



INTERNATIONAL NARCOTICS CONTROL BOARD



Report 2017

Press material

EMBARGO

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MESSAGE FROM THE PRESIDENT

The 2017 International Narcotics Control Board (INCB) Annual Report examines the global drug control situation, with a focus on treatment and rehabilitation, and makes recommendations to help States take effective measures to address drug-related challenges in full compliance with international human rights standards and norms.

As we commemorate the seventieth anniversary of the United Nations Universal Declaration of Human Rights, INCB has taken the opportunity in this Report to take a closer look at the links between human rights and drug policy, and discuss the implications for national responses to drug control.

This year's thematic chapter deals with the treatment, rehabilitation and social reintegration of people affected by drug use disorders as essential components of drug demand reduction. Substance use disorders are among the most stigmatizing of conditions. The stigma associated with drug use disorders remains one of the most significant impediments to the treatment of drug dependency and a major obstacle to social reintegration.

Treatment of drug use disorders, rehabilitation and social reintegration are among the main recommendations in the General Assembly Special Session on the World Drug Problem outcome document, entitled "Our joint commitment to effectively addressing and countering the world drug problem".¹ Our Report shows that treatment of drug dependence is highly cost-effective and, most importantly, treatment of drug dependence should be seen as part of "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health",² and as such, an element of the right to health.

Recognizing drug dependence treatment as an element of the right to health contributes to dispelling stigma and discrimination, which all too often act as barriers to accessing treatment and to social reintegration. INCB invites leaders, policymakers, and civil society to consider the recommendations made and to pay particular attention to the treatment needs of often-neglected groups.

INCB calls on States to apply a comprehensive and holistic approach when assessing and addressing the needs of special populations, such as women, children, people in prisons, people affected by mental health disorders, migrants, refugees, ethnic minorities, and people engaged in sex work.

The international community is currently facing two contrasting epidemics related to opioids: the lack of availability vs. the over-prescription of opioids. Currently, billions of people around the world have limited or no access to medicines containing narcotic drugs, such as morphine, a substance often used for pain management. People in both low- and middle-income countries are heavily affected by this lack of access, and the Board urges States to close the "global pain divide".



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

² As set out in article 12 (1) of the International Covenant on Economic, Social and Cultural Rights.



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In contrast, the United States of America and Canada have been experiencing an opioid overdose epidemic. Here we call on all Governments to understand and prevent the risks associated with long-term opioid use.

To confront these dual challenges, the Board reiterates that training for health-care professionals and responsible authorities is urgently needed to ensure rational prescribing practices and to make sure the operational recommendations adopted at the thirtieth special session of the General Assembly are put into practice.

The Board stresses how important it is, at the national level, to increase treatment of substance use disorders and to adopt control and regulatory strategies to improve accessibility and availability of controlled substances for medical use. Such national efforts are also most effective when accompanied by international action in that direction.

Chapter III highlights regional developments, including the underuse of controlled substances for medical purposes in some regions, the opioid overdose epidemic in others, legislative and regulatory changes, including those relating to the non-medical use of controlled substances in a few countries; as well as particular situations such as the illicit cultivation of drug crops in Afghanistan and the Andean region, which are both of great concern to the international community and the Board. We have observed some improvements in the gathering of drug use trend data in some countries, although much remains to be done in this regard. Trends and developments regarding new psychoactive substances around the world are also covered.

Throughout this year's Annual Report we make recommendations that the Board considers would contribute to the achievement of the Sustainable Development Goals, particularly Goal 3, relating to good health and well-being. These recommendations include investing in and providing multi-tier structures for the delivery of treatment services and ensuring multi-sectorial coordination to reduce supply and demand. INCB believes that if leaders, policymakers and society at large follow the principles set out in chapter I of the Annual Report, and pay particular attention to people's treatment needs, this will have a significant impact on the health of often-neglected groups.

In its 2017 Report on Precursors, INCB provides a detailed account of the latest trends and developments in legitimate international trade and in trafficking in precursor chemicals under international control as well as in non-scheduled substitutes. This year's Report on Precursors highlights the increase in trafficking of acetic anhydride, a key chemical for the illicit manufacture of heroin, as well as the recent measures to control the flows of fentanyl precursors, a substance that has been associated with the opioid overdose epidemic in North America.



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We aim to continue actively contributing to the realization of the Sustainable Development Goals and to reaching the objectives adopted at the thirtieth special session of the General Assembly. For this, we will continue to rely on active dialogue with and support from all States.

Drug policies must follow an approach that seeks to promote the health and welfare of humankind. The three international drug control conventions provide ample scope for the international community to achieve this objective.

I hope that our Reports will foster further cooperation and action by States and the international community. Together we can move closer to improving the well-being of individuals around the world and contribute to attaining the Sustainable Development Goals by 2030.

Viroj Sumyai

President

International Narcotics Control Board



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PRESS RELEASE

INCB CALLS FOR GREATER INVESTMENT IN DRUG TREATMENT SERVICES, AS THE VAST MAJORITY OF DRUG USERS LACK ACCESS TO TREATMENT

In its 2017 Annual Report, the International Narcotics Control Board (INCB):

- Highlights that the need for treatment and rehabilitation largely outstrips the availability of services
- Urges Governments to place more emphasis on treatment and rehabilitation rather than just focusing on prevention
- Calls on Governments to invest in treatment and rehabilitation services, with particular attention to the needs of special populations
- Reminds States of their obligation to provide treatment services to those affected by drug use disorders
- Calls on the international community and Afghanistan to work together to reprioritize responses to the drug challenge in that country
- Reaffirms that legalizing cannabis for non-medical use is incompatible with States' obligations arising from the international drug control treaties

The Annual Report of the INCB published today warns that at the global level, only one out of six people in need of drug dependence treatment has access to treatment programmes. Even where treatment is available, it is often of poor quality and may not be delivered in accordance with international standards.

To compound the situation, around the world individuals who use drugs experience stigma. This stigmatization not only seriously hinders their opportunities and access to treatment, but also affects their prospects for social reintegration.



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Treatment services often do not take into account special needs

The Annual Report calls on Governments to do more for the treatment, rehabilitation, and reintegration of people with drug use disorders, paying particular attention to special populations. The Report notes that various groups of people, including women or socially marginalized individuals, such as migrants and refugees, often do not have access to treatment services that take into account their special needs.

INCB President Dr. Viroj Sumyai said: “It is critical for Governments to protect and advance the rights of all persons with drug use disorders. Under the international drug control conventions, all States are required to take all practicable measures for the prevention of the use of substances as well as early identification, treatment, education, aftercare, rehabilitation and social reintegration of those affected.”

Drug dependence treatment is an element of the right to health

In this year’s Annual Report, the Board emphasizes that access to drug dependence treatment is to be seen as an element of the right to health.

Reducing the demand for drugs involves two overlapping but distinct approaches: the first is preventing people from starting to use drugs and the second is treating and rehabilitating people with drug use disorders. In this context, INCB calls on Governments to give due regard to adopting strategies that address drug abuse, focusing on both prevention and on treatment and rehabilitation.

Seventieth anniversary of the Universal Declaration of Human Rights

The year 2018 marks several anniversaries, including the seventieth anniversary of the adoption of the Universal Declaration of Human Rights in 1948, the twenty-fifth anniversary of the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights in 1993 and the thirtieth anniversary of the adoption of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

In this context, INCB once again calls on countries to ensure that any drug control measures are in full compliance with international human rights standards and norms. This includes protecting and guaranteeing the right to health, the rights of alleged drug offenders, and drug users and ensuring proportional responses in dealing with drug offences, including abolishing the death penalty for drug-related offences. The Board also reiterates its strong condemnation of extrajudicial responses to drug-related criminality.



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Addressing the “global pain divide”

Also, as part of ensuring access to health services, INCB emphasizes the urgent need to address the “global pain divide” and tackle the global gap in access to controlled narcotic drugs and psychotropic substances for medical and scientific purposes. This disparity disproportionately impacts low- and middle-income countries around the world where access to narcotic drugs and psychotropic substances is inadequate.

The Board stresses that States must take urgent action to address this imbalance by removing legal and policy barriers that prevent access to medicines and, above all, by raising awareness and building capacity among health-care professionals and relevant country authorities. This includes also ensuring access to medicines needed for the treatment of drug dependence. Undue restrictions on providing treatment that use controlled medications are contrary to the principles enshrined in the right to health.

Non-medical cannabis legislation violates international obligations

Concerning the legalization of cannabis for non-medical purposes, INCB once again emphasizes that such use would be contrary to the international drug control conventions. Limiting the use of controlled substances to medical and scientific purposes is a fundamental principle of the international drug control treaties to which no exception is possible.

Sustained international support for Afghanistan

The Board also calls on the international community to reprioritize its support for Afghanistan in the face of a concerning drug control situation in the country. Efforts to stabilize the country will not be sustainable without also effectively countering the nation’s illicit drug economy. The Board reiterates to the international community that drug control is a cross-cutting issue. Unless local, national, regional and international efforts to address this challenge are effectively pursued, poverty, insurgency, terrorism and obstacles to development will remain unaddressed.



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FACTSHEET

Special focus: drug control and human rights

The year 2018 marks several milestones' anniversaries, namely the seventieth anniversary of the adoption of the Universal Declaration of Human Rights in 1948, the twenty-fifth anniversary of the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights in 1993, and the thirtieth anniversary of the adoption of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

The Board continues to stress the importance of the respect for human rights in the drug control measures undertaken by States parties. In particular, the Board highlights the need to protect and guarantee the right to health, the rights of alleged drug offenders and drug users at all stages of criminal proceedings, the need for proportionality in State responses to drug offences and the abolishment of the death penalty for drug-related offences. In all cases and without exception, extrajudicial responses to drug-related criminality are unacceptable under the international drug control and human rights frameworks.

In the light of the aforementioned anniversaries, countries should reflect on their national legislation and practice in responding to drug trafficking and abuse and ensure that these measures are implemented in full compliance with international human rights standards and norms.

Substance use disorders: one of the most stigmatizing health conditions worldwide

Only a fraction of the people who use drugs go on to develop drug use disorders. However, drug use disorders account for the largest share of disabilities caused by drugs worldwide. Although only 10 per cent of people who use drugs are affected by drug use disorders, they account for more than half (17 million) of the 28 million years of healthy life lost due to drug use.

The report also identifies a number of treatment strategies to help people affected by drug use disorders reduce or stop drug use and achieve healthy and productive lives.

Inclusive treatment and access to drug dependence treatment

The Board draws attention to the fact that special population groups such as women, children, people in prisons, people with mental health disorders, migrants, refugees, ethnic minorities and people engaged in sex work face unique challenges when it comes to drug use and drug use disorders and therefore have particular needs that require specific treatment approaches.



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The Board maintains that access to treatment of drug dependence should be seen as an element of the right to health. A number of principles must be met when providing treatment: it must be affordable, of appropriate quality and meet certain standards. Further, treatment should be voluntary and respect people's autonomy. Compulsory treatment, that is, treatment without express consent of the concerned individual, should not take place, except under very special and specific circumstances.

INCB calls on States to deliver treatment services through a multi-tier structure

The Board calls upon Governments to develop a cadre of human resources (such as specialist doctors, nurses, counsellors, occupational therapists, etc.) comprising skilled and trained personnel to provide evidence-based treatment for drug use disorders. States' collaboration with non-governmental organizations and civil society partners is essential to improve the availability and reach of treatment services and to reduce stigma and discrimination.

States are called upon to ensure that effective treatment services are made easily accessible to all those who need them. In addition to this, continued research into newer interventions to find effective treatments for all types of drug use disorders is required.

The Board encourages the sharing of best practices and training of professionals in the area of treatment and rehabilitation of drug use disorders among States and appeals to those States in a position to do so, to engage in technical assistance activities.

National requirements for travellers carrying medical preparations containing internationally controlled substances

The international drug control conventions provide special measures to ensure that travellers with medical conditions requiring treatment with controlled substances are not obliged to interrupt treatment if they travel abroad by allowing them to carry preparations containing small quantities of narcotic drugs and psychotropic substances for personal medical use.

INCB calls on Governments to widely disseminate their regulations applicable to imports of controlled substances for personal medical use to prospective travellers, and to their competent national authorities, law enforcement agencies, customs, immigration and border control authorities, as well as tour operators, and to make them available to the Board, which updates and publishes them regularly on its website.

INCB further calls on Governments not to delay or importune such travellers when visiting their countries.



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The therapeutic use of cannabinoids

A growing number of Governments are authorizing the use of cannabinoids for medicinal purposes. Such use is permissible under the 1961 Convention, as amended by the 1972 Protocol, provided that a number of conditions are met. While there are indications that some cannabinoid derivatives could be used for the treatment of certain health conditions, there is no clarity about the composition of the medications (active principle and dosage), pharmaceutical dosage form, best route of administration or side effects.

The Board would like to remind Governments that the usefulness of a drug must take into account the balance between risk and benefit. Therapeutic efficacy and safety are basic conditions that have to be established before a drug is licensed and marketed.

The Board recommends for Governments considering the medical use of cannabinoids to examine the results of scientific studies and trials and ensure that prescription for medical use is performed with competent medical knowledge and supervision.

Non-medical cannabis legislation violates international obligations

The Board reiterates that any measures that permit the use of cannabis for non-medical purposes are contrary to the 1961 Convention as amended (article 4, paragraph (c) and article 36) and the 1988 Convention (article 3, paragraph 1 (a)). Limiting the use of controlled substances to medical and scientific purposes is a fundamental principle of the international drug control treaties to which no exception is possible.

Closing the “global pain divide”

Based on its mandate, since its inception and its first special report on the subject in the 1980s, the Board has been drawing the attention of States parties to the importance of ensuring internationally controlled drugs are made available for medical purposes. INCB again highlights the great disparity in the availability of narcotic drugs and psychotropic substances around the world.

The Board encourages countries to ensure adequate access to opioid analgesics in countries with low levels of consumption. The Board has continued to emphasize the importance of ensuring the rational medical use of opioid analgesics. However, despite the emphasis on the need for the adequate availability of controlled drugs for medical and scientific purposes, it also remains important for States parties to ensure rational prescribing. This involves making sure that health-care professionals receive adequate training and means required to address the “global pain divide” and that the authorities are fully capable of managing their regulatory systems to ensure access and availability of opioid analgesics and prevent diversion and the risk of abuse.



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The risk of long-term opioid use and consumption of opioid analgesics

Global consumption of opioid analgesics has been increasing in recent decades: the consumption of fentanyl increased considerably, particularly in high-income countries. The increase does not relate to a proportionate increase in the morbidity rate of cancer but rather to an increase in the prescription of strong opioid analgesics for the treatment of chronic non-cancer pain. This increase is driven by patterns of use in a small number of countries and by poor prescribing practices, aggressive marketing and inadequate controls.

The Board continues to emphasize the importance of ensuring the rational medical use of opioid analgesics. However, besides emphasizing the adequate availability of and access to controlled drugs for medical and scientific purposes, it is also very important for States parties to ensure rational prescribing and that measures are in place to prevent diversion.

The increase in the abuse of prescription opioids and the consequent increase in overdose deaths has so far been limited to certain countries. However, all Governments should be aware of the risks associated with the abuse of prescription drugs as they work to ensure adequate access for medical and scientific purposes.

The Board encourages Governments to adopt the necessary measures and to work with public health authorities, pharmacists, manufacturers and distributors of pharmaceutical products, physicians, consumer protection associations and law enforcement agencies, to promote the rational prescribing of medicines containing narcotics and psychotropic substances under international control and to educate the public about their appropriate use.

Opioid overdose epidemic

Some countries, notably the United States and Canada, continue to face a deadly opioid epidemic markedly driven by the increasing presence of street drugs adulterated with fentanyl.

All Governments should be aware of the risks and work to ensure that controlled substances are available for medical and scientific purposes. In this context, it is also important to prevent the development of poor prescribing and aggressive pharmaceutical marketing practices.



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INCB emphasizes that extrajudicial treatment of drug-related criminality is contrary to the drug control treaties

The Board reminds Governments that extrajudicial action to address drug-related criminality, purportedly taken in pursuit of drug control objectives, is fundamentally contrary to the provisions and objectives of the three international drug control conventions, as well as to human rights norms to which all countries are bound. All drug control actions should be undertaken in full respect of the rule of law and due process of law.

Reprioritizing international support for Afghanistan

The Board is very concerned about the overall drug control situation in Afghanistan. Once again INCB calls the attention of the international community to the challenges faced by Afghanistan and stresses that efforts to stabilize the country will not be successful in the long run without also effectively countering the nation's illicit drug economy. Drug control is a cross-cutting task: unless local, national, regional, and international efforts to address this challenge are effectively pursued, poverty, insurgency, terrorism, and obstacles to development will remain unaddressed.

INCB PRECURSORS REPORT

Scheduling of fentanyl precursors

Upon the recommendation of INCB, the Commission on Narcotic Drugs decided to place under international control in Table I of the 1988 Convention two fentanyl precursors, 4-anilino-*N*-phenethylpiperidine (ANPP) and *N*-phenethyl-4-piperidone (NPP), in March 2017. Those decisions became effective for States parties in October 2017. Fentanyls and their analogues have been at the root of the opioid overdose epidemic affecting North America in recent years.

New developments in acetic anhydride trafficking

Acetic anhydride is a key chemical for manufacturing heroin. There was a substantial increase in the trafficking of acetic anhydride worldwide with the number of trafficking incidents reaching a two-decade high and involving quantities that could be used to manufacture more than three times the one-year potential illicit global demand for heroin. INCB-facilitated cooperation among Governments has helped to link isolated incidents, shedding light on the way traffickers operate and contributing to ongoing investigations. Increased demand for acetic anhydride over Internet trading platforms was also observed.



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Cocaine – more focus on domestic diversion

Most of the chemicals destined for the illicit manufacture of cocaine were seized in their country of origin. This means that illicit substances were not diverted from international trade, proving that the international monitoring and control system is effective. Consequently, the Board's report on precursors urges Governments to take further action to enhance controls within their national boundaries. Although there is evidence of illicit manufacturing of potassium permanganate, a cocaine precursor, and of use of substitute chemicals, the scale of such activities is unknown.

Illicit manufacture of amphetamine-type substances

International operations under INCB Project Prism have produced evidence for the first time that APAAN, a substance brought under international control upon the recommendation of INCB in 2014, is used in the illicit manufacture of the amphetamine found in fake "captagon"³ tablets in the Middle East.

There is also evidence of significant illicit manufacture of certain precursor chemicals that are not controlled internationally but that are controlled at the national level in some countries. Seizures of precursor chemicals used for manufacturing new psychoactive substances confirm the illicit manufacture of such substances and the need for Governments to review procedures for licensing entities dealing with those chemicals, and putting in place an efficient system for end-user declarations.

Internet-facilitated trade in precursors

The Board invites Governments to cooperate with the private sector in preventing the use of the Internet for the diversion of chemicals, including measures to encourage self-regulation or to regulate Internet-related service providers, to counter trafficking.

³ Captagon was originally the registered trade name for a pharmaceutical preparation containing fenethylline, a synthetic stimulant. "Captagon", as encountered in seizures across West Asia today and referred to in the Annual Report, is a counterfeit drug compressed into pills or tablets that are similar in appearance but distinct from the original pharmaceutical preparation. The active ingredient in counterfeit "captagon" is amphetamine, typically combined with other substances.



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REGIONAL HIGHLIGHTS

AFRICA

Increase in drug use: while Africa remains a key transit region for drug trafficking, the use of various types of drugs, including cocaine, opioids, amphetamine-type stimulants, tramadol and emerging new psychoactive substances, is growing.

Abuse and trafficking of cannabis: the illicit production of, trafficking in and abuse of cannabis in the African region are major concerns. While cannabis herb is illicitly cultivated in all subregions, illicit cannabis resin production remains limited to a few North African countries.

Important transit region for traffickers: Africa's relevance as a transit region for cocaine is growing. While in previous years West African countries played a vital role in the trafficking of cocaine, North African countries are increasingly being used for the transit of cocaine originating in South America destined mostly for Europe. Cocaine reaches Africa directly from South America, via the Sahel and West Africa or, to a lesser extent, via Europe. Opiates originating in Afghanistan are transited through Africa and trafficked onwards to Europe, North America and other regions.

Improvement of drug dependence treatment services: several African countries have improved their drug dependence treatment services. However, health-care systems in most countries lack the resources and capacity to determine the extent and patterns of drug use, or to offer adequate drug prevention and treatment services.

AMERICAS

Central America and the Caribbean

Cocaine trafficking worsening in the region: in 2016, 76 per cent of the cocaine entering the United States from South America was trafficked through Central America and Mexico. The Dominican Republic was the primary trans-shipment point for cocaine trafficking in the Caribbean. Quantities seized have remained stable since 2015, with over 80 tons seized across the region.

Governments in the region are strengthening cooperation to combat cross-border crime, including drug trafficking. El Salvador, Guatemala and Honduras have formed the Tri-national Task Force to improve their cooperation efforts in this area.

Cannabis reform in the Caribbean: Saint Kitts and Nevis has established a commission to review the potential implications of decriminalizing cannabis. In Jamaica, the regulatory changes on the commercial production of cannabis are ongoing.



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Significant data gaps in the region: significant information gaps remain regarding the prevalence of drug use, making it difficult for Governments in the region to determine the extent of the problem and to formulate policy responses. INCB recommends that Governments produce and update prevalence studies and use the results to develop targeted drug demand reduction policies and programmes.

North America

Deadly opioid epidemic: the sharp rise in opioid-related deaths is driven by the increasing presence of street drugs mixed with fentanyl. In the United States, the reported number of opioid overdose deaths in 2016 exceeded 64,000.

Disproportionate number of overdoses among First Nations people in Canada: in British Columbia, Canada, there was a 194 per cent increase in the number of fentanyl-related drug overdose deaths between 2015 and 2016. First Nations people were five times more likely to experience an overdose event. Ten per cent of all overdose deaths in the province were among members of the First Nations population.

Legalization of non-medical cannabis: the legalization of non-medical cannabis is anticipated in Canada in 2018, which may have a considerable impact on that country's treaty obligations. The Board reiterates that the non-medical use of controlled substances, including cannabis, contravenes a fundamental principle of the 1961 Convention, as amended, which allows no exceptions.

Illicit cannabis use and cannabis use disorders: research suggests that there is an associated increase in cannabis use and cannabis use disorders in jurisdictions where medical cannabis programmes are available. The United States National Institute on Drug Abuse has warned that easier access to the drug following the passage of medical cannabis laws at the state level could result in an additional 1.1 million adult illicit cannabis users and an additional 500,000 adults with a cannabis use disorder.

Increase in accidental exposure to marijuana, particularly among children: there has been an increase in the number of children accidentally exposed to cannabis since the legalization of "recreational" cannabis in some states of the United States of America. In Washington State, the Washington Poison Center reported that in 2016 they received an increased number of calls concerning accidental cannabis exposure and poisoning. The Center received 280 cannabis-related calls, with 49 of those calls concerning children under the age of six.

Expanding heroin threat: the increasing and widespread availability of heroin, its adulteration with fentanyl and its analogues, as well as the continued abuse of prescription drugs, remain major public health challenges in some countries in the region. Seizures of fentanyl, a significant contributor to the overdose death epidemic, by the United States Customs and Border Protection increased from just under 1 kg in 2013 to approximately 200 kg in 2016. Most of the heroin available in the United States comes from Mexico and Colombia, with opium poppy cultivation and heroin production in Mexico continuing to rise. Canada is typically at the end of the opiates and heroin trafficking routes from Afghanistan, Pakistan and India, with seizures indicating South-West Asian origins.



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South America

Peace in Colombia: the Government of Colombia signed a Peace Accord with the Revolutionary Armed Forces of Colombia (FARC-EP). This should have an impact on illicit crop cultivation, which increased significantly between 2015 and 2016.

Illicit coca bush cultivation on the rise: Colombia's coca bush cultivation increased by over half to 146,000 ha in 2016 (from 96,000 ha in 2015). To monitor the implementation and effect of Colombia's national policy on illicit crop reduction and the national strategy on territorial and rural development, the Government of Colombia entered a historic multi-year project with the United Nations⁴ valued at approximately US\$ 315 million. The initiative is a crucial part of the country's ongoing peacebuilding efforts and is envisioned to significantly curtail illicit coca bush cultivation.

Bolivia adopts legislation permitting increased coca bush cultivation: the Government of the Plurinational State of Bolivia adopted legislation in 2017 allowing it to cultivate up to 22,000 ha of coca bush for traditional purposes, which exceeds the area that, according to a 2013 Bolivian Government evaluation, was needed to meet traditional consumption.

Uruguay initiated the sale of cannabis for non-medical use in pharmacies in July 2017 contrary to the country's obligations under the 1961 Convention, as amended. The Board has engaged the Government of Uruguay in an ongoing dialogue concerning this measure, which the Board repeatedly emphasized is incompatible with the provisions of the 1961 Single Convention on Narcotic Drugs, to which Uruguay is a party.

Medical use of cannabinoids: Argentina, Colombia, Paraguay and Peru adopted measures that permit the regulation of products containing cannabinoids for medical purposes.

Lowering perceptions of risk: the availability of cannabis in the region continued to increase, which together with policies and legislative initiatives regulating cannabis for medical use in some States and non-medical use in others, have lowered people's perception of the risk associated with cannabis use. Cannabis continued to be the most widely available and commonly abused drug in the region.

ASIA

East and South-East Asia

Illicit manufacture of, trafficking in and abuse of methamphetamine pose a significant drug threat: an increasing number of source countries, more diversified trafficking routes and growing levels of methamphetamine abuse pose serious challenges to supply and demand reduction in the region.

Illicit opium production and trafficking continue to be a concern: illicit opium production shows no sign of regression in the Golden Triangle.

⁴ United Nations Office on Drugs and Crime (UNODC).



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Emergence and increasing use of new psychoactive substances: growing diversity and widespread use of new psychotropic substances call for countries in the region to pay greater attention to improved monitoring of trends and wider provision of treatment services.

South Asia

Drug seizures at a high in the region: in India, the amount of amphetamine-type stimulants seized increased tenfold compared with the previous year. In November 2016, 23.5 tons of methaqualone were seized in India. In 2016, Bangladesh also reported one of the largest seizures of methamphetamine tablets ever made in that country. In addition, the region continued to be particularly vulnerable to trafficking in opiates, including heroin. The amount of heroin trafficked into Sri Lanka increased almost fivefold in 2016.

Methamphetamine and the emergence of new psychoactive substances are major concerns: increases in the illicit manufacture, and the trafficking and abuse of methamphetamine as well as the emergence of new psychoactive substances pose serious drug control and abuse challenges.

Trafficking in and abuse of cannabis: cannabis is one of the substances most cultivated, trafficked and abused in the region. Law enforcement agencies in India reported seizures of 100 tons of cannabis per year on average between 2013 and 2015. Trafficking in cannabis from Nepal to India continues to be a major concern.

West Asia

Afghanistan's illicit opium production and opium poppy cultivation hit a record high: in 2017, opium production reached a record high of 9,000 metric tons, which is an 87 per cent increase compared with 2016, according to the *Afghanistan Opium Survey 2017* released by UNODC and the Afghan Ministry of Counter Narcotics on 15 November 2017. The area under opium poppy cultivation also increased substantially, by almost 63 per cent, reaching a record 328,000 ha in 2017.

Volatility in the Near and Middle East leading to significant increase in drug trafficking and abuse: reports of drug raids and arrests in Iraq indicate a growing drug problem in the country and, possibly, a shift towards illicit local drug production. In Lebanon, cannabis resin is being produced illicitly. There are indications of increased cocaine trafficking affecting Jordan, Lebanon, Saudi Arabia, the Syrian Arab Republic and the United Arab Emirates. With the protracted conflict, Yemen is witnessing increased trafficking in drugs.

Counterfeit “captagon” continues to increase: instability and conflict in the Middle East, as well as lack of controls, have resulted in an increase in the illicit manufacture of “captagon”, which typically contains amphetamine. Several large seizures of “captagon” took place in the region or in transit to it in late 2016 and 2017.



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EUROPE

Drug trafficking generates the highest revenue in the European Union: according to the European Monitoring Centre for Drugs and Drug Addiction, in the European Union alone, the illicit drug market is estimated to generate approximately 24 billion euros in profit every year. More than a third of the criminal groups operating in the European Union engage in the illicit manufacture, trafficking and sale of drugs.

Almost 1 per cent of adults in the European Union abuse cannabis on a daily or almost-daily basis: it is estimated that over a quarter of the general population in the European Union have tried illicit drugs at least once in their lifetime. Cannabis abuse in the European Union is approximately five times higher than abuse of other drugs. Availability and abuse of high-potency “ecstasy” products and synthetic opioids continued to increase. Estimates suggest that over a quarter of the general population in the European Union aged between 15 and 64 years—more than 93 million people—have tried illicit drugs at least once in their lifetime.

Cocaine is the second-most prevalent drug of abuse in the region: according to recent surveys, the declining trend in cocaine abuse in the European Union that had been reported in previous years has discontinued.

Most dynamic synthetic drug market: Belgium and the Netherlands played a major role in the manufacture and distribution of MDMA and amphetamine. Methamphetamine manufacture has continued in Czechia, Slovakia and Poland. However, illicit methamphetamine manufacture has also started appearing in Bulgaria, Lithuania and the Netherlands, and may in future also emerge in other European Union countries.

Not all new psychoactive substances remain in the abuse market: while the number of identified new psychoactive substances (NPS) exceeded 620 by the end of 2016, not all detected NPS remain in the market at all times. However, highly potent new synthetic opioids, mostly fentanyl derivatives, have continued to increase since 2012.

“Balkan route” dominating the Eastern European drug trafficking corridor: opioid drugs are trafficked from their original production sites to countries in Central and Western Europe via the Balkan route.

Overdose deaths rise in the European Union for the third consecutive year, mainly related to the use of heroin and other opioids.



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OCEANIA

Pacific island countries and territories targeted by drug traffickers: trafficking continues to make the region particularly vulnerable owing to poor adherence to the international drug control conventions and limited resources for monitoring and detecting drugs and precursors. Many countries in the region⁵ are not yet party to one or more of the three international drug control conventions.

Large-scale seizures made at sea: drugs such as cocaine, heroin and methamphetamine are trafficked through the Pacific island region on recreational vessels such as yachts and commercial cruise ships.

Growth in seizures at the Australian border: the amount of new psychoactive substances seized at the Australian border almost quadrupled from 52.7 kg in the period 2014–2015 to 204.7 kg in the period 2015–2016.

Methamphetamine seizures on the rise: trafficking in methamphetamine and its precursor chemicals has increased in the Pacific region, with Pacific island countries and territories emerging as transit and destination points.

⁵ In the Oceania region, seven countries are not party to the 1961 Convention, eight to the 1971 Convention and five to the 1988 Convention.



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INCB PROJECTS AND ACTIVITIES

The International Import and Export Authorization System (I2ES)

I2ES is an effective and efficient import and export authorization system: INCB developed I2ES to enable Governments to expedite licit trade in controlled substances and to ensure adequate availability of and access to controlled substances for medical use.

I2ES is available to all Governments free of charge, and serves as a secure and safe platform for countries to exchange import and export authorizations of controlled substances and assist competent national authorities in managing their increasing workload. I2ES enables efficient compliance with the provisions of the 1961 and 1971 Conventions and with relevant decisions of the Commission on Narcotic Drugs in relation to the international trade in these substances.

INCB calls on all Governments to register with I2ES and start utilizing the system.

Training for competent national authorities and INCB learning

INCB Learning is an initiative of the Board to strengthen the capacity of Governments to regulate and monitor the licit trade in narcotic drugs, psychotropic substances and precursor chemicals through the provision of training to competent national authorities.

INCB Learning contributes to Governments' efforts to achieve Sustainable Development Goal 3 on good health and well-being.

Since its inception in 2016, INCB Learning has provided training to Governments in Africa, South-East Asia, Oceania, Europe and Central America and the Caribbean regions. Further support is required to sustain and expand the activity.

Upgrading the international drug control system platform

The INCB International Drug Control System (IDS) is an information management system that provides automated analysis tools and reporting facilities to INCB while implementing its mandate of monitoring compliance with the international drug control treaties. IDS became operational in 2004 and was formally launched at the margins of the forty-eighth session of the Commission on Narcotics Drugs in March 2005. IDS is a vital tool for processing data submitted to INCB by countries and territories throughout the year. Among other things, IDS enables the Board to monitor the utilization of controlled substances for medical purposes, determine ranges of potential under- or over-utilization and advise or alert Governments as necessary.



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IDS has been in operation for 14 years and is in need of a major overhaul. INCB looks forward to States providing the necessary support in this regard so that the Board can continue assisting States in their drug control endeavours through modern e-tools.

New psychoactive substances

New psychoactive substances availability remains high: in 2017, some 76 substances were reported through the INCB Project Ion Incident Communication System (IONICS).

The Board continues to provide Governments with a tool to share information in real time on incidents involving new psychoactive substances through Project International Operations on New Psychoactive Substances, a global network of focal points from 125 countries and territories.

Internet pharmacies

Medicines and internationally controlled drugs sold online: Sometimes the online sale of medicines is conducted illegally because some Internet pharmacies operate without licences or registration and dispense pharmaceutical preparations containing narcotic drugs and psychotropic substances without requiring a prescription.

Illegal Internet pharmacies consist mostly of portal sites that advertise drugs and act as conduits to other websites where customers place their actual orders and pay. The drugs most frequently sold online include narcotic drugs, mostly oxycodone, hydrocodone, dextropropoxyphene and other opioids, and psychotropic substances, in particular, benzodiazepines, stimulants and barbiturates. Chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances are also traded online.

INCB has published the *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet* to assist Governments in addressing the challenge posed by illegal Internet pharmacies.





INTERNATIONAL NARCOTICS CONTROL BOARD

The International Narcotics Control Board (INCB) is the independent monitoring body for the implementation of the United Nations international drug control conventions. It was established in 1968 in accordance with the Single Convention on Narcotic Drugs, 1954. 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.