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Respect for human rights in the implementation of drug policy

In its 2019 Annual Report, INCB reminds all State parties that the three international drug control conventions ought to be read within the international human rights framework. No State is exempt from human rights norms and principles when interpreting and implementing the drug control conventions, including the protection of fundamental freedoms and due process rights, stemming from the inherent dignity of all people.

Compliance with the drug control conventions supports the direct and positive fulfilment of human rights, especially the realization of the universal right to health, which includes access to treatment. Drug control policies that protect all human rights principles and standards have proved to be the most effective and sustainable. A human-rights based approach to address the spread of problematic drug use specifically requires proportionate criminal justice responses for drug-related offences. Extrajudicial responses cannot be justified in any circumstances. INCB stresses in its 2019 Annual Report that human rights norms should form an integral part of drug-related strategies and policies.

INCB continues its consultations under article 14 bis of the 1961 Convention, as amended, to support Afghanistan

Despite the marked reduction in the total area under illicit opium poppy cultivation and in the estimated amount of opium produced in Afghanistan in 2018 due to severe drought, the estimated size of the opiate economy remained substantial, exceeding the value of the country's licit exports of goods and services. INCB will continue its consultations with the Government of Afghanistan with a view to facilitating the implementation of article 14 bis of the 1961 Convention, as amended, through engaging with the competent United Nations organs and specialized agencies to help Afghanistan address its drug control challenges.

In its 2019 Annual Report, INCB reiterates the need to prioritize measures to address the illicit drug economy in Afghanistan, which should be part of the overall effort to build peace, establish security and achieve sustainable development in the country. INCB is also calling upon the international community, in the context of global and shared responsibility, to take part in this process through comprehensive, multifaceted and concerted local, national, regional and international assistance efforts.



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INCB highlights the importance of measures that improve substance use prevention and treatment services for young people

Chapter I of the INCB Annual Report 2019 focuses on the use of psychoactive substances among young people (ages 15-24) and on improving evidence-based prevention and treatment strategies for this vulnerable age group. The report calls on Governments to implement national evidence-based policies and services that protect children and adolescents from psychoactive substances.

Importance of focusing on psychoactive substance use among young people (ages 15-24)

INCB emphasizes that the effects of psychoactive substances on young people are different and more pronounced than those on adults. Due to their physiological, social and emotional development, young people are particularly vulnerable to the long-term effects of these substances.

The age of onset is of greatest concern since research shows that the earlier the age of initial use, the greater the likelihood for developing a substance use disorder in adulthood. INCB underscores that promoting and protecting adolescent health will lead to overall greater public health, and far-reaching benefits to the economy and society.

In contrast, substance use and substance use dependencies may prevent young people from achieving developmental benchmarks. A developmental shortfall during adolescence may lead to negative life trajectories and harmful personal life outcomes.

Causes and epidemiology of psychoactive substance use by young people

The paths that lead young people to substance use and use disorders are complex. Many factors, such as personality, misperceptions, social approval, availability, and a lack of awareness are associated with the risks substances carry for children and adolescents when they are first used.

The *World Drug Report 2018* presents key findings pertaining to the analysis of substance use among young people. It finds that drug use is highest among young people between the ages of 18 to 25 and that cannabis is a widely used drug. Based on data from 130 countries, the United Nations Office of Drugs and Crime (UNODC) estimates that cannabis use affected 5.6 per cent of young people aged 15-16 – 13.8 million people – in 2016. Rates vary by region and are highest in Europe (13.9 per cent) followed by the Americas (11.6 per cent).

Understanding the progression from substance use to substance use disorder

Data provided in the *World Drug Report 2018* show that regardless of the social and psychological factors that played a role in the beginning, drug use is seemingly driven by the desire for the effects of the drug.

Due to the pharmacology of psychoactive substances and the physiology of the developing brains of young people, the young are particularly vulnerable to habitual use of drugs, and the resulting disorders. Research has found that, while contextual factors play a significant role in the initiation of substance use, interpersonal factors – in particular, physiological, neurological and genetic factors – were found to have a greater influence on the progression to substance abuse.



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Relationship of alcohol and tobacco to the use of psychoactive substances

The INCB Report highlights that the use of alcohol and tobacco by children and adolescents is closely linked to the initiation of use of psychoactive substances. Often, the use of alcohol and tobacco precedes the use of cannabis and other controlled substances. Longitudinal studies that followed children into adulthood have revealed that the earlier the onset of alcohol, tobacco and cannabis use during the ages of 16 to 19 years, the greater the likelihood of the use of opiates and cocaine in adulthood.

Research indicates that adolescents begin using alcohol, tobacco and cannabis due to their positive perceptions and the social approval or the normative nature of substance use, and their lack of awareness of the risks associated with substance use. Effective prevention interventions address the misconceptions held by adolescents. Interventions that change such misperceptions are associated with positive outcomes. Therefore, the link between these psychoactive substances needs to be addressed in the design and implementation of programmes for prevention and treatment targeting young people.

Evidence-based prevention techniques designed for children and adolescents

To reach young people and influence their behaviour, prevention interventions that are specifically tailored to young people between 15 and 24 years old are needed.

The INCB Annual Report advocates using multiple evidence-based approaches to prevent substance use among young people. The most notable guide is the UNODC-WHO *International Standards on Drug Use Prevention*, with key content on evidence-based intervention strategies. Approaches should go beyond school-based programmes because children and adolescents are vulnerable in many different settings. School-based programmes may not be enough to address the developmental needs of children who live with substance-using parents or guardians, or do not attend school.

Although there is strong evidence that school-based programmes are effective, children and adolescents should be targeted long before the age of first use. Evidence-based prevention and intervention methods should therefore include the family, the community, and traditional, online and social media. Integrated prevention techniques are essential to impact the attitudes of young people towards drug use, even if laws and regulations exist and clearly limit the access to psychoactive substances.

Evidence-based treatment approaches for young people who are substance users

Young people who have become substance users have specific needs regarding treatment, different from those of adults. Based on scientific evidence, the most effective ways to reach adolescent drug users are multi-faceted approaches tailored to this age group. Treatment services should encompass meeting developmental goals of children and adolescents, and include psychosocial, behavioural and motivational approaches.

The INCB Annual Report highlights the importance of effective training for substance use professionals and the establishment of national credentialing systems for professionals in the field. Treatment services should go beyond schools and include a young person's family, communities and even sports facilities.



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The role of Governments

INCB calls on Governments to invest in comprehensive epidemiological data and reporting systems to monitor changing trends in psychoactive substance use among young people. A national drug control strategy and public health framework should be developed. Treatment and prevention strategies for young people should be implemented in the most effective ways.

The report states that there is often widespread awareness and concern among policymakers and the public about substance use and abuse among young people. There is a lack of awareness about evidence-based prevention and treatment strategies that are currently available.

The INCB Annual Report underscores the importance for Governments to draw from findings of this and earlier reports and develop policies based on the best available research and evidence rather than personal experiences and beliefs.

Governments should improve and develop national training for professionals and move away from isolated approaches. Instead, policymakers should develop data-driven knowledge and support evidence-based tools and credentialing systems that support practitioners in their planning and decision-making processes.

Clear focal points for primary prevention and treatment services should be established and tailored to the needs of young people. Special attention should be given to all practices of drug abuse prevention, including education, early identification and prevention, treatment, as well as rehabilitation and social reintegration.



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INCB PRECURSORS REPORT

Near-universal treaty adherence – 190th party ratifies 1988 Convention

Palau became the 190th State party to the 1988 Convention in 2019. The Convention enjoys near-universal adherence, with only a handful of countries, mostly in Africa and Oceania, having yet to ratify it. INCB urges those countries not yet party to the conventions to take steps to accede as a matter of priority.

Pace of emergence of non-scheduled substitute chemicals challenges international precursor controls

The pace of emergence of non-scheduled chemicals as substitutes for scheduled drug precursors around the world is steadily increasing, and the variety of chemicals that could be used instead of scheduled precursors is virtually unlimited. Substance-by-substance scheduling continues to lag behind the speed of innovation of drug traffickers, while many of these substances have no known legitimate uses and do not lend themselves to licit trade monitoring. INCB urges Governments to continue the wider policy discussion initiated in 2019 on options to respond to these challenges and put in place a global framework to address non-scheduled substances more effectively.

In response to the proliferation of designer precursors with no known legitimate uses, including alternatives to the recently scheduled fentanyl precursors 4-anilino-*N*-phenethylpiperidine (ANPP) and *N*-phenethyl-4-piperidone (NPP), and the widespread use of non-scheduled pre-precursors in illicit drug manufacture, many States have introduced generic controls that subject entire groups of substances to national control. INCB has adapted and updated its limited international special surveillance list of non-scheduled chemicals to better aid government action and voluntary cooperation with industry.

Designer precursor recommended for international scheduling

In exercising its mandate, INCB assessed and recommended the international control of methyl *alpha*-phenylacetoacetate (MAPA), a pre-precursor of amphetamine and methamphetamine. Evidence of the use of MAPA in illicit manufacture cropped up following the international scheduling of *alpha*-phenylacetoacetamide (APAA), a close chemical relative, in 2019. MAPA has no known legitimate uses beyond limited research and analytical purposes and can be classified as a designer precursor, made specifically to circumvent existing precursor controls. In March 2020, the Commission on Narcotic Drugs will vote on placing the chemical under international control, through inclusion in Table I of the 1988 Convention.



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Illicit manufacture of amphetamine-type stimulants becoming increasingly global

Over 2018–2019, the illicit manufacture of amphetamine-type stimulants has spread to regions and countries not previously associated with such manufacture. This included evidence of the large-scale illicit synthesis of amphetamine, the active ingredient in “captagon” tablets, from non-scheduled pre-precursors in the Middle East, the illicit manufacture of methamphetamine in Afghanistan from wild-growing ephedra, and illicit methamphetamine manufacture in Europe, using both P-2-P-based and ephedrine-based methods. Organized criminal groups in Mexico may also have turned to a new method to synthesize methamphetamine from non-scheduled chemicals.

Preventing the diversion and trafficking of internationally controlled chemicals

Using the INCB pre-export notification online (PEN Online) system and Precursors Incident Communication System (PICS), countries have seen fewer diversions of precursors 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, 164 Governments are registered to use the PEN Online and to proactively inform each other of proposed shipments of scheduled precursors, and officials from more than 120 countries and territories use PICS. Diversion from intranational trade continued to be the main source of cocaine precursors, including potassium permanganate, while investigations facilitated by INCB into trafficking in acetic anhydride, the main heroin precursor, revealed that a much larger network of criminal activities may be at work than previously thought.

Equipment used in illicit drug manufacture – new opportunities to complement drug-related investigations

A global INCB survey provides new insights into the monitoring of equipment traded and used in illicit drug synthesis. The data gathered can provide leads for the investigation of illicit drug manufacture and trafficking. In 2019, INCB developed guidelines for investigations into the diversion of equipment that can be used in illicit drug manufacture, operationalizing the provisions of article 13 of the 1988 Convention.

Improving reporting and implementation of legal frameworks

Improved reporting by Governments, in particular regarding details on the seizures of substances, their origin, and point of diversion is needed to enable a fuller analysis of trends in the licit movement and trafficking of precursors. There is room for improvement in the implementation of legal frameworks, and increased attention needs to be paid to addressing evidentiary challenges in proving precursor-related crime.



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REGIONAL HIGHLIGHTS OF THE INCB ANNUAL REPORT 2019

AFRICA

Trafficking in cocaine remains a major challenge for North and West Africa: several countries in West Africa reported record seizures of cocaine originating from South and Central America, destined for Europe. The trafficking is contributing to instability in some West African countries according to the United Nations.

Many parts of Africa face the growing problem of illicitly manufactured tramadol and its abuse: countries in North and Central Africa continue to report major seizures of illicitly manufactured tramadol, a synthetic opioid not under international control, in dosages far exceeding standard amounts.

Nigeria releases first-ever survey on national drug use: the survey report provides the first picture of the drug use situation in Nigeria. It found that 14.4 per cent of people aged 15-64 had used drugs in the past year; and 10.8 per cent had used cannabis in the past year.

Most countries in the Africa region do not systematically collect data on drug use or on availability of controlled substances for medical use, and need to put in place systems and processes to do so.

AMERICAS

Central America and the Caribbean

The largest-ever single seizure of cocaine in the region was recorded in El Salvador, with more than 13,779 kg trafficked by sea, originating in Colombia and Ecuador, and destined for North America.

Medical consumption of opioids for pain relief and of psychotropic substances for the treatment of mental health and neurological conditions continue to be low among most countries in Central America, with some countries witnessing a further decline in already-low levels of availability.

Drug use, in particular of cannabis, appears to be growing in all countries in the region. According to the CICAD Report on Drug Use in the Americas 2019, the highest level of cannabis use among the general population in 2018 was reported in Jamaica with 15.5 per cent, followed by Barbados, with almost 8 per cent. The lowest figures were reported in the Dominican Republic and Panama, with past-year usage below 1 per cent.

The design and implementation of effective prevention, treatment and rehabilitation programmes remains a key problem throughout Central America and the Caribbean. While the amount and quality of information regarding patterns of drug use in the region have greatly improved – as evidenced by the number of national drug use surveys published over the past few years – more research on drug use and abuse patterns and trends is needed in order to tailor treatment initiatives to meet local needs.

Most countries in the Central America and Caribbean region do not systematically collect data on drug use or on availability of controlled substances for medical use, and need to put in place systems and processes to do so.



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North America

The opioids crisis in North America continues to destroy lives, families and communities. Deaths from drug overdose are a serious public health concern, with deaths linked to synthetic opioids still rising in the United States of America in 2018, despite a slight drop in the overall number of drug overdose deaths. Deaths linked to semi-synthetic opioids, such as oxycodone, declined. Efforts to address the contamination and mixing of illicit drugs with synthetic opioids, such as fentanyl, were stepped up in 2019, including reducing its impact on the overdose death rate through widespread community outreach and the distribution of overdose-reversing medicines, such as those containing naloxone. Seizing illicitly manufactured fentanyls and expanding treatment capacity and delivery, including medication-assisted treatment for opioid addiction, are important public health and safety objectives in the region.

Regional cooperation and collective efforts to address the threats of trafficking in heroin, methamphetamine, and fentanyls have been expanded. Increases in cocaine manufacture and surges in methamphetamine manufacture and trafficking have had negative effects in North America, with an apparent increase in the use of methamphetamine in Canada. The United States is focusing efforts on the emerging crisis of cocaine availability and use. Regional law enforcement coordination is combating online drug trafficking and the use of anonymous networks and virtual currencies for illegal online drug sales.

Mexico's National Development Plan 2019–2024 includes drug policy reform and expansion of treatment for drug addiction. Resources will be dedicated to the treatment of drug-dependent persons and policy formulation based on public health, prevention and reduction of drug-related harm, as well as deterrence of illicit drug production, trafficking and distribution. The country's new addiction strategy "Together for Peace" focuses on protecting children as well as adolescents, and on avoiding the stigmatization of, criminalization of and discrimination against substance users. This includes viewing the issue through a gender and human rights lens.

Cannabis legalization and decriminalization measures spread in North America. The State of Illinois in the United States passed the Cannabis Regulation and Taxation Act to allow the non-medical sale and use of cannabis. At the federal level, the Agriculture Improvement Act of 2018 amends the Controlled Substances Act to remove hemp products – defined as cannabis with a *delta-9-THC* concentration of not more than 0.3 per cent – from Schedule I, placing them under regulation of the Department of Agriculture in order to regulate the production and sale of edible cannabis products. INCB reiterates that measures that permit the non-medical use of any controlled substance, including cannabis, are in contravention of the legal obligations incumbent upon States parties. Article 4 (c) of the 1961 Convention as amended by the 1972 Protocol clearly limits to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in and use and possession of narcotic drugs; and article 3, paragraph 1 (a)(i) of the 1988 Convention, creates the obligation for States to establish as criminal offences, when committed intentionally, "the production, manufacture, extraction, preparation, offering for sale, distribution, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation or exportation of any narcotic drug or psychotropic substance contrary to the provisions of the 1961 Convention, the 1961 Convention as amended or the 1971 Convention".



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South America

Problems linked to the illicit production of, trafficking in and use of drugs have continued to generate insecurity and violence in the region: according to the UNODC Global Study on Homicide 2019, firearms are involved in homicides in the Americas far more often than in other parts of the world. In Brazil, Colombia and Venezuela (Bolivarian Republic of), the homicide rate exceeds the overall regional average homicide rate.

Illicit coca bush cultivation in South America increased steadily overall, from 120,600 ha in 2013 to an all-time record 245,000 ha in 2017. The total area under illicit coca bush cultivation in the region in 2018, could not be estimated in 2019 owing to the lack of data on illicit coca bush cultivation from Peru.

Increased potential manufacture of cocaine hydrochloride in Colombia: notwithstanding a 1.2 per cent reported decline in illicit coca bush cultivation in Colombia in 2018, the potential manufacture of cocaine hydrochloride in the country increased by 5.9 per cent, reaching 1,120 tons. In the Plurinational State of Bolivia, the area under illicit coca bush cultivation decreased in 2018 by 6 per cent.

ASIA

East and South-East Asia

The expansion of illicit manufacture, trafficking and use of synthetic drugs, in particular methamphetamine, continues to be of great concern in most countries of East and South-East Asia. Effective border management and control over precursor chemicals have become particularly important for countering this phenomenon, given the substantial presence of the chemical industry in the region and the increasingly improved infrastructure, which has further enhanced connectivity among countries.

Some Governments are reviewing their drug policies, adopting proportionate sanctions for minor drug-related offences and a health-based approach to addressing drug use. The Government of Malaysia amended legislation to remove the mandatory death penalty for those convicted of drug trafficking. Mekong Governments and UNODC adopted a new sub-regional action plan to address the drug situation in the region.

INCB is aware of continuing reports of extrajudicial action in a number of countries of the region in relation to drug-related activities. **INCB reminds all Governments that extrajudicial action, purportedly taken in pursuit of drug control objectives, is fundamentally contrary to the provisions and objectives of the three international drug control conventions, as well as to human rights instruments 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.**

INCB is aware of the continued implementation of compulsory treatment. **INCB discourages the use of compulsory detention and rehabilitation of people affected by drug use and calls on Governments in the region to implement voluntary, evidence-based treatment services with due respect for patients' rights.**



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Most countries continue to lack comprehensive drug use prevalence data and evidence-based drug treatment protocols. More resources should be devoted to demand reduction, treatment and social reintegration in order to improve quality of life, help reduce the burden on the healthcare system and remove the stigmatization of drug use.

South Asia

Capital punishment for drug-related offences: In December 2018, Bangladesh introduced a new Act that extends the death penalty to the possession of 200 grams of methamphetamine. In June 2019, Sri Lanka signed death warrants for four people convicted of drug-related offences. However, the Supreme Court of Sri Lanka extended the interim staying order twice, first until 9 December 2019 and then until 20 March 2020. **INCB continues to encourage all States that retain the death penalty for drug-related offences to consider abolishing the death sentence for those offences.**

Major seizures: South Asia witnessed an increase in seizures of heroin, specifically in Sri Lanka, where the quantity of heroin seized reached 732 kg in 2018. Seizures of methamphetamine continued to increase in Bangladesh, reaching a record quantity of 53 million tablets in 2018. India also experienced a record seizure of precursors, with 1.8 tons of pseudoephedrine and 8,937 litres of acetic anhydride confiscated in single seizures in October 2018 and May 2019.

Drug abuse prevalence surveys: India and Sri Lanka have conducted surveys to assess the prevalence of drug use in their countries. **INCB commends such initiatives and encourages countries to allocate adequate resources to drug abuse prevention and treatment and to conduct prevalence studies to inform the adoption of evidence-based public health policies.**

Most countries in the South Asia region do not systematically collect data on drug use or on availability of controlled substances for medical use, and need to put in place systems and processes to do so.

West Asia

Afghanistan faces multiple challenges: Afghanistan was the country of origin of nearly all opiates seized in Europe, Central Asia and Africa, and was responsible for the vast majority of the world's illicit opium poppy cultivation and opium production in 2018. Afghanistan is also one of the major sources of cannabis resin worldwide and continues to experience an increase in trafficking of synthetic drugs on its territory.

Emergence of new branches of the Balkan trafficking route: Several new branches of the Balkan route, the main path for the trafficking of opiates originating in Afghanistan to Europe, have gained prominence in recent years, including those transiting the Syrian Arab Republic and Iraq and the countries of the Southern Caucasus.

Political instability and unresolved conflicts, poverty and the lack of economic opportunities in some parts of the Middle East have contributed to increased trafficking in tramadol and “captagon”: Some countries of the Middle East are not only the destination markets for counterfeit “captagon” but are also increasingly becoming a source of this drug. The subregion also continues to be seriously affected by trafficking in, and abuse of, tramadol, a synthetic opioid not under international control.



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EUROPE

High-purity cocaine availability and use on the rise across Europe

Record seizures of cocaine in several European countries in 2018 and 2019 indicate an increasing trend in cocaine trafficking, with a resulting surge in the availability of high-purity cocaine across Europe. Among stimulants, cocaine continued to be the most commonly used illicit drug, albeit more prevalent in Southern and Western Europe. Meanwhile, based on 2017 data, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) reported growing evidence of a potential increase in the injection of stimulants, including cocaine, amphetamines and synthetic cathinones. The trend includes Eastern European countries that have been targeted by traffickers to a lesser extent in the past. Overseas territories of European countries appear to be used as transit points for cocaine trafficking into Europe, with online drug markets used for low-value cocaine sales also gaining momentum.

Cannabis remains the most frequently seized and used drug in Europe; fentanyl replaces heroin as the opioid of choice in some European countries

Of the approximately 29 per cent of European adults estimated to have used illicit drugs at least once during their lives, most had used cannabis. Its prevalence remained five times higher than that of any other drug in Europe. Seizures of cannabis herb almost doubled from 2016 to 2017. Opioids other than heroin have also been seized in markedly increased quantities in 2017, although heroin still makes up most of the total quantity of seized opioids. In Estonia, fentanyl has overtaken heroin as the primary opioid for which specialized treatment has been sought. Twenty-two per cent of all persons seeking treatment for opioid-related health issues in the European Union cite as their primary drug opioids other than heroin (including codeine, morphine, tramadol, a synthetic opioid not under international control, oxycodone, fentanyl, methadone and buprenorphine).

European countries explore approaches to the regulation of medical cannabis

An increasing number of European countries were exploring or had established medical cannabis programmes in keeping with their obligations under the 1961 Convention as amended by the 1972 Protocol. In a few countries, there were indications of steps underway towards the legalization of the non-medical use of cannabis that included the legalization of the cultivation, distribution and use of cannabis for such purposes, notably in the Netherlands and Luxembourg. **INCB reminds all parties to the 1961 Convention as amended by the 1972 Protocol that article 4 (c) of that Convention limits exclusively to medical and scientific purposes the production, manufacture, export, import and distribution of, trade in and use and possession of drugs and that any measures allowing for the non-medical use of cannabis are in violation of the legal obligations incumbent upon parties to the Convention.**



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OCEANIA

Drug trafficking through the Pacific Islands region is of increasing concern and poses a security and public health challenge to the countries of the region

The low level of adherence to the three international drug control treaties coupled with the unique geography of the Pacific Islands region renders it vulnerable to drug trafficking and drug-related organized crime. In addition to large drug seizures in the Pacific Islands region destined for Australia and to a lesser extent New Zealand, domestic seizures of smaller quantities and regional observations appear to indicate growing levels of drug abuse in some Pacific Island States.

Developments in national legislation, policy and action

The Board welcomed the accession of Palau to the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

The Misuse of Drugs (Medicinal Cannabis) Amendment Act 2018 (2018/54) came into effect in New Zealand in December 2018. As a result, people with terminal illnesses have an exemption and statutory defence for possessing and using cannabis, and cannabidiol is no longer a controlled drug at the national level. The Australian Capital Territory adopted legislation concerning the non-medical use of cannabis, and a referendum was announced in New Zealand on the legalization and regulation of cannabis. INCB is engaged in an ongoing dialogue with State parties aimed at full implementation of the drug control conventions, which limit the use of narcotic drugs and psychotropic substances exclusively to medical and scientific purposes.

Increase in the amount of drugs seized in the region

Large quantities of drugs, mainly cocaine and methamphetamine, continue to be seized in the Island States of the region. For example, a record seizure of 500 kg of cocaine was made on a yacht in Honiara, Solomon Islands, in September 2018 as a result of a joint investigation with Australian authorities. A seizure of 6.7 kg of methamphetamine was made in Tonga in April 2019, in a shipment from the United States and, also in April 2019, approximately 3 kg of methamphetamine was seized during another drug operation. A number of seizures of smaller quantities of methamphetamine were also reported in Tonga over the past year, indicating the possibility of abuse of methamphetamine in the country.

Most countries in the Oceania region, except for Australia and New Zealand, do not systematically collect data on drug use or on availability of controlled substances for medical use, and need to put in place systems and processes to do so.



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THE INTERNATIONAL IMPORT AND EXPORT AUTHORIZATION SYSTEM (I2ES)

The International Import and Export Authorization System – I2ES – is an online tool developed by INCB, in collaboration with UNODC, that expedites licit trade for internationally controlled substances between countries and territories.



I2ES

<https://www.incb.org/incb/en/tools/izes/index.html>

I2ES, a system free of charge, has a user-friendly and intuitive interface that facilitates the international exchange of import and export authorizations, export confirmations and endorsements. The system also provides real-time information of national estimates and assessments, including the cumulative value of previous and actual imports. In general, I2ES aims to reduce the administrative burden for competent national authorities by saving communication costs and time, and reducing the risk of human calculation errors in international trade.

To promote complete paperless transactions at the international level, Governments can now take advantage of a decision by INCB which makes possible the waiving of requirements for official stamps and signatures on import and export authorizations processed through I2ES.

In view of the increasing volume of trade in narcotic drugs and psychotropic substances seen in recent years, INCB encourages the use of I2ES as part of efforts to reduce the risk of diversion of drugs from licit trade to illicit channels and abuse.

As at 1 November 2019, 66 Governments had registered to use I2ES, though the number of active users remained low. INCB calls on Governments to become active I2ES users as increased uptake will make I2ES of greater benefit to all Governments.

TRAINING FOR COMPETENT NATIONAL AUTHORITIES THROUGH INCB LEARNING

Eight regional training seminars conducted between April 2016 and November 2019 under the **INCB Learning** project provided training to 237 officials from 88 countries and territories that are home to more than half the world's population. A regional training seminar for Russian-speaking countries was held in Moscow in December 2019 and included a workshop to raise awareness of the importance of access to controlled substances for medical and scientific purposes. Previous **availability workshops** took place in Kenya, Thailand and Ecuador.



INCB Learning

<http://www.incb.org/incb/en/learning.html>



Availability workshops

<http://www.incb.org/incb/en/project-learning/availability-workshops.html>



E-learning modules

http://www.incb.org/incb/en/project-learning/e-learning-modules_main.html

Three **INCB e-learning modules** were developed for the use of competent national authorities to build the capacity of Governments to adequately estimate and assess their needs for internationally controlled substances. The modules are free of charge and available upon request at incb.learning@un.org.