undergoing a review process by Health Canada. Public consultations have also been taking place in major cities of other provinces, including Alberta, Ontario and Quebec.

463. In January 2016, the Ministry of Health of Mexico published early results on the impact of the new national strategy to increase access to controlled substances for pain treatment and palliative care. The new strategy is aimed at facilitating the dispensing, prescribing and administering of pharmaceutical preparations containing opiates. According to the results published, the range of different prescriptions increased from 24 to 8,000 from June 2015 to January 2016. Following the introduction of an electronic platform to facilitate their issuance, the number of registered prescribers increased from 232 to 1,706 during that period. Furthermore, the results state that public and private health centres, as well as pharmacies, have a guaranteed supply of morphine and other opioids.

464. According to information furnished by the Government of Mexico to INCB, in November 2016, following a claim to declare the unconstitutionality of certain articles of the General Health Law regarding cannabis and THC, the Supreme Court of Mexico decided to authorize four plaintiffs to possess and cultivate cannabis for non-medical personal consumption (case No. 237/2014). The Court centred its decision on respect for their individual personality and freedom. The decision of the Supreme Court applies only to the four plaintiffs and does not legalize the non-medical use of cannabis in Mexico.

465. On 11 June 2015, in *R. v. Smith*, the Supreme Court of Canada expanded the definition of "medical marijuana" under the country's medical cannabis programme by striking the words "dried herb" from the definition of medical cannabis, effectively allowing other forms of cannabis to be consumed for medical purposes. Following the judgment, medical cannabis patients legally authorized to possess the drug for medical purposes were allowed to possess cannabis products extracted from the active medicinal compounds in the cannabis plant. Therefore, those who obtain dried cannabis pursuant to the authorization can choose to administer it using an oral or topical treatment and are not limited to dried herb consumed through smoking.

466. In February 2016, Canada's medical cannabis legal framework, the Marihuana for Medical Purposes Regulations, was declared unconstitutional by the Federal Court of Canada (*Allard v. Canada*). While under the previous regulatory framework, patients had been authorized to grow their own cannabis, the Marihuana for Medical Purposes Regulations introduced a system of licensed producers. In its decision, the Federal Court allowed those authorized to grow their own supply under the previous legal framework to continue doing so. Following the Federal Court ruling, the new Access to Cannabis for Medical Purposes Regulations came into force on 24 August 2016. Accordingly, those who have been authorized by their health-care practitioner to access cannabis for medical purposes will continue to have the

option of purchasing safe, quality-controlled cannabis from one of the producers licensed by Health Canada. They will also be able to produce a limited amount of cannabis for their own medical purposes or designate someone to produce it for them. The new regulations also incorporate provisions to allow for the production and possession of cannabis in forms other than dried, further to the June 2015 Supreme Court of Canada decision in *R. v. Smith*.

467. In April 2016, in the United States, the Drug Enforcement Administration approved clinical trials of smoked cannabis for the treatment of post-traumatic stress disorder in American military veterans, under the umbrella of the Multidisciplinary Association for Psychedelic Studies, funded by the State of Colorado.

468. **The Board continues to remind all governments in jurisdictions that have established medical cannabis programmes, or that are considering doing so, that the 1961 Convention as amended sets out specific requirements for the establishment, administration and monitoring of such programmes.[58] The Board encourages Governments in the region to take action to ensure that their medical cannabis programmes fully implement the measures set out in that Convention, particularly in articles 23 and 28, in order to prevent the diversion of cannabis intended to be used for medical purposes into illicit channels.**

469. With regard to the use of cannabis for scientific research purposes, the University of Mississippi has been the only entity authorized by the Drug Enforcement Administration to produce cannabis to supply researchers in the United States. On 11 August 2016, a policy change was announced designed to foster research by expanding the number of cannabis manufacturers registered with the Drug Enforcement Administration to be allowed to grow and distribute cannabis for research purposes authorized by the Food and Drug Administration.

470. On 21 March 2016, the Supreme Court of the United States denied a motion for leave to file a bill of complaint submitted to the Court by the States of Nebraska and Oklahoma against the State of Colorado. Arguing that cannabis from Colorado was being diverted to their territory, the plaintiff states sought a declaratory judgment against the State of Colorado to the effect that the amendments to its legislation permitting the legalization and regulation of the use of cannabis for non-medical purposes were preempted by the federal Controlled Substances Act, which classifies cannabis as a schedule I substance.

[58] Those requirements were highlighted in the annual report of the Board for 2014 (paras. 218-227).

471. Following a scientific and medical evaluation conducted by the United States Food and Drug Administration in consultation with the National Institute on Drug Abuse, the Drug Enforcement Administration announced on 11 August 2016 that cannabis did not meet the criteria for currently accepted medical use in treatment in the United States, that there was a lack of accepted safety for its use under medical supervision and that cannabis had a high potential for abuse. On that basis, the Drug Enforcement Administration denied two petitions to reschedule cannabis, which thus continues to be prohibited at the federal level as a substance in schedule I of the Controlled Substances Act. At the state level, as at May 2016, the use of the substance for non-medical purposes has been legalized in four states, namely, Alaska, Colorado, Oregon and Washington.

472. Between May and September 2016, the Oregon Liquor Control Commission approved 246 recreational cannabis licences, while the state's final rules on retail sales are to be developed and reported to legislative bodies by 1 January 2017. The Marijuana Enforcement Division in Colorado issued guidelines applicable to the sale of recreational cannabis, setting sale limits. According to the guidelines, edibles must be stamped to indicate the presence of THC and cannot include the word "candy", in order to reduce the risk of accidental ingestion of cannabis products by children. The guidelines were to be applicable as at 1 October 2016. As at 1 July 2016, the number of licensed retail cannabis businesses in Colorado totalled 435 stores, 572 cultivations, 193 manufacturers and 15 testing facilities.

473. In May 2016, Health Canada published a notice in the national gazette on its intent to return the regulatory oversight of diacetylmorphine to the Narcotic Control Regulations as had been done prior to the changes introduced in 2013. That change would allow doctors to use diacetylmorphine-assisted treatment to support patients with opioid dependence who had not responded to other treatment options and allowed for the consideration of applications for the sale of diacetylmorphine for purposes of emergency treatment under the programme.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

474. According to the *World Drug Report 2016*, the United States accounted for 15 per cent of cocaine seizures worldwide in the period 2009-2014 and was second

only to Colombia. The largest cocaine seizures in North America over the period 2009-2014 were reported by the United States, accounting for 90 per cent of the seizures in North America, followed by Mexico, which accounted for 8 per cent.

475. Canada continued to be supplied predominantly by heroin originating in Afghanistan, trafficked through Pakistan and along the southern route, while the United States was supplied predominantly by heroin produced in Colombia and Mexico.

476. According to the 2016 National Heroin Threat Assessment Summary, law enforcement agencies in cities across the United States reported seizing larger than usual quantities of heroin. Data of the National Seizure System showed an 80 per cent increase in heroin seizures in the past five years, increasing from more than 3.7 tons in 2011 to up to 6.8 tons in 2015. Rising heroin seizures in the United States seem to reflect the growing availability of heroin and are in line with reports of increasing heroin use and the rapidly growing number of heroin-related deaths (rising from 3,036 such deaths in 2010 to 10,574 in 2014).

477. The Government of Mexico reported eradicating up to 26,000 ha of opium poppy in 2015, compared with the eradication of over 21,000 ha in 2014 and 14,622 ha in 2013. According to the first joint Government of Mexico/UNODC opium poppy survey conducted in the country, over the period July 2014-June 2015, the Government estimated, on the basis of satellite images and aerial photographs, that illicit cultivation of opium poppy in the country covered between 21,500 ha and 28,100 ha.

478. In June 2016, the Government of Canada prohibited domestic commercial cultivation of opium poppy. Following the decision, no licensed dealer shall cultivate, propagate or harvest opium poppy other than for scientific purposes.

479. Cannabis continues to be the most widely illicitly cultivated, produced, trafficked and consumed drug in North America, as well as worldwide, with an estimated 182.5 million users globally in 2014. In North America, cannabis herb is produced mainly in Mexico and the United States, for consumption in the subregion, while hydroponic cultivation of cannabis plants seems to be concentrated in Canada and the United States. Under the Domestic Cannabis Eradication/Suppression Program, the United States Drug Enforcement Administration was responsible for the eradication of almost 4 million cannabis plants cultivated outdoors and over 320,000 indoor plants in 2015. The seized assets were valued at almost $30 million. The Government of Mexico reported having eradicated over 5,700 ha of cannabis in 2013, according to the most recent data available.

480. Seizures of fentanyl, as well as counterfeit hydrocodone or oxycodone tablets containing fentanyl, have been increasing in the United States. Consumption of the tablets, marked to mimic the authentic narcotic prescription medications, has led to multiple overdoses and deaths. According to the National Forensic Laboratory Information System, over 13,000 forensic exhibits of fentanyl were tested by laboratories in the United States in 2015, representing an increase of 65 per cent from 2014, and about eight times as many fentanyl exhibits as in 2006.

(b) Psychotropic substances

481. Customs officials in the region of North America reported total seizures of almost 32 tons of psychotropic substances in 2014.

482. In 2014, methamphetamine dominated the North American markets for amphetamine-type stimulants. Compared with other subregions, North America consistently reported the largest number of methamphetamine seizures each year between 2009 and 2014. According to information provided in the World Customs Organization *Illicit Trade Report 2014*, the United States accounted for 64 per cent of the total number of seizures of methamphetamine by customs officials. Mexico increased its seizures by 1.3 per cent in 2014. Road vehicles remained the most frequent method of transport for trafficking methamphetamine in that year.

483. In 2014, Mexico was the main country of departure for seizures of methamphetamine made by customs officials in the United States and, to a lesser extent Canada and China, and was an important departure country for trafficking to Japan.

484. The number of seizures of amphetamine in 2014 significantly decreased in comparison with 2013, while the number of seizures of MDMA ("ecstasy") in the United States almost doubled from 2013 to 2014.

485. In the United States in 2014, there were over 9,300 incidents involving clandestine methamphetamine laboratories and dump sites. The highest numbers of those incidents took place in the states of Indiana and Missouri, with 1,471 and 1,034 incidents, respectively.

(c) Precursor chemicals

486. Mexico reported an increase of almost 38 per cent in the number of clandestine laboratories dismantled in 2015. Precursor chemicals seem to have been used predominantly for the manufacture of methamphetamine, using 1-phenyl-2-propanone (P-2-P)-based methods. However, in contrast to previous years, when the starting materials were mostly esters and other derivatives of phenylacetic acid, a new method, using benzaldehyde and nitroethane, has become increasingly common in that country.

487. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

488. New psychoactive substances are a significant area of concern for the United States. According to the National Forensic Laboratory Information System, the number of reports of substances identified as synthetic cannabinoids by federal, state and local forensic laboratories increased from 23 in 2009 to 37,500 in 2014. The number of reports on substances identified as synthetic cathinones increased from 29 reports in 2009 to 14,070 reports in 2014. Over the past several years, the Drug Enforcement Administration has identified hundreds of designer drugs from at least eight different drug classes.

489. The global market for synthetic new psychoactive substances continues to be dominated by synthetic cannabinoids, with 32 tons seized. North America (specifically, the United States with 26.5 tons seized) accounted for the largest quantities seized worldwide in 2014.

490. Canada has seen an increased presence of W-18 (4-chloro-*N*-[1-[2-(4-nitrophenyl)ethyl]-2-piperidinylidene]-benzenesulfonamide), including a number of seizures in clandestine laboratories reported by law enforcement agencies in the provinces of Alberta, British Columbia and Quebec. Recently, W-18 was found in samples seized by law enforcement authorities and in a number of cases of fatal overdose. These included counterfeit tablets made to appear to be prescription oxycodone but whose only active ingredient was W-18. In British Columbia, seized W-18 was intended for use in the manufacture of counterfeit heroin. In May 2016, W-18, its salts, derivatives, isomers and analogues and salts of derivatives, isomers and analogues were added to schedule I of the Controlled Drug and Substances Act of Canada, making it illegal to produce, possess, import, export or traffic them.

491. There has been an increase in the frequency of the sale of counterfeit pharmaceuticals in the illicit market in Canada and the United States, especially with regard to counterfeit "OxyContin" tablets (oxycodone hydrochloride), "Xanax" tablets (alprazolam) and "Norco" tablets (hydrocodone bitartrate). Novel synthetic opioids used in these products were fentanyl and fentanyl analogues, as well as W-18, U-47700, AH-7921[59] and MT-45.[60]

492. According to the World Customs Organization *Illicit Trade Report 2014*, while an increasing trend has been observed in other regions, the number of tramadol seizures by customs officials in the United States sharply decreased in 2014, by approximately 30 per cent in comparison to 2013. Seizures of *gamma*-butyrolactone (GBL) have increased significantly, with the United States recording the highest number of seizures worldwide in 2014, while seizures of khat (*Catha edulis*) seem to have decreased in the country.

493. Between February 2014 and July 2016, over 55 tons of kratom (*Mitragyna speciosa*) material were encountered by law enforcement authorities in the United States.

5. Abuse and treatment

494. The significant rise of fentanyl abuse has been one of the main issues in Canada, where the number of deaths markedly increased in a number of provinces. During the six-year period 2009-2014, there were at least 655 deaths in which it was determined that fentanyl was the cause or a contributing cause of death. According to the data published by the Coroners Service of British Columbia, there were 308 apparent drug overdose deaths from January to May 2016, representing a 75 per cent increase over the number of deaths occurring during the same period in 2015. In Alberta in 2015, there were 274 overdose deaths in which fentanyl was detected, which was significantly higher than in previous years, and 69 fentanyl-related deaths over the first three months of 2016. In comparison, in the United States, deaths associated with synthetic opioids such as fentanyl and its analogues increased by 79 per cent from 2013 to 2014.

[59] The Commission on Narcotic Drugs, in its decision 58/3, placed AH-7921 in Schedule I of the 1961 Convention as amended.

[60] The Commission on Narcotic Drugs, in its decision 59/2, placed MT-45 in Schedule I of the 1961 Convention as amended.

495. Furthermore, opioids, including heroin and prescription painkillers such as oxycodone, killed more than 28,000 people in the United States in 2014, and the rate of overdose has increased significantly since 2000, according to the Centers for Disease Control and Prevention. The number of people reporting current heroin use in the United States nearly tripled from 2007 to 2014. In comparison, the prevalence of past-year cocaine use among the general population fell by 32 per cent between 2006 and 2014, and cocaine-related deaths decreased by 34 per cent between 2006 and 2013.

496. Life expectancy at birth for the white, non-Hispanic population in the United States declined slightly from 2013 to 2014, representing a rare drop for a major demographic group, according to new data from the Centers for Disease Control and Prevention. That unusual decrease is consistent with other research showing that upward trends in suicides and drug poisoning were persistent and large enough to drive up all-cause midlife mortality and morbidity for that demographic group.

497. Prescriptions of opioid pain relievers in the United States have quadrupled since 1999. In response to a parallel increase in overdoses, the Centers for Disease Control and Prevention issued guidelines for primary care clinicians on prescribing opioids for chronic pain. During the annual National Prescription Drug Take-Back Day, the Drug Enforcement Administration collected a total of approximately 447 tons of drugs in all 50 states. The states with the largest amount of collected prescription drugs were Texas, California, Wisconsin, Illinois and Massachusetts.

498. According to recent data from the Centers for Disease Control and Prevention, there was an all-time record level of 19,659 deaths associated with hepatitis C in the United States in 2014. The data also point to a new wave of infections among people who inject drugs, cases of which have doubled since 2010.

499. The prevalence of past-year use of ketamine among twelfth grade students (approximately the ages of 17-18 years) was 1.5 per cent in 2014 in the United States. Canada reported the past-year use of ketamine among young people aged 15 and 16 years in 2010-2011 to be 1.1 per cent.

500. In Canada, cannabis is the most common illicitly used substance, followed by cocaine, hallucinogens and "ecstasy". Cannabis also continues to be the most widely used drug in the United States and Mexico.

501. The results of the 2015 Monitoring the Future survey of high-school students, college students and adults showed a decreasing trend among high-school students in the United States in the use of a number of substances, including prescription opioid pain relievers and synthetic cannabinoids, and a slight decrease in the use of "ecstasy", inhalants and LSD.

502. In Mexico, the prevalence of cannabis abuse among students was reported to be 11.6 per cent in urban areas and 5.2 per cent in rural areas in 2014. While these consumption data are lower than in the United States and Canada for 2014, the reported abuse of cocaine among high-school students in Mexico was similar to the levels reported in the United States.

503. In the United States, recent data from the states that have legalized the use of cannabis for non-medical purposes show an increase in cannabis use. The *World Drug Report 2016* also states that there was an increase in adverse public health and public safety indicators, including cannabis-related emergency room visits, hospitalizations, traffic accidents and related deaths. Cannabis-related arrests, court cases and criminal justice system referrals for treatment have declined.

504. There have been a number of recently published reports on cannabis use among young people in the United States, and specifically in the State of Colorado following legalization. However, the data and their analysis in the various reports are varied. The 2015 Monitoring the Future survey of college students and adults states that in 2015, the national prevalence of past-month cannabis/hashish use for eighth grade students, tenth grade students and twelfth grade students (young people aged approximately 12 to 17 years old) was 6.5 per cent, 14.8 per cent and 21.3 per cent, respectively. According to the 2015 National Survey on Drug Use and Health, 7 per cent of adolescents aged 12 to 17 were past-month users of cannabis in the United States in 2015.

505. The Rocky Mountain High Intensity Drug Trafficking Area report on the impact of legalization of cannabis in Colorado, published in January 2016, states that past-month cannabis use among young people aged 12 to 17 years in Colorado increased by 20 per cent in the two-year period 2013-2014 since Colorado legalized the use of cannabis for non-medical purposes, and was 74 per cent higher than the national average (which amounted to 7.22 per cent in that period).

506. In comparison, the executive summary of the 2015 Healthy Kids Colorado Survey found that the rate of current cannabis use among high-school students was 21.2 per cent in 2015 (an increase from 19.7 per cent in 2013). The state average of current cannabis use among high-school students in 2015 does not significantly differ

from the national average, which, according to this report, was 21.7 per cent.

507. A recent study compared the incidence of paediatric cannabis exposures at children's hospitals and regional poison centres in Colorado before and after the use of cannabis for non-medical purposes became legalized in the state. The study concluded that, two years after legalization, cases of paediatric exposure to cannabis in Colorado had increased, going from 9 cases in 2009 to 47 cases in 2015 at regional poison centres, and from 1 case in 2009 to 16 cases in 2015 at children's hospitals in the state. The main source of exposure was identified as ingestion of edible products.[61]

508. Given the discrepancies among the results of analysis published in the various reports on cannabis use, it continues to be of critical importance for Governments to undertake reliable monitoring at all levels, to understand trends in use and the risks of health effects associated with cannabis and to enable the measuring of the impact of various policies in the countries of the North American region.

South America

1. Major developments

509. In South America, discussions on reviewing drug policies have continued, particularly regarding the legalization and regulation of cannabis for medical and non-medical purposes, while the region has continued to be affected by large-scale illicit crop cultivation and drug trafficking. Legislative amendments have been adopted by several countries in the region; their compliance with the international drug conventions remains to be ascertained.

510. In Colombia, a peace agreement between the Government and the Revolutionary Armed Forces of Colombia was signed on 26 September 2016. A national referendum was held on 2 October 2016, in which Colombian voters rejected the agreement. A revised agreement was signed in November 2016. One of the pillars of the peace agreement is the chapter on the illicit drug problem. The Board stands ready to support the authorities, within the sphere of its mandate, regarding the implementation of the international drug control treaties.

511. States have developed regional mechanisms for ensuring coherent legal and institutional capacity-building on matters of law enforcement and border control. However, porous borders, illicit drug production, trafficking in drugs and links to other forms of criminality, coupled with widespread corruption and a lack of capacity of the criminal justice systems to bring perpetrators to justice, have contributed to the internationalization of the drug trafficking threat in the region.

512. During the reporting period, cocaine abuse prevalence rose sharply in the region.

2. Regional cooperation

513. International cooperation continues to be strengthened, including through regional initiatives and increased cooperation between countries in the region. OAS has developed regional mechanisms to allow its member States to cooperate at the policy and operational levels in drug control matters. Cooperation within OAS is focused on the decentralization of drug policies, the establishment of a strong institutional framework, the maintenance of a dialogue on alternatives to incarceration for drug-related offences and the social reintegration of drug offenders.

514. Transnational organized crime and drug trafficking remained the focus of concern and cooperation at the regional level, including in the tri-border area between Argentina, Brazil and Paraguay, and within the Andean Community. For instance, in the framework of the joint committee on drugs between Colombia and Peru, a bilateral meeting was held in Bogotá in May 2016 on the theme "Strategies for drug control: natural or synthetic drugs, emerging drugs, precursors and chemical products". In July 2016, the first coordination workshop for the third Andean epidemiological study on drug use among university students was held in Quito. The study will estimate the magnitude of drug consumption and its main risk and protection factors. In June 2016, the Government of the Plurinational State of Bolivia announced a joint initiative with Brazil and Peru to create a police intelligence centre to combat drug trafficking between the three countries.

515. A 6.5-million-euro European Union project to counter the illicit demand for drugs is being implemented in Bolivia (Plurinational State of), Colombia, Ecuador and Peru.

[61] G.S. Wang and others, "Unintentional pediatric exposures to marijuana in Colorado, 2009-2015", *JAMA Pediatrics*, vol. 170, No. 9 (2016).

516. The Airport Communication Project (AIRCOP) of UNODC organized the first specialized training session for law enforcement officials on sharing methods to counter drug trafficking and to identify passengers' risk profiles and forged documentation. The training session was held in Buenos Aires from 25 January to 5 February 2016. In Brazil, the Federal Police Department is implementing the International Programme for Police Cooperation in Airports, which focuses on international cooperation to counter drug trafficking at airports.

517. In March 2016, discussions on an agreement on political dialogue and cooperation between the European Union and the Andean Community were held. The agreement would focus on the prevention of drug abuse through information campaigns on the harmful effects of drugs, as well as on tackling the illicit cultivation of drug crops, the production and processing of and trafficking in drugs and the diversion of precursor chemicals.

518. In April 2016, the Council of the European Union approved the Agreement on Strategic Cooperation between the European Police Office (Europol) and Brazil. The Agreement is aimed at supporting and strengthening cooperation between the competent authorities of Brazil and the States members of the European Union in order to prevent and combat serious crimes.

519. In May 2016, representatives from Bolivia (Plurinational State of) and Peru attended the fifth meeting of the Joint Commission on Cooperation in Alternative Development and Countering Drug Trafficking and Abuse. The two countries signed agreements on operational strategies for police cooperation.

520. In June 2016, Bolivia (Plurinational State of) and Brazil held the ninth meeting of the Joint Commission on Drugs and Related Crimes. Joint actions were agreed, including on information exchange, professional training and monitoring of coca bush cultivation. The Plurinational State of Bolivia has established official contact points with Brazil and Peru in order to exchange information on drug control matters through secure channels.

521. The Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD) held its first annual conference, on the theme "From evidence to practice: challenges in the field of drugs policies", in The Hague on 14 and 15 June 2016. Participants shared their experiences regarding information exchange, coordination and cooperation between competent authorities responsible for policies on drugs in the European Union and the Community of Latin American and Caribbean States.

3. National legislation, policy and action

522. In June 2016, a ceasefire agreement was reached between the Government of Colombia and the Revolutionary Armed Forces of Colombia. On 26 September 2016, the two parties signed a peace agreement to end 52 years of an armed conflict that has 7.2 million registered victims. One of the pillars of the agreement related to drug matters and related crime, in particular alternative development, drug demand reduction, drug precursor control, asset forfeiture and combating organized crime, money-laundering and corruption. The agreement was rejected in the referendum held on 2 October 2016. A revised agreement was signed in November 2016. INCB wishes to continue its positive and fruitful dialogue with the authorities in Colombia. The Board remains at the disposal of the authorities in the implementation of the agreement, within the sphere of its mandate, regarding the implementation of the international drug control treaties.

523. In December 2015, the Government of Argentina recognized the serious drug control challenges it faces and outlined a new approach to tackling the drug problem that is aimed at integrating and coordinating efforts at the national and international levels, focusing on human rights and greater access to public health services and drug abuse prevention programmes. On 21 January 2016, Argentina adopted decree No. 228/2016, which establishes a national human security cabinet, responsible for applying and coordinating national drug control policy. The decree is aimed, inter alia, at strengthening the protection of national airspace through ordering the expansion of radar coverage, commencing with at-risk border regions, and providing for the interception and destruction of aircraft suspected of being used to traffic drugs. In March 2016, the Government informed the Board that it was in the process of reactivating provincial and municipal networks and institutions, such as the provincial and municipal drug control councils, with a view, inter alia, to conducting national drug abuse surveys. On 30 August 2016, the Government launched a comprehensive national plan to address the drug control problem in the country. Furthermore, Argentina issued decree No. 360/2016 establishing the National Anti-Money-Laundering Coordination Programme.

524. In the Plurinational State of Bolivia, new legislative measures were being reviewed to replace law No. 1008 of 19 July 1988; once adopted, draft law No. 41/2016 on coca leaf would delineate the zones where licit coca bush cultivation would be permitted, with respect to the country's reservation to the 1961 Convention, and

establish cultivation limits for each zone. Draft law No. 213/2016 on controlled substances and sanctions for drug-related offences would provide for the introduction of tools such as wiretapping and payment of informants, as well as for a revised list of controlled precursor chemicals, and would authorize the interception and destruction of unidentified aircraft suspected of being used to traffic drugs. A draft law on asset confiscation would permit the seizure, confiscation and forfeiture of assets related to drug crimes and illicit enrichment; those assets could then be used for financing counter-narcotic activities.

525. The Government of the Plurinational State of Bolivia was reported to be developing a new strategic framework for the period 2016-2020, in which a series of interventions were envisaged to contribute to achieving the country's priority objectives with regard to criminal justice and countering activities related to drugs, crime, corruption and terrorism. The strategy is structured around four pillars, namely, supply reduction, demand reduction, control of surplus coca bush cultivation, and international shared responsibility.

526. In 2016, the European Union pledged 60 million euros over four years to support the implementation of the national strategy to combat trafficking in drugs in the Plurinational State of Bolivia, including through the reduction of excess coca bush cultivation. The programme includes European Union support to the national Government's counter-narcotics efforts and a contribution to the technical capacity-building of national police forces provided by their European counterparts.

527. On 7 December 2015, Chile adopted decree No. 84, which permits the manufacture of medicines derived from cannabis. The decree also established the Institute of Public Health as the agency responsible for the control of the use of cannabis for the manufacture of pharmaceutical products for human consumption. The first crop of cannabis for such purpose was harvested in March 2016. In July 2016, the parliament considered a bill to decriminalize consumption and cultivation of cannabis for personal, medical and non-medical use.

528. In December 2015, the Government of Colombia enacted decree No. 2467, which permits the cultivation of and establishment of a licit market for cannabis for medical and scientific purposes. Personal cultivation for medical consumption of up to 20 cannabis plants is exempted from the requirement to have a licence. That exemption may lead to the diversion of cannabis to the illicit market. The legal regime introduced by decree No. 2467 does not decriminalize the cultivation, possession and purchase of cannabis for non-medical use. The Ministry of Health was designated as the competent national agency responsible for the application of the legislative amendment, while the National Narcotics Board is the body responsible for licensing. The Ministry of Health also bears responsibility for authorizing the use of cannabis for medical and scientific purposes, while the Ministry of Agriculture and Rural Development, along with the National Drug Council and the Ministry of Health, monitors the areas where cultivation takes place. The Ministry of Health issued decision No. 1816/2016 of 12 May 2016 on the granting of licences for the production and manufacture of cannabis derivatives.

529. In March 2016, the Government of Ecuador issued executive decree No. 951/2016, which contains new provisions regarding the country's institutional framework for drug control and new sanctions for possession and consumption of narcotic drugs and psychotropic substances. The Inter-institutional Committee is named in the decree as the entity responsible for centralizing information relating to public policies on harm reduction. The decree establishes another institution, the Technical Secretariat on Drugs, which will replace the National Narcotic and Psychotropic Substances Control Board in terms of responsibility for drug policy and the regulation and monitoring of licit cultivation, production, sale, distribution, recycling, import and export of controlled substances. The administrative restructuring also named the National Health Authority as the competent national regulatory and monitoring authority. It is also empowered to establish new thresholds for the possession of narcotic drugs and psychotropic substances for personal use.

530. In Ecuador, the law on the prevention, detection and eradication of money-laundering and the financing of crime was approved in July 2016. Law No. 47/16 sets out the forms of participation in money-laundering and the procedure for recovering confiscated assets that are the proceeds of crime.

531. In September 2015, the Penal Code of Peru was amended to strengthen regulations and punishment related to the diversion of precursors. The criminal offence of chemical diversion includes, as an aggravating circumstance, when the agent committing the offence is a registered user of controlled chemical substances.

532. In January 2016, Peru implemented law No. 30339/2015, on monitoring and protecting the national airspace, which enabled unauthorized civilian flights entering Peruvian airspace to be forced down. The stated purpose of the adoption of the law was the

Government's constitutional mandate to defend national sovereignty and protect the population from the grave threat posed to its security by drug trafficking. The Government also reviewed the regulations governing narcotic drugs, psychotropic substances and other controlled substances subject to health regulation through supreme decree No. 023-2001-SA and is preparing a draft amendment to allow new psychotropic substances subject to national control to be added to the list of controlled substances. In June 2016, the Congress of Peru approved legislative decree No. 1241, which accords responsibility for conducting investigations and studies on, inter alia, the use of chemical substances in illicit drug production, drug trafficking routes and the conversion factors from coca leaf into cocaine hydrochloride to the Executive Anti-Drug Directorate of the National Police of Peru.

533. The Caribbean Financial Action Task Force has continued to evaluate countries in the subregion. In November 2015, a report on Suriname was released that contained information on the challenges faced by the country in addressing money-laundering. In June 2016, the Task Force acknowledged that significant progress had been made by Suriname in improving its regime to counter money-laundering and the financing of terrorism and noted that the country had established the legal and regulatory frameworks to meet its commitments in its agreed action plan regarding the strategic deficiencies that had been identified.

534. On 20 December 2013, Uruguay passed law No. 19.172 establishing a legal framework applicable to the control and regulation by the State of the use of cannabis for non-medical and non-scientific purposes. Uruguay has created three legal channels for private individuals to obtain cannabis for non-medical use: home cultivation, social clubs and registered retail pharmacies. In March 2016, the Government of Uruguay opened a registry for pharmacists wishing to sell cannabis. Each registered user may purchase up to 40 grams of cannabis (with a concentration of up to 15 per cent THC) per person, per month, in registered pharmacies. In addition to selling through pharmacies, the law allows each household to register to grow up to six cannabis plants. The Institute for Regulation and Control of Cannabis, the entity charged with monitoring and regulating the production and sale of cannabis in Uruguay, signed an agreement with the Association of Pharmacies that establishes the conditions for the sale of cannabis. Statements from police officials in Uruguay indicate that cannabis trafficking has remained unchanged and that organized criminal groups may have benefited in the period leading up to the establishment of the retail pharmacy system. In September 2016, two years after the enactment of the law, critical parts of the distribution system were still pending.

535. **Once again, the Board wishes to draw the attention of all Governments that measures permitting the non-medical use of cannabis are contrary to the provisions of the international drug control conventions, specifically article 4, paragraph *(c)*, and article 36 of the 1961 Convention as amended by the 1972 Protocol, and article 3, paragraph 1 *(a)*, of the 1988 Convention. INCB also reiterates that the limitation of the use of controlled substances to medical and scientific purposes is a fundamental principle that lies at the heart of the legal framework for international drug control, and admits no exception.**

536. **Similarly, the Board wishes to draw the attention of all Governments to its previously conveyed position that personal cultivation of cannabis for medical purposes is inconsistent with the 1961 Convention as amended, as it heightens, inter alia, the risk of diversion. All medical cannabis programmes must be developed and implemented under the full authority of the State concerned, in accordance with the requirements laid down in articles 23 and 28 of that Convention.**

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

537. Seizures of cannabis in the region raise serious concerns about the trends in illicit cannabis plant cultivation and about the trends in cannabis production, consumption and trafficking in the region. During the reporting period, information on various seizures of cannabis herb in countries in South America was provided. In Uruguay, reported seizures of cannabis herb accounted for 1,457 tons, according to the most recent survey, which took place in 2014. Cannabis herb seizures of 510 tons, 247 tons, 206 tons and 26 tons were reported by Paraguay, Colombia, Argentina and the Bolivarian Republic of Venezuela, respectively.

538. During the period 2009-2014, Colombia and Paraguay were identified as major source countries of the cannabis herb found in illicit drug markets. In Paraguay, the estimated area under illicit cannabis plant cultivation was 2,783 ha, with each hectare estimated to be capable of producing 3,000 kg of cannabis. The Government of Paraguay reported the eradication of over 12.1 million cannabis plants in 2015.

539. South America remained virtually the sole supplier of cocaine to drug abuse markets around the world. Thus, South America continued to account for the majority of global cocaine seizures. The global area under coca bush cultivation increased in 2014 as a result of a sharp increase in Colombia, while, according to UNODC, the Plurinational State of Bolivia reduced the area devoted to illicit coca bush cultivation.

540. The total area dedicated to coca bush cultivation has been increasing since 2014 in Colombia, from 69,000 ha in that year to 96,000 ha in 2015, which was a 39 per cent increase and twice the area cultivated in 2013. It is reported that the expectations surrounding negotiations on the peace process may have contributed to raising farmers' hopes about the benefits of prospective alternative development programmes and acted as motivators for further illicit cultivation, which, combined with the cessation of eradication by spraying of glyphosate by the authorities in 2015, accounted for the almost doubling of coca bush cultivation in the country. According to UNODC, during the period 2001-2014, an annual average of 22,400 ha was deforested for coca bush cultivation in Colombia. UNODC further reported that satellite images had revealed clusters of persistent coca bush cultivation in national parks in all three coca-producing countries (Bolivia (Plurinational State of), Colombia and Peru). The most affected protected areas were the Sierra de la Macarena, Tinigua and Los Picachos national parks in Colombia.

541. Alternative development programmes in Colombia and Peru have been shown to weaken the population's ties with armed groups and drug trafficking, as well as to restore security and respect for the rule of law. In July 2016, the Government of Colombia and the Revolutionary Armed Forces of Colombia were reported to have launched a pilot crop substitution programme in the Province of Antioquia, in the north-west of the country.

542. Peru combines eradication of coca bush and interdiction activities with alternative development strategies. In San Martín Province in Peru, alternative development initiatives have included the replacement of coca bush cultivation with agroforestry that includes the production of palm oil, cocoa and coffee. That has enabled the reforesting of 7.5 per cent of former coca bush fields and the planting of alternative crops covering 650 ha. The latter activity involved 350 local families. An additional 687 families were involved in 1,315 ha of agroforestry that included coffee and cocoa production activities producing "fair trade" and organic products. According to the National Drug Commission of Peru, 58,000 ha of alternative crops (coffee, cocoa and pineapple) are cultivated every year. The Commission built 1,200 miles of rural roads to improve access to regional and national markets and, since 2011, has helped 70,000 farmers to obtain land titles.

543. As at 31 December 2015, the area under coca cultivation in Peru was estimated at 40,300 ha, 6 per cent less than in 2014 (42,900 ha), confirming the downward trend observed since 2011 (when it reached 62,500 ha).

544. In South America, opium poppy is illicitly cultivated to a far lesser extent than cannabis and coca bush. In 2015, Colombia seized 393 kg of heroin and 25 kg of morphine, which was destined for markets in Europe and the United States, representing an increase in heroin seizures and a decrease in morphine seizures over the previous year.

545. Trafficking in the region is reported to be facilitated by weak justice systems and the lack of effective action against corruption and organized crime. Diversification of the means of transport used by drug trafficking organizations operating in South America to minimize the risk of detection was reported by various Governments; they included trafficking by sea, by air and through the postal services, and the use of human couriers.

546. In the Plurinational State of Bolivia, cocaine seizures decreased, from 22.3 tons in 2014 to 21.2 tons in 2015, the lowest levels recorded since 2007. Colombia continued to be the country with the largest amount of cocaine seized annually worldwide. Consistent with the sharp increase in coca bush cultivation and potential cocaine production in 2014 and 2015, seizures of cocaine increased from 209 tons in 2014 to 252 tons in 2015. The Government of Colombia announced in April 2016 that it would reintroduce the use of the herbicide glyphosate, to be sprayed manually, by eradication crews, rather than from aircraft.

547. Although the illicit manufacture of cocaine occurs mainly (in descending order) in Colombia, Peru and the Plurinational State of Bolivia, clandestine laboratories for the processing of coca leaf derivatives were also found outside those countries, with Argentina, Brazil, Chile and Ecuador reporting the detection of such clandestine laboratories. In 2015, laboratories for the illicit manufacture of cocaine hydrochloride were reportedly dismantled in the Plurinational State of Bolivia (73 laboratories) and Colombia (3,850 laboratories).

(b) Psychotropic substances

548. According to information provided by Governments, seizures of amphetamine-type stimulants took place in Colombia, Paraguay and Uruguay in 2015. Colombia alone seized 121,579 units of "ecstasy" in 2015.

549. Information about the non-medical use of pharmaceuticals and the use of prescription drugs without a medical prescription continues to be limited. The Board would like to encourage States to enhance their efforts to put in place and render fully operational information systems that allow for the compilation, in a systematic manner, of information on the matter, with a view to facilitating the monitoring and assessing of the extent of the problem and the functioning of the drug control conventions in that regard.

(c) Precursors

550. In 2015, as in previous years, Governments in the region continued to report seizures of chemicals under international control. The majority of the seizures were of substances listed in Table II of the 1988 Convention and an increasing number of seizures of non-controlled precursor substances was also reported. The largest variety of substances seized worldwide was in South America, owing to the extensive list of substances placed under national control by countries in the region.

551. In December 2015, through supreme decree No. 348-2105-EF, Peru listed formic acid and *n*-propyl acetate as nationally controlled chemical substances used in illicit drug manufacture.

552. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

553. New psychoactive substances were reported as a growing concern in Argentina, Brazil, Chile, Colombia, Ecuador and Uruguay. Most of the reported new psychoactive substances were phenethylamines, synthetic cannabinoids, synthetic cathinones, piperazines and plant-based substances.

5. Abuse and treatment

554. The abuse of coca paste is concentrated in South America, and the annual prevalence of cocaine abuse continues to increase, although cannabis remains the most widely used controlled substance in the region, according to a report published by CICAD. The Commission also noted that the annual prevalence rates of abuse of cocaine among secondary school students were higher in South America than in North America, Central America and the Caribbean, with major differences in the levels of abuse in the analysed countries. According to the *World Drug Report 2016*, the estimated annual prevalence rate of cannabis use in South America as a whole is 3.2 per cent, based on 2014 figures. The annual prevalence of cocaine abuse stands at 1.5 per cent, amphetamines and prescription stimulants at 0.9 per cent, opioids are estimated at 0.3 per cent and "ecstasy" at slightly below 0.2 per cent.

555. The annual prevalence of cannabis use in the general population presented an overall upward trend. Annual prevalence rates in Peru rose only minimally from 1998 to 2010. In Argentina annual prevalence doubled from 2004 to 2011. Chile saw a similar increase from 1994 to 2012. Uruguay saw a sixfold increase from 2001 to 2011, the largest reported. The Government of Uruguay confirmed that the annual prevalence of cannabis herb abuse remained high (9.3 per cent of the adult population).

556. The 2015 report of CICAD showed that the rates of cannabis abuse among secondary school students differed significantly from country to country. For example, Ecuador, Peru and Venezuela (Bolivarian Republic of) each reported annual prevalence rates of use of less than 3 per cent, whereas the rate reported for Chile was 28 per cent. Cannabis use among secondary school students increased in all South American countries, except in Peru, where there was a minor decline from 2005 to 2012. Perceptions of the risks associated with the occasional use of cannabis also vary significantly from country to country.

557. The prevalence of past-year use of cocaine in South America is similar to that in North America, although the majority of cocaine use in North America is in salt form, whereas in South America the use of cocaine in other forms (base form) appears to be much more widespread. Moreover, some of the substances consumed in base form in South America are siphoned off from intermediate stages of the cocaine-processing chain, when they may still contain high levels of impurities and are thus usually considered to be much more toxic and have less potential to fetch high prices. The rate of prevalence of cocaine use in the general population in Argentina increased from 2004 to 2011. The rates in Chile, Colombia and Peru have remained stable, with only minor upward and downward movements over the years Uruguay saw a shift from 0.2 per cent to

1.9 per cent between 2001 and 2011, the largest change in South America.

558. Average rates of cocaine abuse among secondary school students were higher in South America in comparison with North America, Central America and the Caribbean. The past-year prevalence rate of cocaine use for secondary school students in the region was higher in Argentina, Chile and Colombia, followed by Brazil and Uruguay. The lowest prevalence rates were found in Suriname and Venezuela (Bolivarian Republic of). The use of cocaine among secondary school students has remained stable in Brazil, Chile and Uruguay, but with a minor upward trend. The situation in Peru is similar, but showing the reverse trend. Argentina saw a more significant increase in annual prevalence from 2001 to 2011. Guyana, on the basis of studies conducted in 2007 and 2013, saw a decreasing trend.

559. The trends in the abuse of coca paste among the general population do not show a clear pattern over time. Argentina, Bolivia (Plurinational State of) and Chile are the countries with the highest prevalence of past-year use of cocaine base paste, with rates that range from 0.8 per cent to 2.2 per cent. Abuse of cocaine base paste in the past 12 months in the general population ranges from 0.04 per cent to 0.47 per cent, with Chile, Peru and Uruguay having the highest rates of abuse. Data for the abuse among the general population is similarly scarce, but minor trends can be identified. Argentina, Colombia, Peru and Uruguay all show relatively stable numbers. Chile is the only country to have experienced a downward trend from 1994 to 2012, from almost 1 per cent to 0.4 per cent.

560. Concerning the trends for the abuse of coca paste among secondary school students in those countries of South America that have relevant data, a constant characteristic is stability. The annual prevalence rates for secondary school students have been recorded to a limited extent only, with just four countries having provided enough information to establish trends. Argentina saw an increase in the annual prevalence of coca paste use from 0.5 per cent in 2001 to 1.5 per cent in 2005, then a drop to around 1 per cent in 2009, at which level it remained until 2011, the last year for which data were available. Peru saw relatively stable annual prevalence rates between 2005 (0.8 per cent) and 2013 (around 1 per cent). In Uruguay the annual prevalence rate of use of coca paste base among this population group fluctuated between 0.7 per cent in 2003 and a peak of 1.1 per cent in 2007, then fell between 2007 and 2014 to 0.5 per cent. The annual prevalence numbers in Chile remained relatively stable between 2001 and 2013 at around 2.3 per cent.

561. Concerning the annual prevalence rates of "crack" cocaine abuse in the general population, the lowest prevalence rates were reported by Argentina, Brazil, Chile and Paraguay. Regarding "crack" cocaine abuse among secondary school students, the lowest annual prevalence rates (less than 0.5 per cent), were found in Argentina, Brazil, Ecuador, Suriname and Venezuela (Bolivarian Republic of).

562. Concern over rising levels of abuse of synthetic drugs among young people in South America also continued to grow in 2015. High annual prevalence rates of abuse of amphetamine-type stimulants among young people were reported in the region. According to the latest information provided by Chile for 2015, 2.6 per cent of 15-16 year olds had used "ecstasy" in the past 12 months. Figures provided by Argentina for 2014 indicated that the annual prevalence rate for the use of "ecstasy" for the same age group was 1.6 per cent.

563. According to CICAD, the past-year prevalence of the use without a medical prescription of tranquillizers (excluding opioids and analgesics) among secondary school students in several countries of the region, namely Bolivia (Plurinational State of), Chile, Paraguay and Suriname, was higher than 6 per cent. The past-year prevalence in Argentina, Colombia, Ecuador, Guyana and Peru was less than 3 per cent.

564. The appearance of plant-based psychoactive substances on the drug market in South America raises concerns. In the past, they were destined solely and exclusively for the religious rites of the indigenous peoples of the Americas. However, data from the most recent surveys show that young people from other backgrounds were abusing such substances. Those most frequently reported were *Salvia divinorum* and khat. Specifically in Colombia, hallucinogenic mushrooms, ayahuasca and cacao sabanero, the psychoactive component of which is the alkaloid scopolamine, were reported. The use of those plant-based substances in Colombia was reported to be higher than the use of other drugs.[62] Drug treatment in South America is mainly concerned with the abuse of cocaine, which accounts for nearly half of all individuals enrolled in drug treatment programmes in the region. According to a national study on patients receiving treatment in Argentina in 2010, including for alcohol- and tobacco-related addictions, 38 per cent had requested treatment for cocaine addiction.

[62] "Other drugs" in this case refers to LSD, "ecstasy", ketamine, methamphetamine and 4-bromo-2,5-dimethoxyphenethylamine (2C-B).

565. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), more than 2 million people are living with HIV in Latin America and the Caribbean, with 100,000 new infections in 2015. In Brazil, the need was identified to scale up voluntary HIV testing and counselling, including among people who use drugs and are at risk of HIV infection. In response, UNODC, in cooperation with the Ministry of Health, has supported strategic prevention projects with 38 non-governmental organizations under the initiative Viva Melhor Sabendo ("Live better knowing it") to develop HIV prevention, treatment and care among people who regularly use cocaine and "crack" cocaine. Also in Brazil, UNODC, jointly with the municipal AIDS programme, supported the programme De Braços Abertos ("Open arms"), which, as at December 2015, had reached over 1,300 people who use "crack" cocaine, of whom nearly 10 per cent are living with HIV. The programme has provided them with job opportunities, housing and improved access to health services.

566. In Argentina, over 60 health and social care service providers and representatives of civil society organizations were trained in addressing the HIV risks and vulnerability of people who use drugs, improving awareness among health service providers and supporting the creation of low-threshold community-based HIV services for people who use drugs.

C. Asia

East and South-East Asia

1. Major developments

567. Illicit opiate production and trafficking continue to be a major concern for the region, as illicit cultivation of opium poppy continues to increase. In 2015, the total area under illicit cultivation of opium poppy remained high in Myanmar for the third consecutive year, amounting to an estimated 55,500 ha. A much smaller, although significant amount, of illicit opium poppy cultivation was reported in the Lao People's Democratic Republic. The proportion of opiates originating in those countries that have been seized by neighbouring countries during the past few years has continued to increase. Driven by the lucrative profits in the largest market within the region, the two-way trafficking in opium and precursor chemicals between China and Myanmar continues.

568. Further growth in the manufacture of, trafficking in and misuse of amphetamine-type stimulants, in particular methamphetamine, has become one of the biggest obstacles to the region's supply and demand reduction efforts. A large amount of methamphetamine continues to be seized by most countries in East and South-East Asia. An increasing number of source countries, more diversified trafficking routes and greater connectivity within the region have increased the need for effective joint-border collaboration. Further increases in the abuse of methamphetamine have become increasingly problematic, as relevant treatment capacities and facilities are still lacking in most countries.

569. The markets for new psychoactive substances continue to expand, fuelling a major public health concern in the region. The recent trend of mixing new psychoactive substances with amphetamine-type stimulants such as MDMA pose serious challenges to health-care providers and drug control authorities. Measures taken by criminal organizations to circumvent existing controls are likely to persist, as existing legislation in most countries is, at present, ill-suited to addressing the emergence and growing diversity of new psychoactive substances.

2. Regional cooperation

570. The level of cooperation in the region has been extensive. Ministers attending the 4th Association of Southeast Asian Nations (ASEAN) Ministerial Meeting on Drug Matters, held in Langkawi, Malaysia, on 29 October 2015, welcomed the institutionalization of the Meeting as a body under the ASEAN Political-Security Community and endorsed the ASEAN position statement, in which the commitment of ASEAN to a zero-tolerance approach to drugs in realizing its aspiration of a drug-free ASEAN region, the importance of a comprehensive and balanced approach towards drug control, and support for the international drug control conventions were reaffirmed.

571. Jointly organized by UNODC, under the global Synthetics Monitoring: Analysis, Reporting and Trends (SMART) programme and the National Narcotics Control Commission of China, the seventh regional SMART workshop included discussions on the production of, misuse of and trafficking trends in non-controlled substances (synthetic drugs and ketamine). New trends, including trafficking facilitated by the Internet, were also discussed.

572. The Thirty-ninth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific,

held in Bangkok from 19 to 22 October 2015, enabled law enforcement officers to exchange views on the challenges brought forth by faster regional integration on drug control. Measures to facilitate regional cooperation in law enforcement, border management and joint operations were discussed.

573. The twenty-first Asia-Pacific Operational Drug Law Enforcement Conference, held in Tokyo in February 2016 and organized by the National Policy Agency of Japan, brought together officials from within the region and, for the first time, Africa, Europe and the Americas, as drug-related matters become increasingly intertwined across regions.

574. In July 2016, competent national authorities from South and East Asia and the Pacific attended an INCB training workshop. Experts from 19 Governments received training on the technical reporting requirements of the three international drug control conventions and on the use and application of new INCB tools, including I2ES and PEN Online. During the workshop, major obstacles to the availability of narcotic drugs and psychotropic substances for medical and scientific purposes were considered, and the implementation of recommendations made to Governments to facilitate access to and the availability of those drugs and substances were highlighted.

575. Senior officials from the six countries in the Greater Mekong subregion (Cambodia, China, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam) met in May 2016 and agreed to coordinate and integrate their drug control efforts through the adoption of an action plan. Participating countries restated the urgent need to involve neighbouring countries and called for a balanced approach to the implementation of the action plan, which incorporated law enforcement, criminal justice, alternative development and health responses.

576. As part of the region's endeavour to transition towards a community-based treatment approach, senior representatives of nine countries (Cambodia, China, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Thailand and Viet Nam) attended the Third Regional Consultation on Compulsory Centres for Drug Users, which was held in Manila from 21 to 23 September 2015. A road map to accelerate the move towards evidence-based prevention, treatment and support services for people who abuse drugs was drafted. The representatives adopted recommendations on the transition to voluntary community-based treatment services for people who abuse drugs, clustered around the following three pillars of action: *(a)* the development of national transition plans; *(b)* the review of national policies that restrict voluntary access to community-based treatment programmes; and *(c)* the building of capacity to provide voluntary services, including treatment.

3. National legislation, policy and action

577. In the Philippines, a manual to guide the establishment of community-based treatment and care services for persons who abuse drugs was launched in September 2015, signifying a first step in efforts to establish community-based tertiary prevention facilities.

578. Reports of acts of violence and murder in the Philippines committed against individuals suspected of involvement in the illicit drug trade or of drug abuse, which may have been encouraged or condoned by members of the Government since July 2016, came to the Board's attention. The Board issued a statement calling on the Government of the Philippines to issue an immediate and unequivocal condemnation and denunciation of extrajudicial actions against individuals suspected of involvement in the illicit drug trade or of drug abuse, to put an immediate stop to such actions, and to ensure that the perpetrators of such acts are brought to justice in full observance of due process and the rule of law. **The Board wishes to bring once again to the attention of all Governments that extrajudicial action, purportedly taken in pursuit of drug control objectives, is fundamentally contrary to the provisions and objectives of the three international drug control conventions, under which all actions must be undertaken within the due process of law.**

579. **A number of countries in East and South-East Asia continue to apply the death penalty for drug-related offences; the Board wishes to draw the attention of all Governments to its statements issued in March 2014 and in August 2016 on the subject and to reiterate its call to all States that retain the death penalty for drug-related offences to commute death sentences that have already been handed down and to consider the abolition of the death penalty for drug-related offences.**

580. Amendments and changes to national legislation to strengthen the scope of control over new psychoactive substances continued in 2015, as the region dealt with the continued emergence of such substances. In Hong Kong, China, the definition of synthetic cannabinoids under the Dangerous Drugs Ordinance (cap. 134) was amended in November 2015 to enlarge its scope. Meanwhile, NBOMe compounds were added to the first schedule of the

Ordinance, following the decision of the Commission on Narcotic Drugs to include 25B-NBOMe (2C-B-NBOMe) in Schedule I of the 1971 Convention.

581. Following the scheduling of 116 new psychoactive substances in October 2015 in China,[63] the Central Narcotics Board of Singapore listed 20 new psychoactive substances and one tryptamine generic group in the first schedule of the Misuse of Drugs Act in May 2016. They had previously been listed in the fifth schedule of that Act. Two new substances, MT-45 and *para*-methyl-4-methylaminorex (4,4'-DMAR), were also listed in the first schedule, following the decision of the Commission on Narcotic Drugs to include MT-45 in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol and 4,4'-DMAR in Schedule II of the 1971 Convention. As a pre-emptive measure to restrict the circulation of new psychoactive substances, four new substances (methyl 2-[[1-(cyclohexylmethyl)indole-3-carbonyl]amino]-3,3-dimethylbutanoate (MDMB-CHMICA), THJ-018, NM-2201 and 5F-NNE1) were listed in the fifth schedule of the Misuse of Drugs Act.

582. Some modifications were made to the criminal law of China in order to strengthen the legal basis for its precursor control and prevent the illicit manufacture of and trafficking in precursor chemicals. Specifically, the ninth amendment to the country's criminal law became effective in November 2015, whereby article 350 was amended to include both the crime of illegal precursor chemicals manufacture and the crime of illegal precursor chemicals trafficking. That means that a higher prescribed penalty will be applied for committing those crimes.

583. The Government of the Lao People's Democratic Republic completed drafting the "National Drug Control Master Plan for 2016-2020" in November 2015; similar national plans were adopted in Myanmar, the Philippines and Thailand in 2014. The Plan provides an overarching framework for the Government's efforts in drug control and highlights nine elements as guiding principles: expanding evidence-based policymaking; promoting integrated alternative development; reducing the harm associated with drug use; preventing drug use; using law enforcement strategically; effectively decriminalizing drug use; regulating precursors and strengthening forensic laboratories; strengthening cooperation; and developing capacity. A greater emphasis is now placed on coordinating and integrating the work of all relevant stakeholders in the country for more targeted intervention and greater efficiency.

584. In Japan, the Act on the Suspension of Execution of a Part of a Sentence for Persons who Committed the Crime of the Use of Drugs, became effective on 18 June 2016. The Act was introduced to ensure a rehabilitation period as an alternative to incarceration for persons convicted of using drugs. Under the Act, when a person is sentenced to imprisonment with or without labour for not more than three years for the use of drugs, there is an option to suspend the execution of part of the sentence. The period of such suspension is between one and five years, during which the drug offender is on probation and is given rehabilitation services, including undertaking community service.

585. In 2015, authorities in China distributed the Work Plan on Community-Based Drug Treatment and Rehabilitation (2016-2020). The Plan outlines the support and assistance to be provided to local governments to integrate persons who abuse drugs after treatment and rehabilitation, with a focus on increasing their employability and implementing social insurance policies.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

586. Illicit cultivation of opium poppy continued to be concentrated in the Lao People's Democratic Republic and Myanmar, particularly in the Shan State in Myanmar, and has displayed no sign of weakening. The total area under illicit opium poppy cultivation in Myanmar was estimated at 55,500 ha in 2015: one fifth of the total global illicit opium poppy cultivation took place in Myanmar, and the country remained the second-largest opium-producing country in the world. After reaching a low of fewer than 25,000 ha in 2006, illicit opium poppy cultivation increased and then stabilized at the current level in 2013. Meanwhile, a smaller yet significant amount of illicit cultivation (5,700 ha) was recorded in the Lao People's Democratic Republic. With a combined estimated 800 tons of opium production in 2015, those two countries continued to be the main suppliers within the region and major suppliers within Oceania and South Asia. Continuation of the increasing trend, however, has put them at risk of reversing the positive gains made over the last decade.

587. Regional seizure data over the past few years point to an increase in the trafficking of opiates from the Lao People's Democratic Republic and Myanmar. That increase is reflected in both the total amount of heroin

[63] E/INCB/2015/1, para. 502.

seized and the share of seized heroin originating in the region. Heroin and morphine seizures in East and South-East Asia more than doubled between 2008 and 2014, from 5.7 tons to 13 tons. Accounting for more than 30 per cent of the seized opiates in South-East Asia and Oceania in 2008, opiates originating in or departing from Afghanistan and Pakistan constituted only 10 per cent of opiates seized in the region in 2014. The trend was perhaps even more noticeable when focusing on China, where the proportion of seizures of heroin originating in Afghanistan fell from 30 per cent in 2010 to less than 10 per cent in 2014 and 2015: most heroin seized originated in the Lao People's Democratic Republic, Myanmar and Viet Nam.

588. As the largest heroin market and chemical-producing country in the region, China continued to be affected by the trafficking of heroin into its territory and to be the origin of precursor chemicals being smuggled to neighbouring countries. The majority of heroin manufactured in Myanmar is trafficked by land across the border to Yunnan Province in China, and a significant amount of precursor chemicals (mostly acetic anhydride) has been smuggled from China into Myanmar for opiate production. Such two-way trafficking continued in 2015, with about 8.8 tons of heroin (mostly originating in the Lao People's Democratic Republic and Myanmar) seized in China, and 260 litres of acetic anhydride coming from China seized in Myanmar. Slight decreases in the amount of heroin seized were reported by Myanmar and Singapore, as well as by Hong Kong, China, for 2015.

589. Illicit cultivation of cannabis plant continued in some countries in East and South-East Asia. Recent eradication of illicitly cultivated outdoor cannabis herb was reported by the following countries: Indonesia (122 ha), Philippines (28 ha), Myanmar (15 ha) and Viet Nam (2 ha). The latest seizure data suggest that a considerable amount of trafficking continues to occur within the region. In 2015, about 29 tons of cannabis herb were seized in Indonesia. A total of 8.7 tons of cannabis herb were seized in China in 2015, much more than in previous years: the yearly average between 2010 and 2014 was about 3.7 tons. Cambodia and Singapore also reported slight increases in the amount of cannabis seized compared with the previous year. At about 100 kg in 2015, the amount of cannabis herb seized remained steady in Japan compared with the previous year.

590. The amount of cocaine trafficked among countries in East and South-East Asia has been rather insignificant for a long time. As drug markets across regions become more connected and diverse, however, a greater amount of cocaine has been seized within the region, implying its rising popularity. The total amount of cocaine seized in Asia rose from an average of 0.45 tons per year during the period 1998-2008, to 1.5 tons per year during the period 2009-2014. East and South-East Asia accounted for more than half of that increase. Significant seizures were reported by some countries in 2015. For instance, in Hong Kong, China, around 200 kg of cocaine were seized. Authorities in Viet Nam seized 31 kg of cocaine in a container inspection in May 2015, the largest cocaine seizure in the country's history.

(b) Psychotropic substances

591. The region continues to see growth in trafficking in amphetamine-type stimulants, especially methamphetamine. The trend is evident in the amount of methamphetamine seized, which almost quadrupled in the region between 2009 and 2014. Worryingly, that upward trend continued in 2015: close to 36.6 tons of methamphetamine were seized in China during that year, an increase of 35 per cent compared with 2014. A significant rise in the amount of methamphetamine seized was also noted in Myanmar, where close to 2.3 tons were seized in 2015, which was much more than in the previous year. Similarly, the amount of methamphetamine seized by authorities in Indonesia in 2015 (4.4 tons) was four times higher than that seized in 2014 (1.1 tons).

592. Diversification in the source of methamphetamine, since 2009, was also noticed by law enforcement officers in the Republic of Korea. African countries, including Ghana, Kenya, Mali and South Africa, have been identified as likely source countries of methamphetamine entering the country. For example, about 4 kg of crystalline methamphetamine were trafficked into the Republic of Korea from Kenya during the period 2012-2013, and 4 kg of methamphetamine were identified as coming from Mali in both 2011 and 2013.

593. The large-scale manufacture of and trafficking in crystalline methamphetamine, which has a higher purity than methamphetamine pills, continue to pose significant threats to countries in the region. For instance, continued growth in the manufacture of crystalline methamphetamine was observed in China in 2015, despite years of efforts to dismantle the large number of clandestine laboratories manufacturing the substance. Close to 500 cases of illicit manufacturing were uncovered in China in 2015, an increase of 17.2 per cent over the year before. Indications of significant manufacture of crystalline methamphetamine in Myanmar have also been noticed by the country's authorities.

594. The growing popularity of crystalline methamphetamine across the region is particularly visible when focusing on countries where methamphetamine pills have been identified as the most commonly abused drug. For instance, seizures of crystalline methamphetamine continued to be reported by Thailand in 2015. Spurred on by higher profit margins, the growing availability of crystalline methamphetamine has also been reported in the Lao People's Democratic Republic, particularly in Vientiane, in major tourist destinations and in the southern provinces.

595. UNODC estimated that a total of approximately 244 million methamphetamine tablets were seized within the region in 2014. In July 2015, the largest single seizure of methamphetamine pills was reported in Myanmar, where close to 26.7 million methamphetamine pills were seized. According to the authorities in Thailand, most methamphetamine pills being trafficked into the country were manufactured in Myanmar, despite a slight reduction in total seizures in 2015. The amount of methamphetamine pills seized outside the Mekong region, for instance in Singapore (142 tablets), was insignificant in comparison.

596. East and South-East Asia have reported an increasing number of varieties of and substitutes for "ecstasy" during recent years, a likely result of tightened control over the major precursors used in the manufacture of the substance. Seizures of "ecstasy" containing little or no MDMA, but mainly a blend of non-controlled substances, have been reported throughout the region (in Brunei Darussalam; Hong Kong, China (including new psychoactive substances); Indonesia (including new psychoactive substances); Macao, China; Malaysia; Republic of Korea; Singapore (including new psychoactive substances); and Thailand). In 2015, about 3,000 tablets and 2,000 tablets of "ecstasy"-type substances were seized in the Philippines and Indonesia, respectively. In the same year, China also reported seizures of close to 200 kg of "ecstasy"-type substances.

(c) Precursors

597. As opium poppy cultivation and demand for amphetamine-type stimulants continue to grow, illicit manufacture and trafficking of precursor chemicals into the region persist. Significant quantities of the chemicals required for the manufacture of heroin (acetic anhydride) and amphetamine-type stimulants (ephedrine and pseudoephedrine) have been trafficked from China and India to various countries, as frequently noted by law enforcement within the region. In Cambodia in 2014, authorities seized significant amounts of ephedrine and other precursor chemicals. In China in 2015, more than 500 cases of illicit manufacture of drug precursors were uncovered and close to 1,600 tons of precursors were seized.

598. The presence of sizeable chemical manufacture within the region has heightened the risk of diversion of precursor chemicals from licit channels to illicit manufacture and trafficking. According to authorities in China, an industry chain involved in the illicit manufacture of and trafficking in precursor chemicals has been formed in different parts of the country over recent years. In addition, the replacement of precursor chemicals under international control with non-scheduled ones since 2012, namely the replacement of ephedrine compound preparation and *Ephedra* plant with 2-bromopropiophenone, also presents significant challenges to effective precursor control.

599. As closer economic integration and more complex supply chains connecting China, India and the ASEAN region develop, organized criminal groups seeking to divert precursor chemicals into illicit channels might exploit the opportunities associated with that increased interconnectedness. The timely exchange of real-time intelligence between chemical companies and law enforcement authorities, and the sharing of information among all authorities concerned, is of great relevance to curbing the illicit manufacture of and trafficking in precursor chemicals in the region.

600. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

601. The global trend of ketamine seizures has been dominated by the trafficking in the substance in countries in East and South-East Asia since 2012. The total amount of ketamine seized within the region increased from 6 tons in 2012 to more than 12 tons in 2014, accounting for almost all of the ketamine seized worldwide. In particular, the amount of ketamine seized in China more than quadrupled, from 4.7 tons in 2012 to 19.6 tons in 2015. Recent intelligence in Hong Kong,

China, revealed that ketamine is being smuggled in small quantities in order to evade detection and minimize financial loss upon interdiction. Additionally, indications that it is being manufactured and misused in the region have also raised concern. Having dismantled about 100 ketamine laboratories per year during the recent past, close to 200 cases of ketamine manufacture were uncovered in China in 2015, an increase of 12.4 per cent over 2014. The first clandestine ketamine laboratory in Malaysia was dismantled in August 2016. At the same time, 269 kg of liquid and crystallized ketamine were seized. According to the *World Drug Report 2016*, there are expert perceptions of increases in the non-medical use of ketamine in East and South-East Asia.

602. Sometimes sold under the street names given to amphetamine-type stimulants, new psychoactive substances continue to be manufactured and trafficked within the region. In Singapore, the amount of new psychoactive substances seized has increased considerably, from 470 tablets in 2014 to over 3,000 tablets in 2015. Considered one of the major manufacturing countries of new psychoactive substances, a number of new synthetic cannabinoids, cathinones, phenylethylamines and piperazines were identified by China, following tighter control and the scheduling of 116 new psychoactive substances since October 2015. Authorities also reported the recent expansion of the manufacture of and trafficking in new psychoactive substances from the Yangtze River Delta to other parts of the country. Significant increases in the amount of synthetic cathinones seized were reported by Hong Kong, China, in 2015, alongside a surge in the number of newly identified substances belonging to that family of substances worldwide.

603. The region continued to report on the trafficking in and presence of plant-based psychoactive materials belonging to the khat (*Catha edulis*) group and kratom (*Mitragyna speciosa*) group, the former of which originates in plants native to East Africa and the Arabian Peninsula. Two seizures, amounting to 4.4 tons of khat coming from East Africa, were reported by Viet Nam in mid-2016. In 2014, the presence of three plant-based psychoactive materials belonging to the khat group were reported by China and Indonesia. Meanwhile, the presence of three plant-based psychoactive materials belonging to the kratom group were reported by Indonesia and Thailand.

5. Abuse and treatment

604. Although the global trend of abuse of amphetamine-type stimulants remained stable, increases have been reported in East and South-East Asia. That is evident in terms of the number of countries reporting them as both the most commonly abused drugs and the primary drugs of concern among new users. Caution must be exercised in interpreting the data, however, as recent, reliable data on the prevalence of drug use among the general population within the region remain scarce, and the continuous emergence of new psychoactive substances sold under the street names of amphetamine-type stimulants further complicates the picture. The Board encourages countries in the region to further strengthen their work in drug abuse data collection and analysis.

605. Annual prevalence of the use of amphetamines and prescription stimulants in East and South-East Asia in 2014 (0.57 per cent) is lower than the global average (0.8 per cent). In 2014, slightly more than 9 million people were estimated to be abusing amphetamines and prescription stimulants within the region, accounting for about a quarter of the global population of people abusing amphetamines and prescription stimulants (35 million).

606. Dominance of the two main forms of methamphetamine (crystalline methamphetamine and methamphetamine pills) varied slightly across the region. As the primary drug of concern outside the Mekong area, crystalline methamphetamine was most commonly abused in Brunei Darussalam, Indonesia, Japan, the Philippines and the Republic of Korea. Methamphetamine tablets were most commonly abused in Cambodia, the Lao People's Democratic Republic and Thailand.

607. Increases in the rates of abuse of methamphetamine have been identified in the region, despite it not being the most widely abused drug in some countries. According to the *World Drug Report 2016*, Cambodia, China, Malaysia and Viet Nam saw increases in the prevalence of abuse of both crystalline methamphetamine and methamphetamine tablets in 2014. Myanmar and the Philippines also saw increases in the abuse of crystalline methamphetamine and methamphetamine pills. In Singapore, methamphetamine overtook heroin as the most commonly abused drug in 2015. At the same time, amphetamine-type stimulants accounted for the main drug used by over 70 per cent of newly registered drug users in China.

608. In 2014, people receiving treatment for methamphetamine abuse in Brunei Darussalam, Cambodia, the Philippines, Singapore and Thailand made up the majority of people treated for drug abuse in those countries. Given the difficulties of treating methamphetamine addiction, the increase in its use has been straining the

limited treatment facilities in some countries, such as the Lao People's Democratic Republic.

609. The trend of injecting amphetamine-type stimulants has been reported by some countries in East and South-East Asia. In Cambodia, methamphetamine, in the form of either crystalline methamphetamine or methamphetamine pills, was abused by most persons who inject drugs. In Thailand, a study conducted among 650 self-reported HIV-positive persons who abuse drugs by injection showed that daily methamphetamine use was associated with syringe sharing.

610. Annual prevalence of the use of opiates in East and South-East Asia in 2014 (0.21 per cent) is lower than the global average (0.37 per cent). In 2014, more than 3.3 million people were estimated to be abusing opiates within the region, accounting for almost one fifth of the global population of people abusing opiates (17.4 million). Considered as the primary drug of concern in Malaysia, Myanmar and Viet Nam, opiates were found to be abused by a large number of people in China, Indonesia, the Lao People's Democratic Republic and Thailand. About 1.5 million people who abuse heroin were registered in 2015 in China, slightly more than the year before, but they represent a smaller share among the total number of registered drug users in the country. That decrease suggests the diminishing popularity of heroin, while the opposite trend has been observed for registered users of amphetamine-type stimulants.

611. With an estimated 3.15 million people who inject drugs, East and South-East Asia continues to be the region with the largest number of people who inject drugs and accounts for about a quarter of the global total. The public health risk of a higher prevalence rate of HIV among people who inject drugs has been seen in some of the region's countries. Relevant interventions and treatment therefore should be expanded and made accessible to target groups, particularly in Cambodia, Indonesia, Myanmar and the Philippines, where the HIV prevalence rate among persons who abuse drugs by injection was estimated at more than twice the regional average (10.5 per cent) in 2015.

612. The Government of China has devoted considerable resources to the provision of community-based drug treatment and rehabilitation services to drug-dependent persons. In 2015, authorities selected 37 national model units and 51 national model sites for community-based drug treatment and rehabilitation. Close to 230,000 people were receiving community-based drug treatment services and a further 91,000 were enrolled in drug rehabilitation programmes.

South Asia

1. Major developments

613. In 2015, South Asia continued to be particularly vulnerable to trafficking in opiates and heroin. Trafficking in cannabis, synthetic drugs and new psychoactive substances also persisted in the region. In addition, the region continued to witness increases in the manufacturing of and trafficking in methamphetamine, the diversion of controlled substances from licit to illicit channels and the abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances. Bhutan started using buprenorphine for the treatment of opioid dependence in 2015.

2. Regional cooperation

614. Sixty-fifth anniversary celebrations for the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific were held in Colombo on 1 July 2016. The Colombo Plan has provided several services and programmes in the countries of the region since its establishment. The Drug Advisory Programme of the Plan, in particular, addresses the growing drug problem in the region and promotes regional cooperation that is aimed at building capacity in the areas of drug abuse and drug control, drug demand reduction, precursor chemical control, border protection, abuse of pharmaceutical preparations and trafficking, and forensic drug analysis.

615. Between February and December 2016, India was the Chair of the BRICS countries Anti-Drug Working Group, whose membership also comprises Brazil, China, the Russian Federation and South Africa. The Working Group discusses various issues related to drug trafficking, including the diversion of precursor chemicals, new psychoactive substances, maritime drug trafficking, narco-terrorism and the laundering of the proceeds of drug trafficking, with the aim of enhancing cooperation among the participating countries to deal with such problems.

616. The Narcotics Control Bureau of India and the Central Narcotics Bureau of Singapore signed a memorandum of understanding on 24 November 2015 to facilitate and enhance cooperation in order to combat trafficking in narcotic drugs, psychotropic substances and their precursors.

617. The Colombo Plan International Centre for Certification and Education of Addiction Professionals, together with the Drug Advisory Programme of the

Colombo Plan, held several training events in the region for national trainers on the universal treatment curriculum for substance use disorders. In November 2015 and February 2016, treatment practitioners from the region received training on the child substance use disorder treatment programme.

618. With the aim of facilitating the collection, analysis and sharing of information related to drug trafficking and other forms of transnational organized crime between Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka and to improve inter-agency regional cooperation between law enforcement agencies in the region, UNODC continued to assist in the creation of a South Asian regional intelligence and coordination centre on transnational organized crime. Two expert group meetings were held with key government counterparts from the region to discuss the proposed options for creating the centre.

3. National legislation, policy and action

619. Bhutan introduced computer-based training in order to upgrade the capacity of drug law enforcement officials and financial institutions to combat drug-related crime and money-laundering. Twenty-two law enforcement officers from Bhutan participated in the first e-learning training course, organized by UNODC and held in Faridabad, India, in November 2015.

620. Following Commission on Narcotic Drugs decision 58/3, to include AH-7921 in Schedule I of the 1961 Convention as amended, in June 2016, the Government of India, through the Narcotic Drugs and Psychotropic Substances (Amendment) Rules, 2016, also brought AH-7921 under national control, under the Narcotic Drugs and Psychotropic Substances Act, 1985.

621. In 2016, the Central Bureau of Narcotics of India established an online registration system for controlled substances and made registration in the system mandatory for all those involved in the manufacture, sale, distribution, possession, or consumption of narcotic drugs, psychotropic substances and chemical precursors commonly used in the manufacture of narcotic drugs and psychotropic substances.

622. The revised national drug law of Bhutan, entitled Narcotic Drugs, Psychotropic Substances and Substance Abuse Act of Bhutan 2015, was enacted in 2015. The Act repeals the 2005 law and addresses the health dimension of drug abuse, while emphasizing both supply and demand reduction. The Act also establishes a clear difference between drug users and traffickers by setting out a threshold for the quantities that can be considered for personal use.

623. To improve security and prevent the illegal use of airports in transnational organized criminal activities, including drug and precursor trafficking, Maldives, Nepal and Sri Lanka joined the Air Cargo Programme of UNODC (part of the Container Control Programme).

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

624. The Narcotics Control Bureau of India reported the following number of cases in which drugs were seized in 2015: cannabis (8,130), heroin (3,931) and cannabis resin (2,295). The number of cannabis seizures increased by 47 per cent, but the total quantity of cannabis seized decreased. Illicit cultivation of cannabis plant was reported to be just over 313 ha in 2015. Eradication operations were undertaken by law enforcement authorities in all identified areas of cultivation. Cannabis is one of the most widely abused substances in India. Trafficking of cannabis from Nepal to India continued to be a major concern.

625. Bangladesh is exposed to drug trafficking across the borders it shares with India and Myanmar. Bangladesh also has a history of illicit cannabis production and consumption; cannabis remains the main substance of abuse in the country. The total amount seized increased from 35 tons in 2014 to 41 tons in 2015.

626. Illicit cultivation and the wild growth of cannabis were reported in the highlands of the western and central parts of Nepal. Although the Government carries out cannabis eradication campaigns on a yearly basis, illicit cultivation continued in the reporting period. Cannabis was trafficked to India across the shared border. Nepal reported seizures of over 6.6 tons of cannabis in 2015, slightly lower than the 6.9 tons seized in 2014.

627. Bhutan reported eradication of cannabis plants in various parts of the country. In some areas, assistance in growing cash crops was given to farmers to provide them with an alternative to cultivating cannabis plants.

628. Cannabis and heroin are the major drugs of abuse in Sri Lanka. Cannabis plant is illicitly cultivated in the country and abuse of cannabis has become a significant

problem. About 99 kg of cannabis were seized in the first half of 2016, which was comparable to the amount seized during the same period in 2015, as well as 3 kg of cannabis resin.

629. In India, cannabis resin seizures in 2015 increased by 46.8 per cent compared with the previous year (3.3 tons, up from 2.28 tons seized in 2014). In addition to being produced domestically, cannabis resin is also trafficked into India from Nepal. In 2015, cannabis resin of Nepalese origin represented 21.9 per cent of the total amount of the substance seized in India.

630. The quantity of heroin seized in India increased slightly, to just under 1.42 tons in 2015, from 1.37 tons reported in 2014. The State of Punjab, which shares a border with Pakistan, accounted for most of the South-West Asian heroin seized in India. Trafficking of heroin from South-West Asia to India and then to Sri Lanka, Maldives and countries in Western Europe was identified by the Narcotics Control Bureau of India as a major trafficking trend.

631. The amount of heroin trafficked into Sri Lanka continued to increase in 2016. Seizure data for the first half of 2016 indicated a sharp increase over the same period of the previous year. The Police Narcotics Bureau reported that 134 kg of heroin had been seized between January and June 2016, compared with 18 kg during the same period in 2015.

632. Similar increases in heroin trafficking have also been observed in other countries in the region. In Bangladesh, seizures of heroin increased by 29.5 per cent, from 84.3 kg in 2014 to 108.7 kg in 2015. In Nepal, 3.8 kg of heroin were seized in 2014 and 6.4 kg in 2015.

633. The Narcotics Control Bureau of India indicated that the quantity of opium seized decreased from 1.77 tons in 2014 to 1.69 tons in 2015, although the number of reported seizures increased. The highest quantity of opium seizures (420 kg) were reported in the State of Punjab. In 2015, 61 kg of morphine were seized, compared with 25 kg in 2014. About 1,401 ha of illicitly cultivated opium poppy were identified and destroyed by the Narcotics Control Bureau in 2015.

634. There was an increase in the amount of codeine-based preparations seized in Bangladesh. In 2015, 860,429 bottles of codeine-based preparations were seized in the country, an increase of 15 per cent over the 748,730 bottles seized in 2014. Synthetic opiates such as buprenorphine and pethidine (chemical name meperidine) in injectable form continued to be trafficked into Bangladesh. Seizures of drugs in injectable form sharply decreased to 86,172 ampoules in 2015, slightly less than half the 178,889 ampoules seized in 2014.

635. Even though trafficking in cocaine in South Asia has historically been very limited, there has been a rise in annual seizures in India over the past few years. The quantity of cocaine seized in India increased from about 15 kg in 2014 to 113 kg in 2015. During the first half of 2016, 1.7 kg of cocaine were seized in Sri Lanka. The seizure of 5.7 kg of cocaine in Bangladesh in 2015 was the first reported seizure of cocaine in that country since 2009. In Nepal, 5.5 kg of cocaine were seized in 2014 and 11 kg were seized in 2015.

636. Nepal is becoming a transit stage for international trafficking through its airspace and land routes to the world illicit drug market. In 2015, authorities in Nepal arrested 2,636 individuals for drug trafficking offences, compared with 2,918 in 2014. According to the Narcotics Control Bureau of Nepal, 9.8 kg of opium were seized in 2015 and 34 kg in 2014.

637. In Bhutan, there was a drop in the number of cases for possession of and trafficking in controlled substances, from 370 cases in 2014 to 296 in 2015. The Bhutan Narcotics Control Agency has attributed the drop to intensified inspections and awareness-raising programmes, as well as the deterrent effect of more severe sanctions.

(b) Psychotropic substances

638. The manufacture and abuse of amphetamine-type stimulants are continuing challenges in the region. According to reports by the Narcotics Control Bureau of India, several attempts have been made to set up clandestine facilities for manufacturing amphetamine-type stimulants, especially in the States of Maharashtra and Gujarat. However, those attempts were successfully prevented by the Bureau. A total of 166 kg of amphetamine-type stimulants were seized in India in 2015, slightly less than the amount seized in 2014 (196 kg). In 2015, the Narcotics Control Bureau reported the dismantling of one illicit manufacturing facility, from which about 14 kg of methamphetamine were seized. Additionally, one illicit Internet pharmacy was dismantled by the enforcement agencies in India, and 14,310 tablets containing psychotropic substances weighing about 277 kg were seized in 2015.

639. Seizures of methaqualone in India increased from 54 kg in 2014 to 89 kg in 2015. After placing mephedrone under national control in 2015, India seized about

1.27 tons of mephedrone in that year. In November 2016, the Directorate of Revenue Intelligence seized 23.5 tons of methaqualone in a clandestine factory in the State of Rajasthan. It was one of the largest seizures of methaqualone not only in India but also in the world.

640. Smuggling of "yaba" (methamphetamine) tablets from Myanmar across the south-eastern border to Bangladesh has continued; the quantities seized by law enforcement agencies in Bangladesh have been rapidly increasing. In January 2016, Bangladesh police seized 2.8 million methamphetamine tablets, worth an estimated $10.5 million, in the country's biggest ever single seizure of the drug. In 2015, "yaba" tablet seizures more than tripled (20 million) compared with 2014 (6.5 million).

641. According to the Narcotics Control Bureau of Nepal, the trafficking in and abuse of psychotropic substances continue to escalate. In 2015, 25,056 ampoules of diazepam and 18,950 ampoules of buprenorphine were seized in Nepal.

(c) Precursors

642. Since 2013 there has been a continuous decrease in the amounts of ephedrine and pseudoephedrine seized in India. However, combating the diversion of those substances from legal manufacture to illicit channels remains a major challenge for law enforcement agencies in the country. In 2015, a large number of tablets containing pseudoephedrine or ephedrine were seized along the India-Myanmar border, which were possibly being smuggled into Myanmar for extraction of the substances in order to manufacture amphetamine-type stimulants.

643. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in South Asia can be found in the report of the Board for 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

644. India continues to be a source country for ketamine trafficked to South-East Asia. Additionally, instances of using courier parcel services to traffic ketamine from India to South Africa and the United Kingdom have been observed. In 2015, India seized approximately 211.6 kg of ketamine, a substantial increase over the amount seized in the previous year, which amounted to approximately 20.4 kg.

645. Considering the seizures of new psychoactive substances identified as originating in this region, the Board encourages Governments in the region to take part in the INCB Project Ion and IONICS, which facilitate the sharing of information on incidents involving new psychoactive substances.

5. Abuse and treatment

646. In July 2016, the Ministry of Social Justice and Empowerment of India, in collaboration with the National Drug Dependence Treatment Centre of the All India Institute of Medical Sciences, began conducting a survey to compile national and state-level estimates of the numbers of persons abusing drugs. The two-year-long survey will map the presence of treatment and rehabilitation services for drug-dependent individuals and identify the gaps in service delivery. The last such survey was conducted in 2001 and the data were published in 2004. An opioid dependence survey carried out in Punjab in 2015 found that of the state's population of 28 million, 230,000 persons were opioid dependent and 860,000 were opioid users. Most of them were male.

647. On 12 April 2016, the Government of Maldives invited interested parties (both local and international) to submit proposals to operate the Drug Rehabilitation and Treatment Centre at Kaafu Hinmafushi. The Centre is the only drug rehabilitation centre in the country. Approximately 250 clients are accommodated and treated annually at the Centre, which takes a therapeutic, community-based treatment approach.

648. The National Dangerous Drugs Control Board of Sri Lanka reported that a total of 1,482 drug users had received services in treatment facilities in 2015. Cannabis and heroin continued to be the two drugs most commonly abused in Sri Lanka. People in treatment for alcohol and tobacco abuse were also counted in the statistics. In 2015, the number of treated drug users decreased by 10 per cent compared with 2014. Among those reported as drug users, 58 per cent were receiving treatment in government facilities, 21 per cent were in the prison service drug treatment and rehabilitation programme, and 14 per cent were receiving assistance from non-governmental organizations. Almost all clients (99 per cent) in the treatment centres were men.

649. In 2015, a total of 9,987 patients (all male) were treated in private treatment centres in Bangladesh, down from 10,364 patients in 2014. Most of them (32 per cent) reported cannabis as their primary drug of abuse, followed by "yaba" (methamphetamine) (20.6 per cent and

increasing) and heroin (20.1 per cent and decreasing). The abuse of "yaba" and of codeine-based preparations continue to be widespread in Bangladesh, and are still increasing. Buprenorphine is one of the most popular drugs of abuse among those who inject drugs. Many heroin users have switched to it because it is cheap and accessible.

650. Codeine-based cough syrups, buprenorphine, diazepam, nitrazepam and morphine were the pharmaceutical preparations containing controlled substances that are most commonly abused in Nepal.

651. The National Dangerous Drugs Control Board of Sri Lanka called for research proposals for conducting a national prevalence survey during the period 2016-2017 to estimate the number of drug users in the country. In May 2016, the National Dangerous Drugs Control Board organized, in cooperation with UNODC, an expert group meeting on assessing the abuse of pharmaceutical drugs containing narcotic drugs and psychotropic substances in Sri Lanka.

652. Bhutan reports that the majority of drug users in the country are young people and that they are mainly dependent on cannabis and pharmaceutical products such as dextropropoxyphene, nitrazepam, diazepam and codeine-based cough syrups. In 2015, Bhutan introduced pharmacological treatment with buprenorphine for opioid drug users. UNODC also facilitated capacity-building and the training of nurses and doctors to ensure the smooth implementation of the treatment. In addition, guidelines for the certification of treatment centres in Bhutan were introduced.

West Asia

1. Major developments

653. The drug control situation in West Asia continues to be heavily influenced by developments in the opiate market in Afghanistan, particularly with regard to the steady supply of opiates from opium poppy illicitly cultivated in Afghanistan transiting the region to markets around the world. As all three major transregional opiate trade routes originating in Afghanistan run through West Asia (the northern route, through Central Asian countries towards the Russian Federation; the Balkan route, through Iran (Islamic Republic of) and Turkey towards Europe; and the southern route, through Pakistan towards all regions of the world, except Latin America), the effectiveness of drug control efforts in the region continues to have considerable implications for illicit opiate markets globally.

654. Drug control challenges associated with the location of West Asian countries along major global drug trafficking routes remain complex and multifaceted. Progress remains tied to the region's ability to respond to broader and interrelated developmental and criminal justice challenges, such as corruption, terrorism and continued political instability, which have culminated, in parts of the region, in ineffective governmental control over significant areas. The situation is further exacerbated by protracted armed conflicts in Iraq, the Syrian Arab Republic and Yemen, massive migration flows with ever-growing refugee populations settling in shelters and camps located in Jordan, Lebanon and Turkey, and the vulnerability of affected populations, presenting further drug control challenges for authorities in the region.

655. A further issue of concern for the region has been the continuing widespread availability and use of counterfeit tablets marketed as "captagon".[64] Both media and anecdotal reports suggest that "captagon" pills are widely used by terrorists and combatants engaged in the armed conflicts ravaging across West Asia, in order to achieve a state of lowered inhibition to engage in violence and prolong their ability to remain alert for combat without needing rest. However, to date, there is little reliable information available to confirm the source of the chemicals and the synthesizing processes used in the manufacture of those amphetamine-based compounds, including the location of the laboratories chemically synthesizing them.

656. A new phenomenon observed in the region, which has started to develop over the past few years and, based on information available to INCB, is becoming more common, is the discovery of multiple methamphetamine production sites in Afghanistan, in particular since the beginning of 2016. Recent raids on illicit laboratories revealed the presence of equipment and precursor chemicals used in the illicit manufacture of methamphetamine, whereas in previous years, methamphetamine had generally entered the country as an end product. In addition to accounting for the second highest illicit production of

[64] "Captagon" was originally the official trade name for a pharmaceutical preparation containing the substance fenethylline, a synthetic stimulant. The substance currently known as "captagon", as encountered in seizures across West Asia today and referred to in the present report, is a counterfeit drug compressed into pills or tablets that are similar in appearance but distinct from the original "Captagon". The active ingredient in counterfeit "captagon" is amphetamine, which is typically cut with multiple adulterants, such as caffeine and other substances.

cannabis resin and the largest illicit production of opium in the world, Afghanistan now appears to be facing an additional drug control challenge related to illicit methamphetamine manufacture. The scope and magnitude of the new development and its significance for regional methamphetamine markets have yet to be seen.

657. The Board notes with concern the rapidly deteriorating safety and security situation in Afghanistan and its impact on the authorities' ability to monitor and control the illicit supply of drugs originating in the country. At the same time, the Board observed that the willingness of the international community to continue providing support to Afghanistan appeared to be declining, in particular in the area of drug control. The Board acknowledges that any possible improvement in the drug control situation in Afghanistan is intrinsically linked to broader developmental and criminal justice challenges being adequately addressed but cautions that action against drugs, money-laundering and corruption cannot be removed from the equation if sustainable development is to be achieved. **In that context, the Board calls upon partner Governments and the international community to sustain their support for the counter-narcotics efforts of Afghanistan, in the spirit of their common and shared responsibility to respond to the world drug problem and in order to ensure that the potential vacuum left by the withdrawal of international support from the country is not filled by criminal or terrorist elements.**

2. Regional cooperation

658. Cooperation at the regional level has continued in West Asia on the basis of both existing and new bilateral and multilateral agreements (some of which were concluded during the reporting period). In addition, multiple regional cooperation initiatives and processes exist, based on subregional affiliations among the countries of Central Asia and the Caucasus, the Gulf and the Middle East. Others are centred around issues of common concern for clusters of neighbouring countries, as is the case with many initiatives built around the need to address threats emanating from the drug market in Afghanistan, which also have global dimensions.

659. The Central Asian Regional Information and Coordination Centre (CARICC), a standing intergovernmental body that combats trafficking in narcotic drugs, psychotropic substances and their precursors, continues to serve as a regional platform for exchanging information and good practices in countering drug trafficking and promoting law enforcement cooperation. Activities in the past year were centred around the coordination of several joint operations among CARICC participating States (Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan), and countries including Australia and China when targeting specific trafficking routes. One concrete result, in November 2015, was a controlled delivery conducted between the competent national authorities of Kazakhstan and Tajikistan, under the auspices of CARICC, which led to the seizure in Kazakhstan of close to 40 kg of cannabis, allegedly originating in Afghanistan.

660. On 30 May 2016, the members of the Afghanistan, Kyrgyzstan and Tajikistan (AKT) Initiative adopted a ministerial declaration at the fourth tripartite ministerial-level meeting, held in Issyk-Kul, Kyrgyzstan. In the declaration, the importance of regional cooperation and capacity-building in drug control matters, particularly with regard to customs and border control, was emphasized. Participating countries agreed to support the establishment of border liaison offices, to develop standard operating procedures for such offices between Afghanistan and Tajikistan, and to draft a memorandum of understanding to form the basis of operational information-sharing across borders and for future coordinated operations.

661. At the annual summit of the Shanghai Cooperation Organization, held in Tashkent in June 2016, India and Pakistan formalized their bids for membership of the organization, currently comprising China, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Uzbekistan, through the signing of "memoranda of commitment". The instruments are considered to be the last step before full-fledged membership, which is expected to be granted in 2017. Since 2006, the Shanghai Cooperation Organization has taken up drug trafficking as one of the priority areas for closer cooperation among its member States.

662. The Government of Afghanistan and the European Union co-hosted the Brussels Conference on Afghanistan, held on 5 October 2016. The conference was part of a series of ministerial-level meetings convened with the aim of supporting progress on the development agenda in Afghanistan throughout the so-called "Transformation Decade" (2015-2024). The Brussels Conference adopted a communiqué entitled "Partnership for Prosperity and Peace", reaffirming the commitment of participating countries and international organizations to strengthening cooperation towards achieving the self-reliance of Afghanistan. International partners further pledged to provide $15.2 billion in support of Afghanistan's development priorities for the period 2017-2020, based on the Afghanistan National Peace and Development Framework,

presented by the Government at the Conference, and the "Self-reliance through Mutual Accountability Framework". Under the heading "Peace, security and regional cooperation", the Conference further underlined the need for renewed efforts and a sustained and integrated approach in reducing the illicit production and trafficking of narcotics and precursors, as well as treating and rehabilitating persons with substance abuse disorders, including through the implementation of the Afghan National Drug Action Plan.

3. National legislation, policy and action

663. In October 2015, the Government of Afghanistan adopted a new National Drug Action Plan, for the period 2015-2019, which was presented to the international community at a high-level meeting convened in Vienna in December 2015. The main objectives of the Plan are to decrease the cultivation of opium poppy and the production and trafficking of opiates, reduce the illicit demand for drugs and increase the provision of treatment for users. Also in 2015, the Ministry of Counter Narcotics launched the Afghanistan Drug Reporting System, which is an interactive online system for narcotics-related data collection. The System consolidates all drug-related data on Afghanistan from officially verified sources and is the first comprehensive nationwide data repository of its kind.

664. The Government of Armenia supplemented its 2014 National Strategy for Combating Drug Addiction and Illicit Traffic in Narcotic Drugs with a programme for 2016, setting out actions towards achieving the objectives of the three substantive components of the Strategy, namely: *(a)* primary prevention of drug addiction; *(b)* prevention of illicit traffic in narcotic drugs, psychotropic substances and their precursors; and *(c)* provision of medical, social and psychological care services to persons using narcotic drugs or psychotropic substances. Those actions are complemented by chapters dedicated to expected outputs and financing, as well as monitoring and evaluation of the implementation of the Strategy.

665. Jordan placed six synthetic cannabinoids from the JWH group under national control during the reporting period, including JWH-018 and five substances not currently under international control. Israel placed nine new psychoactive substances not currently under international control under national control in 2015.

666. Georgia reported having reduced, in 2015, criminal penalties for the possession of drugs, which had previously carried the same sanction as the distribution of drugs. In practice, Georgian courts had reportedly already started employing alternatives to incarceration in cases of simple drug possession. A national drug monitoring centre was also established to collect and analyse data on the drug situation, laying the foundation for evidence-based approaches to drug policy formulation in the country.

667. Lebanon introduced significant amendments to its criminal code during the reporting period to improve its response to financial crimes. Those amendments are expected to have an impact on the country's ability to tackle drug-related crime through more effective action against illicit financial flows. The amendments introduce, inter alia, the concept of money-laundering as a stand-alone offence not requiring a conviction for the related predicate offence; fines amounting to double the amount of the value of laundered assets; an expansion of the concept of what can be considered as proceeds of crime; an extension of the scope of application of the law with regard to the commission of related offences outside the national territory; and a broader mandate for the special investigative commission, whose tasks were defined further in the amendments.

668. The National Strategy for Combating Drugs of Oman for the period 2016-2020 was updated to include additional stakeholders, in line with its aim to reflect a multisectoral and multidisciplinary approach, including legislative and operational measures in the sphere of law enforcement, as well as a strong prevention component focusing on awareness-raising among the general population.

669. In the State of Palestine, a presidential decree adopted in 2015 further defined the mandate of the Anti-Narcotics Department of the Palestinian Police to include the development of a crime prevention plan concerning drug trafficking, cultivation and manufacture; information-gathering and exchange of information on drug trafficking cases through increased international and regional cooperation; and the maintenance of registers and monitoring of drug manufacturers, traffickers and trafficking suspects, as well as users.

670. In addition to the recent expansion of the definition of new psychoactive substances to include generic (as opposed to substance-specific) definitions, Turkey amended its Penal Code to add synthetic cannabinoids and their derivatives to the list of substances for which higher penalties may be applied. An additional 29 substances were placed under national control during the reporting period. Article 191 of the Penal Code was also

amended to consider the sale of any type of drug or stimulant in schools, dormitories, hospitals, barracks or places of worship as an aggravating circumstance in sentencing. Turkey also upgraded its national counter-narcotics infrastructure by according the former counter-narcotics branch within the Turkish National Police the status of a fully-fledged department.

671. Uzbekistan amended its law No. 293, on the import, export and transit of narcotic drugs, psychotropic substances and precursor chemicals, through Council of Ministers decree No. 330, in November 2015. Changes introduced through the amendment include a simplification of procedures for the acceptance of import and export authorizations concerning narcotic drugs and psychotropic substances, and the inclusion of some 80 substances, mainly new psychoactive substances, into the national list of prohibited substances.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

672. West Asia, in particular Afghanistan, continues to be a major source of illicitly produced opiates. As a region, West Asia also saw the largest share of opiate seizures in the world during the reporting period. The Balkan route, which runs through Iran (Islamic Republic of) and Turkey to reach mainly European markets, remains the most prominent among the three established opiate trafficking routes. However, recent reports indicate that other routes are gaining in importance. Turkey observed the gradual emergence of a second Balkan route, encompassing Iraq and the Syrian Arab Republic in addition to the countries traditionally lying on the Balkan route. At the same time, the southern route, using Iran (Islamic Republic of) and Pakistan as distribution hubs to supply markets in virtually all regions of the world, except Latin America, is growing in importance. Even the traditionally least frequented northern route, reaching the Russian Federation and other countries of the Commonwealth of Independent States via Central Asian countries that border Afghanistan, has recently shown signs of increased use after a decline during the period 2008-2012.

673. Afghanistan has, for more than a decade, accounted for the world's largest illicit production of opium, despite the significant decline in opium poppy cultivation and estimated production reported in the *Afghanistan Opium Survey 2015*. Figures for 2016 confirm that there is little cause for optimism, as practically all surveyed indicators of opium production in the country show increases in production, suggesting that the developments observed in 2015 have effectively been reversed.

674. According to the executive summary of the *Afghanistan Opium Survey 2016*, the estimated total area under illicit opium poppy cultivation in Afghanistan has increased by 10 per cent compared with 2015, reaching 201,000 ha in 2016; that is the third highest level since estimations began in 1994. Increases in the estimated area under illicit opium poppy cultivation were noted in all regions of the country except the southern region, where the level of cultivation continues to be by far the highest but is considered to have remained stable compared with 2015 levels. In other words, no decrease in cultivation was reported in any part of the country in 2016.

675. Helmand remained Afghanistan's main province of illicit opium poppy cultivation in 2016. The area under illicit opium poppy cultivation in Badghis Province increased by 184 per cent between 2015 and 2016, and the number of poppy-free provinces declined from 14 in 2015 to 13 of the 34 provinces of Afghanistan in 2016.

676. The estimates for both potential opium production (4,800 tons in 2016, compared with 3,300 tons in 2015) and for average opium yield (23.8 kg per hectare in 2016, compared with 18.3 kg per hectare in 2015) rose significantly in 2016, namely by 43 per cent and 30 per cent, respectively. The higher rate of potential opium production in 2016 is mostly attributed to the increase in yield, which, in contrast to 2015, was not affected by lack of water, crop diseases or similar unfavourable conditions. At the same time, the estimated figures are likely to be underestimates, as some of the main cultivating provinces were excluded from the yield survey for security reasons. The increases in potential production affected all regions of Afghanistan without exception, most strikingly the estimated 286 per cent increase in the northern region, where the security situation deteriorated significantly in 2016.

677. A decline of 91 per cent in verified governor-led eradication of illicit opium poppy country-wide meant an almost complete halt in eradication in 2016 compared with 2015. A total of 355 ha of opium poppy were reportedly eradicated in Afghanistan in 2016, a negligible amount compared to the estimated total area under illicit opium poppy cultivation.

678. While the socioeconomic analysis attached to the *Afghanistan Opium Survey 2016* was not available at the time of drafting the present report, data published in

March 2016 relating to the results of the 2015 Survey further explain the factors that may have contributed to the decrease in the illicit cultivation of opium poppy and the production of opium in 2015. Sharp decreases in 2015 in the farm-gate value of opium (33 per cent decrease compared with 2014 and the lowest level since 2009) and the gross income from opium per hectare (18 per cent decrease compared with 2014 and the lowest level since 2002), coupled with the consistently moderate to poor yields of opium poppy observed over the previous four years, had a severe impact on the extent of illicit opium poppy cultivation and opium production in the country. In addition to unfavourable climatic conditions that directly reduced yield per hectare, the decline in the value of and income from opium led many farmers to abandon cultivation of opium poppy in 2015 because of its low profitability. Notably, 12 per cent of farmers, who discontinued the cultivation of opium poppy in 2015, reported having replaced the crop with cannabis. However, findings also suggest that farmers' general lack of access to markets to sell alternative products — including wheat, which was the main substitute crop grown in 2015 — may be a more significant factor in their dependence on illicit crop cultivation than the level of profit attainable from such crops.

679. In 2015, opium poppy cultivation was also reported in Lebanon and Uzbekistan, with areas of cultivation in Lebanon being concentrated around the Beqaa Valley where, according to government sources, illicit cultivation of cannabis is also taking place. In the same year, some eradication efforts (of opium poppy and cannabis plants) were reported by Uzbekistan, whereas none were reported by Lebanon. Tajikistan reported seizures of more than 4.5 tons of narcotic drugs in the course of 2015, of which more than 1.5 tons consisted of heroin and other opiates. Saudi Arabia observed that heroin was still being smuggled into the country by individuals carrying the substance across the border in their clothes or intestines in pure form, and that a variety of cutting agents were being added later, thus confirming that significant adulteration of the drug happens inside the country.

680. Cannabis is the most widely produced, trafficked and consumed drug in the world, and cannabis plant continues to be widely cultivated in West Asia. Of the five countries in the world where the most cannabis resin is produced, three are located in West Asia, namely Afghanistan, Lebanon and Pakistan. Those three countries mainly supply markets in the Near and Middle East, where 25 per cent of global cannabis resin seizures in 2014 took place (mainly in Afghanistan, Iran (Islamic Republic of) and Pakistan). Saudi Arabia reported large seizures, totalling close to 3 tons of cannabis over 2015.

681. Cocaine seizures in Asia, although still comparatively small in absolute terms, have tripled in the last decade, according to the latest estimates by UNODC, with almost 50 per cent of seizures in Asia carried out in the Middle East subregion. Entering from Latin America, the most frequently mentioned final destination for cocaine trafficked into West Asia was Israel. No data were available with regard to seizures of cocaine in Central Asia and the Caucasus, except for Armenia, where 26 kg of cocaine were reported to have been seized.

682. Several cross-border operations were conducted in countries of the region during the reporting period. For example, Tajikistan reported having conducted 25 joint operations in 2015 with Afghanistan and neighbouring countries in Central Asia, as well as the Russian Federation, resulting in the seizure of more than 950 kg of narcotic drugs and psychotropic substances.

(b) Psychotropic substances

683. West Asian countries, in particular in the Middle East and Gulf subregions, continue to be used mainly as points of transit for methamphetamine trafficking. In contrast, for amphetamine, they are both points of transit and source and destination countries, mirroring the largely intraregional pattern of the current amphetamine trafficking.

684. A considerable challenge with regard to psychotropic substances in the region remains the supply of counterfeit "captagon" tablets, which continue to be seized in large quantities, especially in countries in the Gulf and Middle East subregions. In 2015, authorities in Lebanon and Turkey reported seizures of more than 15 million "captagon" tablets each. In 2016, "captagon" seizures continued to make headlines in the media across the region, for example in Jordan, where two seizures, one of more than 4.5 million tablets and the other of more than 3.5 million tablets, were made within 10 days of each other in April 2016, and the biggest seizure of "captagon" tablets on record in the country, of more than 13 million tablets, took place in September 2016. Authorities in Lebanon have also detected an increased number of trafficking cases involving "captagon" and an increase in the number of clandestine laboratories manufacturing the tablets in the country, possibly as a result of the destruction of production facilities associated with the ongoing conflict in the neighbouring Syrian Arab Republic. Other countries that reported large "captagon" seizures include Saudi Arabia, where foodstuffs or construction materials were reportedly being used to conceal the tablets smuggled in trucks and passengers' vehicles.

685. According to information provided to the Board, government authorities in Oman registered more than 3,000 drug-related seizures in 2015, none of which, however, involved "captagon".

686. Few countries in the region reported seizures involving psychotropic substances other than "captagon", such as diazepam or lorazepam (reported, for instance, by Armenia). However, Turkey reported a significant amount of seizures involving MDMA or "ecstasy"-type substances, namely more than five and a half million tablets in 2015, as well as seizures of LSD.

(c) Precursors

687. Given the significant illicit production of a number of narcotic drugs and psychotropic substances in the region, West Asia continues to be a target destination for precursor chemicals diverted from licit trade, such as acetic anhydride (for heroin manufacture), ephedrine, pseudoephedrine, 1-phenyl-2-propanone (P-2-P), phenylacetic acid (for the manufacture of amphetamine-type stimulants) and others.

688. With regard to seizures of acetic anhydride, the declining trend seen in recent years has continued in Afghanistan, dropping by nearly half every year since 2011. The substance reportedly continues to enter the country from neighbouring Iran (Islamic Republic of) and Pakistan, where occasional large-scale seizures continued to be carried out in the course of 2015 and 2016. Overall, however, the number and volume of acetic anhydride seizures in the region are continually going down, possibly because of increased domestic diversion, or because traffickers may have started to resort to using non-scheduled substances instead of acetic anhydride as a key ingredient in illicit heroin manufacture.

689. There is insufficient information to date about the synthesizing processes, locations and sources of precursor chemicals used in the manufacture of "captagon", which has been reported to originate in Lebanon and the Syrian Arab Republic. However, Lebanon reported seizures of some 16 tons of phenylacetic acid in 2015, which authorities suspect may have been intended for use in the manufacture of "captagon".

690. Against that backdrop, a time-bound operation of the Board's Project Prism entitled "Missing Links" was launched in October 2016, with the aim of filling information gaps with regard to the types and sources of scheduled and non-scheduled chemicals used in the illicit manufacture of "captagon" tablets, how they are getting into clandestine laboratory environments, the trafficking organizations involved and any links between them. Results of the operation will be reported by the Board in its annual report for 2017.

691. Another recent development of concern is the increased detection by authorities in Afghanistan of methamphetamine precursors in illicit laboratories in the country, suggesting that Afghanistan may be emerging as a site of production rather than merely a destination country for methamphetamine. Further detailed information on the precursors control situation in West Asia can be found in the 2016 report of the Board on the implementation of article 12 of the 1988 Convention.[65]

692. INCB urges all relevant stakeholders in the region to increase the exchange of drug-related intelligence among their competent national law enforcement authorities, including by using electronic tools developed by the Board for that purpose, such as PICS, and through relevant regional intelligence centres, such as CARICC, the Joint Planning Cell of Afghanistan, Iran (Islamic Republic of) and Pakistan, and the Criminal Information Centre to Combat Drugs of the Cooperation Council for the Arab States of the Gulf.

(d) Substances not under international control

693. Plant-based psychoactive substances such as khat (*Catha edulis*) are still widely used in parts of West Asia, for example in Oman, Saudi Arabia and Turkey. However, despite the continually increasing number of synthetic new psychoactive substances emerging every year at the global level, relatively few of such substances were identified in countries in West Asia between 2008 and 2015. In 2015, Kyrgyzstan reported the emergence of new psychoactive substances in its territory for the first time, while data for large parts of South-West Asia (comprising Afghanistan, Iran (Islamic Republic of) and Pakistan) are not available to date. Turkey was one of the few countries reporting large seizures of synthetic cannabinoids (more than 500 kg) in 2015.

694. There continue to be indications of large-scale prescription drug abuse in the region. One substance of concern to several countries in West Asia is tramadol, a synthetic opioid, which is considered a substance of abuse in Armenia, Jordan, Lebanon (imported from Egypt), Oman (where it is reportedly imported from China and Egypt), Qatar, Saudi Arabia, Turkey and Turkmenistan. One sizeable seizure, of 142,000 ampoules of tramadol,

[65] E/INCB/2016/4.

was reported to have been carried out by authorities in Jordan in 2015. It was one of a series of seizures of counterfeit and trafficked goods that Jordan had undertaken since it joined the World Customs Organization (WCO)-UNODC Container Control Programme in September 2015. In March 2016, according to information available to the Board, 1 million tramadol pills originating in India were seized by customs authorities at Imam Khomeini International Airport, Tehran. The pills had been falsely declared as "advertising and exhibition substances".

695. In Saudi Arabia, pregabalin, a medicine with anticonvulsant properties used widely to treat epilepsy, neuropathic pain and anxiety, has recently been placed under national control as a result of its abuse by school students. Saudi Arabia, the Syrian Arab Republic and Turkey also reported significant seizures of unspecified diverted prescription drugs.

5. Abuse and treatment

696. Efforts to improve systematic data collection on drug abuse and treatment measures are under way in several countries of the region, yet a realistic assessment of the availability of treatment services compared with the need for such services remains difficult. A comprehensive situation assessment regarding the extent and patterns of drug use in the State of Palestine was envisaged to be completed by the end of 2016 and could provide a valuable update against baseline data last collected there in 2006.

697. Based on available data, cannabis, opioids and amphetamine-type stimulants are among the most frequently used substances in West Asia. Drug abuse in Afghanistan has continued to rise and, according to the latest estimates, now affects some 12.6 per cent of the adult population (or one in three households). That figure is more than double the global drug abuse rate, which is estimated at just over 5 per cent. Opioids remain the most commonly used drug in Afghanistan, with abuse rates estimated at 4.9 per cent among the general population and 8.5 per cent among adults.

698. In 2015, Saudi Arabia reported a new trend in drug use, namely methamphetamine being injected (rather than smoked) by young people. That observation was based on information provided by emergency and outpatient treatment facilities at a hospital in Jeddah (situated in the west of the country). At the same time, data from treatment and other registers of drug users in the country's eastern provinces show that more than 1,000 problem drug users (defined in Saudi Arabia as persons who inject drugs and people using drugs on a daily basis) take amphetamine-type stimulants, which is more than double the number of problem drug users reported to be taking opioids (some 450). Persons in treatment for the use of amphetamine-type stimulants also represent the highest number (more than half) of people receiving drug abuse-related treatment in the country. In the same geographical area in 2015, more than 5,200 non-fatal, drug-related emergency-room visits were recorded, with drug-related deaths remaining stable and associated exclusively with the use of opioids.

699. With regard to overdose deaths, the data available for West Asia mirror the global trend, with drug-related mortality mostly being attributed to the abuse of opioids. Most countries in the region that reported on drug-related death cases for 2015 (including Saudi Arabia, the Syrian Arab Republic and the United Arab Emirates) named opioids (predominantly heroin) as the cause of drug-related deaths. In an effort to reduce drug-related mortality, Georgia has removed a significant obstacle for drug users seeking medical assistance, as it no longer requires medical personnel to inform law enforcement authorities of overdose cases.

700. More than 200,000 persons are estimated to be in need of treatment for drug abuse in Turkey. In 2015, Turkey reported an increase in the residential treatment of methamphetamine addicts, while inpatient treatment of users of synthetic cannabinoids remained stable. While no general prevalence data for drug abuse were reported, Turkey observed a slight decrease in the overall number of persons who inject drugs (mainly related to heroin), with some increase in the use of amphetamine-type stimulants, tranquillizers and stimulants, as well as pharmaceutical products containing opioids. The most prevalent disease among persons who inject drugs was hepatitis C (affecting close to 40 per cent of those who received inpatient treatment in Turkey in 2015). Of all cases of drug-related mortality caused by overdose deaths in Turkey, more than half involved polydrug use, with just as many deaths associated with the use of opioids; close to one third of all cases involved amphetamine-type stimulants and/or cannabis use.

D. Europe

1. Major developments

701. Illicit drug markets remain one of the main threats to the security of European countries. According to estimates by the European Monitoring Centre for Drugs and Drugs Addiction (EMCDDA), around one fifth of global

crime proceeds are generated by the illicit drug trade. European Union citizens alone spend between 21 to 31 billion euros every year on illicit drugs. Accelerated changes in illicit drug markets observed in past years can be attributed, in part, to globalization and technological developments. Current markets are characterized by increasing organizational and technical complexity, interconnectedness and specialization of the criminal groups involved. Those illicit drug markets not only relate to other criminal activities, but also create a strain on government institutions and have a negative impact on legitimate business and on society. Cannabis is the most widely used illicit drug in Europe: it is estimated that about 27 million adults in Europe have used cannabis in the past year.

702. The annual prevalence of cocaine use in Europe in 2014 was estimated at about 0.7 per cent of the population aged 15-64, approximately just over 4 million people. However, that masks significant variance between countries and subregions: in 2014, the annual prevalence rate for Eastern and South-Eastern Europe was about 0.2 per cent for the same population group (approximately half a million people) and 1.1 per cent for Western and Central Europe (about 3.5 million people).

703. Opiates abused in Europe are produced mainly in Afghanistan and trafficked into Europe by two major routes, the Balkan route and the northern route. The Balkan route, through Iran (Islamic Republic of) and Turkey, followed by countries in South-Eastern and Central Europe, continues to be the main trafficking route, particularly for heroin. Opiate trafficking along the northern route, from Afghanistan to States in Central Asia and then to the Russian Federation, has been reported to be increasing over the last few years.

704. An estimated 2.4 million people have used amphetamine or methamphetamine in the whole of Europe in the past year. In countries of the European Union, abuse of the main synthetic stimulants (amphetamine, methamphetamine and MDMA), together, is slightly higher than that of cocaine. There is concern in States members of the European Union about the availability of high-potency "ecstasy" products and the growing use of methamphetamine. New synthetic opioids are also increasingly being misused in the European Union.

705. By May 2016, the European Union early warning system had identified over 560 new psychoactive substances; 100 new psychoactive substances were reported for the first time in 2015. European authorities are concerned that, with the increased availability of those substances, associated health risks and dependency problems will also increase.

706. In August 2016, the European Commission proposed an amendment to the founding regulation of EMCDDA to allow for swifter and more effective action in dealing with new psychoactive substances in the European Union. The proposal aims, in particular, to further strengthen the European Union early warning system and risk assessment for new psychoactive substances by speeding up data collection and assessment procedures. The proposal is part of the agreement between the European Parliament and the Council of the European Union reached in September 2013, which aimed at facilitating the negotiations on proposed legislative amendments for tackling new psychoactive substances.

2. Regional cooperation

707. The European Union continued intensive cooperation among its member States and with third countries and other regions. The Horizontal Working Party on Drugs, a working group of the Council of the European Union, has led the Council's work on legislative and general policy work on drug supply reduction and drug demand reduction areas. The work focused on cross-cutting themes, namely coordination, international cooperation, and research, monitoring and evaluation. The working party cooperated with European Union agencies such as EMCDDA and Europol, as well as with international organizations and with countries not members of the European Union.

708. In 2016, Monaco became the thirty-eighth member State of the Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) of the Council of Europe. The Board noted that the Pompidou Group supported the publication of the 2015 report of the European School Survey Project on Alcohol and Other Drugs, which was prepared on the basis of information provided by almost 100,000 students from 35 European countries, 24 of which were States members of the European Union. In June 2016, experts from 36 countries and 11 international organizations participated in the annual meeting of the Airports Group organized by the Pompidou Group and discussed practical solutions to challenges in airports, including aviation-related fraud, risk analysis and controlled deliveries.

709. In February 2016, the European Commission presented the outcomes of "Operation Cocair 5", an international operation to combat drug trafficking that was supported by about 30 countries from Africa, Latin America and the Caribbean. The operation, which resulted in seizures of sizeable amounts of illicit drugs, in particular cocaine, as well as ammunition and currency,

was conducted under the Airport Communication Project (AIRCOP), co-funded under the "Instrument contributing to Stability and Peace", one of the main tools of the European Commission to address the threat of organized crime in partner countries.

710. Japan and the Russian Federation, in cooperation with UNODC, continued their partnership to provide specialized training courses to counter-narcotic officers from Afghanistan. The trilateral initiative, which marked its fifth anniversary in 2016, has expanded to include provision of training to Central Asian countries, contributing to the strengthening of regional cooperation between Afghanistan and neighbouring countries.

711. In 2016, the Governments of countries in South-Eastern Europe continued implementing drug control activities, in line with the regional programme for South-Eastern Europe 2016-2019, developed by Governments of the subregion with UNODC assistance.

3. National legislation, policy and action

712. In November 2015, the European Commission presented to the European Parliament and the Council of the European Union a report on progress in implementing the European Union Drugs Strategy and 2013-2016 Action Plan on Drugs. The report, among other things, showcased some best practices in European Union member States, including quick access to drug treatment in England, where 98 per cent of people commenced treatment within three weeks of referral; the establishment, within the Federal Criminal Police Office in Germany, of a dedicated working group to address the problems of increased drug trafficking over the Internet; and the representation of non-governmental organizations in the Government Council for Drug Policy of Slovakia, the main coordination body on drug policy in the country.

713. In 2015-2016, several European countries, including Czechia, Finland, Hungary, Lithuania, the Netherlands, Norway, Sweden and the United Kingdom, developed new drug control strategies, policies and/or drug action plans. For example, in November 2015, the Government of the Netherlands formulated a new policy on drug prevention that, among other things, was aimed at changing the prevailing tolerant views of young adults on the use of drugs in nightlife settings.

714. In December 2015, Law No. 318/2015 was adopted by the Parliament of Romania. The law establishes the National Agency for the Management of Seized Assets, which will report to the Ministry of Justice. The Agency is tasked with facilitating the tracing and identification of assets resulting from the commission of criminal offences that may be subject to a criminal seizure or criminal confiscation, and coordinating, evaluating and monitoring, at the national level, the implementation of criminal asset recovery policies.

715. In the United Kingdom, the Psychoactive Substances Act became law in 2016, criminalizing the production, supply or possession with intent to supply of any psychoactive substance knowing that it is to be used for its psychoactive effects. While simple possession of such substances does not constitute an offence, the possession within a custodial institution does.

716. In the Russian Federation, presidential decree No. 156 was issued on 5 April 2016 with the aim of improving public administration in the sphere of control of trafficking in narcotic drugs, psychotropic substances and their precursors. According to the decree, the Federal Service of the Russian Federation for Drug Control became part of the country's Ministry of Internal Affairs. The presidential decree establishes that the Ministry of Internal Affairs remains the only federal executive authority responsible for the development and implementation of State policy and normative legal regulation in the sphere of internal affairs, as well as in the control of trafficking in narcotic drugs, psychotropic substances and their precursors. A draft law containing the necessary legal amendments following the transfer of powers to the Ministry of Interior was submitted to the State Duma of the Russian Federation and is expected to be adopted by the end of 2016.

717. On 1 July 2016, the Government of the Russian Federation approved order No. 1403-r, on improving the availability of narcotic drugs and psychotropic substances for medical use. Among the main provisions of the order's action plan are: enhancement of the range of narcotic preparations used for pain relief, including for children's treatment; optimization of the process for preparing estimates of the needs for preparations containing narcotic drugs and psychotropic substances; improvement in the availability and quality of pain relief, including through a simplified procedure for prescribing medical preparations; and harmonization of laws and regulations with regard to trafficking in narcotic drugs and psychotropic substances.

718. Supervised "drug consumption facilities", where drugs can be used for non-medical purposes under the supervision of medically trained staff, have been operating in Western Europe for the last three decades. The primary aim of the facilities is to reduce the acute risks of

disease transmission through unhygienic injecting, prevent drug-related overdose deaths and connect high-risk drug users with addiction treatment and other health and social services. By February 2016, there were a total of 74 official "drug consumption facilities" operating in Denmark, Germany, Luxembourg, the Netherlands, Norway, Spain and Switzerland.

719. In March 2016, the Government of France issued decree 0072, which approved, on a trial basis, the establishment of "drug injection rooms" in the country, for a maximum period of six years. The decree was adopted following a decision by the French Constitutional Council in January 2016 that the proposed establishment of the "drug consumption rooms", based on the aim of reducing the risks associated with drug use and leading drug users to cease their use of drugs, with limited criminal immunity for drug users and the professional practitioners inside the facility, was in conformity with the Constitution of France.

720. **With respect to "drug consumption rooms", the Board wishes to reiterate its frequently expressed concern that, in order for the operation of such facilities to be consistent with the international drug conventions, certain conditions must be fulfilled. Chief among those conditions is that the ultimate objective of these measures is to reduce the adverse consequences of drug abuse through treatment, rehabilitation and reintegration measures, without condoning or increasing drug abuse or encouraging drug trafficking. "Drug consumption rooms" must be operated within a framework that offers treatment and rehabilitation services as well as social reintegration measures, either directly or by active referral for access, and must not be a substitute for demand reduction programmes, in particular prevention and treatment activities.**

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

721. Trafficking in cannabis, both resin and herb, continues at significant levels in Eastern and South-Eastern Europe. Most of the herbal cannabis produced in those subregions originates in Albania, Montenegro, the Republic of Moldova, Serbia, the former Yugoslav Republic of Macedonia and Ukraine. According to UNODC, in 2014, Albania was an important source country for cannabis herb available in countries in Western and Central Europe.

722. Over the last 10 years, countries in Europe have seen an increase in domestic cultivation of cannabis plant, ranging from small-scale cultivation for personal use to major commercial plantations. In many countries, as a result of that increase, locally produced herbal cannabis has been partially displacing imported cannabis resin. Nonetheless, cannabis resin smuggled from other regions worldwide, in particular the resin produced from the high-potency, high-yield hybrid strains of the plant cultivated in Morocco, continues to be a major source of cannabis resin in Europe.

723. In 2015, illicit indoor cannabis cultivation was reported by a number of European countries, including Belgium, Bosnia and Herzegovina, Bulgaria, Czechia, France, Greece, Latvia, Lithuania, Poland, Romania, the Russian Federation and Ukraine.

724. Although the reported average potency of cannabis, in terms of THC content, has significantly increased over the past decade, according to EMCDDA, the reported retail prices for both cannabis herb and cannabis resin have increased only slightly in the European Union over that period. In several European Union countries, the retail (street) prices of cannabis herb and cannabis resin do not differ significantly: for example, in Spain, the retail price of cannabis herb is about 4.6 euros per gram, and the price of cannabis resin 5.6 euros per gram.

725. In 2014, seizures of cannabis resin and cannabis herb in European Union member States amounted to 574 tons and 139 tons, respectively. Spain, a main entry point for cannabis resin originating in Morocco, recently also reported increased amounts of cannabis herb seized: 15.2 tons in 2014 and 15.9 tons in 2015. That increase, according to EMCDDA, could indicate a growth in domestic or regional cannabis production. Some recent interceptions of large consignments of cannabis resin moving eastwards along the North African coast may suggest the emergence of new trafficking routes through countries in Southern Europe and the western Balkans.

726. In 2015, the countries that reported seizing more than 1 ton of cannabis resin were Spain (380.4 tons), France (60.8 tons), the United Kingdom (7.5 tons), Belgium (7 tons), Denmark (3.6 tons), Norway (2 tons) and Sweden (1.1 tons). The bulk of the cannabis resin seized in Spain in 2015 originated in Morocco.

727. Almost all heroin available on the illicit drug markets in Europe originates in Afghanistan. Owing to its geographical location, Turkey continues to be a main corridor for heroin trafficking towards Europe, serving as a starting point on the Balkan route. In 2014, seizures of

heroin and morphine along the Balkan route amounted to 48 tons, an increase compared with the quantity seized in previous years.

728. Despite the diversification of heroin trafficking routes, the Balkan route (from Turkey to Bulgaria and through countries in the western Balkans to Western and Central Europe, or from Bulgaria through Romania and Hungary to Western and Central Europe) remains the main corridor for trafficking bulk quantities of heroin to the main heroin markets in Europe. Reasonably recent variations to the Balkan route involve trafficking through the Islamic Republic of Iran and the Caucasus countries and then across the Black Sea to Romania to follow the traditional Balkan route, or through the Islamic Republic of Iran to Iraq and the Syrian Arab Republic and then to Turkey. There are also increasing concerns about the southern route, along which heroin is trafficked by sea from Iran (Islamic Republic of) and Pakistan, initially to the Arabian Peninsula and East Africa, and then onwards to other parts of Africa or directly to Europe. The container ports of Rotterdam (Netherlands) and Antwerp (Belgium) appear to be major hubs for heroin and cocaine smuggled into the European Union.

729. Until 2013, countries in the European Union had witnessed a long-term decrease in both the number of heroin seizures and the quantity of the drug seized. Since that time, seizures of amounts of heroin larger than 100 kg have been reported more regularly. In 2015, sizeable amounts of heroin were seized in the following countries: the United Kingdom (1,114 kg), France (818 kg), Greece (567 kg), Romania (334 kg), Bulgaria (265 kg), Spain (256 kg), Germany (210 kg) and Belgium (121 kg). The increased availability and purity of heroin on the illicit markets may have also contributed to an increasing number of overdose deaths reported in some countries in 2015, for example in Lithuania, Slovenia and the United Kingdom. Those latest developments raise concerns about a potential resurgence of heroin use in the European Union, following more than a decade-long decrease in demand for the drug.

730. In 2015 in Romania, there was a significant increase (about 55 per cent) in the total quantity of drugs seized compared with 2014. The situation was mainly determined by the increase in seizures of heroin (from 25.7 kg to more than 334 kg), which represented about 28 per cent of the total amount of drugs seized in the country. The quantity of substances seized in 2015 indicates a decrease in the seizures of "ecstasy", amphetamine-type stimulants, opioids, LSD, piperazines, cathinones, synthetic cannabinoids, tryptamines, cannabis plants, cannabis resin and buprenorphine. During 2015, 64 drug trafficking groups were dismantled in Romania, a 16.4 per cent increase compared with the previous year, when 55 such groups were dismantled. The total number of persons involved in those groups decreased in 2015 (from 517 persons in 2014 to 425 persons in 2015).

731. The cocaine market in the European Union has been fairly stable over recent years, although there are indications of increasing availability of the drug. In 2014, countries in the European Union reported seizures of cocaine totalling 61.6 tons, about the same amount as in 2013 (62.6 tons). In 2015, seizures of cocaine, in quantities of more than 1 ton, occurred in Spain (21.6 tons), Belgium (17.5 tons), France (10.9 tons), the United Kingdom (3.5 tons) and Germany (3.1 tons). Austria, Czechia, Cyprus, Denmark, Greece, Lithuania, Poland and Sweden reported seizures of cocaine larger than 100 kg. Seizure data for the Netherlands were not available at the time of publication of the present report.

732. According to the European countries that seized the largest amounts of cocaine in 2015, Colombia, Ecuador and Venezuela (Bolivarian Republic of) were among the main countries of departure for the drug trafficked by sea and air to Europe. The Caribbean and West Africa continue to be used by traffickers as important transit areas, and the increasingly important role of Central America as a transit point has also been noted.

733. The concealment methods used by traffickers for smuggling cocaine to Europe continue to evolve. The trafficking in cocaine in maritime containers through major European ports appears to be increasing. In 2013, seizures of cocaine concealed in sea containers accounted for about three quarters of maritime seizures. There are concerns about the continued trafficking in cocaine by melting it into "carrier materials" such as plastics, which requires chemical extraction of cocaine in so-called secondary extraction laboratories that are linked to criminal organizations. The swallowing of latex packages containing liquid cocaine, instead of capsules containing cocaine in powder form, by air couriers (so-called "mules") has been detected in some airports.

(b) Psychotropic substances

734. For a number of years, the European Union has been a manufacturing region for synthetic drugs: amphetamine and "ecstasy" have been illicitly manufactured in Belgium and the Netherlands, and methamphetamine in countries in Central Europe, mostly in Czechia. Recent evidence suggests a significant manufacturing capacity of methamphetamine also emerging in

the Netherland and some small-scale manufacturing in countries bordering Czechia.

735. In 2015, Belgium and Poland reported the destruction of eight and five clandestine amphetamine laboratories, respectively. One or two amphetamine laboratories were dismantled in the following countries: Austria, Germany, Latvia, Spain and Sweden. The largest number of dismantled methamphetamine laboratories in the European Union, 263, was reported by Czechia. Those laboratories used pseudoephedrine as a primary precursor for the manufacture of methamphetamine. The dismantling of fewer than 10 methamphetamine laboratories were reported by each of the following countries: Austria, Germany, Lithuania and Poland. Three laboratories manufacturing "ecstasy" were dismantled in Belgium.

736. The regional manufacture of synthetic drugs results not only in significant intra-European trafficking, but also trafficking to other regions, including the Americas and Oceania, particularly Australia. Moreover, the territory of the European Union has been used as a transit corridor for methamphetamine manufactured in the Islamic Republic of Iran and in West Africa that is destined for markets in East Asia. The organized criminal groups involved in the trafficking of synthetic drugs also often smuggle other substances: for example, criminal groups supplying amphetamine and "ecstasy" originating in Belgium and the Netherlands also supply drug markets with cannabis and cocaine. In Czechia, some organized criminal groups have expanded from cannabis plant cultivation to methamphetamine manufacture.

737. Amphetamine is far more commonly mentioned in seizure reports than methamphetamine. In 2014, the States members of the European Union reported seizures of 7.1 tons of amphetamine and 0.5 tons of methamphetamine. Wastewater analysis conducted by laboratories across European cities during the period 2011-2014 as part of the Sewage Analysis CORe Group (supported by the European Union) also confirmed that the use of amphetamine is far more common than the use of methamphetamine in Europe. Out of 59 cities where analysis was done, 47 cities (80 per cent) showed higher residues of amphetamine than of methamphetamine in their wastewater.

738. In 2015, seizures of amphetamine larger than 100 kg were reported by Germany (1.4 tons), Poland (0.7 tons), the United Kingdom (0.6 tons), Sweden (0.5 tons), Norway (0.5 tons), France (0.4 tons) and Finland (0.3 tons). Seizures of methamphetamine larger than 100 kg were carried out in Czechia, France and Norway (in descending) order. Seizures of large amounts of "ecstasy" in 2015 were reported by France (1.3 million units), the United Kingdom (1.1 million units) and Germany (1.0 million units).

(c) Precursors

739. Challenges in precursor control in the European Union member States mainly relate to the substances listed in Table I of the 1988 Convention; non-scheduled chemicals, in particular those used in the illicit manufacture of amphetamine-type stimulants; and, more recently, the precursors of new psychoactive substances. In particular, seizures of large amounts of non-scheduled chemicals raise concerns about the continued manufacture of synthetic drugs, in particular amphetamines and "ecstasy".

740. The Netherlands is one of the main countries worldwide communicating seizures of diverse chemical substances through PICS, which is aimed at facilitating and promoting regional operational cooperation. Those seizures included scheduled and non-scheduled substances used in the illicit manufacture of "ecstasy", such as 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P) and its internationally non-controlled glycidic acid derivatives, and those used in the illicit manufacture of amphetamines, such as salts of 1-phenyl-2-propanone (P-2-P), methyl glycidic acid and reagents such as methylamine and formic acid. Other countries reporting sizeable seizures of those substances included Belgium and France.

741. Seizures of APAAN, a substitute chemical that can be used in laboratories illicitly manufacturing amphetamine and methamphetamine, have significantly decreased in the European Union since 2014, when the substance was brought under international control. During the period 2015-2016, seizures of the substance were reported by Germany, the Netherlands and Spain.

742. Through PICS, Czechia continued communicating seizures of pharmaceutical preparations containing pseudoephedrine. France, Luxembourg and the Netherlands also used PICS to report seizures of precursors of new psychoactive substances, mainly precursors of synthetic cathinones.

743. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

744. There is no indication of a slowdown in the development of new psychoactive substances. Manufacturers of such substances are making continued efforts to circumvent legal and regulatory controls imposed by Governments worldwide. The continued growth of the European Union market for new psychoactive substances, which are often sold openly through conventional stores and online shops as "legal" replacements for illicit drugs, is also corroborated by the amounts of the substances seized.

745. In 2014, States members of the European Union, as well as Norway and Turkey, reported almost 50,000 seizures of new psychoactive substances, amounting to almost 4 tons. Seizures of synthetic cannabinoids, often advertised as legal replacements for cannabis, and synthetic cathinones that have been consumed as an alternative to amphetamine, cocaine and "ecstasy", together accounted for over three quarters of the total number of seizures of new psychoactive substances during 2014.

746. According to EMCDDA, many new psychoactive substances found in Europe have been manufactured by legitimate companies in China, and to a lesser extent in India. Those companies use their websites and online marketplaces to advertise their capacity to supply new psychoactive substances in amounts ranging from a few milligrams to hundreds of kilograms. From the manufacturing countries, large consignments of the substances are shipped to Europe as sea or air cargo; smaller amounts are delivered directly to buyers by express mail and delivery companies.

747. Given the scheduling of 116 new psychoactive substances by the Chinese Food and Drug Administration in October 2015, the manufacture of new psychoactive substances may in future gradually shift to other countries and, as a result, the importance of China as the main source of new psychoactive substances may also decline. In fact, the emergence of clandestine laboratories in Europe may suggest traffickers' increasing interest in manufacturing a range of new psychoactive substances in Europe. That has been corroborated, for example, by seizures from two mephedrone laboratories in Poland in 2015.

748. During 2015, 14 new psychoactive substances were identified as part of 77 seizure cases in Bulgaria. The total weight of seized new psychoactive substances amounted to 4,074 grams; synthetic cannabinoids amounted to 4,072 grams of the total seized, and accounted for 71 out of the 77 seizure cases of new psychoactive substances. Use of new psychoactive substances was highest among those aged under 35.

749. In Romania, no drug-producing clandestine laboratories were identified in 2015; however, three laboratories used for mixing and packaging new psychoactive substances, mainly synthetic cannabinoids, were detected and dismantled.

750. In Latvia, according to data from the national early warning system, the number of seizures of new psychoactive substances decreased from 1,387 seizures in 2014 to 735 seizures in 2015. The most seized group of new psychoactive substances remains synthetic cannabinoids (n=402); however, there was a sharp increase in the seizures of so-called "other drugs" (n=228). Those seizures comprised 116 carfentanil seizures (or carfentanil in a mixture with heroin), 92 tramadol seizures and 20 fentanyl and 3-methylfentanyl seizures. In general, there was a reported increase in the seizures of synthetic opioids.

5. Abuse and treatment

751. In the European Union,[66] it is estimated that over a quarter of those aged 15 to 64 have consumed illicit drugs at least once in their lives. In comparison with the past, drug consumption now encompasses a much wider choice of psychoactive substances. Individual patterns of drug use range from experimental to habitual and dependent use; polydrug use is also common.

752. According to the EMCDDA report on *Comorbidity of Substance Use and Mental Disorders in Europe*,[67] published in 2015, depression is among the most common psychiatric comorbidity associated with problematic drug use in Europe. Comorbid major depression is more frequent in women with substance use disorders than in men with such disorders. Among that group of women, the prevalence of major depression is two times higher than among women in the general population.

753. The twenty-third European Cities against Drugs Mayors' Conference was held in Stavanger, Norway, on 9 and 10 May 2016. The goal of the Conference was to

[66] Data on drug abuse and treatment in the European Union are based on information published in EMCDDA, *European Drug Report 2016: Trends and Developments* (Publications Office of the European Union, Luxembourg, 2016), unless otherwise specified. The report encompasses information provided by the European Union member States, the candidate country Turkey, and Norway.

[67] Luxembourg, Publications Office of the European Union.

identify ways to build healthy and safe cities through prevention and treatment. INCB delivered a keynote presentation entitled "Proactivity beats reactivity: examining the evidence for sound drug prevention in our cities".

754. The prevalence of cannabis use in countries of the European Union varies from country to country. It is estimated that 51.5 million adult males and 32.4 million adult females consume cannabis at least once in their lives (24.8 per cent lifetime prevalence), making cannabis the most commonly used drug in the European Union. In the European Union about 1 per cent of those aged 15 to 64 use cannabis on a daily or almost daily basis.

755. Cannabis is the drug most frequently reported as the principal reason for first entry into drug treatment and the second most frequently mentioned substance among all drug treatment clients. The overall number of first-time treatment admissions for cannabis abuse in the European Union increased from 45,000 in 2006 to 69,000 in 2014, an increase of more than 50 per cent.

756. About 1.1 per cent of the general population aged 15-64 in the European Union (3.6 million people) have used cocaine in the past year. Of those, two thirds (about 2.4 million) are aged 15 to 34, for whom the prevalence rate of last year use was almost double (1.9 per cent). Almost half of the States members of the European Union that provided information on the prevalence of cocaine use in 2015, including Austria, Bulgaria, France, Latvia, Lithuania, Spain and the United Kingdom, reported stable prevalence. In 2015, the prevalence of cocaine use largely decreased in Belgium, but significantly increased in Romania.

757. The most commonly used illicit opioid in the European Union is heroin. In addition to heroin, a range of synthetic opioids such as methadone, buprenorphine and fentanyl have also been misused. About three quarters of the 1.3 million high-risk adult users in the European Union were reported to be in France, Germany, Italy, Spain and the United Kingdom. In 2014, more than 600,000 opioid users in the European Union were receiving substitution treatment.

758. High-risk opioid users in the European Union also misuse benzodiazepines, substances that are often associated with morbidity and mortality in that group of users. In several European countries, small groups of high-risk drug users who previously injected heroin and amphetamines, including those that were on opioid substitution treatment, started experimenting with injecting new psychoactive substances, such as synthetic cathinones. There are also concerns that opioids, such as methadone and buprenorphine, which are primarily prescribed for the treatment of opioid dependence, are likely to be misused in some European Union member States.

759. The consumer market for opiates in Eastern European countries continued to expand. In 2016, UNODC reported that opioid use remained a major cause of concern, in particular in Eastern and Southern Europe, with more than 70 per cent of all drug treatment patients receiving treatment for opiate use disorders. UNODC estimates that, in 2014, the total number of people in treatment for opioid use in those subregions ranged between 80,000 and 90,000.

760. National general population surveys on drug use in Latvia have been conducted every four years since 2003, and the most recent data are available for 2015, during which 9.9 per cent of respondents (compared with 12.5 per cent in 2011 and 12.1 per cent in 2007) reported having used cannabis at least once during their lifetime. The lifetime prevalence rate was 2.5 per cent for "ecstasy" (compared with 2.7 per cent in 2011 and 4.7 per cent in 2007) and 2.0 per cent for amphetamines (compared with 2.2 per cent in 2011 and 3.3 per cent in 2007). In general, the use of illicit substances has declined and returned to the levels of 2003.

761. Data on substance use among 15- to 16-year-old schoolchildren are available from the regular European School Survey Project on Alcohol and Other Drugs, which has been carried out in Latvia since 1999. According to the data from the 2015 survey, cannabis is the most popular drug among students aged 15-16. Lifetime prevalence of cannabis use was reported by 16.3 per cent of students (compared with 24 per cent in 2011 and 18 per cent in 2007). The lifetime prevalence rate was 3.7 per cent for LSD, 2.9 per cent for amphetamines/methamphetamines and 2.6 per cent for "ecstasy". In 2015, some 9.5 per cent of 15- to 16-year-old schoolchildren indicated that they had tried new psychoactive substances, such as "Spice" or similar mixtures (compared with 11 per cent in 2011).

762. In Ukraine, according to a report published in 2015 by the Medical Statistics Centre of the Ministry of Health, the number of people in need of treatment for drug abuse was estimated at 60,187.

763. The patterns and prevalence of use of the main synthetic stimulants abused in the European Union, namely amphetamine, "ecstasy" and, to a lesser extent, methamphetamine, differ considerably among States members of the European Union. Notwithstanding their preferred drug of abuse, consumers of those synthetic

stimulants readily switch to other psychoactive substances, subject to their availability, price and perceived quality. EMCDDA, for example, reported links between the cocaine market and the new psychoactive substances market, in particular that of synthetic cathinones.

764. Consumption of amphetamines (amphetamine and methamphetamine) has been stable in most European Union countries since about 2000. In the European Union, it is estimated that 1 per cent of those aged 15-34 (1.3 million people) consumed amphetamines during the past year. Significant consumption of methamphetamine has been reported in Czechia and Slovakia, where the use of the drug has been long established. There are, however, indications that use of methamphetamine has spread further to several other European countries, including Austria, Germany and Poland.

765. Until recently, the prevalence of "ecstasy" abuse had been declining in many European Union member States, from peak levels reached in the early to mid-2000s. Recent data indicate that, after a period of relative shortage, the drug is once again more widely available. Moreover, the potency of "ecstasy" products (tablets, powders and crystals) has increased since 2010, now reaching an all-time high, while prices appear to have remained relatively stable. The availability of high-dose "ecstasy" products on the illicit markets constitutes an emerging threat and a challenge for public health and safety.

766. Surveys conducted in the European Union between 2013 and 2015 further corroborate the suspected overall increase in "ecstasy" use in the subregion. It is estimated that 1.7 per cent of those aged 15-34 (2.1 million people) used "ecstasy" in the past year, with national estimates ranging from 0.3 to 5.5 per cent. Demand for treatment for "ecstasy" abuse is, however, very low in the subregion.

767. Throughout the two-decade-long history of abuse of *gamma*-hydroxybutyric acid (GHB) (including its precursor GBL) and ketamine, national estimates of the prevalence of GHB and ketamine abuse in both adult and school populations, where they existed, remained low in the European Union. Likewise, the prevalence of use of LSD and hallucinogenic mushrooms has also been generally low and stable in the subregion for a number of years.

768. In spite of the considerable significance given by Governments to the problem of new psychoactive substances, estimating the prevalence of abuse of that group of substances continues to be a challenge. The Board notes that an increasing number of countries now include new psychoactive substances in their drug abuse surveys, although differences in survey methods and questions may limit the comparability of their results. According to EMCDDA, since 2011, 11 European Union member States have reported their national estimates of prevalence of use of those substances.

769. There is a permanent risk that new psychoactive substances with unpredictable toxicological profiles and a potentially unknown detrimental impact on human health, may enter the market. It is therefore essential to regularly update data about the patterns of their consumption and the needs of their users. According to an EMCDDA report on health responses to new psychoactive substances that was published in 2016, in view of the rapid emergence of the group of substances and the complexity of their markets, it is essential to develop and implement effective public health responses to their use.

770. Although progress has been made in recent years, drug use resulting in overdoses or drug-related morbidity, accidents, violence and suicide remain among the major causes of avoidable mortality among young people in the European Union. The European Union estimates that in 2013 alone, at least 5,800 people died from drug overdoses. According to data available to EMCDDA, HIV infections among injecting drug users have decreased, although the infection rates for hepatitis C were still high in many countries in the European Union. Among all HIV cases reported in Europe where the route of transmission is known, the percentage attributable to injecting drug use has remained low and stable for the last decade (less than 8 per cent). Higher rates, however, were reported for Lithuania (32 per cent), Latvia (31 per cent), Estonia (28 per cent) and Romania (25 per cent).

771. The Minister for Health of the Russian Federation outlined the Government's strategy for combating HIV/AIDS during the three-day United Nations high-level meeting on ending AIDS that was held at United Nations Headquarters from 8 to 10 June 2016. Among the measures proposed were encouraging drug users to abstain from the use of narcotic drugs and providing access to modern rehabilitation centres. Free HIV screening had been made available in the Russian Federation for more than 30 million people, anonymously, if desired. Activities to combat HIV in the Russian Federation were financed from the federal budget, freeing those who had been infected from financial burden.

772. According to UNODC, Eastern and South-Eastern Europe are the subregions with the highest prevalence of injecting drug use, estimated at about 1.27 per cent of the

population in the 15-64 age group. The total number reported from those subregions is estimated to account for 24 per cent of the total number of people who inject drugs worldwide, with the majority of them registered in the Russian Federation and Ukraine. Among people who inject drugs in Eastern and South-Eastern Europe, HIV prevalence is particularly high, estimated at more than 22 per cent.

E. Oceania

1. Major developments

773. The illicit market for amphetamine-type stimulants in Oceania, particularly in Australia and New Zealand, is dominated by methamphetamine, with evidence suggesting a growing prevalence of abuse and an increase in purity and in the affordability and availability of the substance. The high volume of seizures in both countries reflects the situation, with record levels of methamphetamine seized in New Zealand. Methamphetamine seizures in other countries of the region, such as Fiji, indicate that they are used as trafficking transit points but may also indicate local abuse of the substance.

774. The *Drug Harm Index* has been developed in New Zealand to estimate the social costs to community and individuals arising from drug abuse, taking also into account the cost of health, education and law enforcement interventions. The second edition of the New Zealand *Drug Harm Index 2016* was published under the auspices of the Ministry of Health in July 2016. It was estimated that cannabinoids, followed by amphetamine-type stimulants, then opioids and sedatives, were responsible for the greatest proportion of social costs (including intervention costs) associated with drug abuse.

2. Regional cooperation

775. At its eighteenth annual conference, held in Tuvalu in June 2016, the Oceania Customs Organization adopted the Regional Information and Intelligence Sharing Framework and the Regional High-Level Understanding on Information and Intelligence Sharing. The conference endorsed the concept of a joint Pacific law enforcement conference, to be explored with the Pacific Islands Chiefs of Police, the Pacific Islands Forum secretariat and the Pacific Immigration Directors' Conference. Among other things, members of the Organization noted the importance of potential threats to border security posed by transnational crime and "e-crime", and welcomed further discussions on the regional efforts to develop a common data model to enhance an integrated border approach.

776. The Forum Regional Security Committee of the Pacific Islands Forum met in Suva in June 2016 to discuss human security, threats resulting from natural disasters, and transnational organized crime. In May 2016, the Pacific Islands Forum secretariat, in partnership with the Government of New Zealand and UNODC, held a workshop with policy, law enforcement and legislative drafting experts from the countries of the region to revise the Forum's Model Provisions on Counter-Terrorism and Transnational Organized Crime from 2002. The outcome of the workshop was to be presented to the Forum's Working Group on Counter-Terrorism and Transnational Organized Crime at its meeting held in June 2016.

777. The Pacific Police Dog Programme, which facilitates in-country training of dog handlers from the Cook Islands, Samoa and Tonga, was expanded to include the detector dog project in Fiji, which became operational in 2016. The project is aimed at stemming the flow of drugs trafficked into Fiji and is a joint venture between the Fiji Revenue and Customs Authority, the Fiji Police Force, the New Zealand Customs Service and the New Zealand Police.

778. Cooperation between Australia, Fiji and New Zealand in addressing drug trafficking continues to be strengthened. A joint operation between the Fiji Revenue and Customs Authority, the Fiji Police Force, the New Zealand Customs Service and the Australian Federal Police in July 2015 resulted in a seizure of 80 kg of methamphetamine. In June 2016, the authorities of the three countries participated in the INTERPOL Operation Pangea IX, which targeted the online sale of counterfeit medicines.

3. National legislation, policy and action

779. Oceania remains the region of the world with the highest level of non-adherence to the international drug control treaties. Kiribati and Tuvalu have not adhered to any of the three international drug control conventions, while the Cook Islands, Nauru, Niue, Samoa and Vanuatu are not parties to the 1961 Convention or the 1971 Convention. Solomon Islands is not a party to the 1971 Convention or the 1988 Convention, and Palau and Papua New Guinea are also not yet party to the

1988 Convention. Given the emerging role of countries in Oceania, particularly the Pacific island States, as transit points for drug trafficking, and the role of some of those States as offshore financial centres that may be vulnerable to the laundering of proceeds of drug-related crime, the lack of adherence to and implementation of the conventions renders the countries particularly vulnerable to drug trafficking and its consequences. The International Narcotics Control Board urges the countries of the region to set in place the necessary processes to accede to the conventions and offers its support in that regard. The Board also calls upon the international community to support those countries in efforts to fully adhere to and implement the treaties.

780. In October 2016, the Narcotic Drugs Amendment Act 2016 entered into force in Australia, providing a legislative framework that enables cannabis cultivation, permits access to cannabis for medical purposes and ensures that the cultivation of cannabis and the manufacture of cannabis products for medical purposes are in compliance with the 1961 Convention. The Amendment Act establishes a licensing scheme for the cultivation of cannabis for medical and related scientific purposes and includes measures to ensure security and prevent overproduction. Under the legislation, a system of licences and permits along the chain from patient to manufacturer to cultivator will control the amounts that can be cultivated and manufactured. Medicinal cannabis products are to be supplied under medical prescription; prescribing doctors will require authorization from the Government.

781. Owing to the high levels of abuse and trafficking of methamphetamine in Australia and its consequences, the National Ice[68] Taskforce, comprising health and law enforcement experts, was established in April 2015 to coordinate local, state and federal action. The National Ice Action Strategy, adopted in December 2015, outlines measures on support for families and communities, targeted prevention, investment in treatment, focused law enforcement and better research and data. In addition, the National Organised Crime Response Plan 2015-2018 outlines initiatives to address the illicit supply of methamphetamine, while the National Law Enforcement Methylamphetamine Strategy facilitates a nationally coordinated operational response to the drug by defining roles and aligning responsibility for enforcement, intelligence collection and awareness. In response to a recommendation of the National Ice Taskforce, a new ministerial drug and alcohol forum will be established to oversee the development, implementation and monitoring of the national drug policy framework, including the National Ice Action Strategy. That Strategy forms a key component of the Australian National Drug Strategy 2016-2025.

782. The Australian Federal Police recommitted to close working relationships with Cambodia, China and Viet Nam to address the shared threat of transnational organized crime and to improve understanding of concealment methods, trafficking routes and criminal networks facilitating the trafficking of drugs into Australia. For example, Taskforce Blaze was established by the authorities of Australia and China in November 2015 to address the international illicit market for methamphetamine. Two separate operations involving the Taskforce led to seizures totalling 720 litres of liquid methamphetamine and more than 300 kg of crystalline methamphetamine in Australia between February and July 2016. In March 2016, the Australian Federal Police and the Central Narcotics Bureau of Singapore agreed to enter into a memorandum of understanding on combating transnational crime and developing police cooperation.

783. In 2016, the customs authorities of Fiji and Vanuatu adopted the World Customs Organization National Customs Enforcement Network, becoming the only two customs administrations in the Pacific region, among only 20 other countries worldwide, to have implemented the system.

784. The Government of Samoa is establishing an alcohol and other drugs court, with a view to facilitating the rehabilitation of people who reoffend in connection with their dependency on alcohol and drugs. Expert advice on the establishment of the court is being provided by New Zealand.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

785. Cannabis remains the most widely trafficked and abused drug throughout Oceania. Although the number of cannabis seizures in Australia, both at the border and within the country, reached a record high during the period 2014-2015, the weight of cannabis seized within the country decreased from over 7 tons during the period 2013-2014 to around 6 tons during the period 2014-2015, and the weight of cannabis seized at the border decreased from 158 kg to 60 kg over the same period. The amount of cannabis herb seized in New Zealand increased from

[68] "Ice" is a colloquial term for methamphetamine.

518 kg in 2014 to 692 kg in 2015. The six-month National Cannabis and Crime Operation, held in New Zealand during the 2015-2016 growing season, resulted in the eradication of more than 130,000 cannabis plants and almost 80 kg of cannabis herb, the second highest amount seized in the past nine years. In Fiji, law enforcement Operation Cavuraka had, by June 2016, eradicated more than 38,000 cannabis plants found on 15 farms in the Navosa highlands.

786. The amount of heroin seized at the Australian border increased by 168 per cent, from 118.9 kg during the period 2013-2014 to 318.7 kg during the period 2014-2015, with the predominance of South-East Asia as the source of the heroin seized increasing to 98.1 per cent in the first half of 2015. The amount of heroin seized within Australia also increased, from 158 kg during the period 2013-2014 to 477 kg during the period 2014-2015, the second highest level in the past decade. In 2015 in New Zealand, a small amount of heroin (38.4 g) was seized, significantly less than the 16 kg seized in 2014, but a similar level to that seized in 2013.

787. Australia, which accounted for 99 per cent of total cocaine seizures in Oceania between 1988 and 2014, saw an increase in the frequency and amount of cocaine seized, with seizures at the border increasing from 245.6 kg during the period 2013-2014 to 368.9 kg during the period 2014-2015. Seizures within the country also increased, from 317.4 kg during the period 2013-2014 to 514.4 kg during the period 2014-2015, still around half the one ton seized in 2012-2013. While cocaine seized at the Australian border in 2013 had predominantly come from Peru, the prominence of Colombia as a source country has re-emerged, with 69.4 per cent of cocaine seized at the border in the first half of 2015 originating in Colombia, compared with 21.1 per cent originating in Peru.

788. Following a decrease in the amount of cocaine seized in New Zealand, from 10.2 kg in 2014 to 129 g in 2015, a record seizure of the drug was made in May 2016: a shipment of 35 kg from Mexico. Other significant seizures of cocaine in the Pacific, such as 50 kg in Fiji in 2015 and 680 kg from a yacht in French Polynesia in February 2016, suggest the existence of various trafficking routes through the region, likely destined for Australia or New Zealand.

(b) Psychotropic substances

789. A record 12.6 tons of amphetamine-type stimulants, comprising 49 per cent amphetamines and 48.3 per cent MDMA, were seized in Australia during the period 2014-2015, having more than tripled from 4.1 tons during the period 2013-2014, and representing just over half (53.6 per cent) of the weight of drugs seized in the country. The amount of amphetamine-type stimulants (excluding "ecstasy") detected at the Australian border almost doubled, from 1.8 tons during the period 2013-2014 to a record 3.4 tons during the period 2014-2015; crystalline methamphetamine accounted for 76.4 per cent of the weight of amphetamine-type stimulants seized at the border during the period 2014-2015.

790. In New Zealand, the quantity of methamphetamine seized more than tripled, from 98.8 kg in 2014 to a record amount of 334.3 kg in 2015; however, one large shipment of 79.3 kg of methamphetamine seized by customs authorities was suspected to be destined for Australia. That trend appears to be continuing, with a record seizure of 494 kg methamphetamine made in New Zealand in June 2016. Seizures of methamphetamine reported elsewhere in the region, for example Fiji, suggest the use of those countries as transit points for the trafficking of methamphetamine to Australia and New Zealand, but also indicate, given some seizures of small quantities, abuse of the substance in those countries.

791. The amount of "ecstasy" seized at the Australian border increased to 2 tons during the period 2014-2015, the second-highest reported level in the previous decade, compared with 94.8 kg during the period 2013-2014. A single seizure of 1.92 tons of "ecstasy" that had been concealed in sea cargo accounted for 95.8 per cent of the "ecstasy" seized at the border during the period 2014-2015. The amount of the substance seized within the country also increased, to 6.1 tons during the period 2014-2015. In New Zealand, the trend in seizures of "ecstasy"-type substances has fluctuated, decreasing in 2014 after a record in 2013, and increasing to 5.17 kg in 2015.

(c) Precursors

792. The majority of methamphetamine seized in Australia was primarily manufactured from ephedrine and pseudoephedrine, with the proportion of samples manufactured from 1-phenyl-2-propanone (P-2-P) decreasing. The weight of amphetamine-type stimulant (excluding "ecstasy") precursors seized at the Australian border decreased from 1.5 tons during the period 2013-2014 to 0.5 tons during the period 2014-2015. It remains to be seen whether that trend will continue: a significant seizure, of 340 kg of ephedrine, was made in Sydney

in January 2016. In contrast, the weight of "ecstasy" precursors seized at the border increased from 1.24 kg in the period 2013-2014 to 288 kg in the period 2014-2015.

793. The number of clandestine laboratories detected in Australia has decreased since 2011, and during the period 2014-2015 it reached the lowest level (667 laboratories) since 2008-2009. The proportion of smaller, "user-based" clandestine laboratories detected increased during the period 2014-2015, to 60.9 per cent. While the majority of the facilities were being used to illicitly manufacture amphetamines, the number of laboratories manufacturing "ecstasy" increased from 3 during the period 2013-2014 to 18 during the period 2014-2015.

794. In New Zealand, the trend seen in 2014 towards ephedrine, rather than pseudoephedrine, becoming the main precursor used in the illicit manufacture of methamphetamine continued in 2015 and into 2016, accounting for 92 per cent of the 966.6 kg of methamphetamine precursors seized in 2015. Record seizures of ephedrine were made in New Zealand in October 2015 and April 2016 (95 kg and 200 kg, respectively). The number of clandestine laboratories dismantled in New Zealand decreased from 82 in 2014 to 69 in 2015.

795. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

796. New psychoactive substances were increasingly detected at the Australian border, with a record number of seizures made during the period 2014-2015 (551 compared with 92 during the period 2013-2014). However, the total weight of new psychoactive substances seized decreased, from 543 kg during the period 2013-2014 to 52.7 kg during the period 2014-2015, the second-lowest amount on record. The majority (by weight) of samples analysed were cathinone analogues (71.1 per cent), followed by synthetic cannabinoids (22.8 per cent). The number of ketamine detections at the border increased from 155 during the period 2013-2014 to a record 218 during the period 2014-2015, with the international mail stream accounting for 97.2 per cent of ketamine detections.

797. Increased illegal importation of new psychoactive substances has been reported in New Zealand.

5. Abuse and treatment

798. Of the internationally controlled substances, cannabis remains the most widely abused substance in Oceania, with estimated annual prevalence at about 10 per cent, well above the global estimate of 3.8 per cent. In recent years, the abuse of cannabis has been reported to be relatively stable, albeit at a high level, in Australia and New Zealand, the countries for which recent data are available.

799. Although prevalence of abuse of amphetamines (i.e., amphetamine and methamphetamine) appears to have remained somewhat constant over recent years in both Australia and New Zealand, with annual prevalence among adults in those countries estimated at 2.1 per cent and 0.9 per cent, respectively, methamphetamine consumption has strongly increased in Australia. The number of people in Australia who used methamphetamine in the previous year is, according to household survey data, reported to have doubled, from an estimated 100,000 in 2007 to 200,000 in 2013, representing 1.1 per cent of the adult population. The proportion of detainees testing positive for methamphetamine more than doubled between the periods 2009-2010 and 2014-2015 in Australia. Between the periods 2009-2010 and 2013-2014, the number of hospitalizations related to methamphetamine increased fivefold and the number of specialized drug treatment cases concerning amphetamines tripled.

800. An Australian study utilizing indirect prevalence estimates based on treatment and hospitalization data, which was designed to include "more hidden and stigmatized" groups of drug users, indicated that the level of methamphetamine use was at its highest level, with the monthly prevalence among adults increasing from 1.03 per cent during the period 2002-2003 to 2.09 per cent during the period 2013-2014, and with methamphetamine addiction increasing from 0.66 per cent during the period 2002-2003 to 1.24 per cent during the period 2013-2014. Furthermore, the study estimated dependent use at 1.14 per cent and 1.50 per cent among those aged 15 to 24 years and 25 to 34 years, respectively.

801. Wastewater analysis in Australia suggested threefold to fivefold increases between 2009 and 2015 in per capita methamphetamine consumption in two population groups in Queensland. Such analysis also indicated that abuse of amphetamines has exceeded that of "ecstasy" and

cocaine since 2010 in large parts of Queensland and South Australia, and indicated a decline in levels of "ecstasy" use in a number of population groups between 2014 and 2015.

802. The level of abuse of cocaine is reported to be relatively stable, albeit at a high level, in Australia and New Zealand, with annual prevalence among adults of 2.1 per cent and 0.6 per cent, respectively. Annual prevalence of "ecstasy" abuse among adults in both Australia and New Zealand was reported to have declined to 2.5 per cent and 2 per cent, respectively, by 2013.

803. In New Zealand, the prevalence of abuse of amphetamines was found to be higher among the Maori population than among the non-Maori population. Similarly, in Australia, annual prevalence of abuse of amphetamines in indigenous communities was estimated at 5 per cent, higher than the national average. Reported levels of annual prevalence of drug abuse among Aboriginal and Torres Strait Islander people in Australia have been consistently higher than among non-indigenous people. Such data should be taken into account in the design and implementation of prevention and treatment programmes.

804. The rate of accidental overdose deaths due to opioids among those aged 15 to 54 in Australia decreased from 49.5 per million in 2011 to 44.7 per million in 2012; 70 per cent of the accidental opioid deaths in Australia among those aged 15 to 54 in 2012 were due to pharmaceutical opioids, with the remainder of such deaths due to heroin, which was relatively stable with respect to the previous year. Annual prevalence of heroin abuse declined in Australia from 0.2 per cent in 2010 to 0.1 per cent in 2013.

805. Noting the lack of recent data on drug abuse and treatment in the other countries of Oceania, the Board reiterates its call to the Governments of those countries to step up their efforts to increase the collection of data on drug abuse and treatment. The Board invites the international community and regional and bilateral partners to provide support to those countries to that end.

Chapter IV.

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

806. The present chapter contains the Board's most important observations contained in the present report and the related recommendations. As always, the Board would appreciate receiving feedback from Governments and international organizations alike regarding their experiences, including difficulties encountered, in implementing the provisions of the international drug control conventions and the recommendations contained in the Board's annual reports.

Women and drugs

807. At the special session of the General Assembly on the world drug problem held in 2016, the importance of incorporating gender perspectives into drug-related policies and programmes was highlighted. Focusing on drug abuse among women in its four main aspects (epidemiology, consequences, special populations and treatment), INCB has highlighted a number of gender-specific problems. For example, while overall drug abuse among women remains low by comparison with such abuse among men, women are more likely to misuse prescription drugs. In addition, the proportion of women involved in drug offences is increasing, and special populations, such as female prisoners and sex workers, experience acute problems. Often, stigma prevents women from seeking and/or accessing treatment and rehabilitation services.

***Recommendation 1*: The Board urges Governments to better design, fund and coordinate prevention, treatment and rehabilitation activities related to drug abuse among women. As a first step, Governments are encouraged to collect gender-disaggregated data on drug abuse and treatment participation, in order to allow for, for example, the efficient allocation of resources.**

***Recommendation 2*: Governments should give priority to providing easily accessible health care for drug-dependent women, keeping in mind that targeted and evidence-based interventions are particularly effective. Drug treatment programmes must be able to guarantee personal safety and confidentiality with women-only spaces or times, particularly for women engaged in sex work or women who have experienced violence. Special groups, such as drug-dependent women who are pregnant, need the enhanced services of specially trained multidisciplinary teams.**

***Recommendation 3*: Treatment, education, aftercare, post-prison rehabilitation and/or social reintegration services should be offered to drug-dependent women who have committed criminal offences, in order to provide more humane, effective and proportionate alternatives to conviction, taking into account the seriousness of offence committed, within the flexibility afforded by the conventions. The use of non-custodial options (such as those foreseen in the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules)) requires increased collaboration between public health and justice authorities. Preventing the harm that women and their children experience from incarceration requires special strategies, as well as measures designed to reduce the likelihood of reoffending. Providing basic health services in prisons is essential, and substandard and unhealthy living conditions, as well as any source of psychological, sexual or physical violence, must be eliminated.**

Special session of the General Assembly on the world drug problem held in 2016

808. INCB welcomes the adoption by the General Assembly of the outcome document of the special session of the Assembly on the world drug problem held in 2016, in which Member States reaffirmed their commitment to the international drug control conventions and which contains a practical plan of action for Member States to deal with the world drug problem.

***Recommendation 4*: INCB strongly encourages strengthened international cooperation towards addressing the world drug problem on the basis of shared responsibility, as emphasized in chapter I of the Board's annual report for 2012.[69] The Board looks forward to continuing its cooperation with Governments and civil society with a view to improving the drug control situation worldwide in the context of the 2030 Agenda for Sustainable Development. States are encouraged to move further towards the 2019 target date for review of the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.**

Proportionality

809. Disproportionate responses to drug-related offences undermine the aims of the conventions and can also have a negative impact on the application of and compliance with the rule of law. The treaties allow States to focus the most severe penalties on more serious forms of crime, such as trafficking and money-laundering, giving States a certain discretion in the legislative and policy choices they make in implementing their obligations under the three conventions when addressing drug-related offences.

***Recommendation 5*: The principle of proportionality, as discussed in chapter I of the Board's annual report for 2007,[70] must continue to act as a guiding principle in drug-related matters. Although the determination of sanctions applicable to drug-related crime remains the prerogative of States parties to the conventions, INCB reiterates its position on the issue of capital punishment for drug-related offences and encourages States that retain capital punishment for drug-related offences to consider the abolition of the death penalty for that category of offence.**

810. The recently reported extrajudicial targeting of persons suspected of illicit drug-related activity is not only a breach of the three conventions, which require a criminal justice response to drug-related offences and also require the parties to take all practicable measures for the prevention of drug abuse and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons affected, also constitutes a serious breach of human rights standards, including the right to due process.

***Recommendation 6*: The Board urges all Governments concerned to put an immediate stop to extrajudicial acts of violence or reprisal against persons suspected of illicit drug-related activity and to investigate and sanction, as warranted, the aiding and abetting, encouragement, counselling or incitement to commit these acts, in full observance of due legal process and the rule of law.**

Availability

811. The outcome document of the special session of the General Assembly on the world drug problem held in 2016 includes operational recommendations on ensuring the availability of and access to controlled substances for medical and scientific purposes, while preventing their diversion. INCB stands ready to continue to support Governments in their efforts to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, in coordination with other relevant international, regional and national organizations.

***Recommendation 7*: INCB urges all Governments to fully implement the operational recommendations on ensuring the availability of and access to controlled substances for medical and scientific purposes, while preventing their diversion, contained in the outcome document of the special session of the General Assembly on the world drug problem held in 2016, and the recommendations contained in the supplement to the Board's annual report for 2015.[71] Furthermore, INCB invites Governments to support and participate in concrete initiatives for the implementation of the operational recommendations contained in the above-mentioned outcome document, including the project named INCB Learning (see also paras. 154-157, above).**

812. Some Governments are not in a position to implement the above-mentioned recommendations on their

[69] E/INCB/2012/1.

[70] E/INCB/2007/1.

[71] *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes* (E/INCB/2015/1/Supp.1).

own. They need advice, training and resources to address the limitations of their systems.

***Recommendation 8*: The Board again calls upon the international community to improve cooperation among Governments, international organizations (WHO, UNODC, UNAIDS and the United Nations Development Programme, among others), the donor community and civil society organizations to ensure the sharing of expertise and the coordinated delivery of resources and technical support to countries in need of assistance.**

Consumption of psychotropic substances

813. The Board is concerned that fewer than 60 countries submit data on consumption of psychotropic substances. These data are essential to enable the Board to analyse the levels of consumption and promote the adequate availability and rational use of such substances.

***Recommendation 9*: The Board appreciates the cooperation of the Governments concerned and calls upon all Governments to report on the consumption of psychotropic substances on an annual basis, pursuant to Commission on Narcotic Drugs resolution 54/6, as such data are essential for an improved evaluation of the availability of psychotropic substances for medical and scientific purposes.**

National control measures for psychotropic substances

814. While most countries and territories have already introduced an import and export authorization requirement for psychotropic substances listed in Schedules III and IV of the 1971 Convention, in accordance with Economic and Social Council resolutions 1985/15, 1987/30 and 1993/38, a limited number of States have not yet done so, despite reminders, and have not aligned their national control measures with those stipulated in the aforementioned resolutions.

***Recommendation 10*: The Board urges the Governments of the few remaining States in which national legislation does not yet require import and export authorizations for all psychotropic substances to extend the system of import and export authorizations provided for in article 12, paragraph 1, of the 1971 Convention to cover international trade in substances listed in Schedules III and IV as soon as possible and to inform the Board accordingly.**

Cannabis

815. Some States have introduced or are considering the introduction of measures that would allow the use, distribution and sale of cannabis for non-medical purposes.

***Recommendation 11*: INCB reiterates that such measures are not in line with the international drug control conventions and reminds all parties of their legal obligation to take legislative and administrative measures to limit exclusively to medical and scientific purposes the cultivation, production, manufacture, export, import, distribution of, trade in and use and possession of narcotic drugs, including cannabis, and psychotropic substances throughout their entire territories.**

816. Some States have attempted to justify the legalization of the use of cannabis for non-medical purposes by the need to address the disproportionate representation in the criminal justice and prison systems of drug users belonging to minority groups. However, the conventions do not require the imposition of imprisonment for drug users and provide alternatives to incarceration.

***Recommendation 12*: The Board encourages States with high rates of arrest and incarceration of drug users for minor drug-related offences to consider availing themselves of the possibility provided for in the international drug control conventions to adopt non-punitive responses to such circumstances.**

817. The 1961 Convention allows States parties to use cannabis for medical purposes. Reflecting concerns about abuse and diversion, the Convention establishes an additional set of control measures that should be implemented in order for programmes for the use of cannabis for medical purposes to be in compliance with the Convention.

***Recommendation 13*: All Governments that have established programmes for the use of cannabis for medical purposes, or that are considering such initiatives, are reminded of their reporting and licensing obligations under the international drug control treaties. Such programmes must ensure that the prescription of cannabis for medical purposes is performed with competent medical knowledge and supervision and that such prescription is based on sound medical practice. States parties to the 1961 Convention in which research on the use of cannabis for medical purposes is ongoing are invited to share their findings and any other data on the medical usefulness or otherwise of cannabis with INCB and with WHO and other relevant international organizations.**

Complete, accurate and timely reporting

818. One of the central areas in ensuring the balance between the availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes and preventing their diversion and abuse is the role of the Board in collecting national estimates and assessments for the licit requirements of those substances. These are essential elements of the international drug control system and enable exporting and importing countries to prevent diversion from international trade. Competent national authorities play a key role in consolidating the data received from pharmaceutical companies, importers and exporters and other authorized agents within their jurisdictions to ensure that complete and reliable data are provided in a timely manner to the Board. However, some Governments still fail to provide the Board with timely and adequate estimates and assessments, and reliable statistical returns, including quarterly and annual statistics on international trade.

***Recommendation 14*: Governments should provide to the Board, in an accurate and timely manner, the information requested pursuant to the treaties and relevant resolutions of the Commission on Narcotic Drugs and the Economic and Social Council. In addition, government authorities are urged to provide for the training of staff to enable them to fulfil their reporting obligations under the international drug control conventions and to take the necessary steps to maintain the knowledge base of their employees at times of staff turnover.**

Precursors

819. The Board considers precursor control as a form of preventing serious illicit activity. To that end, INCB provides tools such as PEN Online and PICS, which should be actively used by Governments for the exchange of information in order to enhance international control over precursors. The increasing use of non-scheduled precursors in the illicit manufacture of drugs is another issue that demands flexible approaches and effective cooperation at the international level.

***Recommendation 15*: The Board calls upon Governments to continue to monitor international trade in precursors by actively using PEN Online. Competent national authorities are encouraged to request the assistance of the Board, as needed, in ascertaining whether a suspicious individual transaction is legitimate or not.**

***Recommendation 16*: INCB encourages all Governments to make use of the Board's guidelines for the establishment of partnerships with the private sector for the control of precursors and for addressing the emergence of so-called "designer precursors".**

820. In recent years, the Board has observed a shift in the diversion of precursors from international to domestic trade. While that shift may be an indicator of the successful functioning of the precursor control system at the international level, it exposes potential weaknesses in the design of domestic control systems, which the 1988 Convention leaves to the discretion of States parties.

***Recommendation 17*: Increased attention must be paid to establishing and implementing comprehensive precursor monitoring systems at the national level, focusing on domestic trade. Article 12, paragraph 8, of the 1988 Convention provides some guidance on possible basic features of such a system. Several initiatives of the Board, including Project Prism and Project Cohesion, also offer a platform for the exchange of information on best practices in precursor control.**

New psychoactive substances

821. With an increase in the prevalence of abuse and an increase in reported health consequences and fatalities, new psychoactive substances continue to pose a serious problem to public health.

***Recommendation 18*: The Board encourages all Governments to take practical measures to prevent the abuse and related consequences for individuals and society of new psychoactive substances, to share existing knowledge, experiences and good practices, and to pursue and enhance collaboration and the utilization of various initiatives on the issue. In particular, the Board encourages all Governments to make full use of the global focal point network of Project Ion and its incident communication tool (IONICS).**

Use of modern technology

822. As with most online electronic systems established to respond to practical challenges, the effectiveness of the INCB online tools (namely I2ES, PEN Online, PICS and IONICS) depends on the number of participating Governments, the extent of utilization, the quality, timeliness and volume of the data shared and the availability of sustained support, including financial support, to operate and maintain the systems.

***Recommendation 19*: The Board expresses its appreciation to all Governments that have provided financial support and technical input for the development of all INCB electronic tools. Further use of those electronic tools by Governments and further political and financial support are required to ensure the further success of their implementation and to enable INCB to administer them in line with its mandate and to provide reliable, responsive and tailored user support to competent national authorities. The Board therefore invites all Governments to fully utilize the available tools, which are available to them at no cost, and to provide further ongoing support, including financial support, to sustain the range of electronic tools made available by INCB, so that it can improve and further develop such tools as the need arises.**

Application of the international drug control treaties in specific countries and regions

823. The deteriorating drug control situation in Afghanistan remains a matter of the gravest concern. That situation not only negatively affects the people of Afghanistan, but has ramifications for the drug control and security situation worldwide. INCB has continued close consultations with the Government of Afghanistan under article 14 of the 1961 Convention, which it invoked in 2000 in view of the serious situation in the country.

***Recommendation 20*: The Board calls upon the Government of Afghanistan, with the assistance of the Governments of its development partners and in cooperation with relevant international and regional organizations, to further and urgently address the drug control situation in the country. In that context, the Board urges the Government of Afghanistan to translate its commitment into specific actions in order to ensure that substantial, sustainable and demonstrable progress is achieved in addressing the illicit cultivation and production of narcotic drugs, and related trafficking and money-laundering, as well as in promoting effective alternative development and livelihood programmes and reducing drug demand by expanding drug abuse prevention initiatives and programmes to provide treatment, rehabilitation and recovery services to those affected by drug abuse.**

824. Although Africa is perceived mainly as a transit region for drug trafficking, it is increasingly becoming a consumer market for all types of drugs of abuse. While illicit production of, trafficking in and abuse of cannabis have remained major challenges throughout many parts of Africa, heroin abuse is also reportedly growing.

***Recommendation 21*: The Board appeals to the Governments of countries in Africa, as well as to international partners, to allocate necessary resources with a view to preventing a deterioration of the drug abuse and trafficking situation in the region. Preventing drug-related problems remains an important element of wider efforts towards improving the security and socioeconomic situation throughout Africa.**

825. Owing to a paucity of detailed and reliable information related to abuse and treatment in Africa and Oceania, assessing the extent of drug abuse and accurately estimating the number of people in treatment in those regions remain challenging. Such data are a prerequisite for the design and implementation of appropriate prevention and treatment strategies.

***Recommendation 22*: INCB calls on the Governments of countries in Africa and Oceania to step up their efforts to increase the collection of data on drug abuse and treatment.**

826. Trafficking in and abuse of "captagon" tablets, containing amphetamine, continues to be on the rise in West Asia, accompanied by increased numbers of seizures.

***Recommendation 23*: The Board urges Governments to take an active part in INCB initiatives under Project Prism, which provides for cooperation among national authorities and relevant international organizations, to identify the way in which precursors used for the manufacture of "captagon" tablets, namely precursors needed for the illicit manufacture of amphetamine, are obtained and trafficked, and to address the problem of abuse of the substance.**

(*Signed*)
Werner Sipp
President

(*Signed*)
Sri Suryawati
Rapporteur

(*Signed*)
Andrés Finguerut
Secretary

Vienna, 18 November 2016

Annex I.

Regional and subregional groupings used in the report of the International Narcotics Control Board for 2016

The regional and subregional groupings used in the report of the International Narcotics Control Board for 2016, together with the States in each of those groupings, are listed below.

Africa

Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Cabo Verde
Central African Republic
Chad
Comoros
Congo
Côte d'Ivoire
Democratic Republic of the Congo
Djibouti
Egypt
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Libya
Madagascar
Malawi
Mali
Mauritania
Mauritius
Morocco
Mozambique
Namibia
Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Seychelles
Sierra Leone
Somalia
South Africa
South Sudan
Sudan
Swaziland
Togo
Tunisia
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

Central America and the Caribbean

Antigua and Barbuda
Bahamas
Barbados
Belize
Costa Rica
Cuba
Dominica
Dominican Republic
El Salvador
Grenada
Guatemala
Haiti
Honduras
Jamaica
Nicaragua
Panama
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Trinidad and Tobago

North America

Canada
Mexico
United States of America

South America

Argentina
Bolivia (Plurinational State of)
Brazil
Chile
Colombia
Ecuador
Guyana
Paraguay
Peru
Suriname
Uruguay
Venezuela (Bolivarian Republic of)

East and South-East Asia

Brunei Darussalam
Cambodia
China
Democratic People's Republic of Korea
Indonesia
Japan
Lao People's Democratic Republic
Malaysia
Mongolia
Myanmar
Philippines
Republic of Korea
Singapore
Thailand
Timor-Leste
Viet Nam

South Asia

Bangladesh
Bhutan
India
Maldives
Nepal
Sri Lanka

West Asia

Afghanistan
Armenia
Azerbaijan
Bahrain
Georgia
Iran (Islamic Republic of)
Iraq
Israel
Jordan
Kazakhstan
Kuwait
Kyrgyzstan
Lebanon
Oman
Pakistan
Qatar
Saudi Arabia
State of Palestine
Syrian Arab Republic
Tajikistan
Turkey
Turkmenistan
United Arab Emirates
Uzbekistan
Yemen

Europe

Eastern Europe

Belarus
Republic of Moldova
Russian Federation
Ukraine

South-Eastern Europe

Albania
Bosnia and Herzegovina
Bulgaria
Croatia
Montenegro
Romania
Serbia
The former Yugoslav Republic of Macedonia

Western and Central Europe

Andorra
Austria
Belgium
Cyprus
Czechia[a]
Denmark
Estonia
Finland
France
Germany
Greece
Holy See
Hungary
Iceland
Ireland
Italy
Latvia
Liechtenstein
Lithuania
Luxembourg
Malta
Monaco
Netherlands
Norway
Poland
Portugal
San Marino
Slovakia
Slovenia
Spain
Sweden
Switzerland
United Kingdom of Great Britain and Northern Ireland

[a] Since 17 May 2016, "Czechia" has replaced "Czech Republic" as the short name used in the United Nations.

Oceania

Australia
Cook Islands
Fiji
Kiribati
Marshall Islands
Micronesia (Federated States of)
Nauru
New Zealand
Niue
Palau
Papua New Guinea
Samoa
Solomon Islands
Tonga
Tuvalu
Vanuatu

Annex II.

Current membership of the International Narcotics Control Board

Wei Hao

Born in 1957. National of China. Professor of Psychiatry and Deputy Director of the Mental Health Institute, Central South University, Changsha, China. Director of the World Health Organization (WHO) Collaborating Centre for Psychosocial Factors, Substance Abuse and Health. Currently serving as Chair, Education Committee of the Asian-Pacific Society for Alcohol and Addiction Research, and as President, Chinese Association of Drug Abuse Prevention and Treatment and Chinese Association of Addiction Medicine.

Bachelor of Medicine, Anhui Medical University; Master's and Doctorate degrees of Psychiatry, Hunan Medical University.

Previously held positions as Scientist, Substance Abuse Department, WHO, Geneva (1999-2000); Medical Officer, Department of Mental Health and Substance Abuse, WHO, Western Pacific Region, and President, Chinese Psychiatrist Association (2008-2011). Membership in the Scientific Advisory Committee on Tobacco Product Regulation, WHO (2000-2004). Currently holding membership of the Expert Advisory Panel on Drug Dependence and Alcohol Problems, WHO (2006-present); and member of the Working Group on the Classification of Substance Abuse for the eleventh revision of the International Classification of Diseases (ICD-11), WHO (2011-present).

Recipient of research support from various bodies at the national level (Ministry of Health, Ministry of Science and Technology, National Natural Science Foundation) and at the international level (WHO and the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism of the United States). Coordinator of a series of WHO/China workshops on addictive behaviour. Member of the Expert Committee of the national project on mental health services in communities in China. Consultant for the development, implementation and evaluation of China's mental health law, and for the development of the anti-drug law and regulations in China.

Published over 400 academic articles and 50 books on alcohol and drug dependence. Selected recent publications in peer-reviewed journals include the following: "Longitudinal surveys of prevalence rates and use patterns of illicit drugs at selected high-prevalence areas in China from 1993 to 2000", *Addiction* (2004); "Drug policy in China: progress and challenges", *Lancet* (2014); "Alcohol and the sustainable development goals", *Lancet* (2016); "Transition of China's drug policy: problems in practice" *Addiction* (2015); "Improving drug addiction treatment in China", *Addiction* (2007); "Stigmatization of people with drug dependence in China: a community-based study in Hunan province", *Drug Alcohol Dependence* (2013); and "Drinking and drinking patterns and health status in the general population of five areas of China", *Alcohol & Alcoholism* (2004).

Member of the International Narcotics Control Board (since 2015). Member of the Committee on Finance and Administration (2015). Member of the Standing Committee on Estimates (since 2015). Vice-Chair of the Standing Committee on Estimates (2016).

David T. Johnson

Born in 1954. National of the United States. Vice-President, Janus Global Operations; retired diplomat.

Bachelor's degree in economics from Emory University; graduate of the National Defence College of Canada.

United States Foreign Service officer (1977-2011). Assistant Secretary for the Bureau of International Narcotics and Law Enforcement Affairs, United States Department of State (2007-2011). Deputy Chief of Mission (2005-2007) and Chargé d'affaires, a.d. (2003-2005), United States Embassy, London. Afghan Coordinator for the United States (2002-2003). United States Ambassador to the Organization for Security and Cooperation in Europe (1998-2001). Deputy Press Secretary at the White House and Spokesman for the National Security Council (1995-1997). Deputy Spokesman at the State Department (1995) and Director of the State Department Press Office (1993-1995). United States Consul General, Vancouver (1990-1993). Assistant National Trust Examiner, Office of the Comptroller of the Currency, United States Treasury (1976-1977).

Member of the International Narcotics Control Board (since 2012). Member of the Committee on Finance and Administration (since 2012). Chair of the Committee on Finance and Administration (2014).

Bernard Leroy

Born in 1948. National of France. Honorary Deputy Prosecutor General and Director of the International Institute of Research against Counterfeit Medicines.

Degrees in Law from the University of Caen, Institute of European Studies of Saarbrucken, Germany, and University Paris X. Graduate of the French National School for the Judiciary (1979).

Previously held positions of Deputy General Prosecutor, Versailles Court of Appeal, 2010-2013. Senior Legal Adviser, United Nations Office on Drugs and Crime (UNODC) (1990-2010). Adviser in charge of international, legislative and legal affairs in the French National Drug Coordination (1988-1990). Investigating judge specializing in drug cases, Evry High Court (1979-1988). Head of the Legal Assistance Programme, UNODC, and Coordinator of the decentralized team of legal experts, Bogota, Tashkent and Bangkok (1990-2010). Leader of the legal assistance team assisting the Government of Afghanistan in the drafting process of the new drug control law, 2004. Co-author of the preparatory study for the law introducing community service sentencing as an alternative to imprisonment in France (1981). Co-founder of "Essonne Accueil", a non-governmental organization providing treatment services for drug addicts (1982). Member of the French delegation for the final negotiations of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. Chair of the study group on cocaine trafficking in Europe, Council of Europe (1989). Author of the report resulting in the first European political coordinating committee to combat drugs (1989). Chair of the World Bank and UNODC joint team (the Stolen Asset Recovery (StAR) Initiative) which organized the freezing and subsequent recovery in Switzerland of the assets stolen by the former dictator Jean-Claude Duvalier in Haiti (2008).

Organizer of the lifelong learning programme on combating drug trafficking and addiction for members of the French judiciary, French National School for the Judiciary (1984-1994). Lecturer for medical graduates in psychiatry in the field of forensic expertise and responsibility, Faculty of Medicine, Paris-Sud University (1983-1990). Lecturer in the field of social work, University of Paris 13 (1984-1988). Lecturer for second year Master's courses in Security and Public International Law, Jean Moulin Lyon 3 University (2005-2013).

Member of the Executive Board of the international section of the National Association of Drug Court Professionals (2006). External member of the Management Board of the French Monitoring Centre for Drugs and Drug Addiction (2013). Member of the committee of the Reynaud report (2013). Honours: chevalier of the Legion of Honour.

Selected publications include "Le travail au profit de la communauté, substitut aux courtes peines d'emprisonnement", *Revue de science criminelle et de droit comparé*, No. 1 (Sirey, 1983); *Drogues et drogués*, École nationale de la magistrature, studies and research (1983); *Étude comparative des législations et des pratiques judiciaires européennes face à la drogue* (Commission of the European Communities, 1991); Ecstasy, Inserm Collective Expertise series (Editions Inserm, 1997); *The International Drug Control System*, in cooperation with Cherif Bassiouni and J.F. Thony, in *International Criminal Law: Sources, Subjects and Contents* (Martinus Nijhoff Publishers, 2007); Routledge Handbook of Transnational Criminal Law, Neil Boister and Robert Curie, eds. (Routledge, 2014).

Member of the International Narcotics Control Board (since 2015). Rapporteur (2015). Member of the Standing Committee on Estimates (2016).

Richard P. Mattick

Born in 1955. National of Australia. Professor of Drug and Alcohol Studies at the National Drug and Alcohol

Research Centre, Faculty of Medicine, University of New South Wales; Professor of Brain Sciences, University of New South Wales; Principal Research Fellow, Australian Government National Health and Medical Research Council (2013-2017), and Registered Clinical Psychologist.

Bachelor of Science (Psychology), Honours, Class 1, University of New South Wales, 1982; Master of Psychology (Clinical), University of New South Wales, 1989; Doctor of Philosophy, University of New South Wales, 1988; and Certificate in Neuroanatomy, Anatomy, University of New South Wales, 1992.

Director of Research, Australian National Drug and Alcohol Research Centre (1995-2001), and Executive Director, Australian National Drug and Alcohol Research Centre, Faculty of Medicine, University of New South Wales (2001-2009). Member, Australian National Expert Advisory Committee on Illicit Drugs (2002-2004), Australian National Expert Advisory Group on Sustained Release Naltrexone (2002-2004), Monitoring Committee of the Medically Supervised Injecting Centre for the New South Wales Government Cabinet Office (2003-2004), Australian Ministerial Council on Drug Strategy Working Party on Performance and Image Enhancing Drugs (2003-2005), Australian Government Department of Health and Ageing Expert Advisory Committee on Cannabis and Health (2005-2006), New South Wales Expert Advisory Group on Drugs and Alcohol for the New South Wales Minister of Health (2004-2013), Australian National Council on Drugs advising the Prime Minister (2004-2010), WHO/UNODC Technical Guidelines Development Group on Pharmacotherapy of Opioid Dependence (2004-2008), Australian Research Alliance for Children and Youth (2005-2015).

Served on the editorial and executive boards of *Drug and Alcohol Review* (1994-2005), and as Deputy Editor (1995-2000) and Executive Editor (2000-2005). Assistant Editor of the international peer-reviewed journal *Addiction* (1995-2005). Editor, Cochrane Review Group on Drugs and Alcohol (1998-2003). Authored over 280 books, chapters in edited volumes on substance abuse, addiction and treatment, and peer-reviewed academic journal articles on those subjects. Recent articles include "Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence", "Young adult sequelae of adolescent cannabis use" and "The Pain and Opioids IN Treatment study: characteristics of a cohort using opioids to manage chronic non-cancer pain".

Recipient of academic and research support from the Australian Government Department of Health; the New South Wales Government Department of Health; the Australian National Drug Law Enforcement Research Fund; the Alcohol Education and Rehabilitation Foundation; UNODC; the National Institute on Drug Abuse of the United States; the Australian Research Council; and the Australian Government National Health and Medical Research Council.

Member of the International Narcotics Control Board (since 2015). Member of the Standing Committee on Estimates (since 2015).

Alejandro Mohar Betancourt

Born in 1956. National of Mexico. Director General of the National Cancer Research Institute of Mexico (2003-2013) and member of the National System of Researchers of Mexico, the National Academy of Medicine, the Mexican Academy of Sciences and the American Society of Clinical Oncology.

Doctor of Medicine, National Autonomous University of Mexico (UNAM) (1980); Postgraduate studies in anatomical pathology, National Institute of Nutrition (1985), Master of Sciences (1986) and Doctor of Sciences in Epidemiology (1990), Harvard School of Public Health.

Recipient of academic and research support from the National Council on Science and Technology (CONACYT) and the Mexican Foundation of Health. Head of the Department of Epidemiology (1988-1989), Deputy Director of Clinical Research (1993-1999) and Director of Research (1999-2003), National Cancer Research Institute of Mexico. Lecturer and Research Associate, Harvard School of Public Health (1988-1990). Lecturer and Director of master's and doctoral dissertations at the Faculty of Medicine, UNAM (since 1991). Coordinator of the Unit for Biomedical Research on Cancer, Biomedical Research Institute, UNAM (1998). Author of more than 110 scientific and popular works, 70 of which appear in indexed journals, including "Intratypic changes of the E1 gene and the long control region affect ori function of human papillomavirus type 18 variants", "Screening breast cancer: a commitment to Mexico (preliminary report)", "Impact of diabetes and hyperglycemia on survival in advanced breast cancer patients", "Ovarian cancer: the new challenge in gynaecologic oncology?" and "Validation of the Mexican-Spanish version of the EORTC QLQ-C15-PAL questionnaire for the evaluation of health-related quality of life in patients on palliative care".

Awarded various recognitions including the following: Miguel Otero Award for clinical research, General Health Council (2012); third place for best pharmacoeconomics

work, Mexican College for Pharmacoeconomics and International Society for Pharmacoeconomics and Outcomes Research, Mexico chapter (2010); member of the Group of the 300 Most Influential Leaders of Mexico; recognition for participation in the meeting of the Global Health Strategic Operations Advisory Group of the American Cancer Society (2009); member of the Board of Governors of the National Autonomous University of Mexico (2008); Distinction of Edward Larocque Tinker Visiting Professor, Stanford University (2000); member of the External Advisory Group for the Mexico Report on Social Determinants of Health (2010); member of the jury for the Aaron Sáenz Annual Prize for Paediatric Research, Federico Gómez Children's Hospital of Mexico and the "General y Lic. Aarón Sáenz Garza, A.C." Association (2010); member of the Global Health Strategic Operations Advisory Group of the American Cancer Society (2010); Certificate of Achievement for dedication and commitment to establishing a national cancer plan for Mexico, American Cancer Society (2006); member of the Scientific Committee of the Mexican Association of Pathologists (1993-1995).

Member of the International Narcotics Control Board (2013-2016).[b] Member of the Standing Committee on Estimates (since 2014). Vice-Chair of the Standing Committee on Estimates (2015). Member of the Committee on Finance and Administration (2016).

Jagjit Pavadia

Born in 1954. National of India. Graduate in English Honours (1974), Dhaka University, LL.B from Delhi University (1988), Master's Diploma in Public Administration, Indian Institute of Public Administration (1996). Completed dissertation "Forfeiture of Property under the Narcotics Drugs and Psychotropic Substances Act, 1985" towards completion of Master's Diploma.

Held several senior positions in the Indian Revenue Service for 35 years in the Government of India, including Narcotics Commissioner of India, Central Bureau of Narcotics (2006-2012); Commissioner, Legal Affairs (2001-2005); Chief Vigilance Officer, Power Finance Corporation (1996-2001); Customs Training Adviser Maldives, deputed by the Commonwealth Secretariat (1994-1995); Deputy Director, Narcotics Control Bureau (1990-1994); and retired as Chief Commissioner, Customs, Central Excise and Service Tax, Nagpur, in 2014.

Recipient of Presidential Appreciation Certificate for Specially Distinguished Record of Service on the occasion of Republic Day (2005), published in the *Gazette of India Extraordinary*.

Member of the Indian delegation to the Commission on Narcotics Drugs, Vienna (2007-2012); introduced resolutions 51/15 (2008) and 53/12 (2010), adopted by the Commission on Narcotic Drugs, and organized a side event on the margins of the Commission's 2011 session, presenting issues involved in the illegal movement of poppy seeds to producing, importing and exporting countries. As representative of the competent national authority, attended Project Prism and Project Cohesion task force meetings (2006-2012), and coordinated and organized the Project Prism and Project Cohesion meeting in New Delhi (2008). Participated in the Meeting of Heads of National Drug Law Enforcement Agencies (HONLEA), Asia and the Pacific, held in Bangkok (2006), and organized the Meeting of HONLEA, Asia and the Pacific, held in Agra, India (2011). Member of the INCB advisory expert group on the scheduling of substances (2006), and member of the advisory group finalizing the INCB *Guidelines for a Voluntary Code of Practice for the Chemical Industry* (2008). Rapporteur of the forty-first session of the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East, held in Amman (2006); Chairperson of the forty-second session of the Subcommission, held in Accra, India (2007); organized the meeting of the Paris Pact Initiative Expert Working Group on Precursors, held in New Delhi (2011), and participated in the International Drug Enforcement Conferences hosted by the United States Drug Enforcement Agency, held in Istanbul (2008) and Cancún, Mexico (2011).

Member of the International Narcotics Control Board (since 2015). Second Vice-President and Chair of the Standing Committee on Estimates (2015). Member of the Committee on Finance and Administration (2016). First Vice-President of the Board (2016).

Ahmed Kamal Eldin Samak

Born in 1950. National of Egypt. Graduated with a Law and Police Licence in 1971. Worked in the field of anti-narcotics for more than 35 years, until becoming the Minister Assistant of Police and Head of the Anti-Narcotics General Administration of Egypt, which is considered the first organization of anti-narcotics in the world and was founded in 1929. Independent adviser in the field of anti-narcotics and crime. First-rank badge of honour on the occasion of the police festival (1992). Contributed to

[b] Resigned, effective 10 August 2016.

several missions, such as to Jordan, for anti-narcotics training (1988); India, for the signing of an agreement between India and Egypt to strengthen anti-narcotics and security cooperation to combat crime and terrorism (1995); France, for cooperation between Egypt and the International Criminal Police Organization (INTERPOL) relating to drugs and money-laundering (1996); Palestine,[c] to participate in a regional anti-narcotics workshop (1999); Saudi Arabia, to participate in a training programme related to drug cases (2001); United Arab Emirates, to represent the Ministry of the Interior at the thirty-sixth session of the committee concerned with illegal trade in drugs (2001); Libyan Arab Jamahiriya,[d] to participate in the celebration of the International Day against Drug Abuse and Illicit Trafficking (2002); Kenya, to participate in the twelfth and seventeenth conferences of African national anti-narcotics department leaders (2002 and 2007); Mauritius, for the second ministerial anti-narcotics meeting (2004); Lebanon, to participate in the conference "Drugs are a social epidemic", organized by Lebanese organizations for human rights (2004); Tunisia, to participate in the seventeenth to twenty-first Arab conferences of anti-narcotics department leaders (2003-2007); United States (2004); Austria, to represent the Ministry at the forty-fifth, forty-sixth and forty-eighth to fiftieth sessions of the Commission on Narcotic Drugs (2002-2007); Saudi Arabia, as a member of a scientific organization to prepare an article about arrest and investigation procedures (2007); United Arab Emirates, for the Regional Seminar for Strategic and Cooperative Planning in the Field of Anti-Narcotics (2007). Member of the National General Trust Fund for Anti-Narcotics and Addiction; and the Committee of National Strategy Planning on Anti-Narcotics.

Member of the International Narcotics Control Board (since 2012). Member of the Standing Committee on Estimates (2012 and 2014-2016).

Werner Sipp

Born in 1943. National of Germany. Lawyer (Universities of Heidelberg, Germany, and Lausanne, Switzerland; University Institute of European Studies, Turin, Italy).

Assistant lecturer in Public Law, University of Regensburg (1971-1977). Senior administrative posts in several federal ministries (1977-2008). Head of the Division for Narcotic Law and International Narcotic Drugs Affairs in the Federal Ministry of Health (2001-2008); Permanent Correspondent of Germany in the Pompidou Group of the Council of Europe (2001-2008); Legal Correspondent of Germany in the European Legal Database on Drugs, Lisbon (2002-2008); Chairman of the Horizontal Working Party on Drugs of the Council of the European Union (2007); Coordinator of the German delegation to the Commission on Narcotic Drugs (2001-2009).

Expert Consultant to the German Federal Ministry of Health and Drug Commissioner of the Federal Government in international drug matters (2008-2009); Expert Consultant on drug issues to the Deutsche Gesellschaft für Internationale Zusammenarbeit (2008-2011); Expert on several European Union drug projects such as "Implementing the national strategy to fight drug abuse in Serbia" and the Central Asia Drug Action Programme.

Member of the International Narcotics Control Board (since 2012). Member of the Standing Committee on Estimates (2012-2014). Rapporteur (2013). First Vice-President of the Board (2014). President of the Board (2015 and 2016).

Viroj Sumyai

Born in 1953. National of Thailand. Retired Assistant Secretary-General of the Food and Drug Administration, Ministry of Public Health of Thailand, and clinical pharmacologist specializing in drug epidemiology. Professor, Mahidol University (since 2001).

Bachelor of Science degree in chemistry (1976), Chiang Mai University. Bachelor's degree in pharmacy (1979), Manila Central University. Master's degree in clinical pharmacology (1983), Chulalongkorn University. Apprenticeship in narcotic drugs epidemiology at St. George's University of London (1989). Doctor of Philosophy, Health Policy and Administration (2009), National Institute of Administration. Member of the Pharmaceutical Association of Thailand. Member of the Pharmacological and Therapeutic Society of Thailand. Member of the Thai Society of Toxicology. Author of nine books in the field of drug prevention and control, including *Drugging Drinks: Handbook for Predatory Drugs Prevention and Déjà vu: A Complete Handbook for Clandestine Chemistry, Pharmacology and Epidemiology of LSD. Columnist, Food and Drug Administration Journal.* Recipient, Prime Minister's Award for Drug Education and Prevention (2005).

[c] Pursuant to General Assembly resolution 67/19 of 29 November 2012, Palestine has been accorded the status of a non-member observer State. The name "State of Palestine" is now used in all United Nations documents.

[d] Since 16 September 2011, "Libya" has replaced "Libyan Arab Jamahiriya" as the short name used in the United Nations.

Member of the International Narcotics Control Board (since 2010). Member (since 2010) and Chair (2012, 2014 and 2016) of the Standing Committee on Estimates. Chair of the Committee on Finance and Administration (2011 and 2013). Second Vice-President of the Board (2012, 2014 and 2016).

Sri Suryawati

Born in 1955. National of Indonesia. Professor and Head, Division of Medicine Policy and Management, Faculty of Medicine, Gadjah Mada University, Yogyakarta. Educational background includes pharmacy (1979), specialist in pharmacology (1985); doctoral degree in clinical pharmacokinetics (1994), certificate in medicine policy (1997). Lecturer in pharmacology/clinical pharmacology (since 1980); supervisor for more than 150 master's and doctoral theses in the areas of medicine policy, essential medicines, clinical pharmacology, pharmacoeconomics and pharmaceutical management.

Member of the WHO Expert Advisory Panel for Medicine Policy and Management (since 1999). Member of the Executive Board of the International Network for the Rational Use of Drugs (INRUD). Member of the WHO Expert Committee on the Selection and Use of Essential Medicines (2002, 2003, 2005 and 2007). Member of the WHO Expert Committee on Drug Dependence (2002 and 2006). Member of the United Nations Millennium Project Task Force on HIV/AIDS, Malaria and Tuberculosis and Access to Essential Medicines (Task Force 5) (2001-2005). Consultant in essential medicine programmes and promoting rational use of medicines in Bangladesh (2006-2007), Cambodia (2001-2008), China (2006-2008), Fiji (2009), the Lao People's Democratic Republic (2001-2003), Mongolia (2006-2008) and the Philippines (2006-2007). Consultant in medicine policy and drug evaluation in Cambodia (2003, 2005 and 2007), China (2003), Indonesia (2005-2006) and Viet Nam (2003). Facilitator of various international training courses in medicine policy and promoting the rational use of medicines, including WHO and INRUD courses on promoting the rational use of medicines (1994-2007), training courses on hospital drugs and therapeutics committees (2001-2007) and international courses on medicine policy (2002-2003).

Member of the International Narcotics Control Board (2007-2012 and since 2013). Member (2008-2011 and since 2013), Vice-Chair (2009) and Chair (2010 and 2013) of the Standing Committee on Estimates. Second Vice-President of the Board (2010 and 2013). First Vice-President of the Board (2015). Rapporteur (2011, 2014 and 2016).

Francisco E. Thoumi

Born in 1943. National of Colombia and the United States. Bachelor of Arts and Doctor of Philosophy in Economics. Senior member of the Colombian Academy of Economic Sciences and Corresponding Member of the Royal Academy of Moral and Political Sciences (Spain).

Professor at the University of Texas, Rosario University (Bogota) and California State University, Chico. Worked for 15 years in the research departments of the World Bank and the Inter-American Development Bank. Founder and Director, Research and Monitoring Center on Drugs and Crime, Rosario University (August 2004-December 2007); Research Coordinator, Global Programme against Money-Laundering, Proceeds of Crime and the Financing of Terrorism; Coordinator for the World Drug Report, UNODC (August 1999-September 2000); Researcher, Comparative Study of Illegal Drugs in Six Countries, United Nations Research Institute for Social Development, Geneva (June 1991-December 1992); Fellow, Woodrow Wilson International Center for Scholars (August 1996-July 1997); Research Coordinator, Research Programme on the Economic Impact of Illegal Drugs in the Andean Countries, United Nations Development Programme, Bogota (November 1993-January 1996).

Author of two books and co-author of one book on illegal drugs in Colombia and the Andean region. Editor of three volumes and author of over 60 academic journal articles and book chapters on those subjects.

Member of the Friedrich Ebert Foundation Observatory of Organized Crime in Latin America and the Caribbean (since 2008) and the World Economic Forum's Global Agenda Council on Organized Crime (2012-2014).

Member of the International Narcotics Control Board (since 2012). Rapporteur (2012). Member of the Committee on Finance and Administration (2014 and 2015). Member of the Standing Committee on Estimates (2013 and 2016).

Jallal Toufiq

Born in 1963. National of Morocco. Head of the National Centre for Drug Abuse Prevention and Research; Director of the Moroccan National Observatory on Drugs and Addictions; Director of the Ar-razi University Psychiatric Hospital and Professor of Psychiatry at the Rabat Faculty of Medicine.

Medical Doctor, Rabat Faculty of Medicine (1989); Diploma of Specialization in Psychiatry (1994); and lecturer at the Rabat Faculty of Medicine (since 1995). Undertook specialized training in Paris at the Sainte-Anne Psychiatric Hospital and Marmottan Centre (1990-1991); and at Johns Hopkins University as a National Institute on Drug Abuse research fellow and Clinical Observer (1994-1995). Conducted research at the University of Pittsburgh (1995); and gained Clinical Drug Research certificates at the Vienna School of Clinical Research (2001 and 2002).

Currently holding positions in Morocco as Head of the Harm Reduction Programme, National Centre for Drug Abuse Prevention and Research; teaching and residency training coordinator, Ar-razi Hospital; Director of the National Diploma Programme on Treatment and Prevention of Drug Abuse, Rabat Faculty of Medicine; Director of the National Diploma Programme on Child Psychiatry, Rabat Faculty of Medicine and Member of the Ministry of Health Commission on Drug Abuse.

At the international level, Representative of the Mediterranean Network (MedNET) for Morocco (MedNET/Pompidou Group/Council of Europe); former permanent correspondent of the Pompidou Group for Morocco (Council of Europe) on drug abuse prevention and research and former member of the Reference Group to the United Nations on HIV and Injecting Drug Use. Founding member and steering committee member, Middle East and North Africa Harm Reduction Association (MENAHRA); Director of Knowledge Hub Ar-razi for North Africa, MENAHRA; Member, Mentor International Scientific Advisory Network (drug abuse prevention in youth); former focal point/expert on prevention, United Nations Office on Drug Control and Crime Prevention (local network for North Africa); founding member, MedNET (advisory group on AIDS and drug abuse policies) of the Council of Europe, and member of the Reference Group to the United Nations on HIV and Injecting Drug Use.

Held consultancy roles with the WHO Regional Office for the Eastern Mediterranean, UNODC and other international institutions, research fellowships and the National Institute on Drug Abuse of the United States. Published widely in the field of psychiatry, alcohol and drug abuse.

Member of the International Narcotics Control Board (since 2015). Member of the Standing Committee on Estimates (2015). Member of the Committee on Finance and Administration (2016).

Raymond Yans

Born in 1948. National of Belgium. Graduate in Germanic philology and in philosophy (1972).

Belgian Foreign Service: Attaché, Jakarta (1978-1981); Deputy-Mayor of Liège (1982-1989); Consul, Tokyo (1989-1994); Consul, Chargé d'affaires, Luxembourg (1999-2003); Head of the Drug Unit, Ministry of Foreign Affairs (1995-1999 and 2003-2007); Chairman of the Dublin Group (2002-2006); Chairman of the European Union Drug Policy Cooperation Working Group during the Belgian Presidency of the European Union; charged with the national coordination of the ratification and implementation process of the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1995-1998); liaison between the Ministry of Foreign Affairs and the National Police for drug liaison officers in Belgian embassies (2003-2005); participation in the launching by the European Union Joint Action on New Synthetic Drugs of an early warning system to alert Governments to the appearance of new synthetic drugs (1999); active in the creation of the Cooperation Mechanism on Drugs between the European Union, Latin America and the Caribbean (1997-1999). Author of numerous articles and speeches, including: "The future of the Dublin Group" (2004) and "Is there anything such as a European Union Common Drug Policy?" (2005). Member of the Belgian delegation to the Commission on Narcotic Drugs (1995-2007); all the preparatory sessions (on amphetamine-type stimulants, precursors, judicial cooperation, money-laundering, drug demand reduction and alternative development) for the twentieth special session of the General Assembly; European Union Seminar on Best Practices in Drug Enforcement by Law Enforcement Authorities, Helsinki (1999); Joint European Union/Southern African Development Community Conferences on Drug Control Cooperation, Mmabatho, South Africa (1995) and Gabarone (1998); UNODC/Paris Pact round tables, Brussels (2003), Tehran and Istanbul (2005); meetings of the High-level Dialogue on Drugs between the Andean Community and the European Union, Lima (2005) and Vienna (2006).

Member of the International Narcotics Control Board (since 2007). Member of the Standing Committee on Estimates (2007-2010). Rapporteur (2010). First Vice-President of the Board (2011). President of the Board (2012 and 2013). Member (2007-2009) and Chair (2015 and 2016) of the Committee on Finance and Administration.

About the International Narcotics Control Board

The International Narcotics Control Board (INCB) is an independent and quasi-judicial control organ, established by treaty, for monitoring 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.

Functions

The functions of INCB are laid down in the following treaties: Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol; Convention on Psychotropic Substances of 1971; and 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 the 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 or 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 to be provided.

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 call 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 the World Customs Organization, 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.

Since 1992, the first chapter of the annual report has been devoted to a specific drug control issue on which INCB presents its conclusions and recommendations in order to contribute to policy-related discussions and decisions in national, regional and international drug control. The following topics were covered in past annual reports:

1992: Legalization of the non-medical use of drugs

1993: The importance of demand reduction

1994: Evaluation of the effectiveness of the international drug control treaties

1995: Giving more priority to combating money-laundering

1996: Drug abuse and the criminal justice system

1997: Preventing drug abuse in an environment of illicit drug promotion

1998: International control of drugs: past, present and future

1999: Freedom from pain and suffering

2000: Overconsumption of internationally controlled drugs

2001: Globalization and new technologies: challenges to drug law enforcement in the twenty-first century

2002: Illicit drugs and economic development

2003: Drugs, crime and violence: the microlevel impact

2004: Integration of supply and demand reduction strategies: moving beyond a balanced approach

2005: Alternative development and legitimate livelihoods

2006: Internationally controlled drugs and the unregulated market

2007: The principle of proportionality and drug-related offences

2008: The international drug control conventions: history, achievements and challenges

2009: Primary prevention of drug abuse

2010: Drugs and corruption

2011: Social cohesion, social disorganization and illegal drugs

2012: Shared responsibility in international drug control

2013: Economic consequences of drug abuse

2014: Implementation of a comprehensive, integrated and balanced approach to addressing the world drug problem

2015: The health and welfare of mankind: challenges and opportunities for the international control of drugs

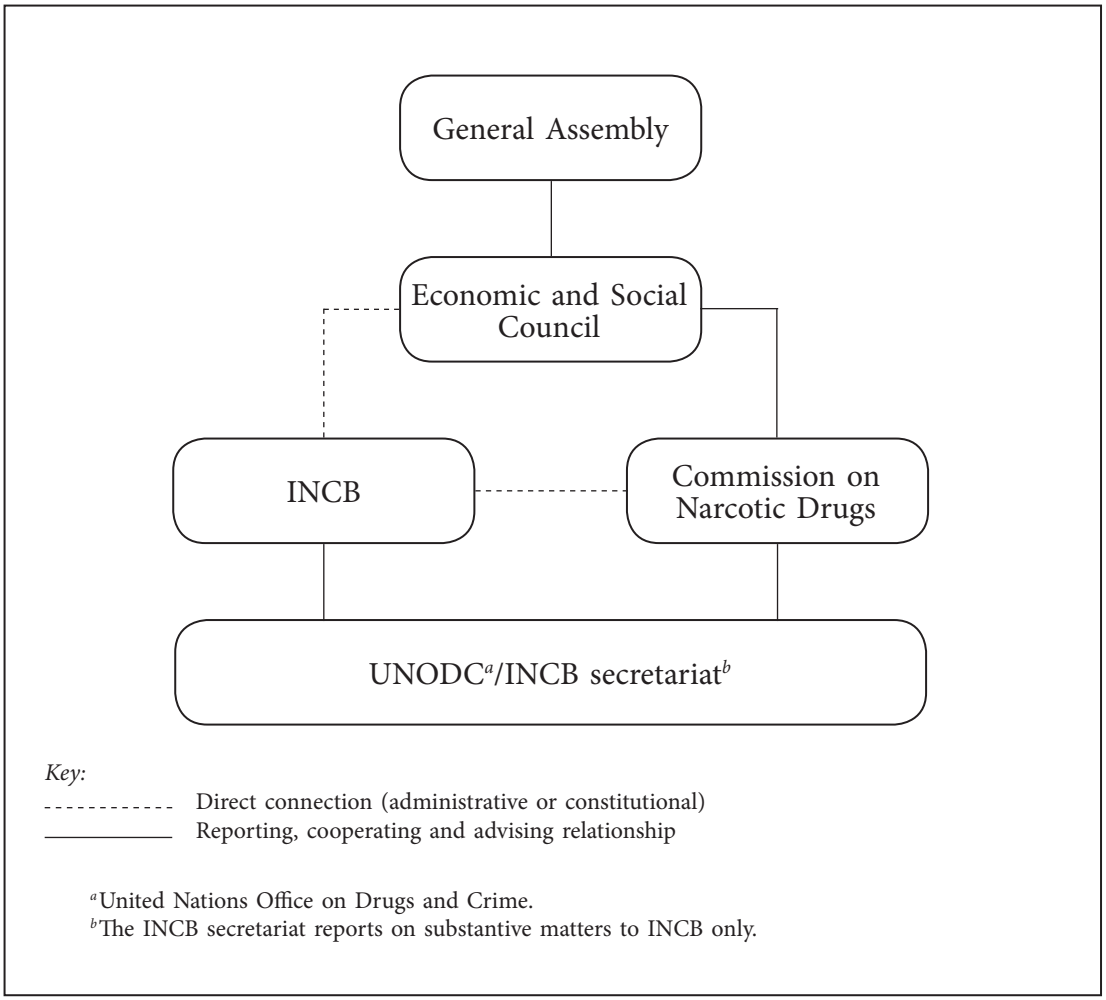
Chapter I of the report of the International Narcotics Control Board for 2016 is entitled "Women and drugs".

Chapter II presents an analysis of the operation of the international drug control system based primarily on information that Governments are required to submit directly to INCB in accordance with the international drug control treaties. Its focus is on the worldwide control of all licit activities related to narcotic drugs and psychotropic substances, as well as chemicals used in the illicit manufacture of such drugs.

Chapter III presents some of the major developments in drug abuse and trafficking and measures by Governments to implement the international drug control treaties by addressing those problems.

Chapter IV presents the main recommendations addressed by INCB to Governments, UNODC, WHO and other relevant international and regional organizations.

United Nations system and drug control organs and their secretariat



1,700

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.

ISBN 978-92-1-148289-8

V.16-10402