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## **RISKS AND BENEFITS OF MEDICAL CANNABIS PROGRAMMES AND “RECREATIONAL” USE OF CANNABIS HIGHLIGHTED BY INCB**

### Concerns raised about poorly regulated and treaty non-complaint medical cannabis and cannabinoids use

INCB warns that poorly controlled programmes for the medical use of cannabinoids can potentially have adverse effects on public health and may increase non-medical cannabis use among adults. They may also contribute to the legalization of non-medical cannabis use by weakening public perceptions of the risks of using cannabis and reducing public concern about so-called “recreational” cannabis use, particularly among young people.

### Regulating medical cannabis and cannabinoids programmes and impact of weak control

Weakly regulated, treaty non-compliant, medical cannabis programmes increase the risk of diversion of cannabis to non-medical use, cannabis being more widely available, including possibly at a lower price and in more potent forms, such as concentrates.

INCB reiterates that Governments that allow the medical use of cannabinoids should comply with the treaties. That includes maintaining control over the production and supply of cannabis for medical use, providing estimates to INCB of the national requirements for cannabis for medical purposes, ensuring that medicinal cannabinoids are used under medical supervision, and preventing misuse by patients and diversion of cannabis to non-medical use. Governments should also maintain the integrity of their pharmaceutical regulatory systems by not allowing cannabinoids to be used in medical practice in the absence of evidence that they are safe and effective for the intended medical purposes.

### Personal cultivation of medicinal cannabis is inconsistent with the treaties; smoking of cannabis is not medically acceptable

The Board reaffirms that personal cultivation of cannabis for medical purposes is inconsistent with the 1961 Convention for several reasons: it heightens the risk of diversion and it presents health risks, as dosages and levels of tetrahydrocannabinol (THC) consumed may be different from those medically prescribed. INCB affirms that smoking cannabis is not a medically acceptable way to obtain standardized doses of cannabinoids as cannabis plants vary in their composition, which makes it difficult to prescribe specific doses; and because there are health risks to patients from inhaling the carcinogens and toxins in cannabis smoke.



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## Legal developments on non-medical use of cannabis

Over the period under review in the Annual Report, there have been legal developments in a number of States parties regarding the non-medical use of cannabis. In one instance, these developments have been as a result of legislation being passed at the national level, while in others, they have resulted from judicial decisions. The INCB Annual Report 2018 addresses these developments and states that the legal framework established by the international drug control conventions sets out that any measures that permit the use of cannabis for non-medical purposes violate the drug control conventions, notably article 4 paragraph (c) of the 1961 Convention as amended.

In 2018, both the Constitutional Court of South Africa and the Supreme Court of Mexico ruled that restrictions on the use of cannabis for non-medical purposes were unconstitutional.

INCB also reiterates that the limitation of the use of controlled substances, including cannabis, to medical and scientific purposes is a fundamental principle of the international drug control framework. The Board continues to monitor the situation and to actively engage with the States concerned.

## INCB condemns extrajudicial acts of violence against persons suspected of drug-related activities

The Board stresses its condemnation of extrajudicial acts of violence perpetrated against people suspected of drug-related activities. The Board notes with serious concern that in several countries, in particular in South and South-East Asia, extrajudicial acts of violence reportedly continue against people suspected of drug-related activities, frequently at the direct behest of senior political figures or with their active encouragement or tacit approval. INCB appeals to all Governments to address drug-related crime through formal criminal justice responses, in accordance with the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, and in adherence to internationally recognized due process standards.

## Need to ensure the availability of medicines in emergency situations

In the 2018 Annual Report, INCB draws attention to the possibility of utilizing simplified control procedures for the export, transportation and provision of controlled medicines to facilitate and expedite relief efforts in emergencies under the provisions of the international drug control conventions. During the period covered by the report, there have been a number of natural and human-made disasters requiring the provision of emergency medical supplies, including medicines containing narcotic drugs and psychotropic substances.



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## INCB makes renewed call for international support to Afghanistan

INCB calls the attention of the international community to the grave drug control situation in Afghanistan, where in 2017 the illicit opiate economy exceeded the level of licit national exports. INCB calls upon the relevant United Nations organs and specialized agencies to provide, individually and collectively, further technical and financial assistance to address the drug control challenges in the country, in line with the provisions of article 14 bis of the 1961 Convention as amended.

## SUPPLEMENT TO THE INCB ANNUAL REPORT 2018: PROGRESS IN ENSURING ADEQUATE ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR MEDICAL AND SCIENTIFIC PURPOSES

The cultural biases that have been an impediment to the availability of controlled medicines in some countries are reducing, according to the results of a survey carried out by INCB. However, impediments such as a lack of training or awareness, problems in sourcing controlled medicines and limited financial resources are increasingly reported. Among the 30 civil society organizations responding, six considered restrictive legislation to be a major impediment to the availability of controlled substances for medical and scientific purposes.

The survey of over 130 government authorities, representing 78 per cent of the world population, and civil society organizations was carried out to determine progress being made in ensuring access to and availability of internationally controlled drugs for medical and scientific purposes. INCB raises its concern about the uneven access to and availability of internationally controlled medicines and the associated unnecessary suffering. The survey follows from the recommendations contained in the outcome document of the special session of the General Assembly on the world drug problem held in 2016. The assessment on availability is based on the calculation of a defined daily dose, known as S-DDD<sup>1</sup> consumed per sample of population.

To assist Governments in addressing the situation, INCB is issuing a supplement to its 2018 Annual Report, entitled *Progress in ensuring adequate access to internationally controlled substances for medical and scientific purposes*. The supplement presents a way ahead for Governments to remedy the impediments to availability of narcotic drugs and psychotropic substances for medical purposes.

<sup>1</sup>The term “defined daily doses for statistical purposes” is used by INCB as a technical unit of measurement for the purpose of statistical analysis and is not a recommended prescription dose. This definition, which is not free of a certain degree of arbitrariness, recognizes that there are no internationally agreed standard dosages for narcotic drugs and psychotropic substances, that they are used for different treatments or in accordance with different medical practices in different countries, and that therefore S-DDD should be considered an approximate measure to rank consumption in various countries. For narcotic drugs, levels of consumption are expressed in S-DDD per million inhabitants per day; for psychotropic substances, the rate of consumption is measured in S-DDD per 1,000 inhabitants per day.

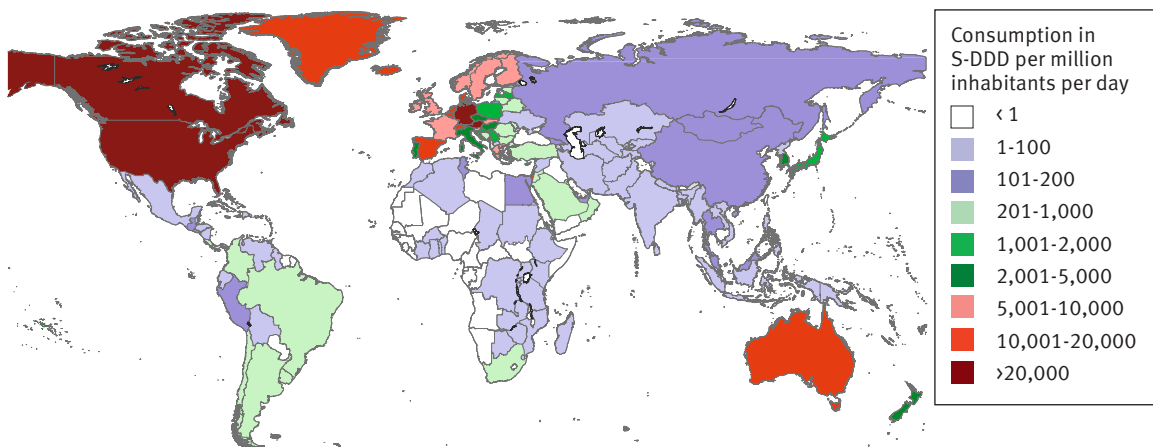


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## Narcotic drugs: despite worldwide increase in availability of opioid analgesics, global disparity remains

Despite global increases, recent INCB data on the availability of opioid analgesics show there is still disparity and imbalance in distribution around the world. A regional analysis of the data available for the past 20 years confirms the disparity. North America is the region with the highest level of availability for consumption, with 27,557 S-DDD in the period 2014–2016, following a decline from the peak of 31,721 S-DDD in the period 2011–2013. Western and Central Europe have the second-highest levels of availability, with an increase to 10,382 S-DDD in the period 2014–2016. Similarly to the trend observed in North America, Australia and New Zealand also registered a decrease in the average availability of opioids analgesics for consumption, from 8,927 S-DDD in the period 2011–2013 to 7,943 S-DDD in the period 2014–2016. In other regions, levels of availability for consumption are considerably lower.

Map 1. Availability of opioids for pain management, 2014–2016



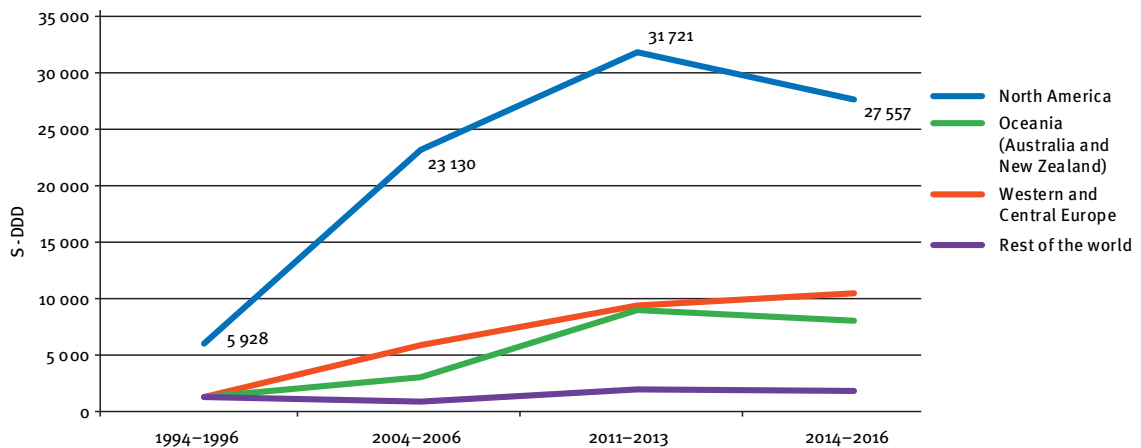
The boundaries and names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations. The final boundary between the Sudan and South Sudan has not yet been determined. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

The increase in the use of expensive synthetic opioids, mostly in high-income countries, has not been matched by an increase in the use of affordable morphine. Additionally, most of the morphine available is **not** used by pharmaceutical companies to produce morphine preparations for palliative care, reducing its availability for that purpose and negatively impacting the provision of health care, particularly in low- and middle-income countries that cannot afford synthetic opioids, which are more expensive, for the treatment and management of pain.



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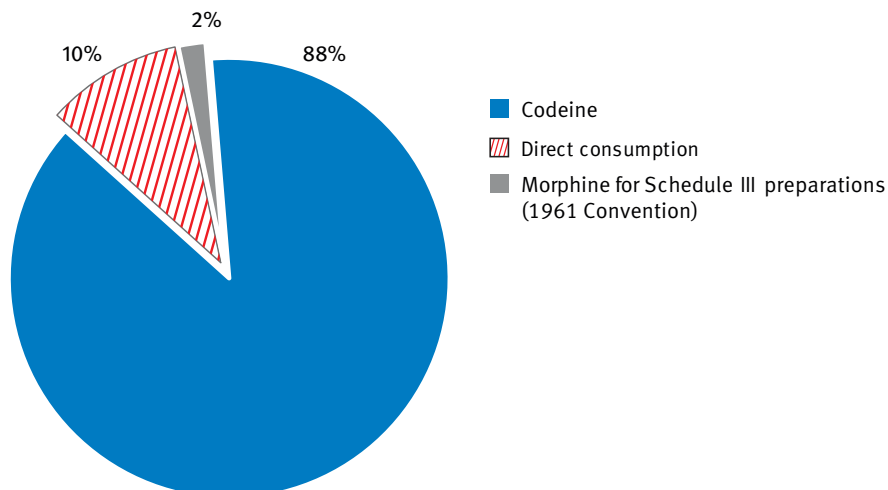
**Figure I. Trends in availability of opioid analgesics for consumption, by region, 1994–2016**



Note: S-DDD per million inhabitants per day, by total regional population.

INCB notes that only 10 per cent of the available morphine was directly consumed for pain management. The majority of available morphine (88 per cent) was converted into codeine or into substances not covered by the 1961 Convention, as shown in figure II. Most of this codeine (89 per cent) was used to manufacture cough medication.

**Figure II. Utilization of morphine, 2000–2016**





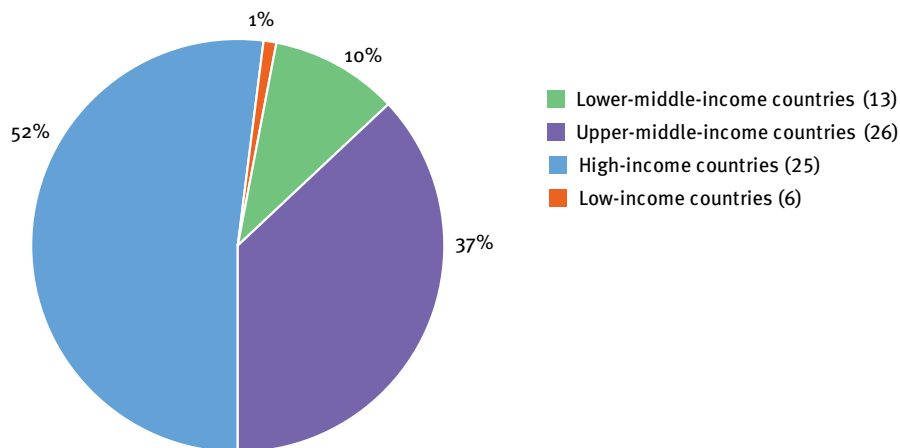
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## INCB conducts first global assessment of availability of psychotropic substances: growing global consumption gap

The assessment of INCB shows a widening gap between those countries with the highest and lowest levels of consumption of psychotropic substances used to treat a range of health conditions including epilepsy and anxiety disorders. The significant global disparity in the availability for consumption of these substances is worrying, as most of the people suffering from epilepsy live in low- and middle-income countries.

INCB conducted its first assessment of global availability of selected psychotropic substances based on government data, which led to three major findings. First, the availability for consumption of some essential psychotropic substances (diazepam, midazolam, lorazepam and phenobarbital) has declined or remained stable in the majority of countries for which data was provided to INCB, despite an increasing number of people living with anxiety disorders and epilepsy. Second, while 80 per cent of people with epilepsy live in low- and middle-income countries, their level of consumption of some essential antiepileptics under international control remains largely unknown. Third, the global disparity in the availability for consumption of those substances widened between 2012 and 2016. Given the multiple medical uses of psychotropic substances and the varying prescription practices in different countries, a comprehensive assessment of the global availability for consumption of psychotropic substances requires much more comprehensive data to be submitted by Governments.

Figure III. Distribution of average rate of consumption of essential antiepileptics under international control, by country income level, 2016

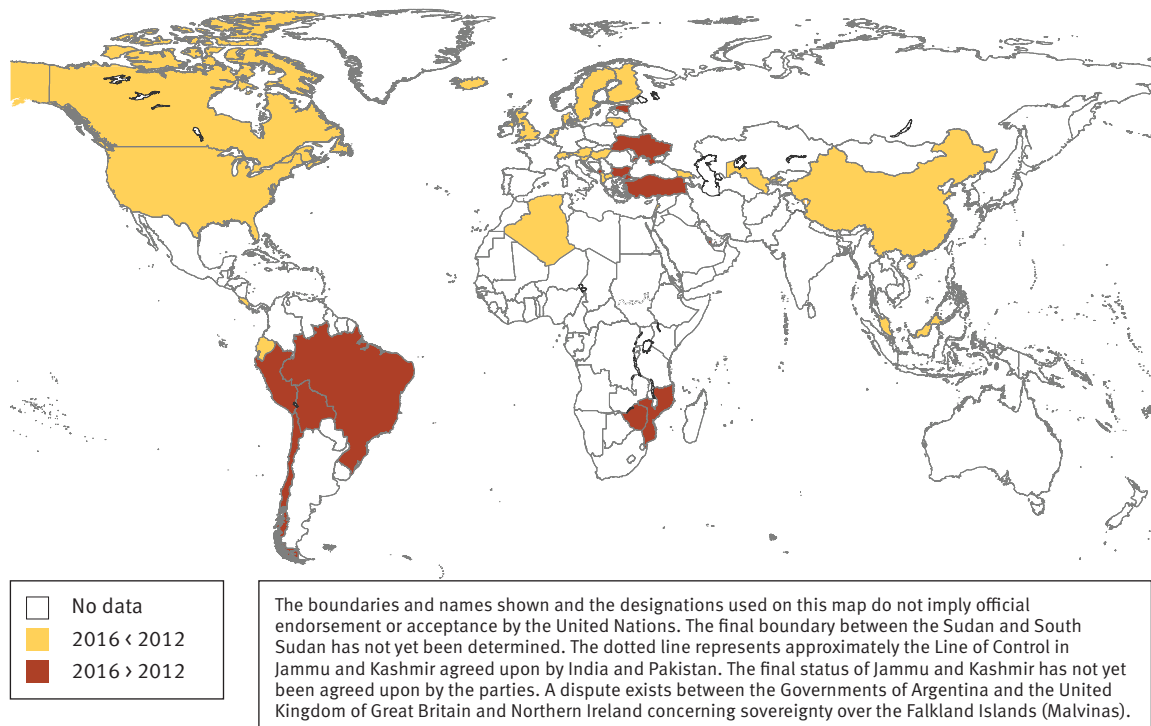


Note: The numbers in parentheses refer to the number of countries that submitted data on consumption of essential antiepileptics under international control to INCB in 2016.



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**Map 2. Changes in average national consumption of essential antiepileptics under international control, 2012 and 2016**



INCB calls for more Governments to submit data on consumption of psychotropic substances and recommends WHO and relevant international organizations to work with INCB in this area.

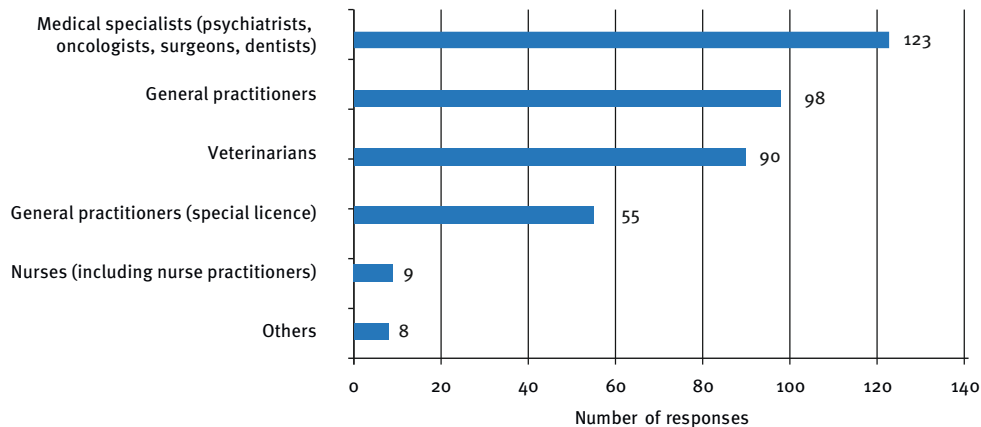
## Progress towards improved availability: INCB reviewed government implementation of recommended measures

About 40 per cent of the 130 government authorities responding to the 2018 INCB survey reported some changes in legislation and regulatory systems. However, the categories of health-care professionals able to prescribe opioid analgesics have not expanded, with trained nurses being allowed to prescribe opioid analgesics in only two per cent of the countries for which responses were provided. **INCB recommends that a broader range of health-care professionals, in particular specially trained nurses, be allowed to prescribe controlled substances.** This would have an impact on low-income countries where the number of doctors permitted to prescribe is limited. Figure IV overleaf illustrates the responses from national authorities on this issue.



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Figure IV. Who can prescribe opioid analgesics and psychotropics



Note: The results shown in the figure are based on replies submitted by countries and territories in response to a specific multiple-choice question. They could choose one or more responses.

Legal sanctions for unintentional mistakes made while handling opioid analgesics still exist in 26 per cent of the countries that provided responses. INCB urges countries that sanction unintentional errors made in prescribing controlled substances to mitigate such sanctions to reflect the lack of intent. Over half of the responding authorities (53 per cent or 61 countries) reported the introduction of new palliative care policies and more authorities (two thirds or 77 countries) were considering the introduction of low-cost palliative care services, which INCB encourages. Lack of resources was a problem reported by 23 per cent of the authorities.

Sixty-two per cent of the responding authorities reported that palliative care was part of the curriculums of medical schools and that education programmes, training and information on palliative care, including on rational use of narcotic drugs and the importance of reducing prescription drug abuse, were provided to health-care professionals. **INCB urges Governments to include palliative care in the national curriculums of medical and nursing schools.**

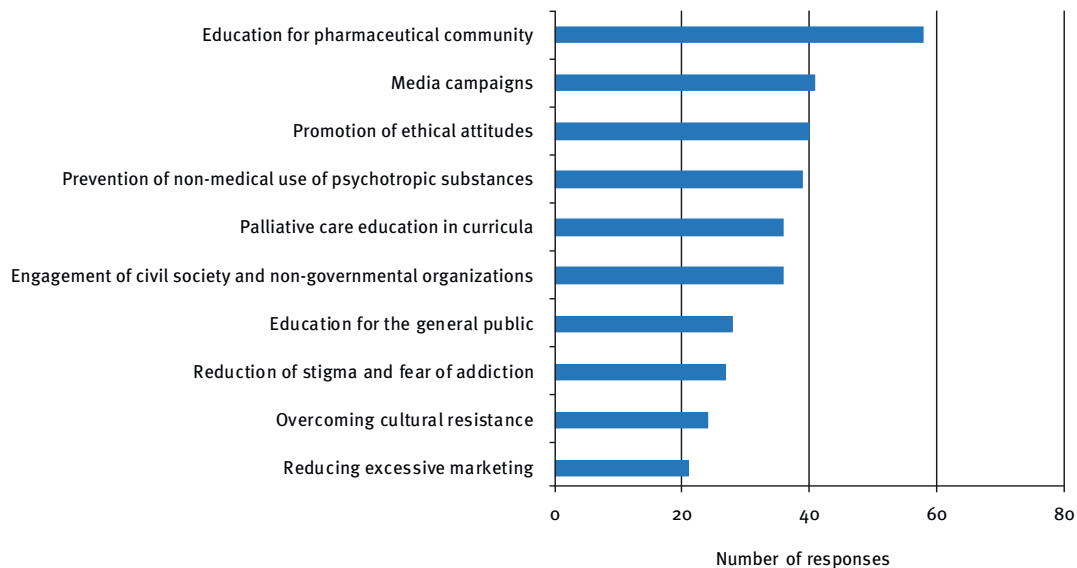
INCB welcomes the fact that specific campaigns and awareness-raising programmes have been implemented in most countries aimed at overcoming the cultural resistance and stigma associated with the consumption of opioid analgesics or psychotropic substances.





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**Figure V. Education and awareness-raising initiatives reported by competent national authorities**



*Note:* The results shown in the figure are based on replies submitted by countries and territories in response to a specific multiple-choice question. They could choose one or more responses.

## INCB sets out the way forward for Member States and the international community to address the global gap in availability of controlled medicines.

While the majority of the reporting government authorities (110) indicated that that they believed their estimates of requirements for narcotic drugs and assessments of the availability of psychotropic substances were “appropriate and realistic” and that they were in regular contact with pharmaceutical companies or other stakeholders to that effect, INCB is of the view that, on the basis of the data provided, this assessment by Governments may not always be accurate—that is, it may not be commensurate with known morbidity rates. Nonetheless, INCB acknowledges the efforts and increased awareness of Governments in this area.

INCB data show that there have been promising developments, but more action is needed, by Member States and by the international community, to achieve the goal of ensuring adequate access to internationally controlled substances for medical and scientific purposes.



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On the basis of its analysis, INCB calls on Governments to put in place such measures as are necessary to guarantee adequate access to and availability of internationally controlled medicines and take further actions, including:

- Further strengthening the training of health-care professionals in the rational prescribing and use of controlled substances.
- Prioritizing public health concerns when issuing licences for the manufacture, import and export of essential medicines.
- Increasing the national and/or regional manufacture of controlled medicines, in their generic forms, to reduce dependence on imports and increase affordability.
- Ensuring that the pharmaceutical industry produces and makes available medicines containing controlled substances, such as opioid analgesics, specifically morphine, that are affordable.
- Considering banning or, if not constitutionally permitted, restricting the advertising of medical products containing narcotic drugs and psychotropic substances under international control.
- Enforcing the regulation of the pharmaceutical industry to deal with promotional and informational campaigns on prescribing and use, including of high-cost formulations, ensuring that any such information is factual and truthful.
- Expanding the coverage of health services and ensuring that substances on the WHO Model List of Essential Medicines are included in the national lists of essential medicines.
- Periodically reviewing national estimates and assessments for narcotic drugs and psychotropic substances with a view to ensuring that they are adequate to meet medical needs, on the basis of morbidity rates and the capacity to prescribe and dispense rationally.
- Establishing tools for processing import and export authorizations, and joining the electronic International Import and Export Authorization System (I2ES) developed by INCB and UNODC.



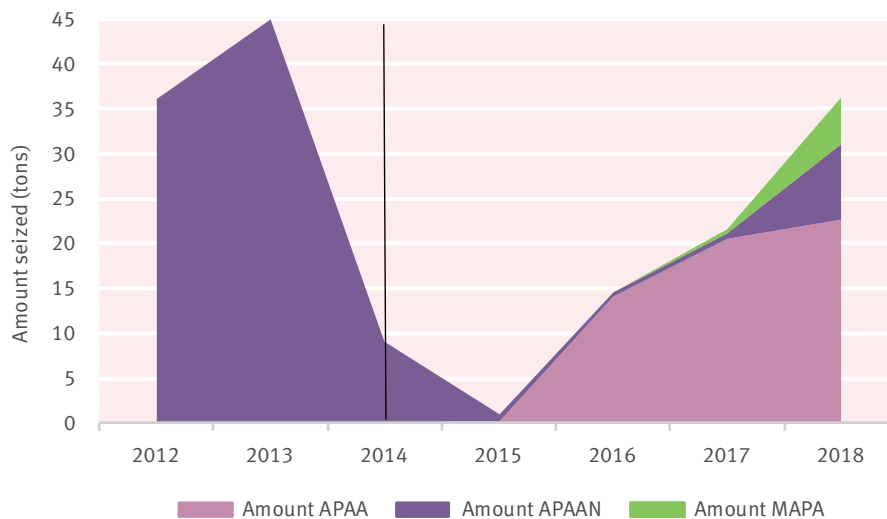
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## INCB PRECURSORS REPORT

### The proliferation of non-scheduled “designer” precursors is challenging international precursor control

On the thirtieth anniversary of the 1988 Convention, remarkable results have been achieved in international precursor control, preventing chemicals from being used in illicit drug manufacture. Yet significant challenges need to be faced, one of the main being the availability of “designer” precursors without legitimate uses, specially made to circumvent controls. Often, these chemicals are very closely related to one another and they emerge and then disappear from the illicit market, in connection with scheduling decisions. For example, APAA is a close chemical relative of APAAN and started to emerge after APAAN was placed under control in 2014. This demonstrates the effectiveness of scheduling in removing a substance from the market. However, it takes time to identify new substances and substitutes emerge over time. MAPA, a substitute for APAA, is already available in illicit markets.

Figure VI. Seizures of APAAN, APAA and MAPA communicated through the Precursors Incident Communication System, 2012–2018



Because of the absence of legitimate uses and trade, these chemicals do not lend themselves to monitoring in legitimate trade flows, a key element of international precursor control. INCB is calling for a policy discussion at the international level about the options available to address the proliferation of “designer” precursors. Efforts could be focused on establishing a common legal basis that would enable authorities worldwide to disrupt the supply of such chemicals to illicit drug manufacturers without creating an unnecessary regulatory burden.



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## Recommendations to schedule the “designer” precursors of amphetamine-type stimulants

In exercising its mandate, INCB assessed and recommended including APAA, a precursor of amphetamine and methamphetamine, and two 3,4-MDP-2-P methyl glycidic acid derivatives (precursors of MDMA (“ecstasy”)) in Table I of the 1988 Convention. All three chemicals have no known legitimate uses beyond limited research and analytical purposes and can be classified as “designer” precursors, made specifically to circumvent existing precursor controls. The Commission on Narcotic Drugs will vote on placing these chemicals under international control in March 2019.

## Further progress in preventing diversion of the 26 chemicals under international control

As a result of countries using the INCB pre-export notification online (PEN Online) system and Precursors Incident Communication System (PICS), there have been few diversions from legitimate international trade.

One hundred and thirteen Governments have asked to receive pre-export notifications in advance of a planned export to their territory, 162 Governments are registered to use the PEN Online system to proactively inform each other of proposed shipments of scheduled precursors in international trade, and officials from almost 110 countries and territories use PICS.

## Successes from international cooperation in precursor cases: joining the dots between separate cases, including through online trading platforms

PICS and the PEN Online system have helped establish links between precursor cases that had initially appeared to be unrelated, including cases involving online trading platforms. Investigations into acetic anhydride cases have also helped identify weaknesses in national precursor laws and regulations or their implementation related to, for example, the registration of operators or the application of any sanctions for the infringement of those laws and regulations that need to be commensurate with the potential impact of such infringements. INCB commends those Governments that exchange operational information in a timely manner.

## Despite successes, gaps in information on precursor trafficking remain

INCB invites Governments to cooperate with each other and INCB to close gaps in information on precursor trafficking, especially trafficking in methamphetamine precursors in East and South-East Asia, in amphetamine (“captagon”<sup>2</sup>) precursors in West Asia and cocaine chemicals in South America. While illicit manufacture is suspected to be fed mostly by chemicals diverted from domestic

<sup>2</sup>The term “captagon” is used to refer to the drug currently available on the illicit market in countries in the Middle East. The composition of the product has nothing in common with Captagon, the pharmaceutical product that was available from the early 1960s and that contained fenethylline.



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distribution channels, more focus should also be directed at the possible use of non-scheduled substitute chemicals. Where capacity and resources for the identification of chemicals are limited, INCB invites the international community to assist the Governments concerned.

## REGIONAL HIGHLIGHTS OF THE INCB ANNUAL REPORT 2018

### AFRICA

**Africa is increasingly being used as a transit region for trafficking in cocaine:** while West and Central Africa were previously the main transit areas in Africa for cocaine trafficking, the North African subregion accounted for 69 per cent of all cocaine seized in Africa in 2016, and the quantities of cocaine seized in Africa doubled from the previous year.

**Africa continues to be a major transit region for drug trafficking as well as a growing destination market for narcotic drugs:** trafficking in cocaine, heroin and cannabis is prevalent, although patterns vary for the different drugs. Cannabis remains the most prevalent drug of use with studies from some countries indicating that use of other drugs is increasing.

**Abuse of and trafficking in tramadol, a synthetic opioid not under international control, are of growing concern in parts of Africa:** according to the UNODC World Drug Report 2018, North, Central and West Africa accounted for 87 per cent of pharmaceutical opioids seized worldwide, and that development was due almost entirely to trafficking in tramadol.

**The Constitutional Court of South Africa upheld a ruling which says provisions of the country's drug law criminalizing personal non-medical use of cannabis are unconstitutional:** the Court suspended its judgment for 24 months, during which time Parliament was ordered to revise its drug laws to allow for the personal consumption and cultivation of cannabis in a private space by adults. INCB will continue monitoring the developments and will remain in dialogue with the Government of South Africa to facilitate the full compliance of the country with the international drug control conventions, including the fundamental obligation to limit the use of narcotic drugs and psychotropic substances exclusively to medical and scientific purposes.

### AMERICAS

#### Central America and the Caribbean

**Drug trafficking and abuse:** the quantities of cannabis and cocaine seized in Central America increased in 2017. The most prevalent drugs of abuse, cannabis and cocaine, are also those most frequently trafficked in large quantities through the region.

**Increased cocaine seizures:** overall, the quantities of cocaine seized in Central America increased in 2017 compared with 2016 and 2015. This is likely to be related to the sharp increases in the levels of illicit coca bush cultivation and cocaine production in Colombia, and the demand for



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cocaine in Europe and North America. Central America accounted for 11 per cent of the cocaine seized worldwide in 2016; most of this was seized in Panama.

**Policy discussions about cannabis in the Caribbean:** the Regional Commission on Marijuana of the Caribbean Community (CARICOM) published its report entitled *Waiting to Exhale: Safeguarding our Future through Responsible Social-Legal Policy on Marijuana* in August 2018 which makes recommendations to CARICOM member States concerning the use and regulation of cannabis for non-medical purposes. INCB recalls that the use of cannabis is limited to medical and scientific purposes in the 1961 Convention. INCB also encourages States to adopt proportionate responses to drug-related offences, including alternatives to arrest and incarceration, as provided for in the conventions.

## North America

**Legislation and policy pertaining to cannabis continued to shift throughout North America in 2018:** in Canada, the Cannabis Act, on providing legal access to cannabis for non-medical purposes and controlling and regulating its production, distribution, sale and possession, came into force in October 2018. Under the law, and subject to provincial or territorial restrictions, adults aged 18 or older are allowed to possess up to 30 g of cannabis, buy dried or fresh cannabis from a provincially or federally licensed retailer, grow up to four cannabis plants per residence for personal use and make cannabis products.

**The prohibition of the use of cannabis for non-medical purposes was found to be a violation of the constitution by the Supreme Court of Mexico in October 2018:** the Court ruled that the prohibition was unconstitutional on the basis that adults have a “fundamental right to the free development of the personality” without interference from the State.

**Legislative changes occurred in various states of the United States:** the states of California and Vermont legalized the use of cannabis for non-medical purposes, and legislative developments took place in the states of Maine and Massachusetts in that regard. Voters in the states of Missouri and Utah approved ballot initiatives for the establishment of medical cannabis programmes. In Michigan, a proposal for legalizing the possession and personal cultivation of cannabis as well as licensing the commercial production and retail sale of the drug was adopted by voters. In North Dakota, a ballot proposal aimed at legalizing the non-medical use of cannabis was rejected.

INCB reiterates that article 4 (c) of the 1961 Convention limits the use of narcotic drugs to medical and scientific purposes and that measures providing for non-medical use are in contravention of that Convention. INCB remains in an ongoing dialogue with the respective Governments.

**The opioid overdose epidemic worsened in the United States** in 2017 with more than 70,000 reported drug overdose deaths, representing a 10 per cent increase on 2016. The United States continued to adopt various measures to address the situation. There are three approved medication-assisted treatments for opioid use disorders in the United States, namely, methadone, buprenorphine and naltrexone. To encourage and support the development of treatment options for people with opioid use disorder, the Food and Drugs Administration released draft guidance in April 2018



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focusing on ways that drug companies could more efficiently explore innovations in buprenorphine products.

**Mexico legalized the use of cannabinoids for medical purposes following the amendment to its General Health Law in June 2017:** in December 2017, the Government announced guidelines permitting the import of pharmacological derivatives of cannabis: oils, pills and foods with less than 1 per cent THC, with higher potencies requiring special government approval for individual patients.

## South America

**Coca bush cultivation and cocaine manufacture in Colombia reached an all-time high:** in South America, cocaine manufacture increased. In Colombia, both illicit coca bush cultivation and cocaine manufacture increased in 2017 by 17 per cent and 31 per cent respectively, reaching an all-time high.

**Rising cocaine manufacture in South America appears to be having an impact on European and North American markets:** according to seizure data, most cocaine continued to be trafficked from the Andean countries, in particular from Colombia, to the main consumer markets in North America and to Europe, where evidence of increased availability and use is a cause for concern. Cocaine shipments intercepted in South America were mainly destined for the United States.

**In recent years, several countries in the region have taken steps towards the legalization of cannabis for medical purposes:** during the period under review, the Governments of Paraguay and Peru took steps towards legislation permitting the medical use of cannabis and its derivatives.

## ASIA

### East and South-East Asia

**Illicit opium poppy cultivation declines** and volumes of opiates seized decrease, which together with lower prices for opium and the declining popularity of heroin as a drug of abuse point to the declining dominance of illicit opium poppy cultivation in the Golden Triangle region.

**Trafficking in and abuse of methamphetamine reach alarming levels:** some East and South-East Asian countries continue to report further increases in methamphetamine seizures, with total volume seized in 2018 reaching alarming levels. The situation is particularly worrying given the already huge yet growing popularity of methamphetamine as a drug of abuse.

**Challenges to law enforcement and public health posed by synthetic drugs:** the shift from opium to synthetic drugs poses serious challenges to law enforcement and public health, and requires greater multilateral cooperation to ensure effective border control, systematic assessment and monitoring of the abuse of synthetic drugs, and the provision of relevant treatment programmes.

INCB is aware of continuing reports of extrajudicial action in a number of countries of the region in relation to purported drug-related activity and crime. **The Board stresses that drug-related crime must be addressed through formal criminal justice responses, including internationally recognized**



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**due process standards, rule of law, respect for human rights and the principle of proportionality, and that extrajudicial responses to drug-related criminality are in clear violation of the international drug control conventions. INCB reaffirms that the fundamental goal of the international drug control conventions is to safeguard the health and welfare of humankind and to achieve this objective, the conventions establish a number of general obligations to which States parties have explicitly agreed to be bound, including developing strategies for the prevention of drug use and mechanisms to address dependence through treatment, rehabilitation, aftercare and social reintegration.**

## South Asia

**Severe punishment for drug-related offences:** Bangladesh, Sri Lanka and India were reported to be considering expanding the application of the death penalty for drug-related offences despite the long-established de facto abolitionist stance each Government has taken in the past. **INCB encourages all States that retain the death penalty for drug-related offences to commute sentences that have already been handed down and to consider abolishing the death sentence for drug-related offences.**

**Methamphetamine crisis in Bangladesh:** in 2017, Bangladesh seized 3.6 tons of methamphetamine (“yaba”), representing the highest quantity of the drug seized in the past eight years, a tenfold increase compared to the year before. In October 2018, the country passed legislation to extend the application of the death penalty to drug-related offences involving more than 200 g of the substance.

**Drugs seized in unprecedented quantities in the region:** record levels of cannabis herb were seized in 2017 in India (more than 350 tons) and Bangladesh (close to 70 tons), with cannabis herb remaining the drug most frequently cultivated, trafficked and abused across the region. Significant increases in seizures of opiates, in particular illicitly produced heroin, were also registered in India, Bangladesh and Sri Lanka. In India, the area under illicit opium poppy cultivation in 2017 exceeded the area under licit cultivation in the same crop year. Codeine-based cough syrups and tramadol used for non-medical purposes were also seized in large quantities in 2017, with India consistently named as the main origin country for tramadol seized worldwide since 2011.

## West Asia

**The level of opium poppy cultivation remained high in 2018:** although the area under opium poppy cultivation in Afghanistan decreased by 20 per cent in 2018, the total area under cultivation in Afghanistan still remained high and was estimated at 263,000 ha. The decrease in cultivation is mainly a result of the drought in the country and declining farm-gate prices of dry opium. There has also been a decrease of 29 per cent in potential opium production which was estimated at around 6,400 tons in 2018.





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**Heroin supply from Afghanistan to Europe appears to have remained stable up to the end of 2016:** despite substantial fluctuations in the amount of annual opium poppy cultivation in Afghanistan over recent years, the supply of heroin from Afghanistan to destination markets in Europe seems to have remained stable. This could be because traffickers are making an effort to keep supply smooth and stable, or opium from different harvests may have been used for heroin manufacture.

**The illicit opiate economy substantially surpassed the level of Afghanistan's entire licit exports of goods and services:** as a result of significant increases in opium production up to 2017, when it reached a record 9,000 tons, the illicit opiate economy substantially surpassed the level of Afghanistan's entire licit exports of goods and services. It is believed that not only the Taliban, but also anti-government, insurgent and local power-holders continued to benefit from the illicit opium economy. In addition, many communities in Afghanistan that engage in cultivation and participate in the illicit drug trade have become even more dependent on opium poppy for their livelihoods.

**Instability and armed conflicts across the Middle East continued to facilitate the trafficking of narcotic drugs and psychotropic substances in the subregion:** it is believed that counterfeit "captagon" has become a drug of choice in war zones in the Middle East and serves as a source of income for terrorist and insurgency groups. There are indications of increased incidents of illicit drug cultivation and production in Iraq, including heroin manufacture and opium poppy and cannabis plant cultivation. In particular, drug trafficking and abuse has substantially increased in the Basra region of Iraq, which borders Iran and Kuwait. Many countries in the Middle East also continued to observe trafficking and abuse of the prescription drug tramadol, a synthetic opioid not under international control.

**Most countries in Central Asia reported the emergence of a growing number of new psychoactive substances:** many countries in the subregion are facing increased abuse of synthetic cannabinoids, which are believed to be gradually replacing heroin and opium as the main drugs of choice among young people.

## EUROPE

**About 1 million seizures of illicit drugs were reported by European Union countries in 2016:** seizures of cannabis accounted for more than 70 per cent of all seizures, followed by cocaine, amphetamines, heroin and "ecstasy". In financial terms, cannabis accounted for almost 40 per cent of the illicit drug retail market in the European Union, which in 2013 was estimated to be worth 24 billion euros.

**Countries in the European Union became a major source of acetic anhydride seized within the region and in West Asia in the period 2016–2018:** the availability of the substance on the European black market could be one of the drivers of an emergence of illicit heroin laboratories, where morphine is converted into heroin, detected in several European Union member States.



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**The increased availability and use of “crack” cocaine in the region is of concern** and while cocaine prices in countries of the European Union have remained stable, the purity of the drug is at its highest level in over a decade.

**There is an apparent revival of the illicit market for “ecstasy” in the European Union** as corroborated by reports of increased seizures of the drug, increased numbers of drug production sites as well as increasing content of MDMA in “ecstasy” tablets. Until recently, the level of “ecstasy” abuse had been declining from peak levels reached in the early to mid-2000s, whereas the use of amphetamines has been relatively stable in the region since around 2000.

**Fifty-one new psychoactive substances were detected for the first time on the European market in 2017:** that is about one new substance every week. This number is lower compared with previous years, in particular 2014 and 2015, when new identifications reached about 100 annually. There have been, however, reports of the manufacture and tableting of new psychoactive substances within the region.

In 2017, the European Union institutions passed legislation that brought these new psychoactive substances into the official definition of a “drug”, thus streamlining and accelerating the procedures to bring the substances under control.

## OCEANIA

**Lack of data and low level of adherence to the conventions:** The lack of information on drug trafficking and abuse in the region, other than for Australia and New Zealand, and the fact that many countries in the region have not yet become parties to the international drug control conventions continues to be a matter of great concern to INCB. The Board calls upon States that have not yet become parties to the conventions to accede to them without delay. INCB is continuing to engage with and support Governments to this end.

**Drug-related deaths in Australia at their highest level since late 1990s:** the number of drug-induced deaths in Australia is at the highest level since the late 1990s, reaching 1,808 deaths in 2016. The deaths are mainly due to non-medical use of benzodiazepines and oxycodone. The number of drug-related deaths recorded in New Zealand increased from 178 in 2013 to 254 in 2015, as a result of an increase in the abuse of cannabis (which is believed to include synthetic cannabis); amphetamine, however, is the number one cause of deaths resulting from drug overdose.

**Increase in the amount of cocaine seized in the region:** the quantity of cocaine seized in Oceania increased by more than 75 per cent from 2015 to 2016, reaching a record high level in the region, with Australia accounting for 98 per cent of all cocaine intercepted. A major cocaine seizure of 1.28 tons was reported in 2018. Tonga also made a record high seizure of 58 kg of cocaine in 2018. The amount of cocaine seized in Australia in 2017, 4,140 kg, was almost double that of 2016; while in New Zealand the amount of cocaine seized tripled to 108 kg in 2017.



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**Cannabis use in the region:** Cannabis continues to be the most abused drug in Oceania among the population aged 15–64 years. Oceania falls among the top three regions in terms of past year rates of cannabis use, with an 11 per cent prevalence rate after West and Central Africa (13.2 per cent) and North America (12.9 per cent).

**Crystalline methamphetamine increasingly of concern in Oceania:** crystalline methamphetamine is increasingly of concern given the growing market for the substance and the increase in the amount of consumption, manufacturing capacity and seizures. National wastewater monitoring shows that Australia has become a major consumer of methamphetamine. The Australian Federal Police seized 3.5 tons of the substance over 12 months in 2016–2017 in addition to the 3.9 tons seized in the preceding 12 months in 2015–2016.

## THE INTERNATIONAL IMPORT AND EXPORT AUTHORIZATION SYSTEM (I2ES)

**The International Import and Export Authorization System (I2ES) – promoting paperless trade in controlled substances:** to help improve the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, INCB, together with UNODC, developed I2ES, a web-based import and export authorization system. It promotes paperless licit trade in controlled substances by facilitating the online exchange of import and export authorizations for controlled substances. I2ES is available to all Governments free of charge and assists competent national authorities in managing their increasing workload.

Acknowledging the challenges faced by some Governments, INCB stressed that political commitment, effective communication with relevant stakeholders, and coordination with trading partners are key factors for further implementation of I2ES.

INCB calls on all existing I2ES users to invite their trading partners to register with I2ES and start using the system.

## TRAINING FOR COMPETENT NATIONAL AUTHORITIES THROUGH INCB LEARNING

**Since April 2016, six regional seminars have been held:** more than 180 officials from 79 countries and territories that are home to almost half the world's population attended seminars held under the INCB Learning project. The most recent training seminar was held in Dakar from 10 to 12 September 2018. It brought together 29 drug control officials from Cameroon, the Central African Republic, the Congo, the Democratic Republic of the Congo, Gabon, Guinea, Mali, Mauritania, the Niger, Senegal and Togo. A follow-up seminar for Central American countries was in preparation, to be held in Vienna in January 2019.