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The *Report of the International Narcotics Control Board for 2020* (E/INCB/2020/1) is supplemented by the following reports:

Celebrating 60 Years of the Single Convention on Narcotic Drugs of 1961 and 50 Years of the Convention on Psychotropic Substances of 1971 (E/INCB/2020/1/Supp.1)

Narcotic Drugs: Estimated World Requirements for 2021 — Statistics for 2019 (E/INCB/2020/2)

Psychotropic Substances: Statistics for 2019 — Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971 (E/INCB/2020/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2020 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2020/4)

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

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Report

of the International Narcotics Control Board
for 2020



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Foreword

The year 2020 has been challenging like no other in recent history. The coronavirus disease (COVID-19) pandemic has had a devastating societal and economic impact, claiming many human lives, disrupting the social fabric and family lives, and causing further suffering, as patients with other health conditions could not access health services, including for mental health conditions. It has also shown that international collaboration and solidarity are essential for safeguarding health and well-being across our interconnected world. The international drug control system is an example of multilateralism in action: Member States, which have committed to ensuring the availability of controlled medicines for patients in need, exchange information with each other, through import and export authorizations for controlled substances, and with the International Narcotics Control Board (INCB), through reporting on licit requirements for and statistics on narcotic drugs, psychotropic substances and precursor chemicals. This practical international cooperation is key to ensuring that important medicines reach health professionals and patients and that precursor chemicals can be traded internationally for licit purposes while preventing diversion to illicit channels.

During the pandemic, Member States discussed with the Board how best to address the challenges in exporting or importing controlled substances. Member States took action so that licit trade could continue unimpeded despite the international transport restrictions put in place to prevent COVID-19 transmission. With the officials of many competent national authorities required to work from home during lockdown periods, the ability to exchange electronic import and export authorizations through the Board's International Import and Export Authorization System (I2ES) proved invaluable. Based on the learning of the past year, INCB has started, in cooperation with Member States and international organizations, to review and update the Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care¹ and to facilitate their implementation so that the international community can ensure the availability of medicines containing controlled substances during emergency and other crisis situations.

The effects of the pandemic are likely to reverberate for years to come. Chapter III of the present report contains an analysis of how the pandemic has affected the global supply chain of medicines, increased demand for controlled medicines needed for the treatment of patients with COVID-19 and disrupted the provision of treatment and related health services for people with mental health and substance use disorders. At a time when precious resources are already stretched, people affected by drug use disorders must not be left behind. Governments must ensure that services for prevention, treatment and rehabilitation continue to be provided. The Board is also gathering data and information on the impact of the pandemic on drug use and drug trafficking patterns.

The pandemic has had a disproportionate impact on the well-being of older persons. However, there is also a hidden epidemic of drug use affecting this population group. This issue is addressed in chapter I of the present report, following previous thematic chapters of INCB annual reports that focused on women (2016) and young people (2019). People are living longer; one of the challenges associated with a longer life is increasing vulnerability to drug use and drug dependence. Drug use and drug-related deaths among older persons have been increasing, as has the number of older persons in treatment for drug use problems. The chapter includes recommendations to improve knowledge of this hidden epidemic and ensure that this often-overlooked population group has access to the services necessary for their health and well-being.

¹World Health Organization, Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care, document WHO/PSA/96.17.

The launch of the INCB annual report for 2020 coincides with the sixtieth anniversary of the Single Convention on Narcotic Drugs of 1961 and the fiftieth anniversary of the Convention on Psychotropic Substances of 1971. In a special publication to mark these anniversaries, published together with the present annual report, we review the achievements of the two conventions and examine new and existing challenges that the international community faces in this area. During the Board's 129th session, in November 2020, we met with Member States to commemorate the thirtieth anniversary of the entry into force of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 and explored possible ways of addressing the rapid emergence of designer precursors and pre-precursors. That challenge, together with achievements in the implementation of article 12 of the 1988 Convention, are covered in detail in the Board's report on precursors for 2020.²

INCB continues to have serious concerns about the deteriorating drug control situation in Afghanistan and we are continuing to work with the Government of Afghanistan to support its efforts to address the drug situation. Pursuant to article 14 bis of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, which we invoked in May 2018 with the agreement of the Government of Afghanistan, we have recommended to the competent United Nations organs and specialized agencies that technical and/or financial assistance be provided to the Government in support of its efforts in that regard. Chapter II, part D, of the present report outlines several areas that require urgent support by the international community, which have been identified in consultation with the Government of Afghanistan, and chapter III sets out the most recent drug control developments in the country and surrounding region. Afghanistan faces extraordinary challenges and we reiterate the importance of drug control as a cross-cutting issue that should be put at the top of the development agenda for the country. If illicit drug cultivation and production, drug trafficking, drug use and drug use disorders are not systematically and comprehensively addressed by the Government of Afghanistan with the support of the international community, the broader development efforts focusing on promoting sustainable development, prosperity and peace in Afghanistan are unlikely to be effective. This is a broader issue that affects other countries as well and, in chapter III, we reiterate that effective drug control contributes to fostering peace and security. INCB calls upon regional and international agencies and all partners of Afghanistan to accelerate the provision of further support to the country in the areas set out in the present report, on the basis of the principle of shared responsibility.

INCB is continuing to work with Governments to ensure the availability of controlled substances for medical use while preventing diversion and abuse. From December 2019 to November 2020, INCB Learning training activities were provided for a total of 114 officials from the competent national authorities of 19 countries. In addition, 812 officials of the competent national authorities from 101 countries and territories completed online training modules to adequately estimate and assess their needs for internationally controlled substances. Moreover, in 2020, more than 1,000 law and regulatory enforcement officers from 104 Governments and international organizations participated in training on new psychoactive substances and non-medical synthetic opioids under the Global Rapid Interdiction of Dangerous Substances (GRIDS) Programme. Details of these and other activities are included in chapter II of the present report.

Recent regional developments are highlighted in chapter III of the present report. INCB remains concerned about legislative developments in a number of countries with regard to the non-medical use of cannabis and is engaged in a close dialogue with Member States with a view to supporting them in implementing the provisions of the three international drug control conventions and safeguarding public health and well-being. We see a continuing problem with the use of

²*Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2020 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2020/4).*

methamphetamine and synthetic opioids and related overdose deaths, and make specific recommendations to Governments to address the situation.

We continue to call upon Governments to implement the international drug control conventions with full respect for human rights standards and norms. Drug trafficking and drug-related violence should be addressed through comprehensive and balanced measures, and responses to drug-related criminal conduct must be proportionate and respect human rights and the rule of law. The need to better safeguard human rights protections and place people at the heart of drug control policies has played a role in the evolution of the terminology surrounding drug control, and we call upon Governments to examine any drug control terminology that has potentially stigmatizing effects.

INCB is committed to supporting Governments in the implementation of the international drug control conventions through close cooperation and capacity-building. I urge Governments to carefully study the recommendations contained in chapter IV of the present report and to implement them fully for the benefit of their communities. While the recommendations are directed at Governments and international and regional organizations, we also recognize the valuable role played by civil society, particularly in terms of improving the availability of controlled medicines, promoting a human rights-based approach and providing prevention, treatment, rehabilitation and other related services. We therefore encourage civil society organizations to take these recommendations into account in the planning of their activities.

Building back better from the unprecedented challenges of 2020 and ensuring progress towards achieving the Sustainable Development Goals will require the international community to work harder and smarter. The mental health impact of the COVID-19 pandemic is yet to be fully seen, and evidence-based prevention and treatment services must be stepped up to stem an increase in drug use disorders and in mental health conditions. The ultimate objective of the international drug control conventions, to safeguard the health and well-being of humankind, is the shared responsibility of us all.



Cornelis P. de Joncheere
President
International Narcotics Control Board

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Explanatory notes

Data reported later than 1 November 2020 could not be taken into consideration in the preparation of this report.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

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

The following abbreviations have been used in this report:

ASEAN	Association of Southeast Asian Nations
APAA	<i>alpha</i> -phenylacetoacetamide
CARICC	Central Asian Regional Information and Coordination Centre
CBD	cannabidiol
CICAD	Inter-American Drug Abuse Control Commission of the Organization of American States
COVID-19	coronavirus disease
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
Europol	European Union Agency for Law Enforcement Cooperation
GHB	<i>gamma</i> -hydroxybutyric acid
GRIDS Programme	Global Rapid Interdiction of Dangerous Substances Programme
I2ES	International Import and Export Authorization System
INCB	International Narcotics Control Board
INTERPOL	International Criminal Police Organization
IONICS	Project Ion Incident Communication System
LSD	lysergic acid diethylamide
MAPA	methyl <i>alpha</i> -phenylacetoacetate
MDMA	3,4-methylenedioxymethamphetamine
3,4-MDP-2-P	3,4-methylenedioxyphenyl-2-propanone
OAS	Organization of American States
OPIOIDS project	global Operational Partnerships to Interdict Opioids' Illicit Distribution and Sales project
OSCE	Organization for Security and Cooperation in Europe
P-2-P	1-phenyl-2-propanone
PEN Online	Pre-Export Notification Online system
PICS	Precursors Incident Communication System
SCO	Shanghai Cooperation Organization
S-DDD	defined daily doses for statistical purposes
THC	tetrahydrocannabinol
UNAIDS	Joint United Nations Programme on HIV/AIDS

UNAMA	United Nations Assistance Mission in Afghanistan
UNODC	United Nations Office on Drugs and Crime
WCO	World Customs Organization
WHO	World Health Organization

Chapter I.

A hidden epidemic: the use of drugs among older persons

Introduction

1. People throughout the world are living longer; with a longer life come a number of opportunities and challenges. Among those challenges is the increasing vulnerability of older persons to drug use and drug dependence.

2. In 2016, INCB devoted chapter I of its annual report to the issue of women and drugs and, in 2019, to improving substance use prevention and treatment services for young people. Patterns of increasing drug use and drug dependence among older persons led the Board to devote the present thematic chapter to this development.

3. According to the United Nations, there were 703 million persons aged 65 or over in the world in 2019. That number is projected to double, to 1.5 billion, by 2050. Globally, the share of the population aged 65 years or over increased from 6 per cent in 1990 to 9 per cent in 2019. That proportion is projected to rise further and, by 2050, it is expected that 16 per cent of the global population, or one in six people, will be aged 65 or over.¹ In 2018, it was projected that, in 2020, the number of people over the age of 60 would be greater than the number of children under the age of 5, for the first time ever.²

4. The trend towards an ageing population originally started in high-income countries and occurred over a relatively long period of time. This trend is now also visible in low- and middle-income countries and is occurring over a considerably shorter period of time. For

example, it took France 150 years to transition from 10 per cent to 20 per cent of its population being over the age of 60. Brazil, China and India are expected to make the same transition in 20 years. In Japan, 30 per cent of the population are aged over 60; by 2050, it is expected that Chile, China, Iran (Islamic Republic of) and the Russian Federation will have a proportion of older persons similar to that of Japan. Furthermore, by 2050, it is also expected that 80 per cent of all older persons will live in low- and middle-income countries.³ Planning for the impact of these global changes and the possible problems and challenges of substance use among older persons is, however, needed now.

5. In line with the global trend in population ageing, evidence from the United States of America and many parts of Europe suggests that drug use and drug-related deaths among older persons and the number of older persons in treatment for drug use problems has also increased in recent years.⁴ This increase, mostly in high-income countries, may be the result of the ageing of the “baby-boomer” generation (those born between 1946 and 1964, which was a period of increased birth rates, and who came of age during a period with relatively high levels of illicit drug use and medication misuse). This upward trend in the number of older persons who use drugs is likely to continue as the remainder of this generation make the transition into old age.⁵

³Ibid.

⁴*World Drug Report 2018*, booklet 4, *Drugs and Age: Drugs and Associated Issues Among Young People and Older People* (United Nations publication, 2018).

⁵Sarah Wadd and Sarah Galvani, “The forgotten people: drug problems in later life – a report for the Big Lottery Fund—July 2014”, (Luton, University of Bedfordshire, 2014).

¹*World Population Ageing 2019: Highlights* (United Nations publication, 2020).

²WHO, Fact sheets, “Ageing and health”, 5 February 2018.

6. Limited epidemiological data exist on the extent of substance use among older persons. In general, comprehensive and long-term data on substance use are available mostly for high-income countries, with the age range normally considered being 15–65. Information on substance use among people above the age of 65 is limited even in countries in which regular drug use surveys are undertaken. Data collection on substance use has focused on the general population (15–65 years of age), young people, young adults and marginalized and at-risk groups; some groups such as women and, in particular, older persons have been neglected in such data collection. Scientifically, epidemiologically and culturally there has been a tendency to ignore older persons and this is evident from the gaps identified in the literature and in the prevailing attitudes to older persons within society. The problem of substance use among older persons has only recently been recognized as such and specific studies have only recently started to be conducted. One of the consequences of limited information and data is that, while the challenges of ageing well are recognized worldwide, the challenges of those who use drugs ageing well are not.

Defining older persons

7. Most industrialized countries consider a person aged over 65 as an older person. This definition is associated with the age at which a person is entitled to receive pension benefits, although the age for retirement is increasing towards 70 in several countries as life expectancy increases. However, the definition of older persons is not common across all cultures and societies. In many low- and middle-income countries and in non-Western cultures, the age of retirement is not institutionalized and pensions (where they exist) are not always sufficient, forcing older persons to continue working later in their life. Beyond the chronological milestone (65 years) and the economic status (retiree), other factors, such as cultural role in the community and health status may be more relevant in some societies for defining older persons.

Defining older persons who use drugs

8. Some studies across Europe have chosen 40 as the threshold for considering persons who use drugs as older.^{6,7} In Wales, United Kingdom of Great Britain and Northern Ireland, people who use substances (alcohol

⁶Catherine Comiskey and others, *Addiction Debates: Hot Topics from Policy to Practice* (London, SAGE Publications, 2020).

⁷Lauren Johnston and others, “Responding to the needs of ageing drug users” (EMCDDA, Lisbon, 2017).

and drugs) have been defined as older if they are aged 50 or more.⁸ The Advisory Council on the Misuse of Drugs of the United Kingdom has found that, in recent years, statistics showed a demonstrable shift in the age profile of individuals accessing treatment for drug use in the United Kingdom and the ageing cohort is considered to be those aged over 35.⁹ A literature review of alcohol use and alcohol use disorders among older persons in India was focused on those aged over 50.¹⁰ For a review of health and social issues among older persons receiving opiate maintenance treatment in Norway, older persons were categorized as those aged 45 or over.¹¹

9. The lack of consensus on what constitutes “older” in substance use statistics can have a huge impact on people who use drugs and on how practitioners and services work with their clients and patients.¹² It was estimated in one study that the ageing process among people with substance use problems is accelerated by at least 15 years; a range of physical health problems typical of older persons is evident among this prematurely ageing group.¹³

Global estimates of the scale and nature of the challenge

10. As mentioned above, substance use among older persons is underresearched because national epidemiological studies on drug use tend to limit the population surveyed to those aged under 65. However, some information is available, and it points to a general increase in drug use among older persons.

11. In booklet 4 of the UNODC *World Drug Report 2018*, entitled *Drugs and Age: Drugs and Associated Issues Among Young People and Older People*, it was stressed that there was evidence in some countries that the use of drugs among older persons had been increasing over the previous decade at a faster rate than among younger age groups. While there is no universal evidence, there are some statistics available that show that these changes are being observed in high-, middle- and low-income nations.

⁸Wales, United Kingdom, Advisory Panel on Substance Misuse, *A Report on Substance Misuse in an Ageing Population* (February 2017).

⁹United Kingdom, Advisory Council on the Misuse of Drugs, *Ageing Cohort of Drug Users* (June 2019).

¹⁰Abhijit Nadkarni and others, “Alcohol use and alcohol-use disorders among older adults in India: a literature review”, *Ageing and Mental Health*, vol. 17, No. 8 (May 2013).

¹¹Zhanna Gaulen and others, “Health and social issues among older patients in opioid maintenance treatment in Norway”, *Nordic Studies on Alcohol and Drugs*, vol. 34, No. 1 (March 2017), pp. 80–90.

¹²Comiskey and others, *Addiction Debates*.

¹³I. Vogt, “Life situations and health of older drug addicts: a literature report”, *Suchttherapie*, vol. 10, No. 1 (2009), pp. 17–24.

12. In Germany during the period 2006–2015, past-year use of any drug increased more among those aged 40 and over than among younger age groups. In Sweden, past-year prevalence rates of the illicit use of any drug among those aged 55–64 was 5.8 per cent in 2017. In terms of specific drugs, the use of cannabis has been on the rise among those aged 55–64 in some of the most populated countries in Western Europe. Annual prevalence data from France, Germany, Italy, Spain and the United Kingdom show that cannabis use among those in that age group has been increasing at a higher rate than any other age group.

13. In Australia during the period 2007–2016, prevalence rates of drug use among those in the 50–59 and 60 and older age groups increased by 60–70 per cent. In Chile, the past-year use of cannabis among those aged 45–64 showed a fourfold increase over the decade to 2016, and an almost thirtyfold increase between 1996 and 2016. Similar patterns were also revealed for cocaine use, for which the annual prevalence increased fourteenfold among those aged 35–44, while it declined for those in the 12–18 and 19–25 age groups during the same period.

14. In the United States, the number of people aged 50 or older who had used drugs in the past year rose from just under 1 million in 1996 to almost 11 million in 2016.¹⁴ In 2018 and 2019, among persons aged 65 or older

in the United States there was a past-year illicit drug use prevalence of between half and one third of that among the population as a whole for most drugs (see table 1).

15. If the rates for some selected drugs (those for which a comparison is possible) from 2012 are compared with those from 2019, the increase in the prevalence of use among those aged 65 or older is evident. Between 2012 and 2019, past-year use among persons older than 65 increased three times or more for most drugs; for the population as a whole, the increase was more limited.

16. For instance, past-year prevalence of cannabis use for those aged 65 or older increased from 1.2 per cent in 2012 to 5.1 per cent in 2019 – representing a rate of increase of 325 per cent. For the total population, the increase was relatively contained, from 12.1 per cent in 2012 to 17.5 per cent in 2019 – representing a rate of increase of under 50 per cent. A similar pattern can be seen for the illicit use of other drugs. The past-year non-medical use, or misuse, of pain relievers doubled (from 0.8 per cent in 2012 to 1.7 per cent in 2019) among people aged 65 or older, while among the total population there was a slight decrease (from 4.8 per cent in 2012 to 3.5 per cent in 2019) (see table 2).

¹⁴Comiskey and others, *Addiction Debates*.

Table 1 Past-year illicit drug use among those aged 65 or older and among the total population, United States of America, 2018–2019

Drug type	Past-year use (percentage) 2018		Past-year use (percentage) 2019	
	65 or older	Total population	65 or older	Total population
Any illicit drug	5.7	19.4	7.1	20.8
Any illicit drug other than cannabis	2.1	8.5	2.7	8.6
Cannabis	4.1	15.9	5.1	17.5
Opioids	0.4	1.1	0.5	1.1
Pain relievers (misuse)	1.3	3.6	1.7	3.5
Cocaine	0.1	2.0	0.2	2.0
Stimulants	2.4	6.6	2.5	6.6
Hallucinogens	0.1	2.0	0.2	2.2
Methamphetamine	0.1	0.7	0.1	0.7

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019.

Table 2 Past-year illicit drug use among those aged 65 or older and among the total population for selected drugs, United States of America, 2012–2019

Drug type	Past-year use (percentage) 2012		Past-year use (percentage) 2019	
	65 or older	Total population	65 or older	Total population
Any illicit drug	2.3	16.0	7.1	20.8
Cannabis	1.2	12.1	5.1	17.5
Pain relievers (non-medical use/misuse)	0.8	4.8	1.7	3.5
Cocaine	0.0	1.8	0.2	2.0
Hallucinogens	0.1	1.7	0.2	2.2

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2019.

17. New prevalence estimates on substance use in India¹⁵ and Nigeria¹⁶ show, within the 45–64 age group, a considerable prevalence of non-medical use of pharmaceutical opioids and cough syrup. In Nigeria, those aged 60–64 had the highest annual prevalence rates for the non-medical use of both cough syrups (3.7 per cent) and tranquillizers (1 per cent).

18. In the Islamic Republic of Iran, a study found that environmental factors were the most common reason for drug use among older persons. Such factors included easy access to drugs, a lack of sports and recreational facilities, and friends also using drugs.¹⁷

19. A study on the consequences of the long-term misuse of anxiolytics and hypnotics by older persons has highlighted the risk of drug dependence that results from the long-term use of benzodiazepines by older persons.¹⁸ In Japan, for example, an evaluation of prescription patterns for hypnotic and anxiolytic agents showed that the proportion of prescriptions for those drugs is disproportionately high among older patients.¹⁹ The study also showed that high doses of anxiolytics and hypnotics were

commonly prescribed to patients, mostly older persons, suffering from sleep and/or anxiety disorders. It was also common for such patients to be prescribed more than one medicine containing hypnotic and anxiolytic agents.

20. In the United States, people aged 65 and over make up more than 10 per cent of the total population; however, they account for 30 per cent of medical prescriptions. There is a higher prevalence of past-year use of pain relievers, tranquillizers, benzodiazepines and sedatives among that older group than among the population as a whole (see table 3). Moreover, there have been reports of widespread overuse of psychoactive drugs in the treatment of older persons suffering from dementia who are living in nursing homes, assisted living facilities or in their own homes.

¹⁵Atul Ambekar and others, *Magnitude of Substance Use in India 2019* (New Delhi, Ministry of Social Justice and Empowerment, 2019).

¹⁶UNODC and Nigeria, “Drug use in Nigeria 2018: executive summary” (Vienna, 2019).

¹⁷Fatemeh Kazemi and others, “Predisposing factors for substance abuse among elderly people referring to Qazvin addiction treatment centers, Iran 2017”, *Journal of Qazvin University of Medical Sciences*, vol. 22, No. 5 (2018).

¹⁸N. N. Ivanets and others, “The efficacy of psychopharmacotherapy of late onset depression: the optimization of treatment duration”, *Zhurnal Nevrologii i Psikiatrii imeni S.S. Korsakova* (Korsakov Journal of Neurology and Psychiatry), vol. 116, No. 4 (January 2016).

¹⁹Takaaki Hirooka, “Excessive prescribing of hypnotic and anxiolytic drugs in Japan”, *Nihon Rinsho* (Japanese Journal of Clinical Medicine), vol. 73, No. 6 (June 2015), pp. 1049–1056.

Table 3 Past-year prescription drug use among those aged 65 or older and among the total population for selected drugs, United States of America, 2018–2019

Drug type	Past-year use (percentage) 2018		Past-year use (percentage) 2019	
	65 or older	Total population	65 or older	Total population
Pain relievers	35.0	31.6	35.0	30.0
Tranquillizers	21.4	16.9	20.1	16.0
Benzodiazepines	13.0	11.2	12.6	10.7
Sedatives	9.1	6.1	8.3	5.7

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019.

21. In the UNODC *World Drug Report 2018*, a threefold increase in deaths from drug use disorders was noted among those aged 50 or over in the western Pacific²⁰ and the Americas over the period 2000–2015. In the United States, although the rates of drug overdose deaths increased over the period 1999–2017 for all age groups, in 2017, rates were significantly higher for those aged 25–64 (31.4 per 100,000) than for those aged 65 and over (6.9 per 100,000). However, from 1999 to 2017, the greatest percentage change in drug overdose death rates occurred among adults aged 55–64, increasing from 4.2 per 100,000 deaths in 1999 to 28.0 per 100,000 deaths in 2017.²¹

Challenges experienced in prevention, treatment and recovery across the policy domains

22. The general lack of data on substance use among older persons²² translates into a lack of attention to the issue in the development of policies and programmes. Given the limited number of dedicated programmes and the limited collection of scientific evidence, it is difficult to identify the interventions and policies that have resulted in positive outcomes in terms of prevention,

treatment and rehabilitation in relation to the use of drugs among older persons.

23. In the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,²³ age- and gender-appropriate services and policies are briefly mentioned, but no emphasis is placed on the specific needs of older persons.

24. Older persons misusing drugs have different characteristics. In some studies, they are considered as falling into one of three groups: (a) maintainers (unchanged lifetime patterns); (b) survivors (long-term problem users); and (c) reactors (later uptake or increased patterns). In other studies, two distinct categories are identified: (a) early-onset use; and (b) late-onset use. “Early-onset” refers to drug use by those who have a long history of substance use and who continue to use as they age, while “late-onset” refers to the use by individuals who develop a new habit as older persons.^{24,25,26} The development of late-onset use may be associated with the prescription of pain relief medications: such medications have the potential for misuse if prescribed inappropriately. Managing chronic illness among older persons is complex and adequate pain management is also an issue: many older persons report that they do not receive

²⁰ Australia, Cambodia, China, Japan, Malaysia, Mongolia, New Zealand, the Philippines, the Republic of Korea and Viet Nam, as well as the Pacific island countries.

²¹ Holly Hedegaard, Arialdi M. Miniño and Margaret Warner, “Drug overdose deaths in the United States, 1999–2017”, NCHS Data Brief, No. 329 (Hyattsville, Maryland, United States, National Center for Health Statistics, November 2018).

²² For the purposes of the present chapter, “older persons” are considered as those aged over 65.

²³ General Assembly resolution S-30/1, annex.

²⁴ Colin Atkinson, “Service responses for older high-risk drug users: a literature review”, SCCJR Research Report No. 06/2016 (Glasgow, Scottish Centre for Crime and Justice Research, 2016).

²⁵ Anne Marie Carew and Catherine Comiskey, “Treatment for opioid use and outcomes in older adults: a systematic literature review”, *Drug and Alcohol Dependence*, vol. 182 (2018), pp. 48–57.

²⁶ Brenda Roe and others, “Experiences of drug use and ageing: health, quality of life, relationship and service implications”, *Journal of Advanced Nursing*, vol. 66, No. 9 (September 2010), pp. 1968–1979.

adequate pain relief from their health-care providers because their use of other substances has increased their tolerance to opioid analgesics.²⁷ In addition, as global populations age, the proportion of older patients undergoing surgery and receiving additional medications is increasing. The use of pain relief medications is an essential part of health care; further challenges include a lack of health insurance among older persons, which may force them to procure their medications or pain relief from illicit sources. The widespread prescription of benzodiazepines among older persons and the risk of their overuse has been identified previously by the Board, when it called upon all Governments to remain vigilant to the consequences of misuse and overuse of benzodiazepines and urged the close monitoring of the consumption levels of those substances.²⁸

25. The classifications of early-onset and late-onset use are important to keep in mind in the development of interventions and programmes.²⁹ However, regardless of classification, the ageing process can trigger psychological, social or health problems that enhance the probability of, and susceptibility to, substance use, which, in turn, aggravates pre-existing problems.

26. Service providers and health-care professionals need to consider the possibility of co-existing or pre-existing mental health disorders, such as cognitive impairment and depression, as well as complex physical presentations, such as the presence of pain, insomnia or the non-medical use of prescription and over-the-counter drugs, among older persons who use drugs.³⁰ For example, a review of substance use disorders in India in 2015 highlighted the overlap of substance use and medical comorbidities.³¹ In a study examining adverse drug events, it was highlighted that clinicians also need to be aware of herbal or dietary supplements used by patients, who may not volunteer that information but may be prone to drug interactions. This is more pertinent for older persons, as drug sensitivity can increase with age.³²

27. Polypharmacy, that is, the use of five or more medicines per day, be they prescription, over-the-counter or

illicit drugs, is a growing problem among older persons around the world. The negative medical, nursing, social and economic consequences of inappropriate medication use and polypharmacy have been highlighted in a study reviewing the extent of them globally.³³ In that study, it was found that attempts in different countries to improve the clinical and economic outcomes of inappropriate medication use and polypharmacy included a variety of clinical, pharmacological, computer-assisted and educational programmes. The conclusion reached in the study was that new approaches to research, education and clinical practice guidelines were required that were completely different from the “single disease model” and based on palliative, geriatric and ethical principles. Such new approaches might provide fresh tools for treating and reducing inappropriate medication use and polypharmacy and may also be relevant when considering polydrug use.

28. A series of studies and reviews provide some evidence of the challenges experienced by older persons who use drugs in relation to health and community and social activities.

29. With regard to health, the main issues in relation to older persons who use drugs are:

- (a) A higher risk of death from disease, overdose and suicide;^{34,35,36}
- (b) A younger median age at death;³⁷
- (c) Premature development of degenerative disorders, cardiovascular conditions, liver disease, physical pain, curtailed physical functioning, respiratory problems and diabetes;
- (d) A higher risk of HIV and hepatitis C infection;^{38,39}
- (e) The exacerbation of other age-associated diseases

³³Doron Garfinkel, Birkan Ilhan and Gulistan Bahat, “Routine deprescribing of chronic medications to combat polypharmacy”, *Therapeutic Advances in Drug Safety*, vol. 6, No. 6 (December 2015), pp. 212–233.

³⁴Johnston and others, “Responding to the needs of ageing drug users”.

³⁵Atkinson, “Service responses for older high-risk drug users”.

³⁶Sarah Larney and others, “Defining populations and injecting parameters among people who inject drugs: implications for the assessment of hepatitis C treatment programs”, *International Journal of Drug Policy*, vol. 26, No. 10 (October 2015), pp. 950–957.

³⁷Stephanie Yarnell and others, “Substance use disorders in later life: a review and synthesis of the literature of an emerging public health concern”, *American Journal of Geriatric Psychiatry*, vol. 28, No. 2 (February 2020), pp. 226–236.

³⁸Johnston and others, “Responding to the needs of ageing drug users”.

³⁹Atkinson, “Service responses for older high-risk drug users”.

²⁷Johnston and others, “Responding to the needs of ageing drug users”.

²⁸E/INCB/2015/1, para. 769.

²⁹Rahul Rao and Ann Roche, “Substance misuse in older people: baby boomers are the population at highest risk”, *British Medical Journal*, vol. 358 (2017).

³⁰Ibid.

³¹Siddharth Sarkar, Arpit Parmar and Biswadip Chatterjee, “Substance use disorders in the elderly: a review”, *Journal of Geriatric Mental Health*, vol. 2, No. 2 (December 2015), pp. 74–82.

³²Paula A. Rochon, “Drug prescribing for older adults”, UpToDate, 8 June 2020. Available at www.uptodate.com.

(this is particularly associated with problem opioid use);⁴⁰

(f) A higher risk of falls, fractures, injuries and road accidents as a result of impaired driving;^{41,42}

(g) Increased difficulty in conducting activities of daily living such as personal tasks concerning self-care, increased physical pain, an increase in the incidence of depression and difficulties with day-to-day life;⁴³

(h) A higher risk of over-sedation, overdose, confusion and collapse;⁴⁴

(i) A higher incidence of chronic mental health challenges.^{45,46}

30. In relation to community and social activities, the main issues faced by older persons who use drugs are:

(a) The stigma associated with substance use problems may lead to a sense of shame that prevents them from seeking care, thus preventing families and health-care providers from identifying their need for care;⁴⁷

(b) A higher incidence of financial problems, unemployment and homelessness;

(c) Limited contact with family and the community, which leads to social isolation, loneliness and exclusion;^{48,49}

(d) A higher likelihood of receiving treatment as a result of contact with the criminal justice system than through self-referral or general health-care providers;

(e) Fear of being faced with a judgmental attitude from drug treatment service professionals.

31. A review of the epidemiological data and the evidence presented above points to three areas that need to be addressed in relation to drug use among older persons: (a) research and data collection; (b) combating stigma; and (c) the need for integrated, holistic and age-appropriate care.

Research and data collection

32. When discussing the challenges of drug use among older persons, the lack of data is one of the main problems that countries face. Because of the lack of monitoring and information, drug use among older persons is often not diagnosed; this is why it has been referred to as a hidden epidemic. Improving the measuring and monitoring of the health and well-being of older persons is a necessity in general, but an imperative in relation to those who use drugs. While recognizing that there is always a need for improvements in monitoring, it is also true that existing monitoring systems are not being adequately used. For example, data on treatment demand from existing monitoring systems could be used to improve information on older persons who use drugs.

33. It is recommended that the age range of the population surveyed in epidemiological studies be expanded. There is also a need for innovation and the harnessing of big data when addressing new global challenges in substance use. **It is therefore also recommended that policymakers and service providers look at using innovative assistive health technologies or drawing on existing technologies or innovative ways for coordinating the treatment of, supporting and monitoring the outcomes for older persons who use drugs.**

34. For example, remote communications systems can be used to provide access to telemedicine and can facilitate consultations with and monitoring by online health-care providers providing substance use services to older persons in rural communities. A further example of the use of remote communications systems for this purpose might be the adaptation of existing telephone or mobile telephone technologies currently used in the care and monitoring of older persons in their own homes or in the homes of family members. The development of remote communications technologies is essential to support those who are caring for an older family member.

35. The need for improvements in the assessment and monitoring of prescription drug use has also been

⁴⁰ *Ageing Cohort of Drug Users*.

⁴¹ Marie-Claire van Hout and others, *A Scoping Review of Codeine Use, Misuse and Dependence* (Brussels, 2014).

⁴² Ana Diniz and others, "Elderly substance abuse: an integrative review", *Psicologia: Teoria e Prática*, vol. 19, No. (2017), pp. 42–59.

⁴³ Van Hout and others, *A Scoping Review of Codeine Use, Misuse and Dependence*.

⁴⁴ Diniz and others, "Elderly substance abuse".

⁴⁵ Johnston and others, "Responding to the needs of ageing drug users".

⁴⁶ Atkinson, "Service responses for older high-risk drug users".

⁴⁷ Carol S. D'Agostino and others, "Community interventions for older adults with comorbid substance abuse: the Geriatric Addictions Program (GAP)", *Journal of Dual Diagnosis*, vol. 2, No. 3 (2006), pp. 31–45.

⁴⁸ Atkinson, "Service responses for older high-risk drug users".

⁴⁹ April Shaw and Austin Smith, "Senior drug dependents and care structures: Scotland – qualitative report" (Glasgow, Scottish Drugs Forum, 2010).

highlighted.⁵⁰ The development and use of a prescription-monitoring system has the potential to reduce, in general, but among older persons in particular, multiple prescriptions, prescription-shopping behaviour and emergency-department visits. In addition, it is important to improve diagnostic and assessment tools relevant for use in an older population who use drugs.^{51,52}

36. A clear priority is the development of monitoring systems to measure the nature and extent of drug use, including the misuse of prescription and over-the-counter medications, among older persons. **The Board therefore recommends that Governments establish or extend and improve existing prescription-monitoring systems. Where monitoring systems already exist for illicit drug use, it is recommended that the common artificial upper age limit of 65 years be removed, and that the monitoring be extended to prescription and over-the-counter medications.**

37. Harnessing the power of and adding value to existing resources, including data sets, assessments and monitoring, and opportunities from novel, smart and emerging innovations and technologies are also recommended. **In terms of adding value to existing data, it is recommended that analysis and research are undertaken in relation to relevant existing national health record systems for older persons in order to provide preliminary estimates of the scale of the hidden prevalence of undiagnosed drug use, including the misuse of prescription medications, and related comorbidities among older persons.** This process should be repeated on a regular basis. Appropriate record systems might include hospital emergency department systems, out- or inpatient record systems, medication or pharmacy systems, general practitioner systems, health insurance systems and road traffic accident record systems. Where multiple data systems exist, it may be possible to use more advanced data analysis methods such as capture-recapture techniques to provide estimates of the hidden prevalence at the sub-national level.

Combating stigma

38. The global nature and challenges of substance use have been addressed at the highest international policy level. The thirtieth special session of the General Assembly,

⁵⁰Rachel D. Maree and others, "A systematic review of opioid and benzodiazepine misuse in older adults", *American Journal of Geriatric Psychiatry*, vol. 24, No. 11 (November 2016), pp. 949–963.

⁵¹Ilana Crome, "Substance misuse in the older person: setting higher standards", *Clinical Medicine*, vol. 13, No. 6 (December 2013), pp. s46–s49.

⁵²Diniz and others, "Elderly substance abuse".

in 2016, was devoted to addressing and countering the world drug problem. In the outcome document of that session, Member States recognized drug dependence as a complex, multifactorial health disorder characterized by a chronic and relapsing nature with social causes and consequences that could be prevented and treated through, inter alia, effective scientific evidence-based drug treatment, care and rehabilitation programmes. That recognition of substance use as a global health challenge is significant in relation to addressing stigma.

39. Older persons who use drugs are more likely to suffer from stigma, social exclusion and isolation from family and friends. Such increased stigma was identified in a study of older persons in Austria, Germany, Poland and Scotland, United Kingdom.⁵³ In that study, it was found that the impact of stigma on older persons who use drugs can be profound and can be a significant barrier to treatment and recovery. Advocacy and practical responses to address stigma include challenging media language and stereotypes, encouraging public figures to speak out about their personal experiences, providing improved training for non-specialist staff and facilitating greater contact between people who use drugs and people who do not.⁵⁴

40. The Canadian Coalition for Seniors' Mental Health has developed guidelines for the treatment of cannabis, opiate and benzodiazepine use within older populations.⁵⁵ A common finding was the recognition that social stigma and cognitive impairment among individuals may play a role in the underidentification of substance use among older persons. Taking into account the quality of the evidence, cost and feasibility, a set of recommendations was developed, a key one of which was ensuring that screening was non-judgmental and non-stigmatizing. In a review of substance use among older persons, the lack of recognition of the problem and the role of cognitive impairment and stigma in underdiagnoses were also identified.⁵⁶ The issue of stigma in relation to drug use in general was also recognized by the Commission on Narcotic Drugs in its resolution 61/11, entitled "Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users".

⁵³Shaw and Smith, "Senior drug dependents and care structures".

⁵⁴Charlie Lloyd, "The stigmatization of problem drug users: a narrative literature review", *Drugs: Education, Prevention, and Policy*, vol. 20, No. 2 (2013), pp. 85–95.

⁵⁵Canadian Coalition for Seniors' Mental Health, "Guidelines on opiate use disorder among older adults" (Toronto, 2019); and Canadian Coalition for Seniors' Mental Health, "Canadian guidelines on cannabis use disorder among older adults" (Toronto, 2019).

⁵⁶Alexis Kuerbis and others, "Substance abuse among older adults", *Clinics in Geriatric Medicine*, vol. 30, No. 3 (June 2014), pp. 629–654.

41. It is recommended that existing evidence-based prevention strategies are used to prevent the stigmatization of older persons who use drugs. It is also recommended that older persons are involved in the development of messaging to combat stigma at the community level and in professional development training for those delivering both universal and targeted prevention services. It is further recommended that anti-stigma training programmes are monitored and evaluated on an ongoing basis to ensure that they remain up to date and fit for purpose.

42. In particular, it is recommended that older persons who use drugs are consulted and supported in the creation of messages to combat stigma that are to be used at the community level and in the creation of training for use as part of the continuing professional development of staff working in relevant services.

Need for integrated, holistic and age-appropriate care

43. Beyond the problem of stigma as a barrier to the recognition of the problem of drug use, it is recommended that Governments develop effective service responses for older persons who use drugs. These should include the co-treatment of multiple issues, such as those relating to physical health, mental health and drug dependence. Ongoing personal support should also be offered. A seamless continuum of care is needed to ensure that older persons who are struggling with a substance use disorder are adequately supported, from screening through to recovery. *The Global Strategy and Action Plan on Ageing and Health*⁵⁷ also addresses integrated care. Within the plans for integrated care it is highlighted that long-term care services need to be oriented around the functional ability and well-being of older persons. It is specified in the strategy that this can be achieved through care that is integrated across many professions and settings, as well as condition- and care-specific services. Dementia and palliative care services are given as examples, but the recommendations are relevant for drug dependence and mental health services. The International Association for Hospice and Palliative Care has also reiterated the need for training and access to internationally controlled essential medicines with regard to the treatment of severe pain, mental health conditions, substance use disorders and palliative, end-of-life care. It has highlighted the need to address ageism, the right to pain relief as part of palliative care, the importance of

global access to essential medicines, and the lack of training among health professionals in those areas.

44. A study⁵⁸ comparing the effects of substance use and mental health services when integrated into primary care with the effects of such services when using enhanced referral to outside providers found that, although no differences in clinical outcome between the two models of care were noted, access to and participation in mental health and substance use services were found to be significantly better in the integrated care model. These findings could potentially be used to address benzodiazepine and opioid misuse among older adults in primary care settings.

45. The Royal College of Psychiatrists of the United Kingdom, in its information guide on substance use in older persons, recognizes that it is usual for people to be assessed and treated within a range of services, both in parallel and sequentially. To ensure appropriate referral and to improve the quality of care and of outcomes, it is important to work within a model of coordinated care where there is a lead service with a defined coordinator.⁵⁹

46. The Geriatric Addiction Program was developed in the United States to meet the needs of older adults experiencing a range of problems related to drug dependence and general health. While the majority of clients were referred to the programme for alcohol problems, approximately 15 per cent had comorbid drug problems. The programme was a community-based intervention programme and focused on providing substance use intervention, assessment and linkage services for older adults from their own homes. The evidence from the programme demonstrated positive outcomes but, in spite of that, the programme has not been widely replicated.⁶⁰

47. In general, research has shown that older persons who need assistance not only prefer to be cared for in their own homes rather than within formal institutions or nursing homes, but also prefer to be cared for by informal caregivers or family members instead of professionals and formal carers. Indeed, in many cultures and societies,

⁵⁸Maree and others, "A systematic review of opioid and benzodiazepine misuse in older adults".

⁵⁹Rahul Rao and Amit Arora, *Substance Misuse in Older People: An Information Guide*, Faculty Report No. OA/AP/01 (London, Royal College of Psychiatrists, 2015).

⁶⁰D'Agostino and others, "Community interventions for older adults with comorbid substance abuse".

⁵⁷WHO (Geneva, 2017).

it is the norm for older persons to live with and be cared for by their adult children or younger siblings.⁶¹

48. Domiciliary outreach, according to the UNODC and WHO *International Standards for the Treatment of Drug Use Disorders*, is work undertaken in the homes of target populations.⁶² This is important in areas where people who use drugs are isolated from their communities because of stigma and discrimination. Domiciliary outreach involves regular visits to the homes of people who use drugs or of their family carers. Drug treatment programmes that include domiciliary outreach and integrated care and are specifically targeted at older persons living in their own homes or in the homes of family members who are caring for them have the potential to create substantial cost savings and to reduce unnecessary suffering and the burden of care on family members and relatives.

49. Peripatetic outreach is work undertaken in settings where people are either already accessing some services or where target populations are highly likely to be encountered (for example shelters for homeless older persons, or housing projects). Instead of focusing on individuals, peripatetic outreach focuses on organizations and settings where target populations can be found. Peripatetic outreach places emphasis on broadening the range of people who receive health education messages, and on training more workers and staff to provide education and outreach to their clients.

50. The need for a wider holistic view of treatment and recovery for substance use reflects the changing concepts of recovery in mental health services and also reflects the principles of the Convention on the Rights of Persons with Disabilities, which adopts a broad categorization of persons with disabilities. Pursuant to article 4 of that Convention, States parties are to undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. Moreover, the International Covenant on Economic, Social and Cultural Rights recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Regardless of the age of a person or the balance of economic costs and benefits to society, it is a basic and equal human right for both older

and younger people to receive appropriate treatment for substance use dependence. As the needs of older persons who use drugs have been demonstrated, in studies across the globe, to be both unique and complex, it is imperative that a flexible and adaptable model for a coordinated continuum of integrated care be developed. It is important that policies and practices are used to work towards developing a comprehensive integrated care system for older persons who use drugs.

51. Implicit in the definition of integrated care is the notion that care should be centred on the needs of individuals, their families and communities. There is a need for cross-cutting clear leadership, expert guidance and direction that transcends the priorities of a single policy domain and places the older person at the centre of the solution. **In terms of participation, be it in health or wider social and security policy, it is recommended that older persons who use or have used drugs be included as part of the integrated care policy development process.**

52. **In terms of ensuring access to a continuum of care for older persons who use drugs, it is recommended that existing outreach services for people who use drugs be expanded or developed to include domiciliary and peripatetic services and that those outreach services be used as a gateway or entry point to a continuum of integrated care for the most marginalized of older persons who use drugs.**

53. Historically, older adults are less likely, in comparison with other age groups, to be screened for substance use and there are several factors that inhibit screening and subsequent identification of drug use. These factors include possible clinician discomfort in assessing for drug dependence, the similarities of the symptoms of substance use with other illnesses common in later life and the common perception among older adults that symptoms resulting from the use of drugs are part of normal ageing rather than resulting from the substance use itself. Furthermore, in some cultural and social settings, drug use may be seen as being one last pleasure or indulgence afforded to older persons.

54. **The screening and assessment of older adults for drug use are recommended, and improvements to such screening and assessment are also recommended. It is further recommended that existing screening and assessment instruments and evidence-based programmes currently in use for older persons who use drugs be culturally adapted for older persons from varying societies and backgrounds.**

⁶¹Catherine M. Comiskey and others, “The BREATHE Project, a mobile application, video-monitoring system in family homes as an aid to the caring role: needs, acceptability and concerns of informal carers”, *Digital Health*, vol. 4 (2018), pp. 1–8.

⁶²UNODC and WHO, *International Standards for the Treatment of Drug Use Disorders: Revised Edition Incorporating Results of Field-Testing* (Geneva and Vienna, 2020).

55. In line with best practice and the WHO priorities for ageing it is recommended that a system of integrated care be established for older persons who use drugs. In services that support older persons, other than drug use treatment ones, there needs to be an awareness of and information about the potential for substance use by clients, the impact this may have, and how it can be alleviated. Moreover, there needs to be more awareness of referral pathways to services for the treatment of substance use disorders. Work towards an integrated care system will ensure that older persons who use drugs receive seamless care when and where they need it, be it from their primary care provider performing a medication review to their potential treatment for existing or future drug use- or age-related comorbidities. At the individual level, this may involve the development of guidance documents and care pathways for primary care providers and general practitioners, as well as guidance documents and shared care protocols for systems of care. Such protocols would outline the roles and responsibilities of staff within organizations and provide a means of inter-agency partnership and referrals between specialized and recovery services on the one hand and health- and social-care services on the other.

56. It is recommended that countries involve older persons who use drugs in the development of services. Listening to and acting on the views of service users are vital parts of the planning and delivery of health-care services for all citizens.

57. Given the commitment by Member States in the outcome document of the thirtieth special session of the General Assembly to age- and gender-appropriate services, it is recommended that any policies developed for older persons who use drugs be underpinned by the principles of independence, participation, care, self-fulfilment and dignity, as set out in the United Nations Principles for Older Persons,⁶³ and should be developed using *Active Ageing: A Policy Framework*⁶⁴ and the *Global Strategy and Action Plan on Ageing and Health*.

Moving forward

58. In 2020, an unprecedented and unexpected pandemic raged across the globe, ignoring borders and other boundaries. The COVID-19 pandemic is having an impact on the global population in drastic ways, with older persons facing the most severe threats and challenges at this time. Although people of all age groups

are at risk of contracting COVID-19, older persons face a significant risk of developing severe illnesses owing to physiological changes that come with ageing and potential underlying health conditions. A group that is particularly vulnerable is older persons who use drugs and, as the pandemic continues, countries should ensure that older persons who use drugs are provided with focused and appropriate health and social support to enable them to survive the pandemic while preventing drug use and its associated consequences.

59. The needs of older persons who use drugs range from individual needs to family, community and system and service needs. Health needs can be complex for all older persons and even more so for those who use drugs, particularly if those drugs have originally been prescribed by health professionals or if the substance use is a chronic relapsing condition, ranging from the inappropriate use of alcohol to the misuse of opiate pain medications and others. Other needs may be related to the fear of elder abuse; isolation from family and loss of friends; fear of stigmatization; fear of entering into contact with the judicial system; and fear of poverty and homelessness.

60. However, guiding principles, policies and good practices exist to address these very issues. Countries, communities and policymakers need to move away from a deficits-based model when addressing the needs of older persons who use drugs and need to embrace models based on citizen engagement, integrated holistic care and the co-creation of ongoing professional and community development to address stigma at the individual, family and service levels.

61. Older persons across the globe who use drugs are faced with health, security and participation challenges never before experienced on a global scale. The Board would like to urge Member States to take action on the combined challenge of substance use and ageing in a comprehensive manner and to make use of the available scientific evidence and the recommendations in the present report (see chap. IV) to address the deficits of the past and move towards a more positive future for one of the most marginalized groups of society: older persons who use drugs.

⁶³General Assembly resolution 46/91.

⁶⁴WHO (Geneva, 2002).

Chapter II.

Functioning of the international drug control system

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

62. The fundamental goal of the international drug control system is assuring the health and welfare of humankind. That goal is to be achieved through two, twin actions: (a) ensuring the availability of internationally controlled substances for medical and scientific purposes and, in the case of precursor chemicals, ensuring their legitimate industrial use; and (b) preventing the diversion of controlled substances into illicit channels.

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

1. Status of adherence to the international drug control treaties

64. Although there were no new accessions to the three international drug control conventions in the period under review, they remain among the most

widely ratified international instruments, with near-universal ratification by States.

65. The 1961 Convention as amended has been ratified or acceded to by 186 States, with the following States having yet to become parties: Cook Islands, Equatorial Guinea, Kiribati, Nauru, Niue, Samoa, South Sudan, Timor-Leste, Tuvalu and Vanuatu. Chad has ratified the 1961 Convention in its unamended form.

66. The number of States parties to the 1971 Convention is 184. The States not yet having acceded to it are the Cook Islands, Equatorial Guinea, Haiti, Kiribati, Liberia, Nauru, Niue, Samoa, Solomon Islands, South Sudan, Timor-Leste, Tuvalu and Vanuatu.

67. With 191 parties (190 States and the European Union), the 1988 Convention is the most widely ratified of the three international drug control conventions. The States that have not yet acceded to it are Equatorial Guinea, Kiribati, Papua New Guinea, Solomon Islands, Somalia, South Sudan and Tuvalu.

68. The Board continues to engage with States having yet to become party to one or more of the international drug control conventions with the aim of supporting them to accede to these important instruments without delay and to ensure the comprehensive incorporation of the conventions into national law.

69. As the Board has repeatedly pointed out, the three international drug control conventions provide a common normative framework for effective international drug control, in particular in their capacity as the legal basis for international cooperation, extradition and mutual

legal assistance. **The Board encourages countries not yet having done so to take positive steps towards accession to the three international drug control conventions and stands prepared to assist them in whatever manner possible.**

2. Changes to the scheduling of substances under international control

Narcotic drugs

70. At its sixty-third session, in March 2020, the Commission on Narcotic Drugs, by its decisions 63/2 and 63/3, included two new substances, namely crotonylfentanyl and valeryl-fentanyl, in Schedule I of the 1961 Convention as amended. In accordance with article 3, paragraph 7, of that Convention, that decision was communicated by the Secretary-General to all Governments, WHO and the Board on 7 May 2020 and became effective with respect to each party upon receipt of that notification.

Psychotropic substances

71. Also at its sixty-third session, the Commission on Narcotic Drugs decided, in its decisions 63/4, 63/5, 63/6, 63/7, 63/8, 63/9, 63/10, 63/11, 63/12 and 63/13, to include 10 new substances in the schedules of the 1971 Convention. DOC was included in Schedule I; seven substances, namely, AB-FUBINACA, 5F-AMB-PINACA (5F-AMB, 5F-MMB-PINACA), 5F-MDMB-PICA (5F-MDMB-2201), 4-F-MDMB-BINACA, 4-CMC (4-chloromethcathinone, clephedrone), *N*-ethylhexedrone and *alpha*-PHP were included in Schedule II; and two substances, namely, flualprazolam and etizolam, were included in Schedule IV. With those additions, the total number of substances controlled under the 1971 Convention was brought to 159.

72. The scheduling decisions became fully effective on 3 November 2020, namely, 180 days after the date of communication by the Secretary-General.

Precursor chemicals

73. At the same session of the Commission on Narcotic Drugs, the President of INCB announced the Board's decision to recommend that MAPA, a pre-precursor used in the illicit manufacture of amphetamine and methamphetamine, be placed under international control.

74. The Board had conducted an assessment of MAPA on the basis of information received from 50 Governments and concluded that it was a substitute chemical for several amphetamine and methamphetamine precursors listed in Table I of the 1988 Convention, namely P-2-P, APAAN and the recently controlled APAA. MAPA started to emerge in late 2017 and, since November 2018, an increase in the number of seizures and amounts seized has been reported.

75. The emergence of MAPA is closely linked to an increase in scrutiny of APAA. MAPA is therefore another illustration of the concept of designer precursors, namely, close chemical relatives of controlled precursors that are purpose-made and can be easily converted into a controlled precursor. Similar to APAAN, APAA and other designer precursors, MAPA does not have any legitimate use and is therefore not traded widely and regularly, although it is advertised by a number of online suppliers.

76. At its sixty-third session, the Commission on Narcotic Drugs, in its decision 63/1, decided to include MAPA, including its optical isomers, in Table I of the 1988 Convention.

77. The number of seizures and the amounts seized have been a concern since the emergence of MAPA in 2017. With the scheduling of MAPA, INCB hopes to see an impact on the availability of the substance for illicit drug manufacturing purposes, and a first step towards an encompassing solution to address designer precursors.

78. **The Board welcomes the efforts made by the Governments that have already put the recently scheduled substances under control and urges all other Governments to amend the lists of substances controlled at the national level accordingly and to apply to those substances all control measures required under the three international drug control treaties.**

3. Submission of information by Governments to the Board

(a) Statistical reports for narcotic drugs, psychotropic substances and precursor chemicals

79. In accordance with its mandate, the Board publishes its annual report and the report on the implementation

of article 12 of the 1988 Convention.⁶⁵ The Board also publishes technical reports that provide Governments with an analysis of statistical information on the manufacture, consumption, utilization and stocks of and trade in internationally controlled substances, together with an analysis of estimates and assessments of requirements for those substances.

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

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

Narcotic drugs

82. As at 1 November 2020, the Board had received annual statistical reports from 158 States (both parties and non-parties) and territories on the production, manufacture, consumption, stocks and seizures of narcotic drugs covering the calendar year 2019 (form C), or about 74 per cent of those requested. That number represents a decline compared with previous years (173 reports covering the calendar year 2018 were received in 2019 and 172 reports covering the calendar year 2017 were received in 2018). The decrease is probably due to difficulties experienced in the collection of data by the competent national authorities as a result of the onset of the COVID-19 pandemic, which affected countries in all regions of the world. Most large manufacturing, consuming and exporting countries, however, submitted statistics.

83. A total of 109 Governments, or 51 per cent of all Governments, submitted their data on time, that is, by the deadline of 30 June 2020, which was more than in

2019 (102 Governments) but less than in 2018 (113 Governments). As at 1 November 2020, 56 Governments (26 per cent) – that is, 49 countries and seven territories – had not submitted their annual statistics for 2019. It is expected that several additional countries and territories will be submitting the data over the coming months. Most countries and territories that have not submitted their reports are in Africa, the Caribbean, Asia and Oceania and some are in conflict and post-conflict situations, which, in addition to a general lack of human and financial resources arising from such situations, presents additional obstacles to drug control efforts.

84. Most countries that produce, manufacture, import, export or consume large amounts of narcotic drugs submitted annual statistics, although of differing quality. Accurate and timely reporting is an important indicator of the effectiveness and efficiency of drug control systems and the availability of good data is vital for the Board to accurately carry out the monitoring function accorded to it under the international drug control treaties. The quality of some data is a concern for the Board, particularly if they are data from major producing and manufacturing countries, as they indicate deficiencies in national mechanisms for regulating and monitoring internationally controlled substances. **The Board urges Governments to continue to strengthen their national mechanisms to monitor the cultivation, production and manufacture of and trade in controlled substances. This may be achieved, in part, by improving and developing national data-collection systems, training staff of the competent national authorities and ensuring close cooperation with companies licensed to deal with internationally controlled substances.**

85. As at 1 November 2020, the complete set of four quarterly statistics of imports and exports of narcotic drugs for 2019 (form A) had been received from 175 Governments (162 countries and 13 territories), or about 75 per cent of the 213 Governments requested. In addition, 13 Governments (about 6 per cent) had submitted at least one quarterly report. A total of 26 countries (about 12 per cent) had failed to submit any quarterly statistics for 2019.

Psychotropic substances

86. As at 1 November 2020, annual statistical reports for 2019 on psychotropic substances (form P) had been submitted to the Board in accordance with article 16 of the 1971 Convention by 170 countries and territories. Of the 197 countries and territories subject to the reporting requirements of the Convention, 154 (78 per cent)

⁶⁵E/INCB/2020/4.

submitted their annual statistical report for 2019. Furthermore, of the 13 territories not subject to the reporting requirements of the Convention, 5 (38 per cent) submitted their annual statistical report for 2019. In addition, 114 Governments voluntarily submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II of the 1971 Convention for 2019, as requested by the Economic and Social Council in its resolution 1981/7, and a further 33 Governments submitted at least one quarterly report for 2019. **The Board notes with satisfaction the significantly improved rate of submission of the annual statistical reports for 2019 on psychotropic substances and the number of non-party countries and territories that have submitted an annual report.**

87. While the majority of Governments regularly submit their mandatory and voluntary statistical reports, the cooperation of some has not been satisfactory. In 2020, about 64 per cent of the countries that submitted form P for 2019 did so by the deadline of 30 June 2020. A number of countries informed the Board that, owing to operational constraints stemming from the COVID-19 pandemic, they would be delayed in providing the required statistical reports for 2019. However, ultimately, most countries were able to submit their reports in time for inclusion in the annual and technical reports of the Board.

88. The Board notes with concern the high percentage of countries and territories that did not furnish form P. A total of 19 countries and territories in Africa failed to furnish form P for 2019. Likewise, seven countries and territories in Oceania, nine countries and territories in Central America and the Caribbean, four countries in South America, four countries in Asia and one country in Europe failed to furnish form P for 2019. Form P for 2019 was furnished by all countries in North America.

89. The Board takes note of the countries that have provided data regarding their use of psychotropic substances for the manufacture of preparations exempted from some measures of control pursuant to article 3 of the 1971 Convention: 10 countries reported using 29 substances for such purposes in 2019. **The Board recalls recommendation 13 from its annual report for 2019, in which it called upon Governments to ensure that all aspects of article 3 of the 1971 Convention were correctly implemented if they wished to exempt a preparation from certain measures of control.**

90. The Economic and Social Council, in its resolutions 1985/15 and 1987/30, requested Governments to provide the Board with details on trade (data broken down by countries of origin and destination) in substances listed

in Schedules III and IV of the 1971 Convention in their annual statistical reports on psychotropic substances. As at 1 November 2020, complete details on such trade had been submitted by 149 Governments (88 per cent of all submissions of form P for 2019). A further 21 Governments submitted blank forms or forms containing incomplete trade data for 2019.

91. The Board notes with appreciation that a number of countries have already submitted consumption data for psychotropic substances on a voluntary basis, in accordance with Commission on Narcotic Drugs resolution 54/6.

92. For 2019, a total of 88 countries and territories submitted data on the consumption of some or all psychotropic substances. **The Board appreciates the cooperation of the Governments concerned and calls upon all Governments to report on the consumption of psychotropic substances on an annual basis, pursuant to Commission resolution 54/6, as such data are essential for an improved evaluation of the availability of psychotropic substances for medical and scientific purposes.**

93. The Board notes with appreciation that reports on seizures of psychotropic substances were furnished by the Governments of India and Romania. **The Board acknowledges the interdiction efforts of the Governments concerned and calls upon all Governments to furnish regularly to the Board, pursuant to Commission on Narcotic Drugs resolution 50/11, information on seizures of psychotropic substances ordered over the Internet and delivered through the mail.**

Precursor chemicals

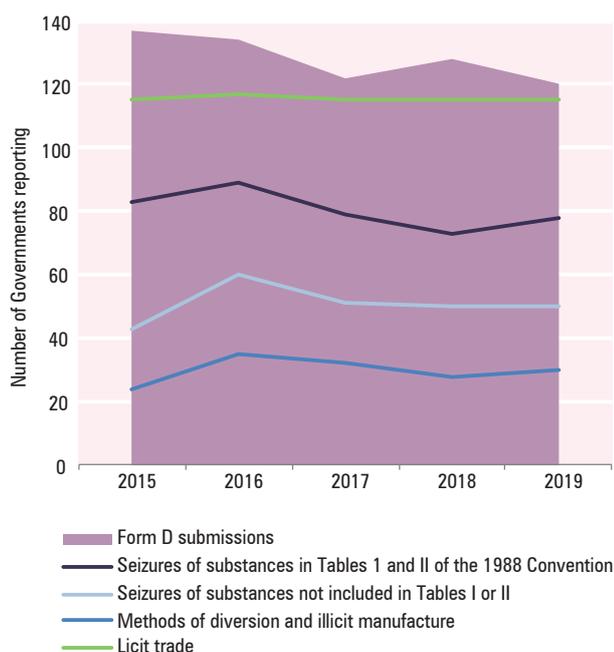
94. In accordance with article 12 of the 1988 Convention, parties are obliged to furnish information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. That information, provided on form D, assists the Board in monitoring and identifying trends in trafficking in precursors and the illicit manufacture of drugs. It also enables the Board to provide Governments with recommendations concerning remedial action and policies, as necessary.

95. As at 1 November 2020, a total of 120 Governments, corresponding to nearly 63 per cent of the States parties to the 1988 Convention, had submitted form D for 2019. However, the Board's analysis of the global precursor situation continued to be affected by late submission, the submission of incomplete or entirely blank forms, and the inability of some Governments to gather information at the national level and consolidate it into a single

submission. For example, of the States parties that provided data on form D for 2019, 78 reported the mandatory information on seizures of substances listed in Table I or Table II of the 1988 Convention, and only 50 reported seizures of non-scheduled substances. As in previous years, most Governments did not provide details on the methods of diversion and illicit manufacture.

96. Pursuant to Economic and Social Council resolution 1995/20, Governments are requested to provide information regarding their licit trade in substances listed in Tables I and II of the 1988 Convention on a voluntary and confidential basis. As at 1 November 2020, 115 States parties had provided such information for 2019 to the Board, and 104 had furnished data on licit uses of and/or requirements for one or more of the substances listed in Tables I and II of the 1988 Convention (see figure I).

Figure I Data submitted on form D by States parties to the 1988 Convention, 2015–2019



97. Complementing the aggregated seizure data received annually from Governments through form D, since early 2012, PICS has provided a secure online platform for sharing information in real time on chemical-related incidents such as seizures, shipments stopped in transit, diversions, the dismantling of illicit laboratories and seizures of associated equipment. PICS has provided leads for national authorities to initiate backtracking investigations and, on several occasions, the timely communication of details of precursor incidents has led to further seizures or has prevented diversions. The usefulness of PICS, however, depends largely on the timeliness of the information provided so that it can facilitate immediate

follow-up and cooperation to identify those responsible for the diversion of and trafficking in precursors.

98. As at 1 November 2020, PICS had registered users from more than 285 agencies in 123 countries, who had shared information about more than 3,100 incidents. During the reporting period, information on more than 300 new incidents were shared through PICS.

99. The seizure data reported and a detailed analysis of the latest trends and developments in trafficking in precursor chemicals under international control, as well as their non-scheduled substitutes and alternatives, can be found in the report of the Board for 2020 on the implementation of article 12 of the 1988 Convention.

(b) Estimates for narcotic drugs, assessments for psychotropic substances and annual legitimate requirements for precursor chemicals

Narcotic drugs

100. The system of estimates and assessments of annual licit requirements for narcotic drugs and psychotropic substances is the cornerstone of the international drug control system. It enables both exporting and importing countries to ensure that trade in those substances stays within the limits determined by the Governments of importing countries and that diversion of controlled substances from international trade is effectively prevented. For narcotic drugs, such a system is mandatory under the 1961 Convention as amended, and the estimates furnished by Governments need to be confirmed by the Board before becoming the basis for calculating the limits on manufacture and import. As at 1 November 2020, the Governments of 161 countries and territories had submitted annual estimates of narcotic drugs requirements for 2021. To ensure that Governments may import narcotic drugs for medical and scientific purposes, estimates are established by the Board for countries that are unable to supply them and, for 2020, 28 countries in all regions of the world operated on the basis of estimates established for them by the Board.

101. Governments are obliged to comply with the limits on imports and exports of narcotic drugs provided for under articles 21 and 31 of the 1961 Convention as amended. Article 21 stipulates, inter alia, that the total of the quantities of each drug manufactured and imported by any country or territory in a given year is not to exceed the sum of the following: the quantity consumed for

medical and scientific purposes; the quantity used, within the limits of the relevant estimates, for the manufacture of other drugs, preparations or substances; the quantity exported; the quantity added to the stock for the purpose of bringing that stock up to the level specified in the relevant estimate; and the quantity acquired within the limit of the relevant estimate for special purposes. Article 31 requires all exporting countries to limit the export of narcotic drugs to any country or territory to quantities that fall within the limits of the total of the estimates of the importing country or territory, with the addition of the amounts intended for re-export.

102. The system of import and exports continues to be implemented by Governments, as trade increases, and it works well. In 2020, a total of 19 countries were contacted regarding possible excess imports or excess exports identified with regard to international trade in narcotic drugs that had been effected during the year. As at 1 November 2020, nine of those countries had responded. The Board continues to pursue the matter with those countries that have not responded.

103. **The Board recommends that Governments continue to strengthen the capacity of competent national authorities to adequately estimate the medical and scientific need for narcotic drugs, including through the use of globally available e-learning modules, and also recommends that Governments enhance domestic data-collection mechanisms so that they can present estimates that accurately reflect the national needs of narcotic drugs for medical purposes.**

Psychotropic substances

104. Pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of annual domestic medical and scientific requirements for psychotropic substances listed in Schedules II, III and IV of the 1971 Convention. The assessments received are communicated to all States and territories to assist the competent authorities of exporting countries when approving exports of psychotropic substances. As at 1 November 2020, the Governments of all countries and territories, except for South Sudan, for which assessments were established by the Board in 2011, had submitted at least one assessment of their annual medical requirements for psychotropic substances.

105. **The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. However, 36 Governments have**

not submitted a revision of their legitimate requirements for psychotropic substances for three years or more. The assessments valid for those countries and territories may therefore no longer reflect their actual medical and scientific requirements for such substances.

106. When assessments are lower than the actual legitimate requirements, the importation of psychotropic substances needed for medical or scientific purposes may be delayed. When assessments are significantly higher than legitimate needs, the risk of psychotropic substances being diverted into illicit channels may be increased.

107. As in previous years, the system of assessments of annual requirements for psychotropic substances continues to function well and is respected by most countries and territories. In 2019, the authorities of 18 countries issued import authorizations for substances for which they had not established any such assessments or for quantities that significantly exceeded their assessments. Only one country was identified as having exported psychotropic substances in quantities exceeding the relevant assessment.

Precursor chemicals

108. In its resolution 49/3, entitled “Strengthening systems for the control of precursor chemicals used in the illicit manufacture of synthetic drugs”, the Commission on Narcotics Drugs requested Member States to provide the Board with annual legitimate requirements for imports of four precursors of amphetamine-type stimulants (3,4-MDP-2-P, pseudoephedrine, ephedrine and P-2-P) and, to the extent possible, preparations containing those substances that could be easily used or recovered by readily applicable means. The estimates help Governments to assess the legitimacy of shipments and to identify any excesses in pre-export notifications for the substances.

109. Although these estimates are provided to the Board on a voluntary basis, as at 1 November 2020, 172 Governments had provided an estimate of their annual legitimate requirements for at least one of the above-mentioned substances. During the reporting period, more than 114 Governments reconfirmed or updated their annual legitimate requirements for at least one of the substances. During the reporting period, the Governments of the Marshall Islands, Timor-Leste and Viet Nam submitted an estimate for at least one of the four substances for the first time.

110. Governments provide estimates of annual legitimate requirements for precursors on form D and can update them at any time throughout the year. The latest

annual legitimate requirements, as submitted by countries and territories, are regularly updated and published on the Board's website. They are also accessible to registered users through PEN Online.

111. **The Board notes that accurate estimates of national needs and related import requirements remain key factors in preventing diversion. The Board therefore recommends that Governments regularly review their annual legitimate requirements for individual precursors and inform the Board of any necessary changes or reconfirm the published estimates. The Board encourages the competent authorities of exporting countries to use the published estimates of importing countries and suspend exports until any doubts about the legitimacy thereof have been dispelled or discrepancies have been removed.**

4. Efforts to prevent diversion from international trade

112. The system of control measures laid down in the 1961 Convention as amended provides for the monitoring of international trade in narcotic drugs to prevent the diversion of such drugs into illicit channels. As a result of the almost-universal implementation of the control measures stipulated in the 1971 Convention and the relevant Economic and Social Council resolutions, there has been only one identified case involving the diversion of psychotropic substances from international trade into illicit channels in recent years. In addition, the 1988 Convention requires parties to prevent the diversion of precursor chemicals from international trade to the illicit manufacture of narcotic drugs and psychotropic substances. The Board has developed various systems to monitor compliance with that aspect of the 1988 Convention and to facilitate cooperation between Governments to that end.

Requirement for import and export authorizations

113. The universal application of the requirement for import and export authorizations laid down in the 1961 Convention as amended and the 1971 Convention is key to preventing the diversion of drugs into the illicit market. Such authorizations are required for transactions involving any of the substances controlled under the 1961 Convention as amended or listed in Schedules I and II of the 1971 Convention.

114. Competent national authorities are required by those conventions to issue import authorizations for transactions involving the importation of such substances

into their country. The competent national authorities of exporting countries must verify the authenticity of such import authorizations before issuing the export authorizations required to allow shipments containing the substances to leave their countries.

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

116. Most countries and territories have already introduced an import and export authorization requirement for psychotropic substances listed in Schedules III and IV of the 1971 Convention, in accordance with the above-mentioned Economic and Social Council resolutions. As at 1 November 2020, specific information had been made available to the Board by 205 countries and territories, showing that all major importing and exporting countries and territories now require import and export authorizations for all psychotropic substances listed in Schedules III and IV of the 1971 Convention. Upon request, the Board will make available, to all Governments, a table showing the import authorization requirements for substances listed in Schedules III and IV pursuant to the relevant Economic and Social Council resolutions. That table is also published in the secure area of the Board's website, which is accessible only to specifically authorized government officials, so that the competent national authorities of exporting countries may be informed as soon as possible of changes in import authorization requirements in importing countries. **The Board urges the Governments of the few remaining States in which national legislation and/or regulations do not yet require import and export authorizations for all psychotropic substances, regardless of whether they are States parties to the 1971 Convention, to extend such controls to all substances listed in Schedules III and IV of the 1971 Convention as soon as possible, and to inform the Board in that regard.**

117. I2ES, a web-based electronic system developed by the Board together with UNODC, is provided to Governments at no cost to allow countries to securely exchange import and export authorizations for the trade in internationally controlled narcotic drugs and psychotropic substances. Greater use of the platform by Governments will help prevent the diversion of internationally controlled substances from international trade,

in addition to facilitating more rapid trade. **The Board continues to encourage all Governments that are not yet doing so to utilize I2ES and seek the assistance of the Board's secretariat in using and implementing the platform.**

118. The 1988 Convention does not impose a requirement for import and export authorizations for trade in substances listed in Tables I and II of that Convention. However, Governments that do not apply some system of control over exports and imports of precursors are not fully complying with their treaty obligations to effectively contribute to the prevention of diversion. In addition, pursuant to article 12, paragraph 10 (a), of the 1988 Convention, Governments of exporting countries and territories are to provide advance notification to the authorities of the importing Government of planned shipments with a view to preventing the diversion of those substances (see below for more information on pre-export notifications for precursor chemicals).

Discrepancies in international trade in narcotic drugs and psychotropic substances

119. Discrepancies in government reports on international trade in narcotic drugs and psychotropic substances are regularly investigated with the competent authorities of the relevant countries to ensure that no diversion of narcotic drugs and psychotropic substances from licit international trade takes place. Those investigations may reveal shortcomings in the implementation of control measures for narcotic drugs and psychotropic substances, including the failure of companies to comply with national drug control provisions.

120. Since May 2020, investigations regarding discrepancies for 2019 related to the trade in narcotic drugs have been initiated with 73 countries. As at 1 November 2020, replies had been received from 43 countries. The responses indicated that the discrepancies had been caused by clerical and technical errors in preparing the reports, reporting on exports or imports of preparations in Schedule III of the 1961 Convention as amended without indicating it on the form, or inadvertent reporting of transit countries as trading partners. In some cases, countries confirmed the quantities reported by them, resulting in the initiation of follow-up investigations with their trading partners. Reminder letters will be sent to the countries that did not reply.

121. Similarly, with regard to international trade in psychotropic substances, investigations into 598 discrepancies related to 2019 data were initiated with 92

countries. Owing to delays in the reporting of statistical data for 2019 by some countries, investigations into trade-related discrepancies for that year are still ongoing.

Precursor chemicals

122. With regard to precursors, the 1988 Convention requires parties to prevent the diversion of precursors from international trade to the illicit manufacture of narcotic drugs and psychotropic substances. In line with the provisions of article 12 of the 1988 Convention, which have been complemented by a number of General Assembly, Economic and Social Council and Commission on Narcotic Drugs resolutions, many Governments have adopted and implemented measures that have contributed to the effective monitoring of the movement of substances listed in Tables I and II of that Convention and to limiting cases of diversion from licit international trade. Details of the systems of controls applied by Governments over exports and imports of substances listed in Tables I and II of the 1988 Convention are compiled by the Board and made available to competent national authorities on its secure web page, as part of the Board's work on the control of precursors.

Prevention of diversion of precursors from domestic distribution channels

123. The diversion of precursors from domestic distribution channels remains a major source of the substances listed in Tables I and II of the 1988 Convention that are used for illicit drug manufacture. The control measures applied by Governments to domestic trade in and distribution of chemical substances vary from country to country and often fall short of those used in international trade. **INCB calls upon Governments to review their domestic control mechanisms, in particular the procedures for granting or refusing registration of chemical operators, and the requirements for end-user declarations, as well as any related thresholds that may be exploited by traffickers.**

124. Public-private partnerships and voluntary cooperation with relevant industries play an important role in addressing chemical diversion, especially from domestic channels. INCB promotes such partnerships through general awareness-raising and hands-on advocacy in specific cases. In addition, INCB, in its efforts to support Governments in the prevention and investigation of cases of diversion of precursors, has developed several platforms, tools and projects to facilitate the real-time exchange of information and cooperation between

Governments. The two initiatives of the Board focusing on precursors used in the illicit manufacture of synthetic drugs and on chemicals related to illicit cocaine and heroin manufacture, namely, Project Prism and Project Cohesion, respectively, contribute to preventing the diversion of controlled substances from both international trade and domestic distribution channels and to closing knowledge gaps, including with regard to *modi operandi*, during time-bound operations.

125. Detailed analysis of the latest trends and developments in legitimate international trade and in trafficking in precursor chemicals under international control, as well as their non-scheduled substitutes and alternatives, can be found in the report of the Board for 2020 on the implementation of article 12 of the 1988 Convention.

Pre-export notification for precursor chemicals

126. To prevent the diversion of precursors, article 12, paragraph 10 (a), of the 1988 Convention allows the Governments of importing countries to make it mandatory for exporting countries to inform them of any planned export of precursors to their territory. Since the report of the Board for 2019, the Governments of two countries, Honduras and Tunisia, have officially requested to be pre-notified, thus increasing the number of Governments that have invoked that provision to 115. **The Board encourages those Governments that have not formally requested pre-export notifications to take the necessary steps to invoke article 12, paragraph 10 (a), of the 1988 Convention.**

127. Real-time communication between importing and exporting Governments as regards international trade in precursors and preventing diversion into illicit channels is facilitated by the Board's secure web-based tool, PEN Online. As at 1 November 2020, the Government of one additional country, Guyana, had registered with PEN Online, bringing the total number of registered countries and territories to 165. **INCB urges the remaining 32 Governments that have not yet registered with the PEN Online system to do so as soon as possible and calls upon Governments to use PEN Online actively and systematically. The Board stands ready to assist Governments in that regard.**

Article 13 of the 1988 Convention: materials and equipment used in illicit drug manufacture

128. Illicit drug manufacture requires not only precursor chemicals, but also equipment such as specialized glassware, tableting machines and other hardware employed in the process. Under article 13 of the 1988 Convention, Governments are required to take appropriate measures to prevent trade in and the diversion of materials and equipment for illicit drug manufacture, and to cooperate to that end.

129. The Board believes that article 13 is a valuable complementary tool in addressing illicit drug manufacture. However, it is currently underutilized. In order to assist Governments in increasing the use of article 13 and preventing specialized equipment from reaching illicit laboratories, in March 2020, INCB launched a set of guidelines on the control and monitoring of equipment essential for illicit drug manufacture, as well as a dedicated page on the INCB website on the matter.

130. The guidelines are intended to facilitate the work of regulatory and law enforcement authorities by providing a range of approaches to prevent and investigate the diversion of such equipment. The approaches range from raising awareness within the industry about the misuse of equipment for illicit drug manufacture and conducting voluntary initiatives in cooperation with the industry to establishing more comprehensive regulatory systems.

131. The guidelines were launched at an event entitled "Equipment used in illicit drug manufacture: approaches to preventing and investigating diversion as complementary tools in addressing illicit drug supply", organized by the Governments of Canada, the Netherlands and the United States, in cooperation with INCB, on the margins of the sixty-third session of the Commission on Narcotic Drugs. **The Board encourages Governments to make use of the guidelines and increase the operational use of article 13 of the 1988 Convention to prevent and investigate the diversion of equipment essential for the illicit manufacture of drugs and precursors.**

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

132. In line with its mandate to ensure the availability of internationally controlled substances for medical and scientific purposes, the Board carries out various activities related to narcotic drugs and psychotropic substances. The Board monitors action taken by Governments, international organizations and other bodies to support the availability and rational use of controlled substances for medical and scientific purposes and provides, through its secretariat, technical support and guidance to Governments in their implementation of the provisions of the international drug control treaties.

133. An analysis of the main trends in the manufacturing, export, import and consumption of the main opioid analgesics (codeine, fentanyl, hydrocodone, hydromorphone, morphine and oxycodone), expressed in S-DDD per million inhabitants per day, shows that the highest consumption of these drugs is in developed countries in Europe and North America. Countries reporting the highest average consumption of opioids for pain management in the period 2017–2019 were the United States (25,368 S-DDD), Germany (22,517 S-DDD), Austria (18,489 S-DDD),⁶⁶ Belgium (15,487 S-DDD) and Canada (14,073 S-DDD).

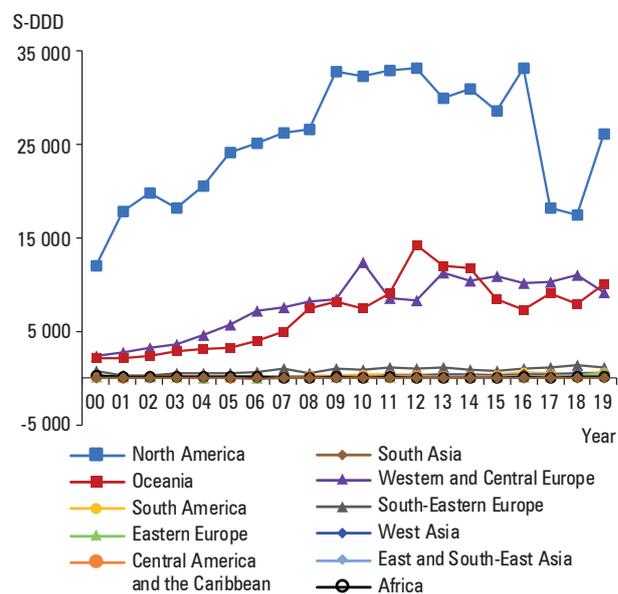
134. The Board evaluates these data in terms of S-DDD, which is the international unit of measurement established by WHO and used by INCB for the purpose of statistical analysis. It is not a recommended prescription dose. The availability levels of narcotic drugs expressed in S-DDD are calculated using the following formula: annual availability, excluding the manufacture of the preparations in Schedule III of the 1961 Convention as amended, divided by 365 days. The result obtained is divided by the population, in millions, of the country or territory during the year in question and then by the defined daily dose. Regional S-DDD is calculated on the basis of the total population of the countries reporting consumption, and the overall amounts of opioid analgesics reported as consumed. For the analysis, the Board uses the following most commonly used opioid analgesics:

⁶⁶The Government of Austria also reported data to the Board containing a breakdown of the country's morphine consumption for opioid substitution treatment, which corresponded to 93 per cent of consumption in 2019. When taking this information into consideration, the consumption of opioids for pain management in Austria during the period 2017–2019 decreases to 14,532 S-DDD. According to the information available to the Board, this is a unique situation and the S-DDD of other high-consuming countries should not be affected in a similar way.

codeine, dextropropoxyphene, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, ketobemidone, morphine, oxycodone, pethidine, tilidine and trimeperidine.

135. The regional analysis confirms the persistence of a global disparity in the consumption of opioid analgesics. The reported consumption of some countries in North America, Oceania and Western Europe resulted in regional averages in 2019 of over 9,000 S-DDD (19,003 S-DDD for North America, 9,984 S-DDD for Oceania and 9,200 S-DDD for Western Europe). In North America, a sharp decrease in 2017 and 2018 was followed by a slight increase in 2019 and, overall, it remains the region with the highest consumption of opioids for pain management in the world. Declining consumption had been reported in Oceania since 2012 but, in 2019, it increased to 9,984 S-DDD. A general upward trend in consumption was evident in South-Eastern Europe until 2018, when it reached 1,415 S-DDD, but it decreased to 1,192 S-DDD in 2019. In Western and Central Europe, consumption has been relatively stable, but in 2019 it decreased to 9,200 S-DDD, from 11,021 S-DDD in 2018 (see figure II).

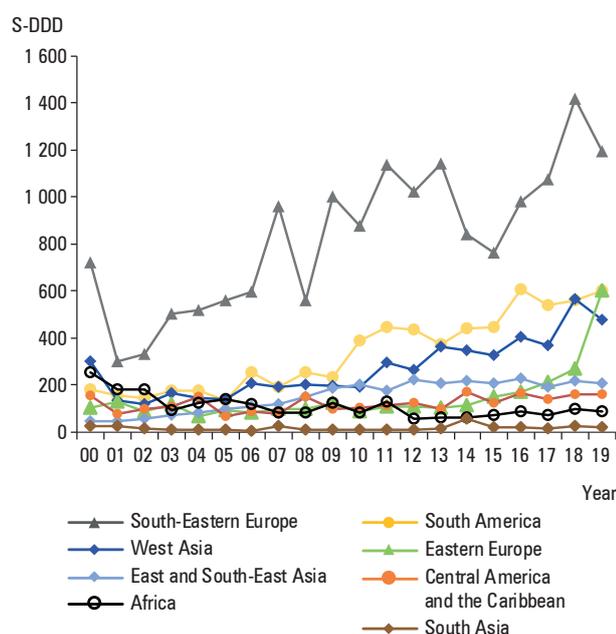
Figure II Consumption of opioids for pain management, by region, S-DDD, 2000–2019



136. Consumption well below those values was reported for other regions. Of those regions, South-Eastern Europe reported the highest consumption in 2019 (1,192 S-DDD), as part of an overall increasing trend with significant fluctuations since the early 2000s, followed by South America (603 S-DDD) and Eastern Europe (601 S-DDD), where there was a significant increase in consumption, from 269 S-DDD in 2018. This increase can be largely attributed to rising consumption in the Russian Federation,

which almost doubled between 2018 (321 S-DDD) and 2019 (608 S-DDD). An overall increasing trend in consumption was also observed in West Asia in the 20-year period 2000–2019, albeit with a decrease from 564 S-DDD in 2018 to 479 S-DDD in 2019 (see figure III). The relatively high average consumption in the region is driven mainly by Israel (13,066 S-DDD in 2019) and Turkey (606 S-DDD).

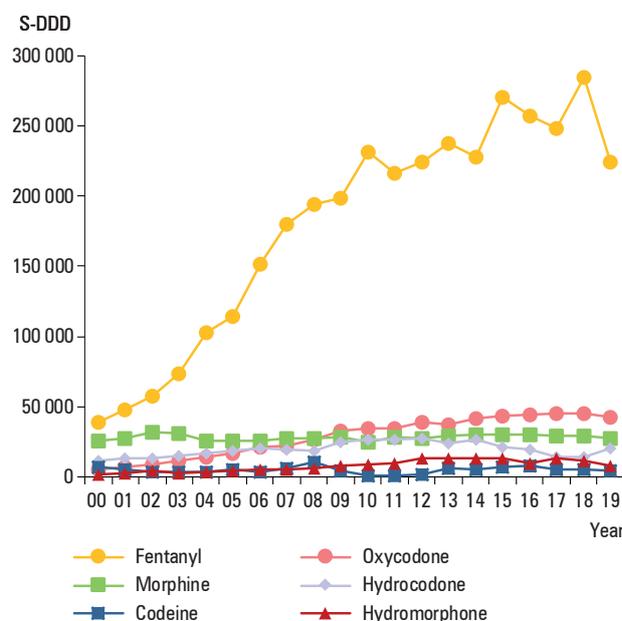
Figure III Consumption of opioids for pain management, regions with the lowest consumption, S-DDD, 2000–2019



137. A comparison of the consumption of individual substances shows the prominence of fentanyl over the past two decades (see figure IV). However, after peaking in 2018 at 285,959 S-DDD, the global consumption of fentanyl decreased to 224,805 S-DDD in 2019. The consumption of oxycodone has also been increasing, at a lower level, and, since 2009, has replaced morphine as the second most-consumed opioid, reaching an all-time high of 45,726 S-DDD in 2018 and decreasing to 42,592 S-DDD in 2019. The trend in the consumption of morphine, on the other hand, remained relatively stable between 2004 (25,644 S-DDD) and 2019 (27,746 S-DDD). After decreasing steadily since 2014, hydrocodone consumption increased from 14,161 S-DDD in 2018 to 20,415 S-DDD in 2019, levels last seen in 2015. Hydromorphone consumption decreased from 11,834 S-DDD in 2018 to 7,713 S-DDD in 2019, the lowest level since 2008. The United States accounted for almost all global hydrocodone use (99.3 per cent), whereas the consumption of the other drugs shown in figure IV was reported from more than one country. Although the

consumption of fentanyl decreased globally in 2019, especially in North America, there were significant increases in various countries in all other regions.

Figure IV Consumption of codeine, fentanyl, hydrocodone, hydromorphone, morphine and oxycodone, in total S-DDD,^a 2000–2019



^aTotal S-DDD of a drug is the sum of the S-DDD of all individual countries reporting consumption.

138. Figures V and VI show consumption in total S-DDD by substance and region. This analysis highlights once again the prominence of fentanyl in most regions of the world. Oxycodone consumption is highest in North America, Oceania, Western and Central Europe and West Asia, although it is also consumed in other regions. The share of morphine is less pronounced in most regions, except for Africa and South America.

Figure V Consumption of codeine, fentanyl, hydrocodone, oxycodone, pethidine and other opioids, by region, S-DDD, 2019

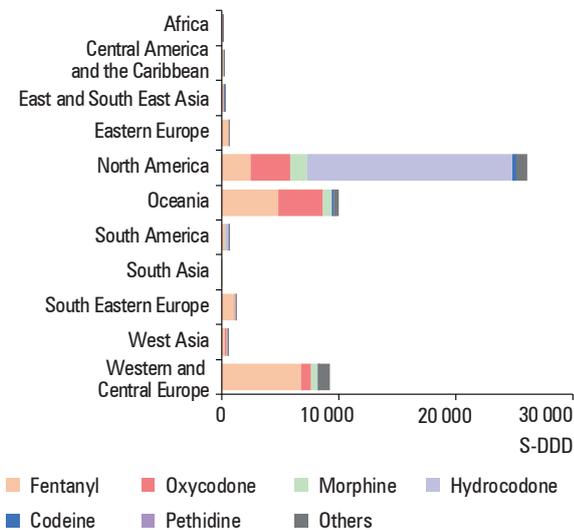
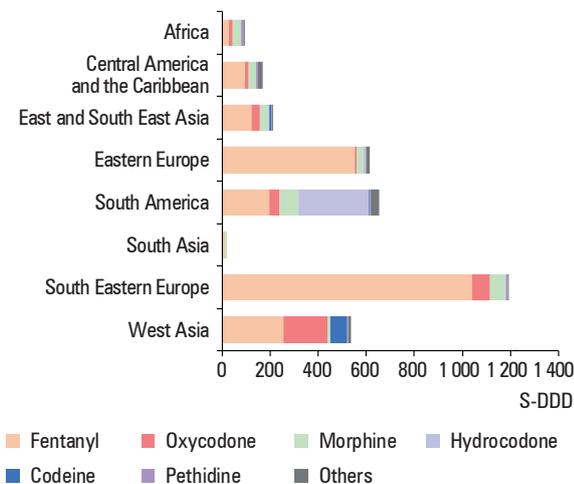


Figure VI Consumption of codeine, fentanyl, hydrocodone, morphine, oxycodone, pethidine and other opioids, regions with the lower consumption, S-DDD, 2019



139. The Board considers levels of consumption of opioid analgesics in quantities between 100 and 200 S-DDD to be inadequate, and less than 100 to be very inadequate. In this context, the levels of consumption reported in 2019 in East and South-East Asia (207 S-DDD), Central America and the Caribbean (160 S-DDD), Africa (90 S-DDD) and South Asia (20 S-DDD) are of particular concern. The Board reiterates that there is an urgent need to increase levels of consumption of opioid analgesics in all countries reporting inadequate and very inadequate consumption levels and calls for targeted public policies and support from Governments, civil society, the pharmaceutical industry and the international community to that end.

1. Patterns and trends in the production, manufacture, consumption, utilization and stocks of narcotic drugs and psychotropic substances

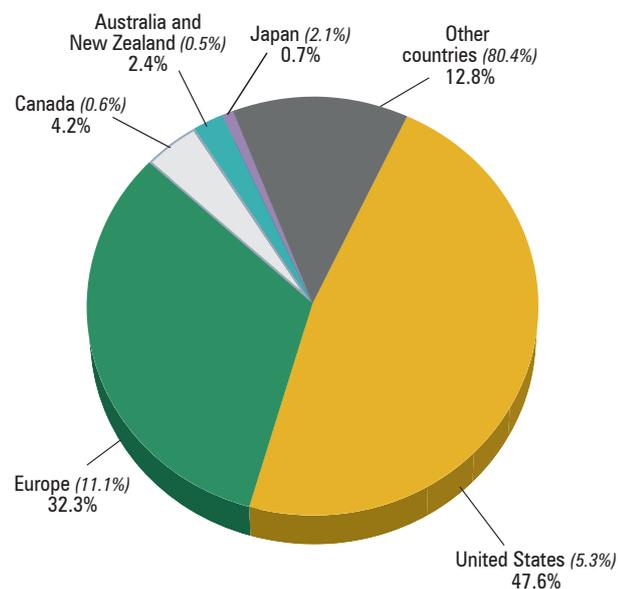
Narcotic drugs

140. Global production and stocks of opium increased significantly in 2019. Opium imports, on the other hand, showed a marked decrease, from 53.5 tons (5.8 tons in morphine equivalent) in 2018 to only 11.3 tons (1.2 tons in morphine equivalent) in 2019, with one traditional importer ceasing imports altogether. The continuing low demand for the drug could signal a move towards the eventual elimination of the drug from the international market for opiate raw materials.

141. Overall utilization of poppy straw and concentrate of poppy straw derived from the morphine-rich variety of poppy straw decreased in 2019 compared with 2018. Global manufacture of morphine in 2019 continued to be below 400 tons, a development that began in 2017, contrary to the situation in the previous decade, when the global manufacture of morphine was always above 400 tons. In 2019, global manufacture of morphine amounted to 379.2 tons, 87 per cent of which was converted into other narcotic drugs or into substances not covered by the 1961 Convention as amended. The remaining amount was used mainly for palliative care purposes, for direct consumption and in the manufacture of preparations listed in Schedule III of the 1961 Convention as amended.

142. The differences in consumption levels among countries continued to be very significant. In 2019, 80.4 per cent of the world's population, mainly in low- and middle-income countries, consumed only 12.8 per cent of the total amount of morphine used for the management of pain and suffering, or 1 per cent of the total 379.2 tons manufactured (see figure VII). Although that is a slight improvement from 2014, when 80 per cent consumed only 9.5 per cent, the disparity in the consumption of narcotic drugs for palliative care continues to be a matter of concern.

Figure VII Morphine: distribution of consumption for medical purposes, 2019



Note: Percentages in parentheses refer to share of the world population (i.e., total population of all reporting countries).

143. In 2019, after some fluctuations in the preceding years, global manufacture of thebaine remained high, at 127.7 tons, almost the same amount as in 2018 but considerably below the record level of 156 tons in 2016. The demand for medicines derived from thebaine may have been affected by the restrictions on prescription drugs imposed in the main market, the United States, in response to the abuse of such drugs and the high number of overdose deaths that have been associated with them. Nonetheless, the data continued to indicate a high level of demand.

144. In terms of the semi-synthetic opioids, global manufacture of oxycodone and hydrocodone decreased again in 2019, after showing decreases in 2018. Global manufacture of hydromorphone decreased to the lowest level since 2004, and the manufacture of ethylmorphine and heroin increased.

145. In the case of synthetic opioids, global manufacture of fentanyl increased in 2019, after a marked decrease in 2018. Consumption of fentanyl, on the other hand, decreased, while reported consumption of fentanyl analogues (alfentanil, remifentanil and sufentanil) increased. The manufacture of diphenoxylate showed growth, after declines had been recorded for some time. Reported manufacture of tilidine rose in 2019, after historically low levels in 2018. The manufacture of pethidine has trended downwards for 20 years but increased slightly in 2019. Trimeperidine manufacture increased for the

second consecutive year. There was no report of manufacturing of ketobemidone and less than 1 kg of dextro-propoxyphene was reported as having been manufactured in 2019. The manufacture of methadone declined in 2019, after increasing in 2018.

146. The cultivation and production of cannabis for medical and scientific purposes has been on the rise over the past five years. Prior to 2010, only the United States reported production, which was related to scientific research. Since 2000, and particularly since 2015, an increasing number of countries have started to use cannabis and cannabis extracts for medical purposes as well as for scientific research and have also authorized the cultivation of cannabis. For 2019, the licit production of 468.3 tons was reported. However, as manufacturing processes and yields are not standardized, some data are being clarified with the relevant Governments in order to ensure consistency.

147. The United States continued to import coca leaf for the extraction of a flavouring agent. The global licit consumption of cocaine, which had been stable during the previous two decades, ranging between 100 kg and 300 kg, amounted to 466 kg in 2019, a further increase, after 394.1 kg were recorded in 2018.

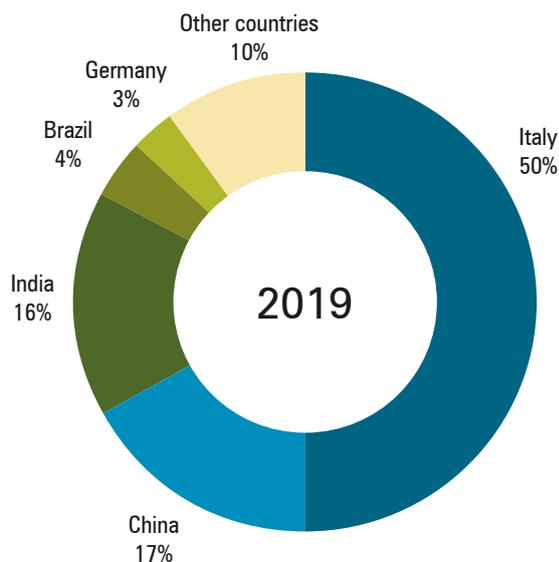
Psychotropic substances

148. As at the end of 2019, 149 substances had been placed under international control, up from 144 at the end of 2018. Of those, five new substances were included in Schedule II of the 1971 Convention: ADB-FUBINACA; FUB-AMB (MMB-FUBINACA, AMB-FUBINACA); CUMYL-4CN-BINACA; ADB-CHMINACA (MAB-CHMINACA); and *N*-ethylnorpentylone (ephylone). As these substances came under international control in late 2019 and countries are not required to collect data on the manufacture and consumption of and trade in substances prior to their placement under international control, information on the licit market activity is limited.

149. In 2019, similar to previous years, benzodiazepines accounted for most of the manufacture and consumption of and trade in internationally controlled psychotropic substances. Of the 36 controlled benzodiazepines, 21 were identified as having a significant presence on the licit market that year. The main manufacturers of this group of substances overall continued to be Italy, China, India, Brazil and Germany (in descending order of the amount manufactured), together accounting for 90 per cent of total global manufacture (see figure VIII). In 2019, the most-traded benzodiazepines were diazepam, midazolam,

clonazepam and alprazolam, in terms of the number of importing countries. The total reported manufacture of those benzodiazepines amounted to more than 185 tons, with manufacture having been reported in all regions of the world.

Figure VIII Benzodiazepines with significant presence on the licit market: share of global manufacture, by country, 2019



150. In 2019, the Board received data from nearly 85 countries reporting consumption of at least one benzodiazepine, which represented a decrease from the previous year, when 100 countries submitted national consumption data. The highest rates of consumption of all benzodiazepines with significant presence on the licit market combined, measured in S-DDD per 1,000 inhabitants per day, were reported by Spain, Serbia, Uruguay, Israel, the United States and Hungary, in descending order. The most widely consumed benzodiazepines in 2019 were alprazolam, lorazepam, diazepam, clonazepam, bromazepam, lormetazepam and estazolam, each of which were reported to have been consumed in quantities greater than 50 S-DDD per 1,000 inhabitants per day globally. In 2019, Cameroon, Saint Vincent and the Grenadines, Spain, Thailand, Venezuela (Bolivarian Republic of) and Yemen provided consumption data for the first time in over three years.

151. As in previous years, phenobarbital was one of the most manufactured psychotropic substances under international control, at 382 tons in 2019, an increase of almost 80 tons compared with 2018. China (181 tons) and India (114 tons) accounted for approximately three

quarters of all global manufacture, a trend largely unchanged from previous years. Hungary (44 tons) and the Russian Federation (25 tons) were other major manufacturers of the substance.

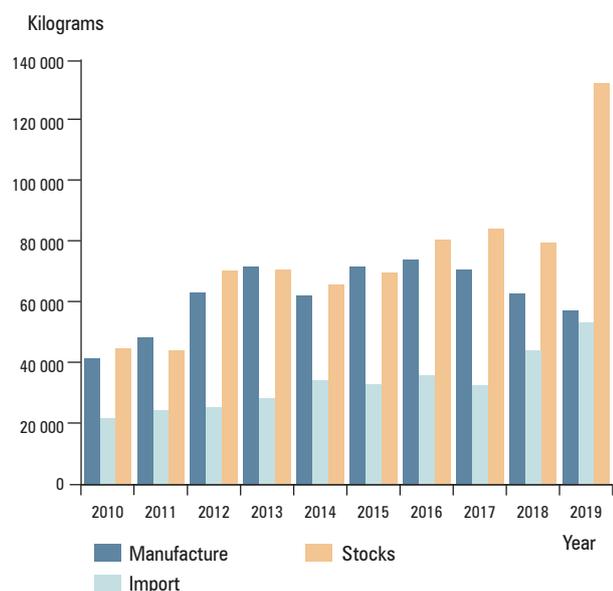
152. Eighty countries provided data on their consumption of phenobarbital in 2019, down from 99 for 2018. Average consumption, among the 80 countries that provided data for 2019, stood at 0.59 S-DDD, down from the 2018 average of 0.79 S-DDD among countries and territories that reported consumption for that year. The decrease in global consumption is probably a result of fewer countries reporting consumption for 2019.

153. Regional differences in the consumption of phenobarbital remain difficult to ascertain as consumption data were only provided by approximately half of the countries and territories that submitted a statistical report on psychotropic substances for 2019. Countries and territories in the Americas and Europe provided the most data on consumption in 2019: 20 and 25 countries and territories, respectively. In contrast, the number of countries in Africa and Asia providing consumption data for 2019 was low (12 and 17 countries and territories, respectively), continuing the general trend of low consumption data reporting from previous years.

154. Global manufacture of methylphenidate decreased further in 2019, following the downward trend that began in 2017. Total imports of the substance, however, registered a further increase in 2019 and reached 53 tons, its highest record for the past six years. Global stocks of methylphenidate registered a considerable increase and reached 132 tons in 2019, up from 79.5 tons in 2018 (see figure IX). Unlike the year before, the United States accounted for only half of those stocks, with the rest being held by Germany, Switzerland and the United Kingdom.

155. A total of 58 countries provided consumption data on methylphenidate in 2019, with the majority of those with the highest consumption rates reporting further increases in their consumption of the substance. The countries with the highest rates of reported consumption of methylphenidate in 2019 were Iceland, Israel, Canada, the Netherlands, the United States, Spain, Denmark and Sweden, in descending order of the amounts consumed.

Figure IX Methylphenidate: global manufacture, imports and stocks, 2010–2019



156. A detailed analysis of the patterns and trends in the manufacture, trade, stocks and consumption of psychotropic substances is contained in the technical report of the Board for 2020 on psychotropic substances.⁶⁷

2. Supply of and demand for opiate raw materials

157. The Board, in fulfilment of the functions assigned to it under the 1961 Convention as amended and the relevant resolutions of the Economic and Social Council and the Commission on Narcotic Drugs, regularly examines issues affecting the supply of and the demand for opiates for licit requirements and endeavours to ensure a standing balance between that supply and demand.

158. The Board analyses the data provided by Governments on opiate raw materials and opiates manufactured from those raw materials to establish the status of the supply of and the demand for opiate raw materials globally. In addition, the Board analyses information on the use of those raw materials, estimated consumption for licit use and stocks at the global level. A detailed analysis of the current situation as it pertains to the supply of and the demand for opiate raw materials is contained in the technical report of the Board for 2020 on narcotic drugs.

159. The combined total harvested area of opium poppy rich in morphine and opium poppy rich in thebaine increased by 26 per cent in 2019 compared with 2018;

this significant growth has continued since 2017. However, in this total it should be noted that the harvested area of opium poppy rich in morphine increased by 40 per cent and the harvested area of opium poppy rich in thebaine more than halved. The production of opiate raw materials rich in morphine increased, while the production of opium raw materials rich in thebaine decreased.

Morphine

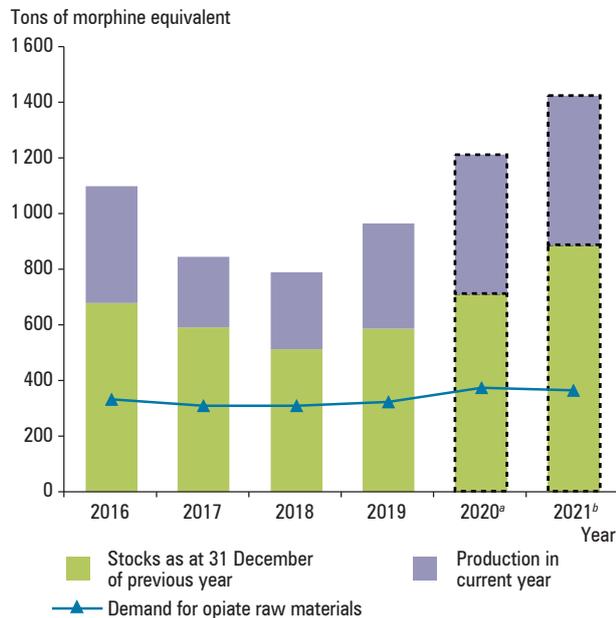
160. The total actual harvested area of opium rich in morphine increased from 62,022 ha in 2018 to 86,982 ha in 2019. Compared with 2018, the actual harvested area increased by as much as 589 per cent in Spain, 505 per cent in Hungary, 118 per cent in Slovakia, 46 per cent in India, 33 per cent in France and 25 per cent in Turkey, and it decreased by 45 per cent in Australia. India is the only opium-producing country included in the present analysis. Australia and Spain were the only two countries that cultivated opium poppy rich in codeine in 2019. The area harvested with this variety decreased slightly in Australia, from 2,683 ha in 2018 to 2,300 ha in 2019, but in Spain it decreased by almost half, from 1,990 ha in 2018 to 863 ha in 2019.

161. The global production of morphine-rich opiate raw materials in the main producing countries increased significantly, to 421 tons in morphine equivalent, in 2019 (see figure X), compared with 304 tons in 2018. Spain, in which production increased almost threefold compared with 2018, became the largest producer in 2019, and was followed by Turkey, Australia, France, India and Hungary. Those six countries accounted for 96 per cent of global production in 2019.

162. At the end of 2019, the global stock of opiate raw materials rich in morphine, which includes poppy straw, concentrate of poppy straw and opium, amounted to about 645 tons in morphine equivalent, an increase from 564 tons at the end of 2018. Those stocks were considered to be sufficient to cover 18 months of expected global demand by manufacturers, on the basis of advance data for the level of demand in 2020. In 2019, Turkey continued to be the country with the largest stocks of opiate raw materials rich in morphine, with 207 tons in morphine equivalent, followed by France (96 tons), Spain (87 tons), India (80 tons, all in the form of opium), Australia (54 tons), the United States (43 tons), the United Kingdom (21 tons), Hungary (18 tons), Japan (16 tons), Slovakia (15 tons) and Belgium (7 tons). Together, those 11 countries accounted for 99 per cent of the global stock of opiate raw materials rich in morphine. The remaining stocks were held in other producing countries and in countries importing opiate raw materials.

⁶⁷E/INCB/2020/2.

Figure X Supply of and demand for opiate raw materials rich in morphine, in morphine equivalent, 2016–2021



^aData for production and demand for 2020 are based on advance data (dotted line) submitted by Governments.

^bData for 2021 are based on estimates (dotted line) submitted by Governments.

163. At the end of 2019, global stocks of morphine-based opiates, mainly in the form of codeine and morphine, amounted to 531 tons in morphine equivalent and were sufficient to cover global demand for those opiates for about 19 months. On the basis of data reported by Governments, total stocks of opiates and opiate raw materials are fully sufficient to cover demand for medical and scientific purposes for morphine-based opiates for more than a year.

164. From 2009 until 2016, the global production of opiate raw materials rich in morphine exceeded global demand. As a result, stocks increased during that period, with some fluctuations. In 2017 and 2018, global production was lower than global demand, which led to a decline in global stocks. However, in 2019, production was again higher than demand; consequently, stocks also increased (to 645 tons in morphine equivalent).

Thebaine

165. The total actual harvested area of opium poppy rich in thebaine more than halved, from 9,755 ha in 2018 to 3,455 ha in 2019. The area decreased by 97 per cent in Spain, 92 per cent in France, and 48 per cent in

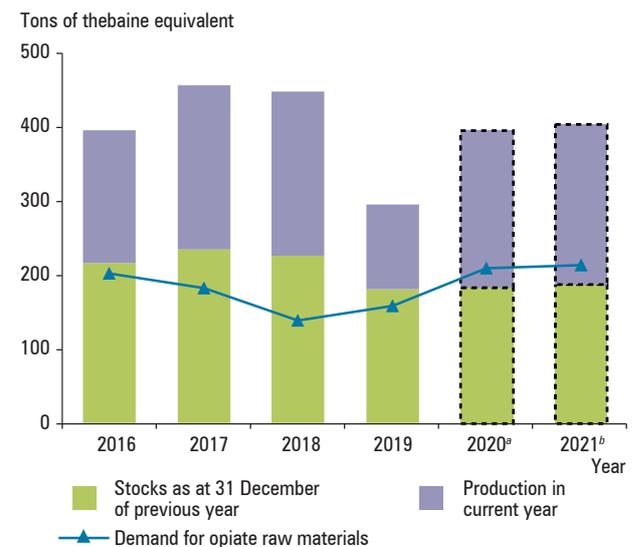
Australia. Hungary did not cultivate that variety of opium poppy in 2019.

166. In 2019, the global production of opiate raw materials rich in thebaine amounted to 119 tons in thebaine equivalent, a drop of almost half compared with the 230 tons produced in 2018 (see figure XI). Australia accounted for nearly 97.5 per cent of global production of those opiate raw materials and India accounted for the remaining 2.5 per cent (with thebaine being extracted from opium). Australia reported a significant decrease in production compared with 2018.

167. Stocks of opiate raw materials rich in thebaine (poppy straw, concentrate of poppy straw and opium) decreased to 188 tons in thebaine equivalent at the end of 2019, from 235 tons at the end of 2018. Those stocks were considered to be sufficient to cover the expected demand by manufacturers worldwide for about 10 months at the 2020 level of demand.

168. Global stocks of thebaine-based opiates (oxycodone, thebaine and a small quantity of oxymorphone) decreased slightly, to 241 tons in thebaine equivalent at the end of 2019, from 248 tons in 2018. Those stocks were sufficient to cover global demand for thebaine-based opiates for medical and scientific purposes for more than two years.

Figure XI Supply of and demand for opiate raw materials rich in thebaine, in thebaine equivalent, 2016–2021



^aData for production and demand for 2020 are based on advance data (dotted line) submitted by Governments.

^bData for 2021 are based on estimates (dotted line) submitted by Governments.

169. Despite the reduction in global production of opiate raw materials rich in thebaine, demand grew, from 144 tons in 2018 to 164 tons in 2019. This led to a decrease in the quantity of stocks, from 235 tons at the end of 2018 to 188 tons at the end of 2019. The stocks at the end of 2019 were sufficient to cover global demand for 10 months.

Noscapine

170. Even though noscapine is not under international control, a significant amount of morphine can be extracted from opium poppy rich in noscapine. Cultivation of noscapine-rich opium poppy plants for the purpose of opiate production was reported by France in 2019. France sowed 2,298 ha and harvested 1,974 ha of noscapine-rich opium poppy in 2019 and produced noscapine-rich poppy straw with a gross weight of 1,493 tons.

C. Overall treaty compliance

1. Evaluation of overall treaty compliance

171. The 1961 Convention as amended, the 1971 Convention and the 1988 Convention create a series of obligations incumbent upon States parties that require them to adopt legislative and policy measures in a variety of areas to ensure effective implementation of the conventions.

172. These areas include the adoption of regulatory frameworks for the monitoring of licit production and manufacture of and trade in narcotic drugs, psychotropic substances and precursor chemicals and for the permitted uses for controlled substances; the development of a legal framework to combat trafficking in and diversion of drugs, and related conduct; and the taking of all practicable measures for the prevention of illicit drug use and for the early identification, treatment, education, aftercare and social reintegration of persons affected by illicit drug use.

173. In carrying out its mandate of ensuring the execution of the provisions of the three international drug control conventions, the Board reviews developments in States parties with the aim of identifying possible shortcomings in the implementation of those conventions by States with a view to recommending remedial action.

174. The Board's evaluation of the status of implementation by States of their legal obligations pursuant to the international drug control conventions is guided by its ongoing dialogue and exchange of information with

Governments, including through extensive correspondence, meetings with Government representatives, country missions and participation in INCB initiatives, and through the submission of statistical reports by Governments to the Board. In the period under review, the Board reviewed the drug control situation in Australia, Italy, Luxembourg, Mexico, the Philippines, Trinidad and Tobago, and Uruguay.

(a) Australia

175. The Board notes that new cannabis cultivation and possession rules came into effect in the Australian Capital Territory on 31 January 2020, as a result of the passage in September 2019 of the Drugs of Dependence Amendment Act. According to the new rules around personal use of cannabis for non-medical purposes, people in the Australian Capital Territory over the age of 18 are permitted to possess up to 50 grams of dried cannabis or up to 150 grams of fresh cannabis and adults may grow up to two cannabis plants per person, with a maximum of four plants permitted per household. Also under the rules, personal use of cannabis for non-medical purposes is permitted in people's homes.

176. Under the changes to the cannabis rules in the Australian Capital Territory, the following have been established as offences: (a) using cannabis in a public place; (b) exposing a child or young person to cannabis smoke; (c) storing cannabis in reach of children; (d) growing cannabis using hydroponics or artificial cultivation; and (e) growing plants where they could be accessed by the public. Rules pertaining to the use of cannabis for non-medical purposes that have not been changed include that it is illegal to sell, share or give cannabis as a gift to another person and it is illegal for people to drive with cannabis in their system.

177. The government of the Australian Capital Territory describes these new regulations as decriminalization and explains that cannabis is not legal in the Australian Capital Territory. Rather, the territory has removed penalties for adults who possess or use small amounts of cannabis so that they can receive support without fear of being sanctioned through the justice system.

178. The Board takes note of the indicated purposes of the amendment. However, the text of the amendment states that cannabis is not considered a "prohibited substance". While the amendment does create new offences, such as use of cannabis around children, the effect of it is the legalization of cannabis for personal and non-medical use by adults.

179. Despite the restrictions with regard to the place and minimum age of consumption, the amendment does not meet the requirement found in article 36, paragraph 1 (a), of the 1961 Convention as amended that possession of drugs contrary to the Convention shall be a punishable offence. It is further specified, in article 4, paragraph (a), of the Convention, that parties shall take such legislative and administrative measures as may be necessary to give effect to and carry out the provisions of the Convention within their own territories.

180. The Board recognizes that the possession or cultivation of cannabis with the intention to sell continues to be an offence in Australia, in line with the Commonwealth Criminal Code of 1995. Further, the Board understands that the federal Government does not give effect at the federal level to the amended cannabis regulations in the Australian Capital Territory and that federal law will continue to be enforced throughout Australia.

181. The Board will continue to monitor these developments in the Australian Capital Territory and will also continue to monitor the application of the federal law (the Commonwealth Criminal Code), which includes the offence of possession or cultivation of cannabis.

(b) Italy

182. During the period under review, the Board continued to monitor drug-related developments in Italy. In December 2019, the Supreme Court of Italy issued a ruling removing small-scale cultivation of cannabis for private use from the definitions in article 73 of the Consolidated Law included in Presidential Decree 309/1990 that criminalizes illicit activities with controlled substances. In its ruling, the Court declared that the offence of “cultivating narcotic drugs” should not include small amounts grown domestically for the exclusive use of the grower. Although the cultivation and sale of cannabis remain illegal under the drug legislation, there has been some uncertainty in the interpretation of this prohibition following previous court decisions on the matter.

183. The Board is engaged in close dialogue with Italian authorities to ascertain the details of the Supreme Court ruling and its impact on the prohibition of the cultivation and sale of cannabis for non-medical purposes under current Italian legislation and to facilitate the country’s compliance with its international legal obligations as a State party to the three international drug control conventions. In the context of that dialogue, the Board has reiterated that the legalization of the non-medical and non-scientific use of controlled narcotic drugs is a violation of the 1961

Convention as amended, which restricts the use of controlled substances to medical and scientific purposes, and of the 1988 Convention, which obliges States parties to establish as criminal offences a wide range of conduct related to the production and commercial distribution of controlled substances in a manner inconsistent with the 1961 Convention as amended.

(c) Luxembourg

184. The Board continued to follow closely the drug-related developments in Luxembourg, in particular those related to control of cannabis in the country, and engaged in active dialogue with the national authorities to facilitate compliance with the international drug control treaties.

185. The governing coalition in Luxembourg released its policy positions in December 2018, which included its plans to introduce legislation to regulate the use of cannabis for non-medical purposes within the following five years. According to the Government, the stated objective of the plan is to move from a repressive to an innovative approach, through: (a) the reduction of demand on the black market; (b) the reduction of psychological and physical harms; and (c) the reduction of criminal activity at the supply level. The Board engaged with the Government of Luxembourg during a series of meetings to gain a broader understanding of these developments and to ensure that Luxembourg remains in compliance with the provisions of the 1961 Convention as amended.

186. During those meetings, the representatives of the Government of Luxembourg informed the President of the Board about the potential plans for the regulation of the use of cannabis for non-medical purposes in the country, including certain planned measures to prevent trafficking in or personal cultivation of cannabis, such as the introduction of strict punishments for cannabis-related activity outside the planned programme, notably for sale to minors (those aged under 18) or to non-residents of the country, and to ensure that consumption of cannabis in public and personal cultivation remained illegal.

187. The Board has continued to emphasize that, although the initiative to regulate non-medical use of cannabis is still at the planning stage in Luxembourg, any and all legislative or regulatory measures aimed at the legalization of the use of cannabis for non-medical purposes would be inconsistent with the provisions of the 1961 Convention as amended, in particular article 4, paragraph (c), which requires States parties to take such legislative and administrative measures as may be

necessary to limit the use of narcotic drugs exclusively to medical and scientific purposes, and article 3, paragraph 1 (a) (i), of the 1988 Convention, which creates the obligation for States to establish as criminal offences, when committed intentionally, the production, manufacture, extraction, preparation, offering, offering for sale, distribution, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation or exportation of any narcotic drug or psychotropic substance contrary to the provisions of the 1961 Convention, the 1961 Convention as amended or the 1971 Convention.

(d) Mexico

188. As a result of a jurisprudential ruling of the Supreme Court of Mexico in 2018, which required that personal cannabis use be made legal in the country, draft legislation on the matter is pending in the country's Senate. The Supreme Court ruling came after five appeals were resolved in favour of the personal possession and consumption of cannabis for non-medical purposes. The Supreme Court found that the refusal of the Federal Commission for Protection against Health Risks to grant permits to adults for the consumption of cannabis for non-medical purposes violated the country's constitutional principle of the right to free development of the personality.

189. The Supreme Court of Mexico did not authorize, in its 2018 ruling, the commercial sale, supply or distribution of cannabis or the consumption of any other narcotic drugs and psychotropic substances. In order to comply with the ruling of the Supreme Court, the Congress of Mexico is required to develop legislation that would include new guidelines and modalities to regulate the possession and use of cannabis for non-medical purposes by adults.

190. In March 2020, the Senate of Mexico began deliberations in committees on the amendments to the country's cannabis regulations. Although work was initially paused owing to the COVID-19 pandemic, on 19 November 2020, the Senate of Mexico approved legislation that would legalize and regulate the personal use and possession of cannabis for non-medical purposes. To enter into force, the legislation still needs to be passed by the Chamber of Deputies and signed into law by the President. The Supreme Court extended the deadline for passage of the legislation to 15 December 2020.

191. The Board takes note of these proposed changes to the drug laws of Mexico and will continue to engage with the Government on developments pertaining to amended

regulations on cannabis consumption for non-medical purposes, as well as other matters pertaining to the country's implementation of its international legal obligations as a State party to the three international drug control conventions.

(e) Philippines

192. During the reporting period, the Board continued to closely monitor developments in the Philippines related to drug control. In March 2020, the President of the Board held a meeting with the delegation of the Philippines to the Commission on Narcotic Drugs at its sixty-third session, during which the implementation by the Philippines of its laws and policies related to drug control, including allegations of extrajudicial targeting of persons suspected of drug-related activities and the plans of the Government to reinstate the death penalty for drug-related offences, was discussed.

193. During that meeting, the President of the Board was informed of the Government's plan of action, which was revised in 2018 and contains actions on demand-reduction advocacy, community-based drug rehabilitation programmes and supply-reduction operations. Information was also provided on the introduction of a points-based system, whereby those receiving drug treatment were assessed and monitored, and on the provision of incentives to administrative divisions in the Philippines that demonstrated tangible progress in implementing drug-related reforms.

194. The Board also held consultations with a high-level delegation of the Philippines at its 129th session, held in November 2020, during which those issues were further discussed.

195. The Board has taken note of concerns put forward by the Office of the United Nations High Commissioner for Human Rights and of the fact that a preliminary examination has been initiated by the Office of the Prosecutor of the International Criminal Court in The Hague with regard to allegations of extrajudicial killings of persons for reasons related to their alleged involvement in illegal drug use or dealing.

196. The Board has also taken note of information provided by the Government of the Philippines in response to allegations of extrajudicial targeting of drug users, including on the establishment of oversight mechanisms over police operations and the systematic review of any deaths resulting from anti-drug operations. The Board has further taken note of the stated position of the

Government that it does not condone extrajudicial targeting and that the Constitution of the Philippines provides for the right of due process.

197. The Board, while acknowledging the stated efforts of the Government to introduce measures to prevent any coercive or punitive actions against individuals suspected of involvement in drug-related activities without due process, and also acknowledging the continued engagement of the Government in dialogue with the Board, wishes to reiterate its call to the Government of the Philippines to condemn any extrajudicial actions against individuals suspected of involvement in the illicit drug trade or of drug use, to introduce more robust measures to prevent any such actions and to ensure that the perpetrators of such acts are brought to justice in full observance of due process and the rule of law.

198. Calls by senior government officials of the Philippines to reinstate the death penalty for drug-related offences in the Philippines continued during the reporting period, although opinion seemed to be divided on the matter in the legislature. As repeatedly stated in its annual reports, although the determination of sanctions applicable to drug-related crime remains the prerogative of States parties to the conventions, the Board encourages States that retain capital punishment for that category of offence to commute death sentences that have already been handed down and to consider the abolition of the death penalty for drug-related offences.

199. The Board continues to actively seek the acceptance of the Government of the Philippines of an INCB country mission, which was initially proposed by the Board in 2017, in order to seek further clarification on the implementation of the three international drug control conventions by the Philippines from senior drug control stakeholders in the country. It reiterates its call to the Government of the Philippines to facilitate the holding of the mission at the earliest opportunity.

(f) Trinidad and Tobago

200. During the period under review, Trinidad and Tobago passed the Dangerous Drugs (Amendment) Bill to amend the regulation of cannabis use for non-medical purposes. The amendment will decriminalize the possession of not more than 30 grams of cannabis or not more than 5 grams of cannabis resin and create offences restricting the use of cannabis in specific instances, such as in a public place.

201. The text of the amendment to the Dangerous Drugs Act, which came into force on 23 December 2019, includes the provision that the offence and related liability will no longer apply to those possessing the specified amounts of cannabis. The Board notes that the stated aim of the Government of Trinidad and Tobago is to decriminalize the possession of cannabis and enable the expungement of criminal records and the pardoning of past convictions for possession of limited quantities of cannabis.

202. However, without the establishment of an offence or liability attached to the consumption by adults of cannabis for non-medical purposes, the Dangerous Drugs (Amendment) Bill might not be a sufficient legislative and administrative measure to limit the use and cultivation of cannabis to medical and scientific purposes in line with article 4, paragraph 1 (c), of the 1961 Convention as amended and article 3, paragraph 1 (a) (i), of the 1988 Convention.

203. The Board will continue monitoring these developments in Trinidad and Tobago and engage in dialogue with the Government to support the full and effective implementation of the international drug control treaties.

(g) Uruguay

204. During the reporting period, the Board followed closely the implementation by Uruguay of law No. 19172, which legalized the production, distribution, sale and consumption of cannabis and its derivatives for non-medical purposes in the country, through three access routes: domestic cultivation, membership of a cannabis club and dispensing by registered pharmacies.

205. According to a February 2020 report on the regulated cannabis market in Uruguay, published by the country's Institute for the Regulation and Control of Cannabis, there has been an upward trend in the number of people entering the cannabis market for non-medical purposes. The 2020 report confirms that, as at February 2019, by which time the law had been implemented for two years and seven months, 53,399 people were authorized to access cannabis through the Government's regulated market. That represented an increase of 7.5 per cent, or 3,720 people, in the number of cannabis users registered with pharmacies, as home growers or as members of cannabis clubs since the previous report, published in 2019. Of the three routes for accessing cannabis through the Government's regulated market, membership of cannabis clubs showed the greatest growth, with 18 per cent more

members reported in October 2019, largely due to the formation of new clubs.

206. As part of its close monitoring of these developments in Uruguay, the Board held consultations with a high-level delegation from Uruguay on 12 November 2020. The Board will continue its engagement with the Government of Uruguay to promote the effective implementation of the drug control treaties and enhance understanding of convention requirements, particularly article 4, paragraph (c), of the 1961 Convention as amended, which requires States parties to take such legislative and administrative measures as may be necessary to limit the use of narcotic drugs exclusively to medical and scientific purposes.

2. Country missions

207. Under normal circumstances, the Board undertakes several country missions each year in order to assist it in monitoring compliance by States parties with their legal obligations under the three international drug control conventions and to promote the effective implementation of those treaties.

208. The Board utilizes these country missions to engage in dialogue with relevant national authorities on a range of drug control issues, including legislative, institutional and practical measures implemented at the national level in the areas of licit manufacture of and trade in controlled substances with a view to facilitating the availability of those substances for medical and scientific purposes while preventing their diversion into illicit channels. The Board also discusses with national stakeholders mechanisms for preventing and addressing the illicit manufacture of, trafficking in and illicit use of narcotic drugs and psychotropic substances.

209. Following its missions, the Board adopts a series of recommendations aimed at improving the implementation of the international drug control conventions that are communicated confidentially to the Governments in question.

210. Owing to the COVID-19 pandemic, the Board has suspended its country missions until the global public health situation permits. Accordingly, during the period under review, no country missions were undertaken. The Board continues to consider country missions as an essential tool in facilitating its dialogue with States and looks forward to resuming them at the earliest opportunity.

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

211. As a follow-up to its country missions, the Board reviews developments in countries that have hosted Board delegations two to three years previously. In order to do so, the Board requests the Governments in question to provide it with relevant information on any developments since the missions, including any legislative or policy actions taken to implement the Board's post-mission recommendations.

212. In 2020, the Board invited the Governments of Australia, Egypt, Guyana, the Russian Federation and Switzerland, countries to which missions had been conducted in 2017, to report on any drug policy-related developments that had resulted from the Board's post-mission recommendations. During the period under review, the Board also received a report from the Government of Afghanistan on the status of implementation of the Board's recommendations following its mission to the country in 2016.

213. The Board wishes to express its appreciation to the Governments of Afghanistan, Egypt, the Russian Federation and Switzerland for submitting timely responses and renews its call to the Governments of Australia and Guyana to provide the information requested at the earliest opportunity.

(a) Afghanistan

214. In May 2016, the Board undertook a mission to Afghanistan to review the implementation of the international drug control treaties by Afghanistan and continue the consultations with the Government of Afghanistan that it had initiated in 2001. At that time, INCB concluded that the situation in the country, if left unattended, would seriously endanger the aims of the 1961 Convention as amended and decided to invoke the relevant measures under article 14 of that Convention with a view to promoting cooperative action at the international level.

215. During the mission, the Government of Afghanistan informed the Board that it remained committed to combating the illicit cultivation, production and manufacture of, trafficking in and illicit use of drugs. The Board expressed concern that the illicit cultivation of opium poppy in Afghanistan, regardless of fluctuations, had

continued to increase over the previous two decades. The Board observed that, in the light of reports of increasing illicit cultivation and production of cannabis, as well as the emergence of illicit methamphetamine manufacture in the country, there was a need to strengthen the Government's efforts to address those challenges. The Board also expressed concern over the level of illicit drug use in the country. Issues of the availability of drugs for medical purposes and precursor control challenges in the country were also on the agenda of the mission.

216. The Board continues to monitor drug-related developments in Afghanistan and engage in close dialogue with the Government with a view to promoting compliance with the international drug control treaties. More detailed information on the cooperation of the Board with Afghanistan is provided in chapter II, part E, of the present report.

(b) Egypt

217. The Board notes that the Government of Egypt has made progress in the implementation of the recommendations of the Board following the mission in 2017. Egypt reported that, since the mission, it had taken substantial law enforcement measures to prevent narcotic drugs and psychotropic substances from being trafficked into the country. Egyptian law enforcement authorities had been monitoring official border crossings in cooperation with the competent national authorities to prevent drug trafficking. Joint commissions had regularly brought together the border guard intelligence forces, the navy and the air force, as well as other anti-drug agencies, to tackle trafficking in a unified manner.

218. With respect to the expansion of drug law enforcement capacity, Egypt reported that its police and customs authority were strengthening their cooperation to establish government control over legal points of entry into the country in order to determine the best administrative and legislative mechanisms for controlling the movements of containers, goods and parcels, as well as the movement of persons, thereby consolidating the country's policy on combating cross-border trafficking offences.

219. The Government of Egypt updated the Board on the measures it had taken since 2017 to combat the misuse of precursor chemicals and psychotropic substances. A tripartite commission composed of representatives of the Ministry of Justice, the Ministry of Health and the Ministry of the Interior, which monitor the legal use of precursor chemicals, had been strengthened. New

types of drugs that had been appearing on the illicit market in Egypt were being monitored and studied by the Government with a view to adopting necessary measures. Illicit activities resulting from the improper distribution of certain psychotropic drugs by pharmacies had also been targeted and efforts had been made to keep those drugs from being trafficked.

220. Egypt also reported that the Ministry of the Interior had been coordinating with the relevant entities in the Ministry of Health, the Ministry of Industry and the Ministry of Investment to assess actual need and determine the amounts of precursor chemicals required for legal use in the health and manufacturing industries in order to prevent such chemicals from being trafficked. Egypt noted that a laboratory would be established within the Administration for the analysis of narcotic substances, in order to detect and identify new psychotropic substances and their ingredients and expedite the addition of new substances to the country's drug schedules.

221. The Board was informed that the Government of Egypt was cooperating closely with neighbouring countries and countries in the region and that Egypt had participated in regional cooperation efforts to combat the country's drug problem. Egypt reported that it had strengthened its frameworks for the exchange of information, such as on where drugs were produced, trafficking routes, means of trafficking, patterns of illicit use, new developments and challenges, related criminal activities and the persons involved in those illicit activities. Egypt had also been coordinating with the UNODC Regional Office in Cairo to support multilateral cooperation on training. It had cooperated and coordinated with liaison officers in international and regional anti-drug agencies and had participated in all relevant coordination meetings, including with the Mediterranean Area Anti-Drug Enforcement Coordination Centre, in support of international anti-drug operations and early targeting of offences involving the import and smuggling of drugs into the country. Egypt had also taken part in the high-level meeting of the heads of the anti-drug agencies of the Mediterranean Area Anti-Drug Enforcement Coordination Centre held in Paris in November 2019.

222. The Government of Egypt stated that it continued to face difficulties, including with regard to the scientific advancements that were being misused to produce new synthetic and psychotropic drugs. Criminal networks had been resourceful in using non-scheduled substances as substitutes and, therefore, the types of substances had multiplied significantly and their spread on the illicit market had accelerated. Taking advantage of political instability and insecurity, criminal networks used

neighbouring countries to cultivate, produce and manufacture narcotic substances and to traffic them into other countries in the region. The Government of Egypt reported that the information technology and social media revolution had facilitated the digital promotion of drug trafficking and drug use.

223. With regard to the mechanisms established to overcome difficulties relating to drug law enforcement capacity, the Government of Egypt provided information to the Board that: (a) trafficking routes, persons involved in trafficking operations and areas where drug shipments were stored had been targeted; (b) the main hubs and routes through which shipments of drugs transited and were then trafficked onward had been monitored; (c) air, sea and land ports had been monitored more closely in order to crack down on trafficking operations; (d) new technologies had been deployed to detect, screen for and confiscate drugs at ports and the capacity of law enforcement agencies to perform those tasks had been enhanced; (e) anti-drug personnel had been trained and new methods of trafficking and means of concealment had been studied; (f) cutting-edge investigative methods such as controlled delivery had been used to track the activity of and apprehend high-level drug traffickers; and (g) officials in neighbouring countries had met to exchange intelligence on the activities of the networks involved in drug trafficking.

224. With respect to the progress made by Egypt since 2017 in implementing the Board's post-mission recommendations, the Board has requested further information from the Government of Egypt on treatment and rehabilitation, reporting obligations, the submission of data to INCB and ensuring the adequate availability of opioids for medical purposes. Egypt has made substantial efforts to implement the Board's recommendations pertaining to strengthening and expanding law enforcement capacity, and the Board acknowledges the effective cooperation of the Government of Egypt in fulfilling the country's obligations under the international drug control treaties.

(c) Russian Federation

225. The Board undertook a mission to the Russian Federation in November 2017 in order to review the implementation of the international drug control treaties by the country and to examine drug control developments since its last mission to the country, in 2005.

226. During the mission, the Board noted that the Government of the Russian Federation remained committed to the objectives of the international drug control treaties. The intention of the Government to cultivate

opium poppy for medical and scientific purposes to satisfy the domestic need for opiate raw materials was one of the main subjects discussed during the mission. In addition, the delegation of the Board reviewed the availability of drugs for medical purposes and other matters concerning the implementation of the international drug control treaties, as well as drug use and drug treatment, including in penitentiary facilities, and trafficking in drugs, precursors and new psychoactive substances.

227. The Board notes that the Government has implemented several initiatives aimed at removing regulatory and other barriers towards better access to controlled substances for rational medical use, which has resulted in an increase in the consumption of such drugs. The country has also significantly improved and extended its system of drug use treatment, which is available in all parts of the country and in prison facilities.

(d) Switzerland

228. The Board undertook a mission to Switzerland in November 2017 in order to review the implementation of the international drug control treaties by the country and to examine drug control developments since its last mission to the country, in 2000.

229. During the mission, the Board observed close communication and coordination among various stakeholders in the area of drug control (competent national authorities, law enforcement agencies, representatives of pharmaceutical and chemical industries, related academic institutes and non-governmental organizations) within the country.

230. The Board was informed that the Government of Switzerland wished to adapt the legislative framework governing cannabis in order to adequately respond to the opportunities and risks associated with the substance. In this regard, the Board notes that the Government has submitted two legislative changes to Parliament in order to facilitate access to cannabis for medical purposes and to permit scientific studies to be conducted on the recreational use of cannabis. The Board understands that, on the basis of the legislation currently in place, various applications for research licences to study the potential non-medical use of cannabis were denied by the Federal Office of Public Health.

231. The Board was informed that Switzerland had been using "drug consumption rooms" for over 30 years and that, according to the Government, they had proved to mitigate risks and maintain public safety in the country.

The Board notes that the Government is participating in an EMCDDA project in order to better understand the use of “drug consumption rooms” in Europe and to analyse the demand for, trends in and evolution of “drug consumption rooms” in a more in-depth manner.

232. The Board recognizes the fruitful collaboration between the Government and the industrial sector, which has led to the control of three other classes of substances (namely fentanyl, derivatives of lysergic acid, and derivatives of nitazene). In particular, cooperation with the relevant authorities has resulted in a balanced approach to ketamine, by countering trafficking on the one hand and avoiding restrictions for medical use on the other.

233. The Board notes that the Government is conducting an assessment on the development of pain medication following a change in consumption patterns in recent years. The Government recognizes the importance of ensuring that no unjustifiable barriers exist to the overall availability and accessibility of controlled drugs intended for medical purposes. In this regard, the Government intends to analyse and conduct research to determine whether there is a need to improve the availability and accessibility of more affordable drugs in the country.

234. The Government confirmed its commitment to the development of networks for bilateral and multilateral cooperation. The Board commends the commitment of Switzerland to a global approach to drug-related problems and to the three international drug control conventions.

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

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

235. In situations where the Board has objective reasons to believe that the aims of the international drug control treaties are being seriously endangered by the failure of a party, country or territory to comply with the obligations contained therein, or there is a serious situation requiring cooperative action at the international level, the Board can pursue specific courses of action under the

conventions to facilitate compliance and/or international assistance. These courses of action are set out in articles 14 and 14 bis of the 1961 Convention as amended, article 19 of the 1971 Convention and article 22 of the 1988 Convention. Under these articles, the Board engages in a formal dialogue with the States in question, as well as with the international community, with a view to facilitating compliance with the conventions.

236. In the past, INCB has invoked article 14 of the 1961 Convention as amended and/or article 19 of the 1971 Convention with respect to a number of States and has engaged in a close dialogue with them with a view to bringing about compliance with the treaties. In line with the requirements of the relevant provisions of the treaties, the names of the States concerned are not publicly disclosed and the related consultations with the Board remain confidential, unless the Board decides to bring the situation to the attention of the parties, the Economic and Social Council or the Commission on Narcotic Drugs following its consultations with the Government in question or if the country in question consents to the invocation of the provisions being publicly disclosed.

237. The present section contains information on measures taken by the Board in relation to Afghanistan. In 2001, the Board determined that a serious situation existed that called for cooperative action at the international level and with the authorities of any future governing body in Afghanistan, whether transitional or permanent, and decided to call the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs, through its annual report, to the situation in Afghanistan, under the provisions of article 14, paragraph 1 (d), of the 1961 Convention as amended.

238. One of the recommendations of the Board following its high-level mission to Afghanistan in May 2016 concerned the importance of the invocation of article 14 bis of the 1961 Convention as amended with respect to the country. That article is concerned with the provision of technical and financial assistance to the country in respect of which the article has been invoked. It states that “in cases which it considers appropriate and either in addition or as an alternative to measures set forth in article 14, paragraphs 1 and 2, the Board, with the agreement of the Government concerned, may recommend to the competent United Nations organs and to the specialized agencies that technical or financial assistance, or both, be provided to the Government in support of its efforts to carry out its obligations under this Convention”. On 28 March 2018, the Board received a letter from the Government of Afghanistan in which the Government

expressed its agreement to invoking article 14 bis of the 1961 Convention as amended, in addition to the measures already invoked by the Board under article 14. At its 122nd session, in May 2018, the Board decided to invoke article 14 bis with regard to Afghanistan.

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

239. During the reporting period, the Board continued to pursue consultations with the Government of Afghanistan under articles 14 and 14 bis of the 1961 Convention as amended. Several important meetings were held with the Government of Afghanistan in that regard. One of the highlights of the consultations was the participation of the delegation of Afghanistan in the 127th session of the Board, in February 2020, in order to hold consultations with the Board under article 14 bis. The Government of Afghanistan was represented by the Deputy Minister of the Interior for Counter-Narcotics, the Director for Coordination of Counter-Narcotics Efforts of the Ministry of the Interior and the Permanent Representative of the Islamic Republic of Afghanistan to the United Nations (Vienna).

240. The consultations held on 7 February 2020 with the delegation of Afghanistan, during the 127th session of the Board, provided an opportunity to discuss the current challenges and needs of Afghanistan in terms of addressing the serious drug control situation in the country. The Government cited several specific areas in which assistance by the international community, including United Nations organs and specialized agencies, as well as other donors and partners, was still needed. In particular, the Government of Afghanistan called for urgent and sustained technical and financial support by the international community in the following broad areas:

(a) Building upon the success of existing alternative livelihood programmes, in particular through further supporting developing agricultural infrastructure, and strengthening marketing opportunities for goods and products produced under those initiatives;

(b) Addressing linkages between terrorism, insurgency, corruption and drug trafficking through integrated crime prevention and criminal justice technical assistance initiatives;

(c) Strengthening law enforcement capacities in interdiction and investigation of domestic and cross-border drug-related offences through increased provision of training and necessary border control and other equipment;

(d) Facilitating regional cooperation in addressing drug control challenges, on the basis of common and shared responsibility;

(e) Addressing the trafficking in chemical precursors used in illicit drug production through effective cooperation among source, transit and destination countries;

(f) Increasing health-care opportunities for the treatment and rehabilitation of drug users, in particular for women and youth.

241. On 10 February 2020, the Board issued a press release outlining the details of the consultations held with the Government of Afghanistan under article 14 bis of the 1961 Convention as amended. In the press release, the Board reiterated its readiness to further facilitate support to Afghanistan through continuous engagement with the United Nations and other agencies, and with members of the international community at large, while highlighting that efforts to stabilize the country would not be sustainable unless the country's illicit drug economy was effectively addressed.

242. In his statement during the opening meeting of the sixty-third session of the Commission on Narcotic Drugs, held in Vienna from 2 to 6 March 2020, the President of INCB addressed the drug control situation in Afghanistan and reported on the outcome of the consultations with the Government of Afghanistan held during the 127th session of the Board. He noted that the urgent needs in drug control that could be addressed through technical and financial assistance from the competent organs and specialized agencies of the United Nations had been identified.

243. In March 2020, the President of the Board held further consultations with the delegation of Afghanistan to the sixty-third session of the Commission on Narcotic Drugs, led by the Deputy Minister of the Interior for Counter-Narcotics. During the meeting, the delegation informed the President that government agencies, including the Ministry of the Interior, were developing a new opium poppy eradication plan and noted the decrease in opium poppy cultivation in 2019. Issues of increased trafficking in methamphetamine in Afghanistan were also discussed. The President noted that the Board would take further steps, in consultation with the Government of

Afghanistan, as and when appropriate, to communicate the matters raised by the delegation of Afghanistan to the organs and specialized agencies of the United Nations, for the purposes of facilitating the provision of technical and financial assistance to Afghanistan to assist it in meeting its obligations under the 1961 Convention as amended.

United Nations action

244. On 10 March 2020, the Security Council adopted resolution 2513 (2020), in which it welcomed accelerated efforts to make progress towards reconciliation and also welcomed and encouraged the continuation of the efforts of all regional and international partners to support peace, reconciliation and development in Afghanistan. Also in the resolution, the Council called upon the Government of Afghanistan and the Taliban to pursue, in good faith, additional confidence-building measures to create conditions conducive to a swift beginning and the success of intra-Afghan negotiations and a durable peace. The Council recalled the urgent need for all Afghan parties to counter the world drug problem with the goal of combating the traffic in opiates originating in Afghanistan.

Situation in Afghanistan

245. The political and security situations in Afghanistan during the reporting period were dominated by developments related to the presidential elections and to the peace talks with the Taliban.

246. After being re-elected as President, Mohammad Ashraf Ghani announced his intention to form a strong and united Government, noting that the participation of women would be vital. Amid claims from opposition parties regarding the legality of the results of the presidential elections and their intention to form an alternative government, UNAMA and other international actors in the country called upon all parties to address grievances through dialogue and respect for the constitutional order.

247. Despite an announcement by the President of the United States on the withdrawal of the United States from peace negotiations with the Taliban in September 2019, the post-electoral period was marked by the accelerated efforts of the United States to re-engage in peace talks with the Taliban. The United States Special Representative for Afghanistan Reconciliation restarted his close engagement with national and regional stakeholders and participated in peace talks with the Taliban in Doha, claiming that the negotiations had led to an agreement on a “significant and nationwide reduction of violence across

Afghanistan” from 22 February 2020. Despite the initial criticism by the Government of Afghanistan of the peace process led by the United States owing to the lack of the involvement of the national Government in those negotiations, in February 2020, Mr. Ghani welcomed the developments in the talks between the United States and the Taliban and noted that Afghanistan would manage the next steps in a manner that positively supported the overall peace process. On 28 February 2020, an agreement was signed between the United States and the Taliban on the reduction in the number of United States military forces to 8,600 troops and the proportional reduction in the number of coalition forces over the subsequent 135 days. That was to be followed by a reduction in the number of all international forces within another nine and a half months, which would be conditional on the Taliban’s commitment to reducing violence.

248. The security situation, meanwhile, remained unstable. Between 8 November 2019 and 6 February 2020, UNAMA recorded 4,907 security-related incidents, a number similar to that recorded during the same period in the previous year. The highest number of incidents occurred in the southern region, followed by the northern and eastern regions. Fighting decreased during the winter (at the end of 2019 and in early 2020) and an overall reduction in violence was noted from February 2020, although it is yet to be seen how long-lasting that reduction will be.

249. On 22 February 2020, UNAMA and the Office of the United Nations High Commissioner for Human Rights released a joint report entitled *Afghanistan: Protection of Civilians in Armed Conflict – 2019*, in which the continuing record-high levels of civilian casualties in the ongoing conflict were described. According to the report, a documented 3,403 civilians were killed and 6,989 were injured, with the majority of the civilian casualties in 2019 caused by anti-government elements. It was also noted in the report that 2019 was the sixth year in a row that the number of civilian casualties had exceeded 10,000. The figures represent a 5 per cent decrease over the previous year, mainly owing to a decrease in civilian casualties caused by Islamic State in Iraq and the Levant-Khorasan Province. The number of civilian casualties caused by other parties increased, in particular those inflicted by the Taliban (21 per cent increase) and the international military forces (18 per cent increase), mainly as a result of an increase in improvised explosive device attacks and airstrikes. In total, more than 100,000 civilians have been killed or injured since the United Nations began its systematic documentation of civilian casualties, in 2009. The report contains several recommendations, including the need to comply with the key principles of

distinction, proportionality and precaution to prevent civilian casualties, and also contains a reminder to the parties that attacks deliberately targeting civilians and civilian objects are serious violations of international humanitarian law that may amount to war crimes, which need to be promptly and transparently investigated.

250. Afghanistan continued to report seizures of substantial amounts of illicit substances, including heroin, opium, cannabis resin, methamphetamine, “ecstasy” and precursor chemicals, through its counter-narcotics operations. Those seizures were accompanied by the arrests of many suspects and the confiscation of assets and weapons. There have been many reports of officers of the Afghan Counter-Narcotics Police being killed or wounded while carrying out their operations. More detailed information regarding the drug-related trends in Afghanistan can be found in chapter III, part D, of the present report.

251. With the support of the United Nations, the Drug Demand Reduction Department of the Ministry of Public Health opened five drug treatment centres in Afghanistan, which provide services for the prevention and treatment of drug use disorders to children and their families. In February 2020, the delegation of Afghanistan to the 127th session of the Board called for support in the area of drug treatment and highlighted that the Afghanistan national drug use survey for 2015 had shown a presence of 2.9 million to 3.6 million drug users across the country, representing about 11.1 per cent of the entire population of Afghanistan. The same survey had found that, in 2015, the total number of drug treatment centres in the country was 123, with a total annual treatment capacity of 32,170 patients.

252. The return of many Afghans from Iran (Islamic Republic of) and Pakistan owing to the outbreak of the COVID-19 pandemic threatens a greater outbreak in Afghanistan that could overwhelm its already inadequate health infrastructure. As at 13 August 2020, the International Organization for Migration had recorded more than 672,000 returnees to Afghanistan since January 2020 (about 430,000 from the Islamic Republic of Iran and 242,000 from Pakistan). The removal of many staff of international non-governmental organizations from Afghanistan owing to the pandemic has put additional stress on the fragile health-care system in Afghanistan, which does not have the capacity to test, take the temperatures of or quarantine the returnees. Afghan officials have emphasized that, if no urgent action is taken, up to 80 per cent of the country’s total population of 35 million could be infected.

253. As the Board continues its close consultations with the Government of Afghanistan, in particular, with a view to effectively implementing article 14 bis of the 1961 Convention as amended, it looks forward to facilitating further support to Afghanistan through ongoing engagement with the United Nations and other agencies in addressing the complex drug control challenges in Afghanistan and in supporting the pursuit of peace and sustainable development.

3. Supporting Government compliance with the treaties

INCB Learning

254. In 2016, in order to increase the effectiveness of its work to ensure the availability of internationally controlled substances for medical and scientific purposes, the Board launched the INCB Learning project. Under the project, assistance is provided to Member States by promoting the implementation of and full compliance with the international drug control conventions through awareness-raising and training. One of the objectives of the project is to address the barriers to the adequate availability of narcotic drugs and psychotropic substances required for medical and scientific purposes, while preventing their abuse and diversion into illicit channels. Timely and accurate national reports of estimated requirements, statistical data for controlled substances and submissions of the estimates of annual legitimate requirements for precursors to the Board are essential for achieving this objective.

255. Through capacity-building, INCB Learning supports Governments in estimating and assessing their specific needs for internationally controlled substances. Activities include regional training seminars, availability workshops, e-learning modules, bilateral consultations and, since mid-2020, online training sessions.

256. The ninth regional INCB Learning training seminar was held in Moscow from 2 to 4 December 2019. It was attended by 38 drug control officials from Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan. Hosted by the Government of the Russian Federation and with the participation of WHO representatives, the training seminar provided, over three days, specialized training on the requirements of the three international drug control conventions relating to the regulatory control and monitoring of licit trade in narcotic drugs, psychotropic substances and precursor chemicals. Participants also

received hands-on training on the Board's global online tools: I2ES, PEN Online, PICS and IONICS.

257. Following the seminar, on 5 December 2019, an awareness-raising regional workshop on the availability of narcotic drugs and psychotropic substances for medical and scientific purposes was held in Moscow. The event, which was co-organized and hosted by the Ministry for Foreign Affairs of the Russian Federation, brought together participants from national authorities, international organizations and civil society to discuss the importance of ensuring access to medicines containing internationally controlled substances.

258. Between April 2016 and December 2019, in-person training was provided through INCB Learning to 274 officials from 95 countries and territories in nine regional training seminars and four workshops. Between June and November 2020, 76 officials from 11 countries were provided with online training, in line with the restrictions put in place to combat the COVID-19 pandemic.

259. Webinars were offered to provide online training on the implementation of the international drug control conventions with a focus on treaty compliance and exchange of best practices among countries. Between 8 and 15 June 2020, 26 government officials from Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras and Panama participated in nine online sessions focused on internationally controlled substances. Participants had the opportunity to increase their knowledge of the international drug control framework and to receive hands-on training on the technical reporting requirements of the conventions relating to narcotic drugs, psychotropic substances and precursor chemicals and on the use of I2ES. This was the first time that webinars had been offered through INCB Learning. The aim of the webinars is to continue supporting Governments through the provision of capacity-building activities while complying with measures designed to prevent the spread of COVID-19.

260. An anonymous online evaluation of the INCB Learning webinars revealed that 95 per cent of participants had found the content to be relevant to their daily work. Furthermore, 84 per cent of participants indicated that the sessions had met their expectations and 95 per cent considered that webinars should play a role in capacity-building in the future. The activity received an overall rating of 4.71 out of 5. Following the webinars for Spanish-speaking countries, a series of bilateral meetings were scheduled between July and September 2020 with officials from the competent national authorities of Costa Rica, the Dominican Republic, El Salvador, Honduras,

Guatemala and Panama to address national issues related to narcotic drugs.

261. Webinars for the competent national authorities of Belize and Guyana took place from 16 to 23 June 2020. The participation of Panama in the Spanish webinar and of Belize and Guyana in the English webinar marked an important milestone, as none of those three countries had received training under INCB Learning before.

262. A second series of webinars in Spanish took place from 28 September to 1 October and on 25 and 26 November 2020 for 43 officials from three countries: Colombia, Ecuador and Peru. The webinars were tailored to assist Governments in estimating and providing accurate data to ensure the availability of controlled substances while preventing diversion and abuse.

263. On 3 March 2020, INCB Learning launched Spanish versions of its e-learning modules at a side event during the sixty-third session of the Commission on Narcotic Drugs. The side event, organized by the Government of El Salvador in cooperation with INCB and the Governments of Australia, Belgium, Chile, the Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, the Netherlands, Paraguay, Peru, the Russian Federation and Singapore, provided an opportunity for beneficiaries of and contributors to INCB Learning to highlight the importance of capacity-building for competent national authorities. The importance of such capacity-building had been recognized by Member States in the outcome document entitled "Our joint commitment to effectively addressing and countering the world drug problem", adopted at the thirtieth special session of the General Assembly, and reiterated by the Commission on Narcotic Drugs in its resolutions 62/5 and 62/8.

264. In its resolution 63/3, adopted in March 2020, the Commission on Narcotic Drugs highlighted the work of INCB Learning for a second year in a row and encouraged its continuation. In implementing the mandates contained in Commission resolutions 63/3, 62/5 and 62/8, INCB is seeking further donor support to expand and continue carrying out activities under INCB Learning.

265. The demand for INCB Learning online training modules has increased since the outbreak of COVID-19 and the introduction of restrictions that have affected the ability to carry out face-to-face training. As at 2 November 2020, INCB Learning had received access requests to the e-learning modules from 812 government officials from 101 countries and territories. Upon completion of the INCB e-learning modules, participation is acknowledged with a certificate of completion. As at 2 November 2020,

a total of 680 certificates had been issued. Access to the modules can be requested by email (incb.learning@un.org).

266. Available in English and Spanish since March 2020, the three INCB e-learning modules provide interactive training on the estimates system for narcotic drugs, the assessment system for psychotropic substances and the estimates of annual legitimate requirements for imports of precursors of amphetamine-type stimulants. These modules were developed to assist competent national authorities build capacity and maintain continuity of relevant knowledge despite staff turnover.

267. The Board is pleased to note the positive reception of the e-learning modules and continues to encourage all Governments to register pertinent officials of their competent national authorities to benefit from them. It also invites Governments to provide feedback and suggestions for the development of further training. The Board is looking forward to reaching a larger audience through the development of additional modules and the translation of the modules into other official languages of the United Nations.

268. The Board is grateful for the contributions to INCB Learning made by the Governments of Australia, Belgium, France, the Russian Federation, Thailand and the United States, and reiterates its invitation to Governments to consider actively supporting INCB Learning by participating in its activities and providing the resources required to ensure the project's continuation and expansion.

International Import and Export Authorization System

269. Pursuant to article 31 of the 1961 Convention as amended, article 12 of the 1971 Convention and relevant resolutions of the Economic and Social Council, international trade in narcotic drugs and psychotropic substances requires both import and export authorizations. Given the growing volume of licit trade in internationally controlled substances, which leads to an increasing workload for competent national authorities, it is essential to modernize the import and export authorization system in order to reduce the risk of diversion while continuing to ensure the adequate availability of and access to those substances.

270. I2ES, a web-based electronic system developed by the Board together with UNODC, with financial and technical support from Member States, was designed to promote paperless trade in internationally controlled

substances by facilitating the online exchange of import and export authorizations.

271. Available to all Governments at no cost, I2ES serves as a safe and secure platform for generating and exchanging import and export authorizations between trading countries while ensuring full compliance with all provisions of the 1961 Convention as amended and the 1971 Convention. The system helps competent national authorities to reduce errors in data entry and save time and communication costs.

272. The estimates of requirements of narcotic drugs and the assessments of psychotropic substances established by States parties and endorsed by the Board are automatically synchronized with I2ES. After an import authorization has been approved, the system calculates in real time the remaining balance of the estimates or assessments available to the importing country. Trading partners registered with the platform can access that information at any time. Authorities of the trading countries can also use the system to securely communicate and exchange information directly with their counterparts if further clarification relating to a transaction request is required.

273. Unlike paper-based systems, in which authorizations can be further processed only after their physical delivery and receipt, the online exchange of import and export authorizations using I2ES enables the instantaneous transfer of data between trading countries, thus facilitating a much faster approval process. To provide a fully electronic and paperless international trade system, the Board established the possibility for Governments to use electronic signatures along with the import and export authorizations processed using the system.

274. In the outcome document of the thirtieth special session of the General Assembly, Heads of State and Government recommended expediting the process of issuing import and export authorizations for licit international trade on narcotic drugs and psychotropic substances by using I2ES.

275. In its resolutions 55/6, 57/10, 58/10 and 61/5, the Commission on Narcotic Drugs set out actions to further the establishment of an import and export authorization system and invited the secretariat of INCB to administer and monitor I2ES and report on the progress made on its implementation.

276. The emergence of the COVID-19 pandemic in early 2020 further highlights the important role that I2ES plays in the international drug control system. The Board

notes that many countries have initiated emergency procedures to expedite the authorization process for the trade in narcotic drugs and psychotropic substances in order to respond to heightened demand, stemming from the pandemic, for medicines containing controlled substances. Several countries already registered with I2ES were able to leverage the advantages of the platform to rapidly respond to their needs.

277. In addition, the secretariat of the Board has expedited the registration of Governments to allow them to use I2ES and has made available a secure forum in the platform so that competent national authorities can exchange information regarding their respective special measures to ensure the availability of controlled substances during the COVID-19 pandemic.

278. The Board notes that, in the 12-month period to 1 November 2020, nearly six years after the launch of I2ES, 23 Governments registered with I2ES, bringing the total to 87 Governments that have registered with the system. Of those, 68 Governments have an active administrator account. Of those with an active account, 24 entered data into the system during 2020.

279. In order to encourage the further adoption of I2ES among Member States, INCB carried out multiple activities to raise awareness of the system and improve the technical capabilities of competent national authorities.

280. In December 2019, several technical webinars were held to introduce the competent national authorities of Denmark, Latvia, Norway and Sweden to the functions of I2ES. In February 2020, a technical introduction was conducted through a webinar with representatives from the competent national authority of Lithuania. A similar webinar was held for representatives from Luxembourg in March. In May, a webinar was held for Bhutan, Bulgaria, Mozambique and Oman to introduce representatives of their competent authorities to the technical functions of I2ES.

281. In the light of the travel restrictions still in place in countries that require technical assistance on I2ES, further Member States have expressed an interest in online training activities. Accordingly, more online training sessions are planned.

282. The efforts made by the Board can be reinforced and complemented only with the ongoing commitment of Member States in supporting the adoption of I2ES as the unequivocal choice of a digital international trade system for controlled substances. In its resolution 61/5, the Commission on Narcotic Drugs invited Member

States to consider providing extrabudgetary resources for the maintenance and promotion of I2ES.

283. Following the recommendations contained in Commission resolutions 58/10 and 61/5, the Board has continually expressed the need for extrabudgetary resources to increase awareness of I2ES, improve the capacity of Governments to use it and expand the functionalities of the system to address the challenges faced by Member States.

284. A multilingual user interface would facilitate the adoption of I2ES in more countries and regions. The possibility of adding nationally controlled substances to the import authorizations processed using I2ES would enable competent national authorities to comply with domestic legal obligations and avoid the burden at the operational level of running two parallel systems, one for nationally controlled substances and another for internationally controlled substances. In addition, the trading data stored in I2ES could be exported for post-processing purposes, which would help competent authorities to expedite reporting to INCB on substances controlled under the international drug control treaties.

285. At the same time, know-how at the operational level and commitment to using I2ES at the decision-making level continue to be significant barriers to be overcome. The Board reiterates its commitment to working hand in hand with Member States on activities that encourage the wider adoption of the system and greater user engagement.

286. The Board encourages all Member States to contact its secretariat to discuss challenges they face in implementing the system and jointly setting out the specific steps to achieve a road map that integrates I2ES into nationwide governmental procedures and policies for supervising the control of narcotic drugs and psychotropic substances.

287. The Board invites Member States that are already using I2ES to share their experiences and expertise with the Board and other Member States, in particular, their trading partners that are not currently using the platform. Member States are invited to express their views on I2ES in regional meetings for drug control and health monitoring and engage with their counterparts to facilitate active cooperation that expands adoption of the system.

288. It is essential for Governments and the Board to continue their cooperation to implement I2ES in order to fully realize the benefits of the platform and facilitate

the more rapid trade of internationally controlled substances.

289. INCB encourages Governments that have not yet done so to request the assistance of the INCB secretariat in implementing and integrating I2ES into their national systems, including through the provision of guidance on first steps and initial training.

290. The Board wishes to reiterate to Member States the need for continual support, including extrabudgetary resources, to expand the functionality of I2ES, address technical issues identified by Governments and provide expanded training to further support countries in adopting and implementing the platform.

Global Rapid Interdiction of Dangerous Substances Programme

291. The GRIDS Programme focal point networks form the core of activities under the Board's operational projects on dangerous substances, namely Project Ion and the OPIOIDS project. These networks comprise an infrastructure that enables the rapid exchange of information and alerts, facilitates bilateral and multilateral operational actions that assist with investigations, and provides participating agencies with practical solutions to stop trafficking in non-scheduled substances. As at 1 October 2020, there were 1,421 Project Ion focal points representing 471 agencies from 176 Governments and 1,398 OPIOIDS project focal points from 165 Governments.

292. IONICS, established in 2014, has 773 law and regulatory enforcement users from 138 Governments and 15 international organizations who receive its trafficking notifications. Information communicated through and intelligence derived from IONICS represent more than 13,000 incidents involving 209 unique types of new psychoactive substances, of which 15 per cent are non-medical synthetic opioids and dangerous fentanyl-related substances. The Board encourages the Governments of Algeria, Andorra, Azerbaijan, Belarus, Burkina Faso, Burundi, Cabo Verde, the Central African Republic, Chad, Comoros, the Congo, the Democratic People's Republic of Korea, the Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Eswatini, Gabon, the Gambia, Guinea-Bissau, the Holy See, Honduras, Iran (Islamic Republic of), Kazakhstan, Kuwait, Kyrgyzstan, Lesotho, Liberia, Liechtenstein, Madagascar, Malawi, Maldives, the Marshall Islands, Mauritania, Micronesia (Federated States of), Monaco, Mongolia, Morocco, Nauru, Nepal, Niue, North Macedonia, Oman, Panama, the Republic of Moldova,

Samoa, San Marino, Sao Tome and Principe, Serbia, Seychelles, Sierra Leone, Slovenia, Somalia, South Sudan, the Syrian Arab Republic, Tajikistan, Timor-Leste, Togo, Tonga, Turkmenistan, Tuvalu, Uganda, Vanuatu, Yemen, Zambia and Zimbabwe, as well as the government of Kosovo,⁶⁸ to nominate both law and regulatory enforcement focal points to exchange communications using IONICS.

293. In 2020, 11 confidential global alerts and special notices were circulated to GRIDS Programme focal points, including a notification in May 2020 on the emergence of and increased reporting on encounters involving isotonitazene, a potent synthetic opioid and one of the etonitazene analogues not under international control. Isotonitazene was subsequently placed under temporary scheduling in the United States, effective August 2020; the European Commission initiated the process to ban it across the European Union in September; and the WHO Expert Committee on Drug Dependence reviewed it for international control at its forty-third meeting, held in October 2020.

294. The GRIDS Programme continued to provide officers worldwide with access to and training on the Board's intelligence tools throughout the ongoing COVID-19 pandemic, through distance-learning technologies. Between 1 January and 1 October 2020, 50 training sessions were held under the Programme on topics including information exchange using IONICS, intelligence development, awareness of new psychoactive substances, and safe handling and interdiction methods for opioids. A total of 1,108 law and regulatory enforcement officers representing 104 Governments and international organizations took part in those training sessions.

295. In 2020, the GRIDS Programme convened several expert group meetings and events that brought together leading global private sector partners, including Internet domain name registries and registrars, Internet search engine companies, social media companies, private postal and express mail operators and express courier services, to collaborate with Member State Governments and, through them, the Board. The Board continues to assist Governments in their efforts to foster voluntary cooperation with private sector partners to prevent the exploitation of legitimate industries by traffickers of fentanyls and other dangerous substances.

296. The Board released its updated list of fentanyl-related substances with no known legitimate uses on

⁶⁸References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999).

September 2020 to Governments, their private sector partners and international organizations. The list identifies 144 fentanyl-related substances that have been trafficked or seized, encountered in illicit Internet sales, manufactured and found in toxicology or related incident reports. Of those listed substances, 122 are not scheduled under any of the international drug control treaties. Since the list's initial introduction in June 2018, more than 50 additional substances have been identified and added to it. The Board circulated the list by letter to all Governments, provided it to all GRIDS Programme focal points, circulated it, through Governments, to private sector partners and posted it on the Board's OPIOIDS project web page. **The Board encourages Governments and industry partners to refrain, on a voluntary basis, from manufacturing, marketing, importing, exporting and distributing any of the substances listed.**

297. Under the GRIDS Programme, INCB facilitates access by law and regulatory enforcement officers to the Board's proprietary IONICS platform for the secure exchange of real-time information related to trafficking in dangerous substances and the communication platform for INCB-coordinated intelligence-gathering operations. In 2019, INCB coordinated two operations, Operation Fast Forward and Operation Trance.

298. Operation Fast Forward, launched in January 2019, was aimed at identifying key sources and re-distribution points involving fentanyl, fentanyl analogues and related substances trafficked using international post, express mail and courier services. The operation involved 45 Governments and two international agencies and resulted in 53 communications on target substances, with seizures of more than 29 kg and the dismantling of a fentanyl distribution operation by authorities in Canada.

299. Operation Trance, launched in December 2019, targeted traffickers of non-medical ketamine and tramadol and involved cooperation with 131 officers from 74 Governments, as well as INTERPOL, the Oceania Customs Organization, the Universal Postal Union and WCO. Governments communicated 91 incidents through IONICS involving 35 countries and territories, and over 470 kg of ketamine and 957,000 tablets of tramadol were reported seized. Authorities from India reported dismantling their first darknet vendor operating a global distribution operation, with subsequent investigations leading to seizures of 135 kg and 112,000 tablets of psychoactive substances and the arrests of four suspects.

Project Prism and Project Cohesion

300. Project Prism and Project Cohesion are two international initiatives led by INCB that bring together operational focal points from more than 140 Governments worldwide to address the diversion of chemicals used in the illicit manufacture of synthetic drugs (Project Prism) and heroin and cocaine (Project Cohesion).

301. Participating Governments have provided and received information on emerging trafficking trends, identified *modi operandi* and exchanged data on activities related to the diversion of precursors and non-scheduled chemicals. The Board continues to assist those Governments on a regular basis by serving as a focal point for the exchange of such information, including through PICS and through the dissemination of special alerts. During the reporting period, 10 special alerts were circulated to all participating Governments, including on: (a) illicit manufacture of methamphetamine in Afghanistan; (b) precursor trends in the illicit manufacture of fentanyl; (c) trends in increasing the efficiency of P-2-P-based methamphetamine manufacture; (d) suspicious shipments of chemicals destined for Myanmar; and (e) awareness-raising interventions for the sale of equipment for illicit drug manufacture over e-commerce platforms.

302. Both projects are steered by the INCB Precursors Task Force, which met twice in 2020 to exchange information on the latest operational trends in precursor trafficking in different regions of the world and to discuss options to address the proliferation of non-scheduled chemicals and designer precursors for heroin, cocaine and synthetic drugs. The Task Force also discussed issues related to public-private partnerships, including concerns about the vulnerability of chemical manufacturing companies with economic difficulties as a result of the COVID-19 pandemic, and measures for the early identification of such manufacturers to prevent their premises being targeted for illicit activity.

303. Since January 2019, INCB has trained 313 regulatory and law enforcement officers from 34 countries and territories (Antigua and Barbuda, Austria, Bahamas, Barbados, Belize, Bermuda, Cambodia, Cayman Islands, China, Dominica, Egypt, Grenada, Guyana, Haiti, India, Indonesia, Iraq, Jamaica, Libya, Malaysia, Montserrat, Myanmar, Philippines, Qatar, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Saudi Arabia, Singapore, Slovakia, Suriname, Trinidad and Tobago, Tunisia and Viet Nam). The training focused on providing support for the sharing of intelligence, including through

PICS, the secure online platform developed by INCB for enhanced real-time communication and information-sharing between national authorities on precursor incidents.

304. In 2020, cooperation between INCB, Europol and the authorities of Bulgaria, Iran (Islamic Republic of), the Netherlands and Turkey resulted in the identification of suspected links between six seizures of acetic anhydride made in Europe and West Asia since 2017. The six cases, involving almost 22,000 litres of acetic anhydride, represent the largest number of interlinked seizures of precursors identified so far on the basis of analysis of intelligence communicated through a Project Cohesion alert and PICS. Investigations are ongoing.

305. INCB encourages all Governments to make use of the existing global cooperation mechanisms under Project Prism and Project Cohesion to gather and exchange information on new precursor trafficking trends and on the criminal organizations involved and how they operate, and to use that knowledge to develop specific risk profiles and conduct joint operations to prevent future diversions. INCB also reiterates its recommendations to all Governments to ensure that the contact details of their focal points for Project Prism and Project Cohesion are always up to date and that those focal points actively participate in the relevant operations under Project Prism and Project Cohesion and follow up on the actions and information identified.

Chapter III.

Analysis of the world situation

A. Global issues

1. Ensuring access to and availability of controlled substances for medical and scientific purposes during the COVID-19 pandemic and the effect of the pandemic on drug trafficking and the illicit economy

Ensuring access to and availability of controlled substances for medical and scientific purposes during the COVID-19 pandemic

306. Since the beginning of 2020, the COVID-19 pandemic has brought forth unprecedented challenges to the economies and public health systems of all countries. The lockdowns, border closures and social-distancing measures adopted by most countries to reduce the number of infections and contain the further spread of the virus have put to the test the ability of the international community to ensure adequate access to and availability of internationally controlled drugs for those in need.

307. The global supply chain of medicines has been affected since February 2020 as a result of both the disruption in the manufacturing of key starting materials of active pharmaceutical ingredients and of the ingredients themselves in some major manufacturing countries and the logistical challenges arising from border closures and other social-distancing policies adopted by a number of countries.

308. On top of challenges in sourcing active pharmaceutical ingredients for further processing and generic medicines for consumption, the surge in demand for medicines necessary for the treatment of patients with COVID-19 further reduced the availability of some medicines containing controlled substances. In particular, the Board was aware of and concerned about news regarding shortages of medicines containing controlled substances such as fentanyl and midazolam in some countries, largely driven by significant increases in the need to provide pain relief and sedation for patients admitted into intensive care units with COVID-19.

309. In the light of lower supply and greater demand, a number of contingency measures have been put in place by some countries, including increasing stocks to provide a greater buffer, resorting to alternative drugs, implementing temporary export bans, which have in turn led to shortages of certain medicines in other countries, and importing medicines containing controlled substances registered in other countries.

310. The heightened demand for certain substances has been reflected in part by a number of requests by Governments since March 2020 to increase their estimates and assessments and by a greater number of countries deciding to issue electronic import and export authorizations instead of hard copies of such authorizations. Several Governments also permitted the electronic submission of applications for import and export authorizations for narcotic drugs and psychotropic substance and notifications of no objection for precursor chemicals.

311. Alongside the difficulties faced by most countries in the procurement and sourcing of controlled substances,

disruption in the treatment and service delivery for people with mental health problems and substance use disorders since the onset of COVID-19 warrants specific concern and attention. Based on the rapid assessment of WHO, more than 40 countries experienced disruption in their services for people with mental health problems and substance use disorders, including those related to life-saving emergencies. Community-based outpatient services, services to raise awareness of and prevent mental health problems, and services targeted at older adults and children were among those that were most adversely affected. The lack of access to such essential treatment services as a result of COVID-19 is extremely worrisome, as prolonged social distancing and the associated social isolation impose greater emotional strain on people with mental health problems and substance use disorders and may further increase the number of people suffering from such conditions.

312. Research from UNODC has further confirmed the impact and health consequences of COVID-19 on people who use drugs. Specifically, the mobility restrictions imposed by most Governments caused considerable disruption to access to drug treatment services, clean drug-using equipment and substitution therapy. The lack of access to treatment services and safe practices increased not only the risk of aggravating drug use disorders, but also risks with regard to the health and survival of drug users. For instance, heroin users who could not access opiate-substitution therapy were reported to have suffered severe withdrawal symptoms. Meanwhile, shortages in the supply of drugs also led to the use of alternative means of administration (e.g., injection) by some users, incurring additional risks such as the spread of blood-borne diseases (e.g., HIV/AIDS and hepatitis C).

Measures taken by the Board to ensure access to and availability of controlled substances for medical and scientific purposes during the COVID-19 pandemic

313. In line with its mandate, the Board strives to raise awareness of the importance of ensuring the availability of medicines containing controlled substances during this challenging time. In April 2020, the President of INCB joined a call made in an article in *The Lancet* to extend palliative care during and after the COVID-19 pandemic. On 26 June 2020, to mark the International Day Against Drug Abuse and Illicit Trafficking, he also emphasized the importance of Governments ensuring continued access to controlled medicines for all medical needs related to COVID-19. In addition to joining other

United Nations entities as part of the United Nations COVID-19 response, on 14 August 2020, the Board issued a statement, together with UNODC and WHO, on access to internationally controlled substances during the COVID-19 pandemic.

314. Since the beginning of the pandemic, INCB has conducted further research and enhanced its contact with competent national authorities to ensure the availability of controlled substances. In May 2020, the Board contacted major manufacturing countries to identify challenges encountered in the supply of controlled psychotropic substances. Several manufacturing countries noted a considerable increase in the demand for drugs containing controlled psychotropic substances and the logistical challenges involved in the international trade therein. Most of them, however, did not anticipate further disruptions to their manufacturing activities.

315. The Board also conducted a survey among users of PEN Online to ascertain the impact of the pandemic on legitimate activities related to precursors. Most respondents reported no major effect on the legitimate supply of such substances, apart from the general “lock-down” effect, such as border closures affecting trade in general. This is corroborated by the information available to the Board through the number of pre-export notifications submitted, which showed a decline of 17 per cent for the period January–June 2020 when compared with the same period in previous years.

316. Since March 2020, an increased number of supplementary estimates for narcotic drugs and modifications to assessments for psychotropic substances have been submitted by Governments as a result of COVID-19. They were processed expeditiously and the assessment system for psychotropic substances continues to be updated on a weekly basis. The INCB secretariat has also facilitated communication between importing and exporting countries and assisted in the verification of the legitimacy of import and export authorizations to ensure that international trade is unaffected as much as possible by measures put in place in response to the pandemic.

317. The Board has repeatedly expressed its commitment to supporting Governments in using I2ES and enhancing their knowledge of the international drug control framework through INCB Learning. Such activities have taken on heightened importance during the COVID-19 crisis, as paperless trade and online training become the norm.

318. Since the end of March 2020, Governments have been encouraged to share updates through the I2ES

forum on contingency measures taken as a result of COVID-19 so that trading partners are informed in a timely manner of the latest measures to minimize disruptions to trade. Furthermore, the secretariat conducted several webinars to strengthen the operational capacity of the I2ES community. Between March and June 2020, representatives of the competent national authorities of Bhutan, Bulgaria, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras, Luxembourg, Mozambique, Oman and Panama attended a series of INCB Learning webinars to receive hands-on training on the technical reporting requirements of the international drug control conventions.

319. INCB has been in touch with Member States and international organizations to review the need to update the Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care⁶⁹ as the impact of COVID-19 continues to unfold, casting uncertainties on the ability of the international community to ensure the adequate availability of medicines containing controlled substances during emergency and other crisis situations.

320. Looking ahead, the Board will continue to monitor the impact of COVID-19 on the availability of medicines containing internationally controlled substances and treatment services for mental health problems and substance use disorders, particularly in low- and middle-income countries. To ensure uninterrupted manufacturing and delivery of those medicines for the treatment of patients with COVID-19, and all others in urgent need of them, **the Board recommends that countries review their forecasts for the demand of medicines containing internationally controlled substances and streamline all the necessary administrative and logistical requirements. Countries are also urged to continue the provision of treatment services for mental health problems and substance use disorders as part of essential services. At the international level, the Board encourages all Member States to continue working closely with each other and the Board to ensure the global availability of medicines containing controlled substances, especially for those who are most in need during emergency situations.**

Effect of the COVID-19 pandemic on drug trafficking and the illicit economy

321. The measures introduced by Governments to prevent the spread of COVID-19 have inevitably influenced illicit drug markets, from the manufacture and movement

of drugs to the consumption thereof. Thus far, three developments in drug markets and, in particular, in international drug trafficking, can be identified: (a) a decrease in the availability of drugs and an increase in pricing; (b) an impact on law enforcement capacities; and (c) a change in the *modi operandi* of drug trafficking organizations.

Impact on the availability and pricing of drugs on the illicit market

322. Recent studies suggest that the measures implemented by Governments to address the COVID-19 pandemic have led (at least temporarily) to a shortage of numerous types of drugs at the retail level, coupled with an increase in prices. These impacts vary depending on the type of substance and the geographical location of production, but they affect in particular those substances that are transported alongside licit goods and services. The availability and prices of synthetic and semi-synthetic drugs are also affected by the availability of the requisite precursor chemicals. Wherever illicit drug manufacture is dependent on the cross-border and, in particular, inter-regional flow of precursors, the decline in international trade, which traffickers use to mask illicit shipments of precursors, will inevitably lead to lower availability of those substances and consequent drug manufacture.

323. Unsurprisingly, drug trafficking by air passengers decreased dramatically in the first months of 2020 as most planes for private passenger transport were grounded owing to COVID-19 restrictions. However, the transportation of commercial goods has not seen the same widespread disruption as passenger transport. Therefore, the trafficking of drugs by maritime shipping or commercial air freight has likely continued at similar levels to those before the outbreak of the pandemic. For example, there are indications that international trafficking in heroin, a substance that is primarily transported by land, has been disrupted more than, for instance, trafficking in cocaine, which relies to a large extent on sea routes. Seizures of relatively large amounts of cocaine in European ports confirm the ongoing international trafficking in cocaine.

324. Furthermore, some countries in the European Union noted an increase in drug distribution using post and parcel services. This increase is substantiated by the data uploaded from law enforcement authorities to IONICS, the Board's global intelligence exchange platform for synthetic opioids and new psychoactive substances: of 3,298 seizures communicated within the first five months of 2020, 86 per cent were made in relation to postal

⁶⁹WHO, document WHO/PSA/96.17.

services, compared with 46 per cent the year before. Overall, within the European Union, the logistics of drug trafficking generally appear to be most affected in relation to the movement of bulk quantities of drugs between member States, owing to the introduction of border controls.

325. Information from community-based drug prevention and treatment workers suggests that there have been some shortages related to heroin that, in some cases, may have led to heroin being substituted with other dangerous substances. For instance, in Czechia, reports have emerged that heroin has fully disappeared from the street-level drug market owing to COVID-19, which has led to concerns of a potential increase in the use of fentanyl or alcohol in combination with benzodiazepines. Another consequence of these drug shortages is that, in some countries, the purity of local drug supplies has decreased over time as dealers add bulking agents in order to continue to meet persistently high demand. There are also instances where adulterants are used to artificially increase the perceived purity. The most common of these adulterants, in particular in North America, is fentanyl and its many analogues, which could significantly increase overdose and death rates. Some reports show that benzodiazepines have also been used as adulterants, in particular in Canada.

326. Thus, regarding the availability and pricing of drugs, there is evidence that the COVID-19 restrictions have, in some countries, led to a disruption in the availability of drugs and to an increase in prices. Depending on the substance, people who use drugs may have either reduced their overall consumption or switched to even more harmful substitutes. The consumption of drugs typically connected to nightlife and party scenes, such as “ecstasy”, has decreased, given the restrictions on gatherings and the closure of nightclubs and other venues imposed as a measure to control the pandemic.

Impact on law enforcement capacities

327. The shift in operational focus towards duties related to the enforcement of social-distancing requirements, border controls and the fight against falsified medical products has temporarily reduced the availability of law enforcement personnel to conduct investigations into other types of crimes. In countries with already limited law enforcement capacity, this change makes drug trafficking and manufacture less risky and therefore more attractive to criminal organizations.

328. During the first six months of 2020, the number of seizures of new psychoactive substances communicated through IONICS totalled 3,501, which was a decrease of 25 per cent compared with the same period in 2019, when 4,721 incidents were communicated. Similarly, with regard to precursors, the number of incidents communicated through PICS was about one third less in the same time period (the period most likely to have been affected by the pandemic) as compared with the same period in 2019.

Changes in the modi operandi of drug trafficking organizations

329. Evidence shows that one of the approaches of drug traffickers to dealing with challenges is to change existing trafficking routes, modi operandi and, in some cases, even substances, looking for ways to minimize cost and risk and maximize profit.

330. Several reports have revealed that criminals have used falsified certificates, commercial vehicles and corporate uniforms to impersonate food delivery and other key workers in order to deliver drugs. In April 2020, INTERPOL issued an alert warning that criminal organizations were using food delivery services to transport drugs, such as cocaine, cannabis, ketamine and “ecstasy”. Even the increasing demand for supplies such as gloves, masks and hand sanitizer has been exploited in that way by drug traffickers, perhaps in the belief that border controls for those types of goods may be less rigorous.

331. Moreover, open web and darknet markets, social media, secure encrypted communications applications and online forums seem to be playing a more prominent role in the sourcing of drugs at the user level. Home deliveries, less face-to-face dealing and less reliance on cash as a form of payment seem to be trends in individual transactions and it is possible that these behavioural changes, once established, will persist over the longer term. Although the rapid devaluation of cryptocurrencies such as bitcoin at the beginning of the pandemic caused some vendors to pull out of darknet marketplaces, according to the National Cyber-Forensics and Training Alliance of the United States, listings in almost all darknet marketplaces increased between the end of March and the end of April 2020. Drug traffickers and trafficking organizations remain resilient and are adapting their modi operandi to the current situation in many ways, further exploiting online and secure communication channels, as well as adapting transportation modes and trafficking routes.

Measures taken by the Board to counter current developments on the illicit drug market

332. As a practical response to the COVID-19 pandemic and utilizing opportunities for increased connectivity while moving to online work environments, the Board hosted, *inter alia*, a series of interactive hybrid (in-person and online) webinars, discussion sessions and expert group meetings to raise awareness of the new trafficking trends outlined above, exchange experiences and provide practical approaches for law and regulatory enforcement focal points, information exchange being vital for joint efforts to tackle current challenges in drug trafficking.

333. Given that pandemic-related measures are likely to persist for the foreseeable future, accompanied by uncertainty in circumstances affecting both domestic and international travel and an increase in express consignments and home deliveries for vital supplies, which provide ample opportunities for traffickers to hide substances, it has been proved vital for law enforcement authorities to utilize new strategies for dangerous substance interdiction, which the Board's GRIDS programme provides. Evaluation statistics relating to the GRIDS Programme webinars on trafficking trends and approaches during the COVID-19 pandemic, held in May 2020, showed that, overall, 87 per cent of the participants considered the event to be highly valuable for their work in combating global drug trafficking.

334. As drug manufacturers, traffickers and distributors seem to gradually overcome the difficulties initially caused by COVID-19, it is of great importance that law enforcement authorities, which have already been operating with limited counter-narcotics resources during the pandemic, identify these developments and find new ways to counter changes in the nature of trafficking in dangerous substances.

2. Effective drug control as a means of fostering peace and security

335. INCB, within its mandates, continues to support Member States in the implementation of the three international drug control conventions in a comprehensive, integrated and balanced way with a view to achieving the Sustainable Development Goals, in particular Goal 16 (Promoting peaceful and inclusive societies for sustainable development, providing access to justice for all and building effective, accountable and inclusive institutions at all levels).

336. In this regard, the Board notes that the provisions of the international drug control conventions related to supply reduction, which include measures and strategies to reduce the quantities of illicit drugs on illicit markets while ensuring the availability of narcotic drugs and psychotropic substances for medical and scientific needs, together with the provisions of the conventions pertaining to reducing demand for illicit drugs, constitute some of the essential elements of such a comprehensive, integrated and balanced approach. The Board wishes to highlight that the provisions of the international drug control treaties related to criminal justice, covering issues such as penal provisions, international judicial and law enforcement cooperation, asset forfeiture and confiscation, can serve as effective legal instruments in addressing not only drug-related offences, but also any associated criminal activity, such as organized crime, corruption and money-laundering.

337. Target 16.1 of the Sustainable Development Goals is to significantly reduce all forms of violence and related death rates everywhere. In this regard, the Board recognizes that, under the pretext of the "war on drugs", policies in some countries have led to disproportionate and overly repressive responses without respect for due process and the rule of law. Such responses contribute to an increase in violence and related death rates. The Board has called, on numerous occasions, for national drug control systems to be based on the international drug control conventions, the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem and the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem, in all of which Member States expressed their commitment to implementing a comprehensive, integrated and balanced approach, principles of proportionality in the determination of penalties and response measures, shared responsibility and respect for human rights and liberties and the rule of law. The Board continues to engage in close dialogue with all Member States, as well as the non-governmental sector and academia, with a view to promoting those commitments.

338. Target 16.4 of the Sustainable Development Goals is to significantly reduce, by 2030, illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime. The Security Council, in its resolution 2482 (2019), acknowledged that terrorists could benefit from organized crime, whether domestic or transnational, such as trafficking in drugs, and called upon Member States to strengthen their efforts, as well as international and

regional cooperation, to counter the threat to the international community posed by the illicit cultivation and production of, trafficking in and consumption of narcotic drugs and psychotropic substances, which could significantly contribute to the financial resources of terrorist groups, and to act in accordance with the principle of common and shared responsibility in addressing and countering the world drug problem, including through cooperation against trafficking in illicit drugs and precursor chemicals.

339. The outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”, also reflects the international community’s commitment to addressing the links between drug-related crimes and other forms of organized crime, including money-laundering, corruption and other criminal activities, in line with the international drug control conventions and the United Nations Convention against Transnational Organized Crime, the United Nations Convention against Corruption and the international instruments on countering terrorism. In the outcome document, Member States recommend improving the availability and quality of statistical information and analysis on illicit drug cultivation, production and manufacturing, drug trafficking, money-laundering and illicit financial flows, including for appropriate reflection in reports of UNODC and INCB, in order to better evaluate the impact of such crimes and further enhance the effectiveness of criminal justice responses in that regard.

340. In a statement on 18 December 2013 (S/PRST/2013/22), the President of the Security Council highlighted the Council’s concern over the increasing links between drug trafficking and other forms of transnational organized crime, including trafficking in arms and in persons, and terrorism, as well as its concern over the growing violence resulting from activities of criminal organizations involved in drug trafficking in West Africa and the Sahel region. The Council emphasized the need to enhance interregional cooperation and coordination in order to develop inclusive and effective strategies to combat, in a comprehensive and integrated manner, transnational organized crime, including trafficking in drugs and arms, and activities of terrorist groups. The Council called for increased international cooperation, including with UNODC and INCB, and encouraged Member States to ratify and implement the international drug control treaties.

341. In Colombia, despite the signature of the peace agreement with the Revolutionary Armed Forces of Colombia-People’s Army (FARC-EP) in 2017 and the

continued efforts of the national Government to combat drug trafficking, illicit coca bush cultivation continued, and with it the financing of illegal activities by criminal groups. Despite the efforts of national agencies, the country continues to face threats from other activities related to drug trafficking, such as trafficking in arms, terrorism, money-laundering and corruption. There has also been an increase in violence, resulting in the deterioration of the security situation in some cities of Colombia.

342. Linkages between insurgency and terrorism and drug trafficking in Afghanistan have been repeatedly highlighted by the United Nations and the Board. Despite the fact that the gross value of the Afghan opiate economy fell by two thirds, from between \$4.1 billion and \$6.6 billion in 2017 to between \$1.2 billion and \$2.2 billion in 2018, the opiate economy still accounted for 6–11 per cent of the country’s gross domestic product and exceeded the value of its officially recorded licit exports of goods and services. With a view to supporting the efforts of Afghanistan to address the illicit drug economy and other drug-related challenges, and to mobilize global support in that regard, the Board invoked article 14 bis of the 1961 Convention as amended in May 2018, which allowed it to recommend to the competent United Nations organs and to the specialized agencies that technical or financial assistance, or both, be provided to the Government of Afghanistan in support of its efforts to carry out its obligations under that Convention.

343. The strong financial “incentives” offered by drug trafficking to organized criminal groups were highlighted by UNODC in its 2011 report entitled *Estimating Illicit Financial Flows Resulting from Drug Trafficking and Other Transnational Organized Crimes*. In that report, it was pointed out that the largest income for transnational organized criminal groups came from illicit drugs, which accounted for some 20 per cent of all crime proceeds, about half of transnational organized crime proceeds and 0.6–0.9 per cent of global gross domestic product. In turn, drug-related proceeds available for money-laundering through the financial system were equivalent to between 0.4 per cent and 0.6 per cent of global gross domestic product.

344. In its statements regarding the situation in Afghanistan, which are applicable to any country or region seriously affected by drug trafficking and use and associated criminality, the Board has highlighted the fact that drug control is a cross-cutting issue and that, unless local, national, regional and international efforts to address it are effectively pursued, poverty, insurgency, terrorism and obstacles to development will remain unaddressed.

345. In this regard, the Board wishes to call upon Member States to counter drug trafficking and related violence through comprehensive and balanced measures. These measures include effective prevention and criminal justice responses and alternative development initiatives. Member States should also ensure that responses to drug-related criminal conduct are proportionate and founded upon respect for human rights and dignity, in line with the three international drug control conventions, international human rights instruments and the rule of law.

3. Collective approaches to drug terminology

346. Strengthening international cooperation in drug control requires a collective understanding of common challenges and the identification of mutual approaches to key concepts and issues. Some challenges in promoting the consistent application of the international drug control treaties have resulted from shifts over time in the terminology used to describe issues related to drug control. The Board routinely takes note of changes to drug-related lexicons and developments in the terminology used by Member States, intergovernmental organizations, academia and civil society in relation to the world drug problem.

347. Since the drafting of the most recent international drug control convention, the 1988 Convention, there have been changes to the terminology commonly used to describe various aspects of the world drug problem. These changes have resulted from major advancements in science, as well as substantial societal developments and increased understanding of drug use and drug dependence.

348. Some terminology, although not found in the international drug control conventions, has been used by the international community and included in intergovernmental processes to reflect both advancements in science and evolving societal approaches to drug control, in particular from the perspectives of prevention, treatment and rehabilitation. Changes to drug-related terminology have come from changes in the broader societal context, such as the increasing awareness of the importance of inclusivity in language. For example, although the preamble to the 1961 Convention includes a reference to concern for the health and welfare of mankind, the Board keeps within the full spirit of the Convention when it replaces the term “mankind” with “humankind” or “humanity”, which are also translations of the terms used in other languages in which the Convention was written. The principles in the conventions continue to be upheld,

even as certain word choices are avoided in the interests of gender-inclusive language.

349. The drug terminology used in resolutions and decisions of the Economic and Social Council and the Commission on Narcotic Drugs and in publications in the field of international drug control has changed over time. The Board notes that some changes to terminology have been based on new and evolving challenges or the need to better safeguard human rights protections and place people and their needs at the centre of drug control policies. The term “drug use”, for example, has been mostly preferred in recent publications over the term “drug abuse”, owing to perceptions that the word “abuse” can, in some instances, result in the further stigmatization of people who consume drugs.

350. The careful use of terminology can therefore aid in preventing the stigmatization of drug use and dependence. Those working in the field of drug control have had to take a cautious approach to the use of terms in order to be mindful of the possible effects of language on the protection of human rights. The Board takes note of Commission on Narcotic Drugs resolution 61/11, entitled “Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users”, and affirms the Commission’s guidance that Member States can prevent social marginalization and promote non-stigmatizing attitudes, including in the development and implementation of scientific evidence-based policies.

351. The Board regularly and carefully examines the use of drug-related concepts and other lexicons, such as the lexicon used by WHO. In its report for 2017, for example, the Board specifically indicated that precision was required in the use of terminology concerning the medical use of cannabinoids. Such precision and the collective aim of standardization can help the Board in the coming years with data collection across countries and periods of time and facilitate the effective monitoring of treaty compliance.

352. In line with the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem,⁷⁰ the Board seeks to promote the collection, analysis and sharing of quality and comparable data. This will require the continued identification of any scientific or legal ambiguities in the terminology chosen

⁷⁰See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

in the drafting of drug policies and laws. Member States draw distinctions in drug terminology on the basis of their own national and local understandings and interpretations of the conventions and public health priorities.

353. In this context, the Board urges Governments to continually examine any drug terminology that has ambiguous usage, or potentially stigmatizing effects, and that might have an impact on the ability of the international community to cooperate effectively on and jointly counter the world drug problem.

4. Genetic engineering and its implications for the cultivation of cannabis and production of cannabis derivatives in the context of the international drug control conventions

354. Selective breeding techniques have been used for centuries in the agricultural sector to maximize desirable traits in plants and animals. However, they require careful cultivation or breeding of multiple generations in order to maximize certain traits and minimize others. The rise of genetic engineering has, for several decades now, allowed the agricultural sector to modify crops to increase their yield, improve their resilience to pests and enable them to grow in harsh environments. Although many genetic engineering techniques may be unreliable, expensive or difficult to execute, recent advancements in genetic engineering technologies now allow for highly accurate, effective and cheaper genetic engineering of organisms. These new technologies are also being applied to the cannabis plant and the production of cannabinoids.

355. In article 1, paragraph 1 (b), of the 1961 Convention as amended, cannabis is defined as the flowering or fruiting top of the cannabis plant (excluding the seeds and leaves when not accompanied by the tops) from which the resin has not been extracted. These portions of the plant contain the most THC and other cannabinoids. Moreover, studies of the cannabis plant over the last few years have found that, beyond THC and CBD, over 100 cannabinoids are found naturally in the plant.

356. As more jurisdictions permit the cultivation and use of cannabis for medical purposes, researchers and the private sector are investigating the use of genetic engineering technologies to modify the cannabis plant to optimize industrial processes and more precisely adjust the yields of the types of cannabinoids being produced. Research is also being undertaken on modifying other

organisms to produce cannabinoids that they would not otherwise produce naturally.

357. As the flowering top represents only a fraction of the cannabis plant's biomass, cultivators are seeking ways to increase yields of cannabinoids from the plant. To this end, patents have already been filed using recently developed technologies to modify the cannabis plant to grow trichomes or produce cannabinoids in other parts of the plant beyond the flowering top, leaves or seeds, effectively making the entire cannabis plant a producer of cannabinoids.

358. In addition to the modification of the cannabis plant, some technologies may allow the production of cannabinoids without using the cannabis plant at all. Through initial research conducted in 2019, a method was found of modifying a kind of yeast that could allow for the large-scale fermentation of cannabinoids from simple sugars, independent of cannabis cultivation.

359. Research into both the genetic modification of the cannabis plant and the yeast-based method of cannabinoid production has also indicated the possibility of using these technologies to produce cannabinoids such as cannabigerol, cannabichromene and cannabinol in far larger quantities than can be produced through selective cultivation.

360. As the system of control established under the 1961 Convention as amended includes controls of the flowering top, with limited control on the leaves and seeds, these developments pose questions with regard to the control of the cannabis plant if it were modified to produce cannabinoids throughout the plant and beyond the flowering top.

361. Advances in technology also allow for the possibility for its abuse, in particular, through the misuse of these new genetic engineering technologies to illicitly produce drugs. The method of cannabinoid production through genetically modified yeast makes the need for large "grow houses" or clandestine cultivation of cannabis unnecessary.

362. The Board calls upon Governments to take note of the advances in genetic engineering and biotechnology in the cultivation of cannabis, as well as other technologies that can allow for the manufacture of cannabinoids through non-conventional means. The Board also calls upon Governments to ensure that these technologies are appropriately used with respect to the international drug control conventions and to take steps to prevent the misuse of such technologies in the illicit manufacture of drugs.

B. Africa

A growing number of countries in Africa are now permitting the cultivation and export of cannabis for medical and scientific purposes, and some countries have authorized the use of cannabis for medical purposes.

The lack of data from many countries in Africa on the trafficking in and use of drugs remains a major impediment to fully assessing the drug situation in the region and hinders the ability of countries and the international community to respond to these challenges.

1. Major developments

363. Four countries in Africa have estimates approved by INCB on the cultivation of cannabis for medical purposes. Some other countries in Africa have enacted legislative and policy changes with regard to cannabis. Most of those changes would allow for the cultivation of cannabis for medical purposes, although in some cases only for export, not domestic use. In addition, some countries have modified their schedules of control to reduce or remove restrictions on the use of certain cannabis-based preparations for medical purposes.

364. **The Board wishes to recall that Governments that permit the cultivation of cannabis have an obligation to establish control measures in accordance with the 1961 Convention as amended. Such measures include the establishment of an agency responsible for designating areas and issuing licences for cultivating, purchasing and taking physical possession of such crops as soon as possible and having the exclusive right of importing, exporting and wholesale trading and maintaining stocks other than those held by manufacturers.**

365. ECOWAS released the report of the West African Epidemiology Network on Drug Use in late 2019, the first-ever report on drug trafficking and drug use in West Africa, with the support of UNODC and the European Union. The report provides an analysis of drug trafficking and drug use data provided by the Network's focal points for the period 2014–2017.

366. The Ministry of Health of Morocco released a national protocol to address drug overdoses by persons who inject drugs in the country. The protocol is aimed at providing information for health officials, officials outside the health sector and other relevant actors across the country who might have to deal with a drug overdose situation.

367. Following the adoption of the Narcotic Control Commission Bill 2019, Ghana has decriminalized some minor drug use offences and refocused its drug control efforts using a health-based approach for persons who use drugs.

368. In August 2020, the Government of South Africa submitted to the Parliament the Cannabis for Private Purposes Bill of 2020, amending its Drugs and Drug Trafficking Act (1992) to allow the cultivation and use of cannabis by adults for personal use following a 2018 decision of the country's Constitutional Court. Combined with the amendments made to the Medicines and Related Substances Act of 1965 in May 2020, the non-medical use and cultivation of cannabis by adults in private spaces is decriminalized in South Africa. Public use of and trafficking in cannabis remain punishable offences.

369. Despite the lack of data from many countries, the information that is available suggests that Africa continues to face major challenges regarding trafficking in drugs. Countries in West and North Africa continue to seize shipments of cocaine trafficked from South America destined for Europe. Cannabis continues to be widely trafficked within Africa, while cannabis resin is heavily trafficked in North Africa, both for sale in the subregion and for trafficking onward to Europe. Trafficking in heroin remains a major concern for African countries in the Indian Ocean region, whereas countries in other parts of Africa seize only small quantities of the drug. While no major seizures of illicitly manufactured or falsified tramadol have been reported in the region, available drug use prevalence data suggest that the substance continues to be trafficked.

370. During the COVID-19 pandemic, a number of countries and international organizations took measures to ensure that persons affected by drug use disorders were able to continue receiving treatment and to reduce the risk of COVID-19 transmission during such treatment.

371. In Nigeria, UNODC partnered with health workers across the country, establishing a network to provide assistance by telephone to drug users. In addition, the European Union, through the UNODC project entitled "Response to drugs and related organized crime", provided personal protective equipment to 25 drug treatment centres across Nigeria to ensure that health workers and patients were protected while services are provided.

372. The Ministry of Health of Algeria, in cooperation with UNODC and UNAIDS, provided material support, including personal protective equipment, to several non-governmental organizations, allowing them to reach drug

users individually while minimizing their risk of contracting COVID-19 at hospitals and treatment centres. Similarly, UNODC supplied personal protective equipment to a major drug treatment centre in Dakar so that patients were protected while receiving treatment.

373. The Government of Kenya opened an additional methadone dispensary in Shimo Le Tewa Prison to relieve congestion and reduce the risk of COVID-19 transmission among prisoners being treated for drug use. The Moroccan Association of Addictology issued guidelines for drug treatment professionals to ensure that drug treatment services continued during the COVID pandemic.

2. Regional cooperation

374. The Peace and Security Council of the African Union, at its 905th meeting, in January 2020, issued a statement regarding the political and security situation in Guinea-Bissau. While noting the political progress made in the country, the Council appealed to the international community to support Guinea-Bissau in confronting drug trafficking, which could threaten efforts to ensure stability, democratic governance and the rule of law in the country.

375. As part of a review of the political and security situation in Guinea-Bissau, the Security Council, on 28 February 2020, adopted resolution 2512 (2020), in which, *inter alia*, it called upon authorities in the country and the international community at large to step up efforts to combat drug trafficking and other transnational crimes. In that resolution, the Council also requested the Secretary-General, through collaboration with international donors, to ensure that the UNODC country office in Guinea-Bissau be sufficiently resourced in order to assist the country in its efforts to counter drug trafficking following the withdrawal of the United Nations Integrated Peacebuilding Office in Guinea-Bissau.

376. As of February 2020, three additional countries had signed the treaty for the establishment of the African Medicines Agency, bringing the number of signatories of the treaty to 14 countries, 1 less than the 15 required for the treaty to enter into force. Once established, the Agency is expected to coordinate the regulatory system for medicines and drugs among States members of the African Union, provide regulatory guidance to countries and facilitate further cooperation among countries to ensure access to safe and effective medical products in the region.

377. The third annual meeting of the African Medicines Quality Forum took place in Abuja from

25 to 28 February 2020. The meeting was hosted by the National Agency for Food and Drug Administration and Control of Nigeria in collaboration with the African Union and other international organizations. The meeting brought together drug control organizations from many African countries and scientists and stakeholders from various health- and drug-related agencies to deliberate on a quality-assurance model for drugs and medicines for countries in Africa.

378. During the second half of 2020, INCB coordinated access to IONICS and GRIDS intelligence and conducted 10 training sessions for law and regulatory enforcement officers from 11 countries in the region. A total of 113 officers from Benin, Burkina Faso, Egypt, Ghana, Libya, Mali, Namibia, Nigeria, South Africa, the Sudan and Tunisia participated in training on monitoring new psychoactive substances and emerging synthetic opioids, as well as training in the safe handling of fentanyl-related substances and interdiction approaches. The officials also received practical training on the Board's secure communications platforms that allow for the exchange of information on dangerous substances that are not internationally controlled.

3. National legislation, policy and action

379. Several countries in Africa have revised their national legislation to permit the cultivation of cannabis for medical purposes for export or to permit the import and use of certain cannabis preparations for medical use. In some cases, control measures for cannabis plant have changed, and some countries have changed the placement of THC and CBD in their schedules of control.

380. In addition to cannabis-related legislative and policy reforms, several countries have launched new national drug control plans to better address their respective drug control problems. Further, Ghana has updated its legislation, revising its penal code to decriminalize minor drug use offences.

381. At the end of 2019, Togo launched a new five-year plan for the period 2020–2024 to counter drug use and trafficking in the country, allocating financing to implement the plan. The plan is aimed at strengthening coordination among drug control bodies in the country and enabling authorities to freeze and seize the assets of criminal organizations.

382. The President of Seychelles launched the country's new National Drug Control Master Plan 2019–2023 in

December 2019. The plan is focused on improving the well-being and safety of the population at large. The President noted that demand reduction and treatment for persons who use drugs were of critical importance in combating the country's drug problem.

383. In February 2020, the Government of Seychelles adopted the Misuse of Drugs (Cannabidiol-based Products for Medical Purposes) Regulations 2020, amending the country's drug control legislation to permit the use of CBD for medical purposes. Under the amendment, duly authorized medical practitioners are permitted to prescribe CBD-based medicines for qualifying medical conditions. The amendment does not specify which qualifying medical conditions may be treated with CBD but empowers the country's Public Health Commissioner to determine them by decree.

384. The Parliament of Malawi approved the Cannabis Regulation Bill of 2020, in February 2020, permitting the cultivation of cannabis for medical, industrial and scientific purposes. The bill also establishes a national cannabis agency to issue licences to cultivate cannabis and regulate the industry within Malawi. According to official reports, the cultivation of cannabis under the framework of the Cannabis Regulation Bill could be permitted as early as 2021.

385. In March 2020, the Parliament of Ghana approved the Narcotics Control Commission Bill 2019, which introduces a major overhaul of the country's drug control legislation and policy. Under the bill, a health-based approach is emphasized in addressing drug use, and some minor drug use offences are decriminalized. In addition, the bill alters the country's institutional framework for drug control by giving the country's Narcotics Control Board the status of a Commission, with enhanced powers. Also under the bill, the cultivation of cannabis for the production of CBD for medical purposes is permitted, and CBD is removed from national control.

386. In an official communication to the Board in April 2020, Uganda reported that it had begun permitting the cultivation of cannabis for medical purposes. The Government had drafted guidelines to assist the Minister of Health in determining which cultivators should be granted licences to cultivate cannabis. However, final approval of the guidelines and the establishment of the national cannabis agency were delayed due to lockdown measures related to the COVID-19 pandemic.

387. In May 2020, the Minister of Health of South Africa issued Notice R586, further amending the schedules

of the country's Medicines and Related Substances Act of 1965 and codifying changes in the control of cannabis-related substances made by the Minister in May 2019. Under the Notice, cannabis plant, THC and dronabinol were removed from schedule 7 (the country's highest level of control) of the Act. Certain low-dose CBD preparations from raw plant material were descheduled entirely. Also under Notice R586, cannabis plant raw material was descheduled if it is cultivated, possessed or consumed by an adult, in private for personal consumption. According to the Ministry of Health, those amendments bring the Act into line with a 2018 decision of the Constitutional Court of South Africa.

388. In a related development, on 5 August 2020, the South African Cabinet submitted to Parliament the Cannabis for Private Purposes Bill of 2020. The bill, together with the above-mentioned changes made to the Medicines and Related Substances Act of 1965, amends the country's Drugs and Drug Trafficking Act of 1992 (Act No. 140 of 1992) in relation to the personal cultivation of cannabis. The Cannabis for Private Purposes Bill of 2020 is aimed at bringing the country's drug control legislation into line with a decision by the Constitutional Court of South Africa in 2018 that struck down portions of that legislation. The Court suspended its ruling for 24 months to give the Government time to amend the country's drug control laws to permit the private cultivation and consumption of cannabis by adults. At present, private personal cultivation and consumption of cannabis is decriminalized in South Africa. The sale of cannabis and consumption of the drug in public remain illegal and subject to punishable offences.

389. In June 2020, South Africa launched the country's new National Drug Master Plan for the period 2019–2024, the fourth such plan put into effect in the country. The Plan was developed following an evaluation of the country's plan for the period 2013–2017, which had led to recommendations for key authorities at several levels of government in the country to be strengthened and for a focus on evidence-based interventions to prevent and treat substance use. The National Drug Master Plan includes seven goals to address the country's drug problem, including ensuring the availability of controlled substances for licit medical use and countering the expanding use of new psychoactive substances. In addition, the Master Plan contains a reference to the 2018 ruling by the Constitutional Court of South Africa permitting the private use of cannabis, and it is noted therein that, while the Government would modify national legislation to comply with the ruling, the Master Plan remained a framework to curb cannabis use in the country.

4. Cultivation, production, manufacture and trafficking

390. Available information suggests that Africa remains a major transit region for drug trafficking, as well as a growing market for drugs. Seizure data suggest that, as has been the trend in recent years, West and North Africa continue to be a key hub for the trafficking of cocaine from South America to Europe. Seizures of cannabis and cannabis resin are reported by all countries for which data are available, and there is significant trafficking in those drugs in North Africa, both for sale within the subregion and for trafficking onward to Europe. The seizures of falsified and non-pharmaceutical tramadol, an opioid analgesic not under international control, reported by some countries in West Africa suggest that the trafficking in that drug continues to be a challenge for the subregion.

391. Law enforcement authorities in Algeria, Côte d'Ivoire, Morocco and Tunisia each reported multiple seizures of cocaine in 2020, seizures being effected in ports or on ships in their territorial waters. In one significant seizure in February 2020, the naval forces of Côte d'Ivoire seized more than 400 kg of cocaine from a ship in the country's coastal waters. Several other countries in other parts of Africa also reported seizures in the first part of 2020, although of small quantities. In comparison with 2019, when Algeria, Burkina Faso, Mauritius, Morocco, Mozambique, Senegal, the United Republic of Tanzania and Zambia provided official reports regarding their seizures of cocaine, the lack of seizure data for 2020 from some parts of Africa has made it difficult to determine the trend for trafficking in cocaine. Notably, although several significant seizures were made in West and North Africa in 2020, they were not as large as the multi-ton seizures of cocaine effected by the authorities of Cabo Verde in January and August 2019.

392. Cannabis continues to be the most-trafficked drug in Africa and is also trafficked to Europe, mostly from North Africa, with reports that in some cases the trafficking route goes through countries of the western Sahel. As in previous years, most trafficking in cannabis resin occurred in North Africa, with Morocco reporting seizing a total of more than 75 tons of that substance, the result of numerous interdictions in the first half of 2020. Similarly, authorities in Algeria conducted several interdictions, seizing a total of more than 18 tons of cannabis resin since late 2019. Senegal reported a significant seizure of 5.1 tons of cannabis resin. The National Drug Law Enforcement Agency of Nigeria reported seizing a total of 7.4 tons of cannabis in 2020. Regarding trafficking in cannabis herb, Benin, Burkina Faso, Gabon, Ghana, Mauritius, Namibia, Senegal, Seychelles, the United Republic of Tanzania and Zambia

reported seizures ranging from several hundred kilograms to hundreds of tons, quantities that are comparable to those seized in previous years.

393. Seizure data suggest that trafficking in heroin continues to be a major issue in African countries of the Indian Ocean region, including Mauritius, Mozambique, Seychelles and the United Republic of Tanzania, but trafficking in that drug is reported in other parts of Africa as well. Côte d'Ivoire, Ghana and Morocco all reported total seizures of heroin ranging from a few kilograms to several hundred kilograms in 2019. The lack of data makes it difficult to determine year-to-year trends in the trafficking in heroin in Africa, as the amounts seized have risen somewhat in a few countries but fallen in others.

394. For countries in the region, there are only very limited official data on trafficking in other drugs for the present reporting period. Several countries in Africa reported seizures of amphetamine-type stimulants, related precursor chemicals and other substances, although in smaller quantities than the other drugs discussed above. Seizures of "ecstasy" and other hallucinogens were reported by Morocco and Tunisia.

395. Trafficking in tramadol, a synthetic opioid not under international control, including illicitly manufactured non-pharmaceutical preparations containing that substance, continues to pose a challenge for the region. Few official data are available regarding trafficking in tramadol during the reporting period. However, data on the prevalence of use of tramadol, both pharmaceutical and falsified tramadol, suggest that trafficking in the substance remains an issue for the region.

5. Prevention and treatment

396. The lack of prevalence data and information on drug use in Africa continues to be an impediment to determining the extent of drug use. It also hinders Governments and the international community as they seek to respond effectively by means of evidence-based drug use prevention and treatment programmes. Nonetheless, on the basis of the limited information available, drug use in the region appears to be increasing, and some countries report drug use rates for some drugs that are higher than the global prevalence rate. Cannabis continues to be the main drug used in Africa, along with tramadol, which is used in some parts of Africa.

397. **The Board reiterates its call upon all States in the region to develop mechanisms to improve the collection of information on drug use prevalence with the aim of**

developing drug control and treatment strategies that are evidence-based and tailored to each country's specific needs.

398. In 2019, the Ministry of Health of Morocco released a national protocol to prevent and manage drug overdoses by persons who use drugs. The goal of the protocol is to provide guidance to health practitioners, emergency responders and non-health professionals who may be faced with an overdose situation. Implementation will be dependent on the provision of training for relevant people, information-sharing, the distribution of naloxone and the granting of authority for non-health-care professionals to administer naloxone in response to an overdose situation outside a hospital setting. The protocol is distributed to relevant stakeholders in Morocco, together with a supporting information kit. Following the outbreak of the COVID-19 pandemic, the Ministry of Health modified the protocol in line with the guidelines of the Moroccan Association of Addictology to ensure ease of access to treatment services during the pandemic.

399. In late 2019, ECOWAS released the first-ever report of the West African Epidemiology Network on Drug Use, for the period 2014–2017, which was produced with the assistance and support of UNODC and the European Union. The report provides an analysis of the data provided by the Network's focal points on drug trafficking and drug use in States members of ECOWAS. As stated in the report, in the reporting period, 7 of every 10 persons accessing drug treatment services (not counting cases related to alcohol use) indicated that cannabis was their primary drug of use. Further, cocaine was the most common stimulant used. The rapid rise of opioid use in the subregion was also noted in the report, with tramadol use driving the phenomenon, along with significant use of heroin in some ECOWAS countries.

400. According to the *UNODC World Drug Report 2020*, cannabis is the most-used drug in Africa; approximately 45 million people have used the drug in the past year. Pharmaceutical opioids, in particular tramadol, constitute the next most-used category of substances; prevalence data are available only for North Africa but they show that approximately 7.4 million people in that subregion used tramadol in the past year. Despite major gaps in prevalence data, the *World Drug Report 2020* noted that cocaine, amphetamine, "ecstasy" and other drugs were used in the region, but in limited amounts compared with cannabis and tramadol.

401. In March 2020, the Ministry of Health of Ethiopia, in collaboration with UNODC, organized a workshop on the national implementation of drug policy commitments.

More than 40 participants, including high-level representatives of the federal Government and regional governments of Ethiopia and representatives of the Office of the United Nations Resident and Humanitarian Coordinator, the African Union, civil society and non-governmental organizations with mandates related to drugs and substance use. One important topic discussed during the meeting was the fact that Ethiopia was being targeted by drug traffickers as a destination and transit country for illicitly manufactured drugs. The workshop concluded with the establishment of a new national multisectoral technical working group on drugs, to be led by the Ethiopian Food and Drug Administration.

402. Burkina Faso strengthened its capacity to treat people who use drugs by deploying 20 specialists from its Ministry of Health and from civil society groups to each district in the country, in line with the ECOWAS Universal Treatment Curriculum of the Colombo Plan Drug Advisory Programme. The health authorities of Burkina Faso opened a new specialized unit for drug treatment in Yalgado Ouédraogo University Hospital in Ouagadougou.

403. Mauritius has been experiencing a rise in the use of synthetic drugs for several years. The number of offences related to synthetic drugs has doubled since 2015, reaching 1,059 cases in 2018. The most-used synthetic drugs in Mauritius include synthetic cannabinoids, seizures of which increased from approximately 1 kg in 2015 to 224 kg in 2018.

404. The United Republic of Tanzania reported that, by the end of 2019, the country had established eight opiate substitution therapy centres using methadone to treat people who inject drugs and 65 recovery homes to support people who use drugs. The Government is also in the process of establishing an opiate substitution therapy programme in the country's prisons, with the support of UNODC.

C. Americas

Central America and the Caribbean

The region of Central America and the Caribbean remains a transit route for cocaine being trafficked to North America, Europe and rest of the world. Crime and drug-related violence continue to be key issues of concern in Central American countries.

In addition to cocaine use, there is concern regarding the use of amphetamines and pharmaceutical stimulants by local communities.

1. Major developments

405. Central America and the Caribbean remains a major trans-shipment area for illicit drugs, in particular cocaine, trafficked from countries in South America to destination markets in North America and Europe. Owing to their geographical location along the cocaine route, countries in Central America have also been used for the refinement of cocaine.

406. Drug trafficking and other types of transnational crime continue to be a cause of corruption, violence and social and political instability in deprived areas in the region. In Central America, *maras* (street gangs) continue to be associated with drug trafficking. A criminal gang known as “Bagdad”, composed of a number of smaller criminal gangs, is expanding its criminal activities, including trafficking in illicit drugs, in Panama. In El Salvador, Guatemala and Honduras, the countries that make up the so-called “Northern Triangle”, the street gangs Mara Salvatrucha (MS13) and Barrio 18 have continued their illicit activities, including drug trafficking and the collection of extortion payments, which have a corrosive impact on the lives of citizens and the economies of the countries.

407. The restrictive measures implemented by Governments at the borders in response to the COVID-19 pandemic have resulted in the disruption of drug trafficking routes by air, as well as a significant decrease in trafficking by land. Nonetheless, traffickers’ attempts to transport large amounts of cocaine by sea via Central America and the Caribbean have continued, as corroborated by significant seizures of the substance in the region in 2020.

408. To address the increasing presence of transnational criminal organizations and their alliances with local criminal groups in countries and territories of the Caribbean, drug control experts from the region point to the need to further increase maritime domain awareness in the Caribbean and enhance cooperation with international partners, as well as to the importance of developing and implementing national and regional maritime security strategies to counter drug trafficking and other related crimes.

409. Synthetic drugs and new psychoactive substances that have become prevalent in Latin America and the Caribbean in the past decade now warrant the same level of monitoring and surveillance as cannabis, cocaine and other common drugs under international control. The Board noted that Barbados and Trinidad and Tobago have established national early warning systems to gather and disseminate information on emerging drugs and related drug threats and that other countries in the region, including Costa Rica and Jamaica, have taken steps towards the creation of their own early warning systems.

2. Regional cooperation

410. In October 2019, representatives of Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago were invited to attend the first Caribbean Youth Forum on Drug Use Prevention. The main aim of the Forum, hosted by the Executive Secretariat of CICAD, was to promote youth leadership in drug demand reduction by developing youth-led initiatives.

411. A number of countries from Central America and the Caribbean, including Belize, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras, Jamaica, Nicaragua, Panama, and Trinidad and Tobago, participated in the Orion V International Naval Campaign to Combat Drug Trafficking carried out in the Pacific, the Atlantic and the Caribbean in 2020.

412. In 2020, CICAD and UNODC continued providing a number of workshops and training sessions, including online courses, to the competent national authorities of the countries in the region. The training activities were focused, among others, on measures to care for front-line officers during the COVID-19 pandemic; the impact of COVID-19 on the structures of organized crime; illicit traffic using air cargo and courier services; and HIV prevention, treatment and support for people who use drugs.

413. In June 2020, under INCB Learning, regional online seminars were held on the assessment of national needs for internationally controlled substances for medical and scientific purposes and overall implementation of the provisions of the international drug control conventions, including compliance with reporting requirements. The seminars, which form part of the ongoing dialogue between the Board and national competent authorities, were attended by representatives of eight countries from Central America and the Caribbean and South America (Belize, Costa Rica, Dominican Republic, El Salvador, Guatemala, Guyana, Honduras and Panama).

414. In July 2020, INCB coordinated access to and training on IONICS for intelligence officers from the Caribbean Community's regional communications centres, enhancing the exchange of information that supports international investigations into trafficking in dangerous substances. In August 2020, INCB provided training to over 240 law and regulatory enforcement officers from Central America and the Caribbean and South America (Antigua and Barbuda, Bahamas, Barbados, Belize, Bermuda, Cayman Islands, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago) on emerging new psychoactive substances, opioids and fentanyl-related substances, and precursors information exchange. In a separate event facilitated by the Caribbean Customs Law Enforcement Council, over 70 officers from Anguilla, Antigua and Barbuda, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Curaçao, Dominica, Grenada, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, and Trinidad and Tobago received training about the changing situation with regard to trafficking in emerging new psychoactive substances, opioids and fentanyls and information exchange using the INCB global secure communication platforms.

415. In 2020, the Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies II (COPOLAD II), financed by the European Commission, concluded its activities, which had spanned four and a half years and had been focused on the exchange of information, experiences, good practices and lessons learned, with the aim of consolidating effective policies on the basis of scientific evidence.

3. National legislation, policy and action

416. In 2019 and 2020, several countries in the region reviewed or adopted national drug control strategies. The Government of Antigua and Barbuda adopted the National Anti-Drug Strategy Plan for the period 2019–2023, the aims of which are to reduce demand for illicit drugs, delay the onset of drug use and strengthen cooperation between key stakeholders. To respond to drug use in the country, Barbados has revised its plan of action for the period 2020–2025. The Government of Costa Rica approved its National Strategy on Drugs and Associated Crimes for the period 2020–2030 and its National Plan on Drugs, Money-Laundering and Financing of Terrorism for the period 2020–2024. The Government of Saint Lucia has reviewed a new drug strategy for the period 2020–2024 that is aimed at discouraging the early onset of alcohol and drug use and to facilitate effective treatment for and the rehabilitation and reintegration of drug users. The Board noted that Trinidad and Tobago passed the Dangerous Drugs (Amendment) Bill to amend the regulation of cannabis use for non-medical purposes.

417. In December 2019, the National Anti-Drug Commission of El Salvador released its National Strategy for Institutional Strengthening in the Interdiction of Drugs and Chemical Precursors. The strategy is aimed at strengthening compliance with the objectives and goals of the National Anti-Drug Strategy for the period 2016–2021. A new strategy for the strengthening of drug and precursor interdictions was also adopted by the Government of Costa Rica in 2019.

418. Several countries in Central America and the Caribbean, including Jamaica and Nicaragua, expressed concern with respect to the proliferation and marketing of illicit drugs and new psychoactive substances, as well as trafficking in precursors over the Internet, the dispatch of such substances in postal services, and the use of cryptocurrencies to pay for them. The importance of assessing the risk posed by e-commerce enterprises to international trade in the context of preventing drug trafficking was noted. In that regard, the Board noted efforts by Antigua and Barbuda to develop national legislation to regulate the use of virtual currencies to comply with recommendations of the Financial Action Task Force.

4. Cultivation, production, manufacture and trafficking

419. Since 2015, a number of countries in Central America and the Caribbean, including the Bahamas, Belize, Costa Rica, El Salvador, Guatemala, Honduras,

Nicaragua, and Trinidad and Tobago, have reported outdoor illicit cannabis cultivation in their territories. In Guatemala, the methods used to grow cannabis have been refined in recent years, which has resulted in a higher quality of the drug, as well as an increased price on the black market. In Honduras, cannabis is often cultivated by farmers with a low level of education who are recruited by criminal organizations. Locally produced cannabis herb is mostly trafficked and consumed within the region. In recent years, the most frequently mentioned country of origin, departure and transit of seized cannabis herb within Central America was Guatemala. In the Caribbean, it was Jamaica. In 2019, seizures of cannabis herb were reported by Costa Rica (16.8 tons), Honduras (16 tons), Panama (12.9 tons), Nicaragua (3.6 tons), Guatemala (1.9 tons) and El Salvador (1.3 tons). Costa Rica reported the eradication of a total of 11.6 ha of illicit cannabis cultivation in 2019, which was approximately the same as that eradicated in 2018.

420. According to the National Strategy for Institutional Strengthening in the Interdiction of Drugs and Chemical Precursors of El Salvador, about 84 per cent of the cocaine (base and hydrochloride) produced in South America is transported from south to north on the eastern Pacific Ocean. The main destinations for drugs transported by sea are the coasts of Guatemala and Mexico or Costa Rica and Panama, before their final overland transport to the United States. In the Caribbean, fast boats continue to be the primary method of trafficking in drugs. According to authorities in El Salvador, trafficking in cocaine by land in the country is minimal.

421. In 2019, the eradication of small areas under illicit cultivation of coca bush and opium poppy (totalling 37.3 ha) and the destruction of six clandestine cocaine-processing laboratories were reported by Guatemala. Small areas under coca bush cultivation (2.3 ha) were also eradicated in Honduras.

422. In 2018, seizures of cocaine in Panama and Costa Rica accounted for 4 per cent and 2 per cent, respectively, of a total of 1,311 tons of cocaine seized worldwide. By contrast, the amounts reported seized by countries in the Caribbean accounted for 0.5 per cent of the total global quantity of cocaine intercepted, mostly reflecting seizures made by the Dominican Republic.

423. In 2019, Costa Rica seized 31.1 tons of cocaine, an increase of 10 per cent compared with 2018. Seizures of cocaine in Nicaragua nearly doubled in 2019 compared with 2018, reaching 5.9 tons. Panama seized 78 tons of cocaine in 2019, 20.4 tons more than in 2018. In 2019, seizures of cocaine were also reported by Guatemala

(18.9 tons), Honduras (2.8 tons) and El Salvador (0.1 tons). The National Directorate for Drug Control of the Dominican Republic reported that the total amount of illicit drugs seized in the country in the first five months in 2020 amounted to almost 3.4 tons (2.3 tons of cocaine and 1.1 tons of cannabis herb), an increase of 18 per cent compared with the same period in 2019.

424. Container vessels continued to be used by traffickers to transport large amounts of cocaine, as evidenced by a seizure of 5 tons of cocaine in Costa Rica in February 2020. Seizures of 5 tons of unspecified illicit drugs and 0.7 tons of cocaine from semi-submersibles in Panama in February and June 2020, respectively, confirmed the increased use of non-conventional vessels reported by CICAD member States.

425. In 2019, Guatemala seized a total of 16.9 tons of amphetamine. The drug was allegedly destined for local markets and Mexico. In addition, authorities in Guatemala seized sizeable amounts of ephedrine and pseudoephedrine, which are precursors of methamphetamine. The country has also been mentioned as a source of methamphetamine seized in El Salvador. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances can be found in the report of the Board for 2020 on the implementation of article 12 of the 1988 Convention.

5. Prevention and treatment

426. In 2018, the annual prevalence of use of cocaine in Central America and the Caribbean was 0.66 per cent and 0.63 per cent, respectively. Those rates were below the average in North America (2.13 per cent), Western and Central Europe (1.36 per cent) and South America (0.96 per cent).

427. The annual prevalence of cannabis use in the Caribbean (3.39 per cent) in 2018 was similar to that in South America (3.49 per cent) and considerably lower than that in North America (14.56 per cent).

428. Cannabis continued to be the drug most commonly used by the school-aged population, in particular boys, in El Salvador. According to a drug situation report published by the National Drug Commission of El Salvador in December 2019, the average age of first-time use ranged from 13 to 15.

429. Cannabis was the primary drug for which people sought treatment in El Salvador, Guatemala and Honduras;

in Costa Rica, it was cocaine. In Honduras, among persons receiving treatment for cannabis use, 90 per cent were receiving treatment for the first time.

430. In contrast to the use of cocaine, the annual prevalence of use of amphetamine, methamphetamine and pharmaceutical stimulants in Central America (0.98 per cent) and the Caribbean (0.9 per cent) was considerably higher than that of South America (0.27 per cent). In several Central American countries, the non-medical use of pharmaceutical stimulants, including weight loss pills, was reportedly more common than the use of other amphetamines, in particular among women.

431. The Board noted the continued efforts of the countries of Central America and the Caribbean to establish systematic monitoring of new psychoactive substances. While the total number of alerts on the emergence and presence of new psychoactive substances in Central America and the Caribbean and South America may currently be comparatively small, there is an increasing awareness by Governments in the region of the problems related to those substances and the associated adverse health effects of the use of those drugs.

432. According to the best estimates from the latest UNODC data, published in 2020, about 20,000 people in Central America and 100,000 people aged 15–64 in the Caribbean inject drugs. The joint 2018 UNODC/WHO/UNAIDS/World Bank estimate of the global prevalence of HIV among people who inject drugs was 12.6 per cent. In Central America and the Caribbean, where HIV prevalence data were available for one third of all people who inject drugs, this prevalence was estimated at 3.4 per cent and 14 per cent, respectively.

433. People who use drugs may be particularly vulnerable to COVID-19 owing to underlying health issues, stigma, social marginalization and higher economic and social vulnerabilities, including a lack of access to housing and health care. The Board wishes to encourage all competent national authorities to continue providing comprehensive prevention and treatment services for those with a drug use disorder during difficult times, including the COVID-19 pandemic.

North America

During the COVID-19 pandemic, North America suffered from an increased number of overdose deaths and challenges in providing treatment to people who use drugs.

Cannabis legalization measures and decriminalization initiatives in North America continued to evolve and shape the regional market for cannabis.

1. Major developments

434. Deaths from illicit drug use are increasing in North America. Use of and trafficking in fentanyl, cocaine and methamphetamine increased in the past year, which had an impact on the lethality of drug overdoses in North America, owing in part to the use of fentanyl in many drugs sold on the region's illicit markets.

435. The public health emergencies surrounding the COVID-19 pandemic altered the region's drug trafficking landscape and affected the ability of Governments to respond to drug use threats and provide treatment for people who use drugs, including access to medications for opioid use disorders.

436. Mexico reported that it is undergoing a national drug policy transition on the basis of the principles of public health, scientific evidence and respect for human rights, based in the National Development Plan for the period 2019–2024. The Government of Mexico has indicated that new policies are designed to take a preventive and responsive approach to the needs of vulnerable populations, especially those in prison settings, women and adolescents, and other groups disproportionately affected by drug use and associated health conditions.

2. Regional cooperation

437. North American cooperation on drug control is focused on addressing the complex problems pertaining to trafficking, the opioid crisis and the multifaceted regional drug crisis. The trilateral efforts are embodied in the Annual North American Drug Dialogue, the fourth iteration of which was held in December 2019. The discussions among law enforcement and health officials solidified the region's collective understanding that efforts to combat synthetic drugs, including fentanyl and methamphetamine, should be intensified.

438. In December 2019, a bilateral meeting was held between Mexico and the United States to advance security

collaboration. Officials from the two countries agreed to strengthen the United States-Mexico High-level Security Group to combat organized crime and cross-border crime. The Group has a drug policy sub-group that focuses on counter-narcotics issues including maritime container control, the mail-based fentanyl supply chain and the tracking and safe destruction of precursor chemicals.

439. Officials from the Governments of Canada and the United States held a meeting in Washington, D.C., on 31 January 2020 on their Joint Action Plan on Opioids. The Steering Committee of the Joint Action Plan on Opioids established working groups and a framework for bilateral exchanges on the law enforcement, border security and health challenges facing the two countries.

3. National legislation, policy and action

440. In February 2020, the United States Office of National Drug Control Policy released the National Drug Control Strategy for 2020. The Strategy is focused on three areas: (a) preventing initiates to drug use through education and evidence-based prevention; (b) lowering barriers to treatment services; and (c) reducing the availability of illicit drugs through law enforcement and cooperation with international partners. It was confirmed in the strategy that the top priority for the Government was addressing the current opioid crisis and reducing the number of people in the United States dying from synthetic opioid overdoses.

441. The Drug Enforcement Administration of the United States released the *2019 National Drug Threat Assessment* in February 2020. The assessment contains an outline of the threats faced by the United States from domestic and international drug trafficking, including the opioid threat, which is described as continuing at ever-increasing epidemic levels. According to the assessment, threats from methamphetamine and cocaine are also increasing. Fentanyl-involved overdose deaths are highest in the Great Lakes, Midwest and north-east regions, with Ohio having among the highest age-adjusted rates of fentanyl-involved overdose deaths. The availability and new varieties of new psychoactive substances continue to be a challenge; and the domestic cannabis situation is evolving as legalization of cannabis for medical and non-medical purposes at the state level continues to spread.

442. In February 2020, the United States Office of National Drug Control Policy issued the Northern Border Counternarcotics Strategy, which contains specific goals

for reducing the availability of illicit drugs in the United States. It is explained in the Strategy that the border between the United States and Canada, the longest in the world between two countries, offers many opportunities for transnational criminal organizations to traffic drugs, including through exploitation of the mountain valleys in the States of Washington and Idaho, as well as the waterways on the border that are conducive to moving contraband. Implementation of the Strategy will include coordinated drug interdiction efforts driven by improvements to information-sharing processes, procedures and technology. Stakeholders from the two countries will be integrated into the law enforcement operations of the other, with coordinated investigative and operational efforts.

443. The Justice in Policing Act of 2020 was passed on 25 June 2020 by the House of Representatives of the United States, although it remained under consideration in the Senate. The legislation includes a section prohibiting so-called “no-knock warrants” in federal drug cases. This would amend section 509 of the Controlled Substances Act to include that a search warrant authorized under that section may be executed by a law enforcement officer only after providing notice of his or her authority and purpose. Law enforcement funding would also be conditioned on state and local prohibitions on “no-knock warrants”. While no action was taken on the legislation before the end of 2020, the bill could still form the framework for legal changes that take place during 2021.

444. In response to the COVID-19 pandemic, the Drug Enforcement Administration of the United States has taken efforts to support more flexible prescribing practices, such as through telemedicine and without an in-person medical evaluation. The Drug Enforcement Administration has reported that it is working with its federal United States partners to ensure an adequate supply of controlled substances and medications during the pandemic. For example, owing to the public health emergency, authorized practitioners were granted the authority to prescribe buprenorphine for opiate use disorder by telemedicine, without conducting in-person examinations of the patient.

445. As a result of the COVID-19 pandemic, there were reports in the United States of shortages of critical medicines needed for placing patients on ventilators and of other essential prescription drugs. According to a December 2019 report from the United States Senate Committee on Homeland Security and Governmental Affairs, even before the pandemic affected the supply chain, the number and duration of drug shortages in the United States had continued to rise in 2019. It was noted

in the report that more than 80 per cent of the active pharmaceutical ingredients for prescription drugs sold in the United States came primarily from China and India. The American Hospital Association released information in June 2020 explaining that, owing to COVID-19 treatments, the demand for certain drugs such as sedatives had increased, but the supply of those drugs had decreased, at least partly as a result of a fracturing of the supply chains.

446. Local and national governments in North America continued to adopt new measures for the legalization and decriminalization of the use of cannabis for non-medical purposes. In Mexico, the Supreme Court granted an extension to the Congress to approve draft legislation on a cannabis law, which would amend the cannabis regulations and permit consumption for non-medical purposes.

447. In Canada, as of 1 January 2020, the legal age to buy or possess cannabis in Quebec was raised to 21. The province amended its regulations to prohibit possession of cannabis for non-medical purposes by anyone under 21, and individuals younger than 21 are not permitted on any premises where cannabis is sold. The government of Quebec further banned food items containing cannabis that could be considered attractive to people under the age of 21. In addition, it is forbidden in Quebec to smoke or vape cannabis in any public place, whether indoors or outdoors.

448. In July 2020, the Canadian Association of Chiefs of Police released a report of its special purpose committee on the decriminalization of illicit drugs. The findings of the committee include the recognition of substance use disorder as a public health issue and the recommendation that decriminalization of simple possession of drugs would be an effective way to reduce the negative health consequences of drug use. Also in the report, the Association endorsed alternatives to criminal sanctions for simple possession and access to diversion measures.

449. Under the 2018 United States Farm Bill, the commercial production of hemp, limited to no more than 0.3 per cent of THC, was legalized and the United States Department of Agriculture was directed to establish a national regulatory framework for hemp production. Hemp and hemp seeds were removed from the schedules of the Controlled Substances Act. Through an interim rule that became effective on 31 October 2019, the Agricultural Marketing Service established provisions for the approval of the plans of states and Indian tribes related to the domestic production of hemp, including use of the plant to extract cannabidiol. **In this**

connection, the Board calls upon States parties to ensure that the cultivation of cannabis for industrial purposes is undertaken in line with the requirements of the 1961 Convention as amended, which limits the cultivation of cannabis for industrial purposes to fibre and seed.

450. The Commonwealth of Virginia passed a law to decriminalize the simple possession of cannabis that provided for a civil penalty of no more than \$25. The law came into force on 1 July 2020. Violations of the law would result in a summons, in the same way as a motor vehicle law violation, with no liability for court costs for the offender. In addition, a working group was established under the law to study the potential impact of the legalization of cannabis for personal, non-medical use.

451. On 7 October 2020, the Governor of the State of Vermont allowed legislation on the commercial regulation of cannabis to go into effect. The law allows for the creation of a regulated market for the sale of cannabis for non-medical purposes. The legislation requires cities and towns to take further action before retail establishments may open and ensures that local zoning applies to cannabis cultivation and production. Up to 30 per cent of the tax revenue collected from commercial sales will go towards substance use education and prevention programming.

452. Following the elections of 3 November 2020 in the United States, in which a number of ballot measures were voted upon, there are now 34 states in which the use of cannabis for medical purposes is permitted and 11 states, in addition to Washington, D.C., in which cannabis possession and use for non-medical purposes have been legalized.

453. As a result of the 2020 ballot measures, the States of Arizona, Montana, New Jersey and South Dakota legalized the possession and use of cannabis by adults for non-medical purposes. In the States of Mississippi and South Dakota, measures were approved by voters to permit the use of cannabis for medical purposes.

454. In the State of Oregon, two ballot measures pertaining to drug control were approved by voters during the 2020 election. Measure 109 was approved to create a programme to permit licensed service providers to administer psilocybin-producing mushroom and fungi products to individuals aged 21 or older. Measure 110, which was also approved by voters in the State of Oregon, will decriminalize possession of all currently controlled substances and reclassifies the penalties for possession offences from a misdemeanor crime to a violation, subjecting offenders to a \$100 fine or a health assessment.

The manufacture and distribution of controlled substances in Oregon will continue to be subject to criminal penalties.

455. In Washington, D.C., voters approved, in the November 2020 election, a ballot measure that makes the investigation and arrest of adults for the non-commercial planting, cultivating, purchasing, transporting or possession of or engaging in practices with entheogenic plants and fungi among the lowest law enforcement priorities of the area's police department. These species of plants and fungi are defined as containing ibogaine, dimethyltryptamine, mescaline, psilocybin or psilocyn.

456. **The Board is concerned that legalization measures or regulations that permit the use of any controlled substance, including cannabis, for non-medical purposes are inconsistent with the obligations of States parties, in particular those included in article 4, paragraph (c), of the 1961 Convention as amended. The Board calls upon all States to respect their Convention obligations in the development of their national drug control policies.**

4. Cultivation, production, manufacture and trafficking

457. Illicit drug supply and trafficking patterns in North America have changed over the course of 2020 owing to the impacts of COVID-19. The social-distancing measures and societal challenges caused by the pandemic have led to shifting drug trafficking patterns and changes in illicit drug manufacturing.

458. According to preliminary research from the Canadian Community Epidemiology Network on Drug Use, undertaken on the basis of information collected between 31 March 2020 and 10 May 2020, the illegal drug supply in Canada has been affected by business closures, border closures and social distancing. A decrease in the availability of different drugs, increased prices of drugs and increased drug adulteration were all noted. The full impact of COVID-19 on the illicit cultivation, production and manufacture of and trafficking in drugs in Canada continues to be a subject of research and analysis.

459. In Mexico, the COVID-19 pandemic and the related health emergency has had profound impacts on society and the economy. The pandemic is expected to affect the way in which transnational organized crime and illicit markets operate. Changes to the way in which organized criminal activity affects the economy could have long-term consequences, based on the Government's identification of three significant impacts: (a) an increase

in armed violence linked to organized crime; (b) diversification of criminal acts owing to a reduction in income from the drug market; and (c) a strengthening of criminal groups.

460. In July 2020, during a visit to the Port Complex of Manzanillo, one of the ports through which a large amount of precursors and fentanyl is trafficked to Mexico from Asia, the President of Mexico announced that, in response to the violence and corruption resulting from trafficking in drugs and precursors at ports in Mexico, the country's armed forces would be responsible for customs and addressing the problem of insecurity and drug trafficking at ports.

461. The Drug Enforcement Administration of the United States explained, in an intelligence report published in January 2020, that the flow of illicitly manufactured fentanyl into the United States had become more diverse since the start of the opioid crisis, in 2014, with new source and transit countries emerging. It was noted in the report that India was emerging as a source for finished fentanyl powder and chemicals used for illicit fentanyl manufacture, alongside the identified primary source countries of China and Mexico. The explanation provided in the report for the shift of production from China to India was the restrictions in China on the illicit manufacturing of all forms of fentanyl. The change in legislation in China in 2019, to place all fentanyl analogues under control, has resulted in substantially fewer detections at the border of fentanyl entering the United States from China.

462. In November 2019, the Drug Enforcement Administration of the United States issued a warning over counterfeit prescription pills containing fentanyl that were being trafficked from Mexico. According to the Drug Enforcement Administration, drug trafficking organizations were sending bulk shipments of counterfeit pills mixed with fentanyl that were disguised as real pharmaceutical products to the United States. Furthermore, the results of "Project Python", an operation targeting the Jalisco New Generation Cartel, were announced in March 2020 by the Department of Justice of the United States. According to the Department, the cartel was responsible for moving tons of cocaine, methamphetamine and fentanyl-laced heroin into the United States. Methamphetamine labs operated by the cartel are reportedly procuring precursors from China and India, as well as producing their own precursors.

463. In April 2020, the Canadian Community Epidemiology Network on Drug Use published a bulletin describing the content of drugs on the illicit market in

Canada. According to the bulletin, fentanyl and its analogues are common in the country's illicit drug supply and were present in nearly two thirds of samples containing opioids studied by the Drug Analysis Service of Health Canada. Nationally, up to 3 per cent of samples containing stimulants contained fentanyl or its analogues. Data from the Province of British Columbia included in the bulletin suggested that between 14 and 36 per cent of fentanyl exposure was unknown or unintentional. The British Columbia Coroners Service in Canada reported extremely high fentanyl concentrations in post-mortem toxicology results from April to June 2020 compared with previous months.

464. In 2019, the INCB Operation Fast Forward identified interdictions of new pre-precursors (*N*-phenylpiperidin-4-amine and 4-piperidone), which could be used in the illicit manufacture of fentanyl. The substances were seized by Mexico arriving from China and India by express post and courier services. Operation Fast Forward, launched in January 2019, was aimed at identifying key sources and redistribution points involving fentanyl, fentanyl analogues and related substances trafficked using international post, express mail and courier services. The operation involved 45 Governments and two international agencies and resulted in 53 communications on target substances, with seizures of more than 29 kg. It also resulted in the identification and subsequent dismantling of a fentanyl-distribution operation in Canada.

465. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in North America can be found in the report of the Board for 2020 on the implementation of article 12 of the 1988 Convention.

466. Concurrently, a number of emerging, potent, fentanyl-like synthetic opioids are increasingly appearing, including isotonitazene. Isotonitazene is a highly potent synthetic opioid and one of several analogues of etonitazene. It is structurally different from fentanyl, but INCB open net monitoring found that it is being marketed online as a legal replacement for internationally scheduled opioids. In May 2020, a special notification on the substance was sent through the INCB GRIDS Programme to all Project Ion and OPIOIDS project focal points. Numerous communications related to seizures of the substance were subsequently received through IONICS. Through the GRIDS Programme, information relating to isotonitazene trafficking has been provided to the relevant focal points in North America. In June 2020, the United States added it to schedule I of the Controlled Substances Act under its emergency procedure.

467. In February 2020, the Drug Enforcement Administration of the United States initiated Operation Crystal Shield to focus efforts on stopping the growing methamphetamine threat in the country, to reduce the supply of methamphetamine and to respond to the trafficking in methamphetamine across the south-west border. The operation was designed to focus enforcement efforts on eight methamphetamine distribution hubs throughout the country, namely Atlanta, Los Angeles, Phoenix, El Paso, Dallas, Houston, St. Louis and New Orleans. Those cities are reportedly used by Mexican drug trafficking organizations to distribute methamphetamine.

468. In a summary of findings related to methamphetamine published in March 2020 by the Canadian Centre on Substance Use and Addiction, significant increases were highlighted in the rates of criminal violations involving methamphetamine between 2010 and 2018. Violations for possession of methamphetamine increased by 626 per cent over that period, and there was an expansion in the illicit manufacture of methamphetamine in small laboratories throughout North America.

469. In 2019, Public Safety Canada released a study entitled "Patterns in cannabis cryptomarkets in Canada in 2018". In that study it was noted that, following the legalization of cannabis for non-medical purposes in Canada, sales by Canadian dealers of cannabis on cryptomarkets appeared to be increasing in number. It was concluded that the increase was ostensibly owing to sales for the international market. When comparing cannabis sales on cryptomarkets from July 2018 with those from November 2018, it was noted in the study that Canada had moved from eighth to fourth position in the world.

470. According to Statistics Canada, the price gap between cannabis for non-medical purposes purchased legally and illegally is increasing, with overall price increases attributable to the higher costs of cannabis sold legally. Based on data released by Statistics Canada on 21 February 2020, sales of cannabis totalled 1.2 billion Canadian dollars in 2019. Following a statistical analysis of voluntary responses to the National Cannabis Survey on the effects of legalization, Statistics Canada reported that, after the Cannabis Act, more consumers obtained cannabis from legal sources and fewer reported obtaining it from illegal sources or from family and friends.

471. In March 2020, officials from Colombia and the United States developed a bilateral agenda and joint action plan to reduce the levels of coca bush cultivation and cocaine manufacture by 50 per cent by the end of 2023; the levels of coca bush cultivation and cocaine

manufacture in Colombia stabilized in 2018 and 2019 for the first time since 2012.

472. In March 2020, UNODC and the Government of Mexico published the third technical monitoring report on illicit opium poppy cultivation following a study conducted between July 2017 and June 2018. The area under opium poppy cultivation in Mexico was estimated at 28,000 ha, with a statistical range of 21,200 to 34,800 ha. Compared with the period 2016–2017, the area under opium poppy cultivation decreased slightly, by 9 per cent, or 2,600 ha. The national average yield of opium gum was estimated at 16.1 kg per hectare; the potential national production of dry opium gum was estimated at 450 metric tons; and the morphine concentration in opium gum during the reporting period was 16.2 per cent.

5. Prevention and treatment

473. North America continued to be affected by opioid-related harms and deaths in 2019. In June 2020, the Public Health Agency of Canada reported that there had been more than 21,000 suspected opioid-related overdoses between January and December 2019. There had been 3,823 opioid-related deaths during the same period, of which 94 per cent were unintentional; 77 per cent of the cases involved fentanyl or fentanyl analogues. The COVID-19 pandemic has reportedly exacerbated the vulnerability of drug users to negative health impacts, with higher levels of concern about the drug supply and the quality, degree of contamination, potency and cost of drugs.

474. At the start of the COVID-19 pandemic, in response to the opioid overdose crisis, the Government of Canada issued a temporary exemption to the Controlled Drugs and Substances Act to facilitate prescribing through flexible treatment options, creating an alternative and safer supply than the illicit drugs available to users. The exemption has been extended until 30 September 2021. Prescription-grade heroin (diacetylmorphine) was added to the List of Drugs for an Urgent Public Health Need and safer supply pilot projects have been developed in cities across Canada. According to Health Canada, the early findings from the pilot projects have shown that using pharmaceutical-grade medications such as hydromorphone and diacetylmorphine can help save lives and improve outcomes for people at risk of overdose.

475. In April 2020, the United States National Center for Health Statistics published data showing that deaths from drug overdoses were an increasing public health burden in the United States. The Substance Abuse and Mental Health Services Administration of the United

States has stated that it expects the COVID-19 crisis to contribute to increasing numbers of people struggling with mental health problems and substance use, coupled with corresponding increases in depression, anxiety, trauma and grief.

476. In Canada, on 21 May 2020, as a result of the increased toxicity of illicitly manufactured drugs, British Columbia issued a provincial overdose alert following an increase in fatal and non-fatal overdoses resulting from smoking and injecting illicit drugs. According to the British Columbia Coroners Service, 170 people died of illicit drug overdoses in May 2020, compared with 76 in February 2020. In May 2020, a new resource was launched, called the “Lifeguard App”, to help respond to the overdose crisis. The application is designed to be activated before a person administers a dose of drugs. An alarm will be sounded after 50 seconds and, if user does not respond after 75 seconds, emergency medical services are alerted to a potential overdose.

477. According to provisional data from the Centers for Disease Control and Prevention of the United States that were available as at 8 June 2020, there were 3 per cent more drug overdose deaths in the United States during the period November 2018–November 2019 than during the year before.

478. The Director of the United States National Institute on Drug Abuse has raised concerns about the impacts of COVID-19 and the potentially heightened risks and complications for people who smoke, vape or use opioids or methamphetamine. In an article in the *Annals of Internal Medicine*, the Director wrote that people with substance use disorder may be especially susceptible to COVID-19 and find it harder to get care. Social distancing during the pandemic could further increase the possibility of opioid overdoses if there are fewer people available to administer naloxone.

479. The potential health risks associated with using methamphetamine during the COVID-19 pandemic were outlined in an evidence brief issued by the Canadian Centre on Substance Use and Addiction. In the light of increases in Canada of methamphetamine-related visits to emergency departments, hospitalizations and overdose deaths, it was noted that people who regularly use drugs, including methamphetamine, may be at higher risk of COVID-19 infection.

480. The United States “Monitoring the Future Survey” for the period 1975–2019 found a dramatic increase in vaping among adolescents, including vaping of concentrated cannabis. During the period 2017–2019, the 30-day

prevalence of vaping of cannabis rose among students in the twelfth grade (usually 17- and 18-year olds), from 4.9 per cent in 2017 to 14.0 per cent in 2019. The rate of past-year prevalence of cannabis vaping among twelfth graders was 20.8 per cent. Daily cannabis use rates increased significantly in some grades, rising to 4.8 per cent among tenth graders and 1.3 per cent among eighth graders. These figures represent an increase of 85.7 per cent compared with 2018.

481. According to the National Drug Control Strategy of the United States for 2020, prior to COVID-19, the historically low prices for some synthetic drugs, such as methamphetamine, had led to increasing trends of poly-drug use across the country. Addressing the increasing availability and use of cocaine in the United States is called for in the Strategy. Also in the Strategy, efforts are outlined to strengthen the capacity of state, local and tribal communities to identify and prevent substance misuse. The enhancement of research and the development of evidence-based prevention programmes, including through the “Drug Free Communities Support Program”, which is aimed at preventing youth substance use at the community level, are also called for.

482. In Mexico, there are indications of a growing methamphetamine epidemic. At the sixty-sixth regular session of CICAD, held in Miami, United States, from 19 to 21 November 2019, the National Commissioner against Addictions of Mexico stated that lifetime prevalence of methamphetamine use had increased from 0.1 per cent to 0.9 per cent of the general population between 2002 and 2016. Cannabis remained the main drug for which people sought treatment in Mexico. The National Commissioner noted that treatment in Mexico should respond better to the needs of women and youth and that hospital and forensic medical service registration systems needed improvement.

483. In a study, commissioned by the Government of Mexico, of heroin and crystalline methamphetamine users in the northern border cities of Mexico, tests of drug paraphernalia samples showed that 93 per cent of white powder heroin, 40 per cent of black tar heroin and 100 per cent of “speedball” (a combination of heroin and crystalline methamphetamine) contained fentanyl. The drug users who provided the paraphernalia were unaware that their drugs were combined with fentanyl. Therefore, although heroin use in Mexico is not high, except for in marginalized communities on the northern border, heroin users in Mexico have been unknowingly exposed to fentanyl. These findings also explain the overdoses among drug users in parts of Mexico in recent years.

484. In June 2020, the Department of Health and Human Services of the United States published a guide on the treatment of stimulant use disorders. The Assistant Secretary for Mental Health and Substance Use explains in the guide that stimulant use, including misuse of prescription stimulants, is on the rise in the United States. The risk of overdose and death has increased substantially owing to illicitly manufactured stimulants containing unknown amounts of fentanyl. The treatment guide is meant to address a public health crisis involving cocaine and amphetamines, which have become more accessible, purer and cheaper.

485. In January 2020, the Office of the Inspector General of the Department of Health and Human Services issued a report on the geographical disparities in the United States affecting access to buprenorphine services for opioid use disorder. According to the study, access to treatment is vital, but only a small percentage of people who need treatment in the United States actually receive it. The findings of the Inspector General concluded that 40 per cent of counties in the United States did not have a single health-care provider with a waiver permitting the prescription of buprenorphine in an office setting. The providers were also not necessarily located in the areas in which the need for such medication-assisted treatment was most critical.

486. Facing challenges of drug use, manufacture and trafficking in rural areas, the United States launched the Rural Community Toolbox in June 2020 to connect rural leaders with funding, data and information from 16 federal government departments. The aim of the Toolbox is to provide rural communities with the resources needed to overcome the opioid epidemic and drug use crisis through evidence-based prevention and treatment services. It provides rural leaders with data about drug overdose deaths and factors that are driving drug use trends, such as those relating to education and unemployment levels. In January 2020, the Rural Community Action Guide was released, which contains recommended practices and action steps to increase the stability of rural communities.

487. In October 2020, the Department of Justice of the United States announced the resolution of its criminal and civil investigations into the opioid manufacturer Purdue Pharma and the conclusion of its civil investigations into the company’s individual shareholders. Purdue Pharma agreed to plead guilty in federal court to charges of conspiracy to violate the Federal Anti-Kickback Statute, with a criminal fine of over \$3.5 billion and \$2 billion in criminal forfeiture. A settlement in the amount of \$2.8 billion will resolve the civil liability under the False

Claims Act for opioid prescription practices that were unsafe, ineffective and medically unnecessary, resulting in abuse and diversion. The resolution does not resolve other claims that states may have against the company.

488. In 2020, the Canadian Centre on Substance Use and Addiction published a report on the costs and harms associated with substance use during the period 2015–2017. It contains updates to the previous figures, from the period 2007–2014, found in the 2018 report. As set out in the latest publication, substance use cost Canada almost 46 billion Canadian dollars in 2017 and led to over 275,000 hospitalizations. While nearly 63 per cent of the total costs were due to alcohol and tobacco use, opioids accounted for \$5.9 billion Canadian dollars, or 12.9 per cent of the total costs. Cocaine accounted for \$3.7 billion Canadian dollars, or 8.1 per cent of the total costs.

489. A socioeconomic review of supervised consumption sites in the Province of Alberta, Canada, was released in March 2020. Since 2019, the government of the province had frozen funding for any new supervised consumption sites until a review of the impact of existing sites was carried out. The Health Authority of the province advised the committee reviewing the sites that, since October 2017, there had been about 6,541 adverse events at the sites, and that death rates in their vicinity had increased. The committee was concerned about issues of transparency and accountability surrounding how overdose reversals were tracked and reported. Non-opioid substance use, such as methamphetamine, also reportedly increased at some of the sites and, in most areas, crime in the immediate vicinity increased.

490. On 6 January 2020, the Council of Chief Medical Officers of Health of Canada issued a statement on cannabis extracts, edibles and topical products. Released through the Public Health Agency of Canada, the Council advised, in the statement, that cannabis was not harmless and that it carried risks. Evidence continued to emerge on the longer-term health effects of cannabis use, which highlighted the importance of ongoing research. It was further indicated in the statement that the safest approach for people who use cannabis was to avoid smoking or vaping cannabis extracts, and that side effects from cannabis products should be reported to Health Canada.

491. Mexico reported to the Board that, owing to the COVID-19 pandemic, the National Institute of Psychiatry had enacted a series of remote intervention programmes for drug users. Guidance is provided to people, at any time, over the Internet. Mexico reported on its drug abuse and depression assistance programme, which provides

brief online psychological treatment from a professional counsellor to encourage a reduction in drug use and address symptoms of depression. Mexico also reported on additional programmes that had been designed to strengthen social, emotional and parenting skills to help prevent the use of drugs.

South America

The COVID-19 pandemic has affected trafficking routes, supply of and demand for drugs, and microtrafficking modalities in South America.

Total cocaine manufacture potential in Colombia increased by 1.5 per cent in 2019 despite a decrease in the area under coca bush cultivation.

The manufacture and presence of synthetic drugs is on the rise in South America, in particular in Chile.

1. Major developments

492. The COVID-19 pandemic has greatly affected South America, with significant repercussions for the cultivation and manufacture of, trafficking in and consumption of drugs in the region. As lockdowns of varying degrees were imposed across South America, criminal organizations again demonstrated their capacity to adapt to new circumstances. This was noted in particular with regard to the channels used for the illicit movement of drugs: alternative routes were created to circumvent border closures and road and air travel restrictions; maritime routes acquired a prominent role, with traffickers taking advantage of the limited capacity in some countries in the region to detect and seize controlled substances trafficked along river and sea routes; and there was an increase in the use of light aircraft, flown at low altitude to avoid radar, to transport drugs between Bolivia (Plurinational State of), Brazil and Peru.

493. Changes in supply and demand as a result of border closures have also had an impact on drug prices in the region. In Brazil, there was an increase in cocaine prices and, in Colombia, a similar trend was observed with regard to the price of coca paste. No official data have been made available yet to calculate the exact increase in the price of cocaine for consumer markets. Between January and April 2020, the price of coca leaf dropped by 46 per cent in Peru and by 58 per cent in the valley of the rivers Apurímac, Ene and Mantaro, one of the major coca bush-growing areas in the country, as a

result of the impact of COVID-19 on demand for cocaine. The prices of cocaine hydrochloride and coca paste also decreased in Peru, by 25 per cent and 23 per cent, respectively.

494. Organized criminal groups that control more resources were better able to anticipate and overcome the repercussions of the lockdown on their illegal businesses by stockpiling drugs. Reduced economic activities and restrictions on transport also had an impact on the procurement of chemical precursors. As such, while some criminal organizations have relied on the reserves of chemicals that they had on hand to produce cocaine hydrochloride, others have tried to produce their own precursor chemicals. Although a trend towards self-reliance in the manufacture of cocaine was observed before the COVID-19 pandemic, restrictions related to the pandemic have increased the interest of organized criminal groups in developing and manufacturing their own chemical precursors to sustain their production in difficult circumstances.

495. Lockdowns related to the COVID-19 pandemic have also prompted changes in microtrafficking practices across the region, with drug traffickers taking increased advantage of existing licit services, such as food delivery, Internet platforms and emergency services, or emulating such services as a cover for their operations. In July 2020, 24 people were detained in Chile for using a fake food delivery service as a front for delivering cocaine, cannabis and clonazepam. Other drug traffickers have taken advantage of the transportation of essential equipment during the pandemic to smuggle drugs. In March 2020, authorities in Brazil found 1.1 tons of cocaine hidden in surgical gloves that were being transported by truck, and police officers in Peru seized over 1 kg of drugs in boxes containing protective masks destined for Hong Kong, China.

496. In June 2020, the border between the city of Salvador Mazza in Argentina and the Plurinational State of Bolivia was closed to prevent the spread of COVID-19 and stop trafficking in goods and drugs between both countries. Controls at the border between the two countries have increased as drug traffickers appear to be taking advantage of the influx of people from the Plurinational State of Bolivia seeking medical assistance in Argentina to smuggle their drugs.

497. It is expected that the economic crisis triggered by the COVID-19 pandemic will move the patterns of drug use and trafficking towards cheaper and more addictive substances. The Chilean Observatory on Drugs has noted a possible increase in the illicit market of synthetic drugs that are cheaper to manufacture and easier to transport

and distribute. This comes at a time when the presence of synthetic drugs such as “ecstasy” is becoming more evident in the region.

498. The pandemic has also evidenced the role that cartels and organized criminal groups have in the region. At times, they have filled the void left by Governments by implementing lockdown measures when and where the Government was not acting or was unable to enforce such measures.

499. According to a report from Fundación Paz y Reconciliación (Peace and Reconciliation Foundation), the presence of cartels and drug trafficking groups from Mexico has increased in Colombia. Although their presence dates back to previous decades, their activity has become more prominent. They have increased the funding and arming of Colombian drug trafficking groups, presumably to ensure that cocaine continues to reach Mexico as the Revolutionary Armed Forces of Colombia–People’s Army (FARC-EP) relinquishes control of drug-producing areas in Colombia.

500. In March 2020, the President of the Bolivarian Republic of Venezuela, together with government officials and members of FARC, were indicted in the United States on counts of narco-terrorism and international cocaine trafficking. The Government of the Bolivarian Republic of Venezuela immediately denounced the charges against its President as baseless, highlighting the aggressive action it had taken to fight drug trafficking and condemning what it considered attacks against its country. In April 2020, in response to the occurrence of maritime drug smuggling from the Bolivarian Republic of Venezuela, the Government of the United States launched a counter-narcotics operation in the Caribbean Sea, which involved the deployment of warships.

501. In the Andean region, the area under illegal coca bush cultivation has been increasing since 2016, together with the potential for cocaine manufacture. Until 2017, the Board and other United Nations entities could carry out comparative analyses of the trends in illicit coca bush cultivation and cocaine manufacture in Bolivia (Plurinational State of), Colombia and Peru on the basis of the crop monitoring activities carried out by UNODC and the Governments concerned. While reports for Bolivia (Plurinational State of) and Colombia continued to be published, since 2017 there have been no official figures for Peru. This absence of updated information impairs the comprehensive assessment of coca cultivation trends in the Andean region. **The Board expresses its concern about the lack of measurement of the area under illegal coca bush cultivation in Peru during 2018**

and 2019 and urges the country to complete and present the studies for the missing years and to renew its long-standing commitment to crop monitoring activities and to the promotion of comprehensive and sustainable alternative development.

2. Regional cooperation

502. In 2020, several new initiatives were developed to overcome the challenges that drugs pose to the region. On 4 and 5 March 2020, the first meeting of the intelligence agencies of Latin America was held in La Paz, with the participation of Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador and the United States. Participating countries agreed to cooperate and exchange information to identify the persons involved and the *modi operandi* used in the production and manufacture of and trafficking in drugs in each country.

503. From 1 April to 15 May 2020, 26 countries from Europe and the Americas, including Argentina, Brazil, Colombia, Chile, Guyana, Peru, Suriname and Uruguay, collaborated in the Orion V International Naval Campaign to Combat Drug Trafficking, the operational aspects of which were coordinated by Colombia. As a result of the campaign, 50.3 tons of cocaine, 7.3 tons of cannabis, 10 kg of heroin, 12 kg of amphetamines, 10 kg of “ecstasy” and 13 kg of methamphetamine were seized. Also as part of the operation, 38 vessels, two submarines and four aircraft were seized and 72 laboratories were dismantled. Activities under the Orion V naval campaign were initiated in 2018; from January to May 2020, a total of 180.3 tons of cocaine and 22.6 tons of cannabis were seized as part of it.

504. In April 2020, CICAD published the first information bulletin of the newly established early warning system for the Americas. The system was created in 2019 in the context of a growing need to monitor the presence of new psychoactive drugs in the States members of OAS. The system collects information from national early warning systems in the region. As of April 2020, Argentina, Chile, Colombia and Uruguay had operationalized their national early warning systems for emerging drugs and related threats, while Brazil, Paraguay and Peru had taken steps toward the creation of such systems.

505. Between 28 September and 1 October 2020, officials of the competent national authorities of Bolivia (Plurinational State of), Colombia, Ecuador and Peru participated in the webinars delivered by the INCB Learning project. The webinars provided an opportunity

to enhance participants’ understanding of the drug control and reporting requirements as established by the international drug control conventions and offered a platform for the exchange of best practices among South American authorities.

506. In November 2019, INCB participated in the International Conference on Synthetic Drugs in Santiago, which strengthened the capacity of law enforcement agencies to identify and interdict new psychoactive substances and non-medical synthetic opioids and to exchange intelligence on trafficking in those substances. More than 130 international experts and front-line officers from Brazil, Chile, China, Germany, Italy, New Zealand and Spain, as well as representatives of INTERPOL and INCB, participated in the event, which was hosted by the Government of Chile. Following the event, INCB provided training to 21 officials from the Ministry of Interior, the Ministry of Public Health, the police and the postal and customs agencies of Chile on awareness-raising and safe-handling approaches for emerging substances and information exchange using IONICS. In August 2020, as part of its public-private partnership initiatives to counter trafficking in dangerous substances, the GRIDS programme participated in an online regional event organized by the Postal Union of the Americas, Spain and Portugal, during which 150 postal security officers from 18 countries received awareness-raising training on emerging new psychoactive substances, non-medical synthetic opioids and fentanyl-related substances trafficked through the international mail and express mail services.

3. National legislation, policy and action

507. On 28 February 2020, the National Council on the Fight against Illicit Drug Trafficking of the Plurinational State of Bolivia released the 2020–2025 National Strategy Against Drug Trafficking and the Illicit Drug Economy, under the slogan “United, Free of Drugs”. The strategy is composed of six thematic areas: (a) public health; (b) socioeconomic inclusion; (c) sustainable development; (d) regional and international cooperation; (e) tackling the financial foundations of drug organizations; and (f) enhancing the rule of law and governance on counter-narcotics. This strategy moves away from the “social control” approach of the previous Government and embraces direct coca bush eradication techniques. It is acknowledged in the strategy that the Plurinational State of Bolivia is not only a producing country, but also part of the drug market, with traffickers connected to regional and international networks involved in trafficking in drugs and gold, as well as trafficking in persons.

508. In March 2020, eight police officers were detained in the Plurinational State of Bolivia for involvement in the smuggling of cocaine that had been seized during an operation. The interim Government began investigating members of the former Administration for their involvement in drug trafficking and other illegal activities in the country. The former Minister of the Interior and the former National Director of the Special Force to Combat Drug Trafficking were placed under investigation for drug trafficking and corruption.

509. In June 2020, Peru adopted its Strategic Institutional Plan for the period 2020–2024. The Plan is aimed at, among other things, combating the criminal networks operating in the country. One of the objectives of the Plan is reducing trafficking in drugs.

510. In June 2020, the Government of Chile presented a draft bill to increase penalties related to drug trafficking, in particular for individuals who involve children under the age of 14 in activities related to drug trafficking, and to enable the use of seized assets for the national fight against drugs.

511. In June 2020, the National Assembly of Ecuador approved a bill on combating the consumption of and microtrafficking in drugs. The bill introduces administrative sanctions such as fines and community work for drug use in public spaces and at public events. It allows the placement of video cameras in and around educational institutions and, where not possible, the presence of law enforcement officers outside such institutions at peak hours, to ensure the security of students. Higher education institutions will have to include compulsory programmes on drug prevention in their curricula. The bill also creates a National Fund for the Comprehensive Prevention of Drugs, which will be partially financed by assets seized as part of prosecutions for drug trafficking and will support treatment and rehabilitation programmes for drug users.

512. Some Governments in South America have progressed further in regulating the cultivation and production of and trade in cannabis for medical and scientific purposes. In December 2019, the Brazilian regulatory agency for medicine issued new regulations on the use, production, commercialization, prescription, dispensing, monitoring and control of cannabis derivatives for medical purposes. Under the regulations, the cultivation of cannabis for medical purposes is not authorized in the country.

513. On 7 and 8 January 2020, the Government of Uruguay published two new laws (law No. 19845 and law

No. 19847) on the use of cannabis for medical and scientific purposes. Law No. 19845 is focused on the promotion of scientific research on cannabis and it establishes a national research centre on cannabis to contribute to research, technology transfer and training. The law also establishes a national research fund for cannabis, which will be partially funded by revenue obtained from the sale of cannabis for non-medical purposes. Law No. 19847 was passed to protect, promote and improve public health through quality-controlled cannabis-based products. It provides for the creation of a national programme to access cannabis for medical and therapeutic purposes, a commission to integrate cannabis businesses into the banking system of Uruguay and a commission to promote small and medium-sized manufacturers of cannabis.

514. In February 2020, the first licences to cultivate and manufacture medicinal cannabis were granted to 12 companies in Paraguay. The Government has stipulated that 2 per cent of the amount produced is to be transferred to the Ministry of Health, which will distribute the cannabis products free of charge to patients with a medical prescription. Paraguay, together with Argentina, Brazil, Chile, Colombia, Peru and Uruguay, currently allows the use of cannabis for medical purposes.

515. In March 2020, the National Council on the Fight against Illicit Drug Trafficking of the Plurinational State of Bolivia announced that the Secretary of the Committee for the Fight Against Drug Trafficking of the Chamber of Deputies had produced a draft bill to permit the use of cannabis for medical purposes, with the ultimate intention of permitting the production of medical cannabis-based products in the country.

516. Through its resolution 315 of March 2020, the Ministry of Health of Colombia updated its list of scheduled substances and established a mechanism to allow the National Narcotics Fund to authorize new activities, such as research and development, involving internationally controlled substances. The resolution also includes provisions under which medicines containing cannabinoids can be sold. Medicines containing more than 2 mg of *delta-9-THC* are subject to control and monitoring by the National Narcotics Fund. According to information from the Ministry of Health, an inter-institutional project is currently being developed to reformulate the regulatory framework in relation to safe and informed access to cannabis for medical and scientific purposes.

517. Suriname has also begun talks to address the use of cannabis for medical purposes. In May 2020, the Surinamese Standards Bureau shared with other ministries its cannabis standards for medical and scientific

purposes, which are aimed at regulating the cannabis industry for medical and scientific purposes.

518. The Board reiterates its view that, while the cultivation, production and use of cannabis for medical purposes are permitted by the 1961 Convention as amended, such activities must be carried out in a manner that is consistent with articles 23 and 28 of that Convention.

4. Cultivation, production, manufacture and trafficking

519. Colombia, Peru and the Plurinational State of Bolivia accounted for 70 per cent, 20 per cent and 10 per cent, respectively, of the global area under coca cultivation in 2017, the latest year for which comparable estimates are available. According to the *UNODC World Drug Report 2020*, following an increasing trend during the period 2013–2017, the total area under coca bush cultivation remained stable in 2018.

520. According to UNODC, Colombia reported a decrease of 9 per cent in the total area under coca cultivation, from 169,000 ha in 2018 to 154,000 ha in 2019, a continuation of the decreasing trend observed in the previous year. In spite of this decrease, the total manufacture potential of pure cocaine hydrochloride was 1,137 tons, which represents an increase of 1.5 per cent in relation to 2018. This increase could be explained by improvements in cultivation techniques, which have resulted in an increase in the size of the coca leaf harvest, and the higher performance of cocaine manufacture sites. Estimated coca leaf production in 2019 was 993,107 tons, representing an increase of 1.6 per cent compared with 2018.

521. Increasingly sophisticated efforts by drug traffickers in terms of the illicit manufacture of cocaine could also explain the increase in the manufacture of cocaine hydrochloride in Colombia. In recent years, drug traffickers appear to be becoming more self-sufficient by producing their own chemical precursors, such as potassium permanganate. This goes against a previously observed trend of some drug traffickers moving the manufacture of cocaine hydrochloride outside Colombia.

522. In 2018, the Government of Colombia proposed a zoning system based on the characteristics of the territories affected by coca bush cultivation, to design public policy in a way that was more responsive to local conditions. UNODC noticed that 48 per cent of the coca detected in 2019 was concentrated in 3 of the 12 zones: (a) forest reserve areas (18 per cent); (b) black community

land (16 per cent); and (c) areas of strategic interest for productive integration (14 per cent).

523. According to data from the Ministry of Defence of Colombia, from 1 January to 12 July 2020, 44,905 ha under illicit cultivation had been eradicated. The eradication target for 2020 is 130,000 ha of coca bush, 30 per cent higher than that of 2019. After a meeting between the President of Colombia and the President of the United States in March 2020, discussions were launched on the use of aerial spraying of glyphosate to increase the effectiveness of the eradication plan. Colombia had suspended aerial spraying in 2015, following a recommendation by WHO indicating that its use could have serious repercussions for human health and the environment. The Colombian Constitutional Court has blocked aerial spraying until the Government can meet various health and environmental requirements, including undertaking an inclusive consultation process with all affected communities. Given COVID-19 prevention requirements, the consultations were to have taken place online, but many of the affected communities have limited or non-existent Internet access. In 2019, 94,606 ha of illicit crops were manually eradicated. This represents an increase of 58 per cent compared with 2018, when a total of 59,978 ha were manually eradicated.

524. In the Plurinational State of Bolivia, the 5.7 per cent decrease in the area under coca bush cultivation from 2017 to 2018 was reversed in 2019, when the area under cultivation increased by 8.2 per cent, to 25,000 ha, from 23,100 ha in 2018. Political instability in 2019, border permeability and the country's location near the largest consumers and manufacturers of illicit drugs in South America are factors that could have led to the increase in cultivation.

525. As a consequence, the Plurinational State of Bolivia registered an increase in cocaine manufacture that could also have been caused by the large amount of coca leaf circulating on the illegal market. In 2018, an estimated 55,168 tons of coca leaf were produced in the country, according to the Directorate-General for Coca Leaf Commercialization and Industrialization. UNODC reported that, in 2019, authorities in the country dismantled 50 illicit cocaine laboratories and 841 factories. In 2018, authorities recorded an increase in the number of cocaine laboratories in remote, difficult-to-access areas in the eastern part of the country.

526. In October 2020, the National Drug Directorate of the Peruvian National Police published a report on trends in criminal drug trafficking networks in Peru. The report was based on available data from national anti-drug

operations, the Drug Enforcement Administration of the United States, the European Union and UNODC, and validated the estimates, made by the United States Office of National Drug Control Policy, of 52,100 ha under illicit coca cultivation in 2018. This would represent an increase of 4.4 per cent in the area under cultivation in the country compared with 2017.

527. In July 2020, authorities in Peru dismantled six laboratories used to process coca paste and disabled 17 clandestine airstrips intended for use in drug trafficking. The laboratories served an area of over 70 ha of coca leaf cultivation and some 16 tons of coca leaf debris were seized. According to data from the Government of Peru released in May 2020, 25,526.31 ha under illicit coca bush cultivation were eradicated in 2019, surpassing the target for the year by 2.11 per cent. For 2020, the eradication goal remains 25,000 ha.

528. In the Bolivarian Republic of Venezuela, the number of clandestine airstrips and suspected drug flights increased in 2019. The Government reported the confiscation of 23 light aircraft and the destruction of 36 clandestine airstrips in 2019. Most of the country's clandestine airstrips are located in the State of Zulia, which borders the Catatumbo region in Colombia, a significant area for cocaine manufacture. However, the number of airstrips in Zulia might be bigger. According to reports from various organizations monitoring the matter, some 400 airstrips have been identified for the landing and departure of aircraft bound for the Caribbean islands and Central America. It appears that drugs flown from the Bolivarian Republic of Venezuela are primarily bound for El Salvador and Honduras. The Mexican cartel Sinaloa has also been detected in Zulia, where it has taken advantage of the airstrips to build centres of transit and collection of narcotic drugs with the support of the Colombian National Liberation Army, which has expanded its activities in the Bolivarian Republic of Venezuela.

529. Uruguay reported two historic seizures of cocaine and coca paste in 2019 and 2020. In December 2019, 6 tons of cocaine were seized at the Port of Montevideo in containers bound for Togo. In February 2020, Operation Bagdad-Bangui resulted in the record seizure of 347 kg of coca paste and 206 kg of cocaine that had been smuggled by light aircraft, a recurring and increasingly common technique used by drug traffickers. Uruguay is gradually becoming a country for the trans-shipment of illicit drugs. In 2019, the country seized 12 tons of cocaine, the highest amount reported to date and a considerable increase from 2018, when only 782 kg of cocaine were seized. At the same time, the corruption of law

enforcement officers by drug traffickers is becoming more visible as the country plays an increasingly significant role in the international market for illicit drugs. In January 2020, four Uruguayan navy officers were accused of assisting drug trafficking organizations.

530. Brazil remains a significant transit hub and a key departure point for the cocaine that enters Asia and Africa. In April 2020, 555 kg of cocaine destined for Côte d'Ivoire were seized in the Port of Paranagua. Data from UNODC show that, between 2014 and 2018, most of the cocaine trafficked to Africa and smuggled onwards to Europe had departed from Brazil.

531. In May 2020, in the course of Operation Tsunami, authorities in Ecuador seized 3 tons of sodium hydroxide, a chemical controlled in Ecuador that can be used for the processing of cocaine, in the Province of Esmeraldas. Esmeraldas has seen a rise in the presence of drug trafficking organizations from Colombia in recent years. In the past decade, Ecuador has become a significant exporter of cocaine that is produced primarily in southern Colombia. The drug is usually bound for Europe and for Central America, from where it is trafficked onwards to North America.

532. In May 2020, Paraguay reported an increase in the amount of cocaine seized. In the first few months of 2020, the amount seized totalled approximately 4,300 kg. According to the National Anti-Drug Secretariat, that was a record amount for the country: in recent years, the annual average has been approximately 1,500 kg.

533. In 2018, South America accounted for 43 per cent of the quantity of cannabis herb seized globally. In May 2020, authorities in the Plurinational State of Bolivia destroyed over 46 tons of cannabis plant. In November 2019, a joint operation between Brazil and Paraguay (Operation Alianza 21), in the territory of the latter, led to the dismantling of 85 cannabis cultivation and production sites, the eradication of 160 ha of cannabis plant and the seizure of 19,480 kg of dried cannabis and 377 kg of pressed cannabis. In August 2020, the continued cooperation of the two countries under Operation Alianza 22 led to the dismantling of 63 cannabis sites, the eradication of 127 ha of cannabis plant and the seizure of 89.6 tons of chopped and processed cannabis. Brazil reported the seizure of 261 tons of cannabis herb in 2019 and, between January and May 2020, 141 tons of cannabis herb were seized. In May 2020, the Federal Police of Brazil carried out the biggest drug seizure in the country to date: 28 tons of cannabis herb being transported in a truck were intercepted in a city on the border with Paraguay.

534. Different cannabis varieties are appearing on the illicit cannabis market in Chile. Seizures of “creepy” cannabis, a genetically modified cannabis variety that contains high levels of THC and is popular among drug traffickers for its profitability, have increased sevenfold in the country in the past three years.

535. The overwhelming presence of cannabis and cocaine in the region often overshadows the presence of synthetic drugs. According to the UNODC *World Drug Report 2020*, the quantities of “ecstasy” seized in South America declined between 2017 and 2018. Nonetheless, a growing presence of the drug has been noted in the region since 2019. At the end of 2019, the Plurinational State of Bolivia announced the seizure of 1.5 kg of “ecstasy” tablets that had come from Spain. The most recent seizure of “ecstasy” in the country prior to that had been in 2006.

536. Chile also experienced a worrying influx of synthetic drugs in 2019. In 2010, the country reported the seizure of some 2,000 doses but, by 2019, the number had increased to up to 1.5 million. Chilean authorities are alarmed by the increasing presence of these drugs, a growing trend that can also be observed in the number of seizures and of laboratories dismantled. In 2010, the number of “ecstasy”-type substances seizures was 7 (1,501 doses) and by 2019 it was 444 (456,741 doses). The latest data from the Chilean Observatory on Drugs show that, in 2019, 15 clandestine drug manufacturing laboratories, largely dedicated to the manufacture of synthetic drugs, were discovered.

537. Brazil has reported an increase since 2019 in the domestic manufacture of “ecstasy”. Between 2018 and 2020, at least eight clandestine laboratories for the manufacture of the substance were dismantled. According to the UNODC regional office in Brazil, this is a new phenomenon in the country. Previously dismantled facilities were usually focused on the cutting and retableting of imported “ecstasy”; however, recently discovered laboratories in south Brazil have been dedicated to the entire manufacturing chain.

5. Prevention and treatment

538. Consistent with past years, cannabis and cocaine continue to be the most-used drugs in South America according to UNODC. The region has witnessed a steady increase in the use of cannabis, which appears to be more predominant among people from poorer socioeconomic backgrounds. UNODC reported that, in 2018, 2 per cent of the population of the Plurinational State of Bolivia

were past-year users of cannabis, compared with 1.3 per cent in 2014.

539. In Uruguay, 8.9 per cent of the population aged between 15 and 65 reported past-month cannabis use in 2018. Since 2011, the country has witnessed a rise in the number of regular and frequent cannabis users, to the extent that more than a third of those users were considered to be dependent. According to the seventh national survey of Uruguay on drug use in the general population, undertaken in 2019, the average age of first cannabis use is 20, an increase from previous years that has been attributed to the increased number of adults using cannabis. In 2011, the age of first use was 18.3 and by 2018 it had reached 20.1. In the ninth regulated cannabis market report, published by the Institute for the Regulation and Control of Cannabis in February 2020, it was reported that, as at 29 February 2020, a total of 53,399 people were authorized to access cannabis: 40,604 people had registered to acquire cannabis from pharmacies, 8,120 had registered for domestic cultivation and 4,675 had a membership of a cannabis club. UNODC, in the *World Drug Report 2020*, noted that users who accessed cannabis only through authorized means represented a small proportion of the cannabis users in the country.

540. The Board notes the efforts of the Government of Uruguay to monitor and provide information on the manufacture, distribution and consumption of cannabis for non-medical purposes. However, the Board expresses concern regarding the increase of cannabis consumption as reported by the Government of Uruguay and wishes to reiterate that legalization measures or regulations that permit the use of any controlled substance, including cannabis, for non-medical purposes are inconsistent with the obligations of States parties, namely those included in article 4, paragraph (c), of the 1961 Convention as amended. The Board calls upon all States to respect their international legal obligations in the development of their national drug control policies.

541. Treatment for substance use disorder in which cocaine is the primary drug of concern represents a large share of drug treatment in South America. It was estimated that, in 2018, 2.8 million people aged 15–64 were past-year users of cocaine in South America. In particular, in 2018 in Uruguay, 2 per cent of the adult population were past-year users of cocaine, 43 per cent of whom were suffering from cocaine use disorder.

542. In addition, a growing pattern of use of coca paste has been observed in the region. While the use of cocaine seems to be more prevalent among young adults from high- and middle-income backgrounds, coca paste is

more widespread among older users (36–45) from low-income groups. Uruguay has reported a decline in the use of cocaine base paste among young adults but an increase in such use among adults, as the users who initiated use at the age of 18 during the period 2002–2004 have continued using the drug over the years.

543. In the past, the use of coca paste predominantly took place in the countries where cocaine was manufactured. However, according to UNODC, it has spread to other countries in South America where the manufacture of cocaine does not take place. Nevertheless, it is difficult to provide accurate estimates on such use as cocaine base paste is commonly consumed by marginalized groups, which are not reached by treatment services and national surveys.

544. During the coronavirus pandemic, access to drugs such as cocaine has been limited because of a lack of movement across borders and a considerable rise in prices owing to limited stocks. However, this has not halted the consumption of cocaine or cannabis. On 14 July 2020, the Service for the Prevention and Treatment of Drug and Alcohol Use in Chile presented the results of an online survey on the effects of the COVID-19 pandemic on the use of alcohol and other drugs in the country. According to the survey, cannabis consumption has remained more stable than cocaine during the pandemic. Since the beginning of the pandemic, respondents had had more access to cannabis (84.3 per cent) than cocaine (5.5 per cent). One third (33.3 per cent) of the participants said that they had consumed more cannabis during the pandemic, whereas 27.7 per cent said that they had consumed less. By contrast, 29.9 per cent said that they had consumed more cocaine during the pandemic and 49.2 per cent had reduced their consumption of cocaine.

545. A report published by CICAD and the Uruguayan National Drug Board in February 2020 showed a marginal prevalence of opioid use in the population (0.9 per cent lifetime use and 0.3 per cent in the past 12 months). This is consistent with the limited presence of opioids on the illicit market in Uruguay. However, the Government has noted that continued monitoring of this trend is required.

546. UNODC and WHO estimate that only 1 in 11 people in Latin America have access to drug treatment programmes. Reports from the Plurinational State of Bolivia indicate a general lack of public treatment centres; the centres that do exist are located only in urban areas. In its recently published national strategy on combating drug trafficking and the illegal economy for drugs, the Government of the Plurinational State of Bolivia noted

that there were only two drug dependence treatment facilities managed by the Government.

547. Brazil is the largest cocaine market in South America, according to information from the *World Drug Report 2020*. In July 2020, resolution 03/2020 was issued by the Ministry of Health of Brazil allowing therapeutic communities to provide treatment to adolescents (aged 12–18) suffering from drug use disorders. According to a national study from 2017, 95 per cent of such therapeutic communities use non-evidence-based approaches to treat patients. In June 2019, the Government approved law No. 13840, to enable the compulsory hospitalization of drug users. This law modifies federal law No. 11343 of August 2006, which established the National System of Public Policy on Drugs. Under the new law, treatment of patients suffering from drug use disorders could take place without the consent of the patient, at the request of a family member or legal guardian or, in the absolute absence of a guardian, a public servant in the field of health who verifies the existence of reasons that justify the measure.

548. **The Board discourages the use of compulsory treatment for the rehabilitation of patients suffering from drug use disorders and recalls the report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health submitted to the Human Rights Council at its forty-fourth session, held from 30 June to 17 July 2020 (A/HRC/44/48), in which the Special Rapporteur warned that medical rationales should never be used as a defence or justification for policies and practices that violate the dignity and rights of people who use drugs. The Board calls upon the Government of Brazil to implement voluntary, evidence-based treatment services with due respect for patients' human rights, in line with the UNODC-WHO *International Standards for the Treatment of Drug Use Disorders and Commission on Narcotic Drugs resolutions 46/1 and 59/4.***

549. Governments of the region have continued to work on raising awareness among youth of the adverse consequences of drug consumption and on the prevention of drug use. In the Plurinational State of Bolivia, the Ministry of Education and the Ministry of the Interior signed a memorandum of understanding in June 2020 to address the prevention of and fight against the use of drugs in schools by providing information materials for students, educators and families through the country's schools.

550. Taking note of the heavy toll that the COVID-19 pandemic has had on the most vulnerable sectors of society, especially people suffering from drug use disorders, Argentina and Uruguay developed action plans to assist those populations. In Argentina, the Secretariat for Comprehensive Drug Policies activated a contingency plan to guarantee the provision of essential services through community structures and call centres that are available 24 hours a day, seven days a week. In Uruguay, the National Drug Board started the implementation of Project Paradores, which offers places in daytime shelters to people living on the street who have a high risk of marginalization and social exclusion. National data from Uruguay show that 87 per cent of its citizens living on the streets consume some type of illicit drug. As such, Project Paradores has been promoted as part of a comprehensive initiative: while focusing on the prevention and containment of the transmission of COVID-19, trained personnel assist people with drug dependence issues.

551. While the economic impact of the COVID-19 pandemic is expected to lead to an increase in rates of substance use disorder, spending on drug prevention and treatment services is in long-term decline in the region. Access to drug treatment services might be disrupted as Governments divert their attention to address the economic crisis in the aftermath of the global pandemic.

D. Asia

East and South-East Asia

The continued increase in the illicit manufacture of, trafficking in and use of synthetic drugs, in particular methamphetamine in increasingly purer forms, remained a major concern for East and South-East Asia. The drug problem has had serious health, human rights, security and economic implications for the countries of the region.

It seems that the decision by China in 2019 to schedule fentanyl-related substances as a class-wide group has, over the course of the year, resulted in a sharp drop in the amount of those substances of alleged Chinese origin seized globally. However, it also seems that traffickers have now moved to fentanyl precursors as a way of manufacturing these substances, which calls for greater collaboration to deal with this trafficking challenge.

The Board has repeatedly expressed its concerns over serious human rights violations, especially with regard to extrajudicial actions, committed in purported pursuit of drug control objectives. These violations contravene internationally recognized human rights standards and are inconsistent with the obligations of Governments under the three international drug control conventions.

1. Major developments

552. More than any other part of the world, the countries in East and South-East Asia continue to see an increase in the illicit manufacture of, trafficking in and use of synthetic drugs, in particular methamphetamine. The price of methamphetamine decreased to its lowest in a decade, while purity remained stable or increased. UNODC estimates that the manufacture of and trafficking in methamphetamine and heroin in the region generated annual revenues of more than \$54 billion, with methamphetamine accounting for \$44.9 billion.

553. In early 2020, major seizures of synthetic drugs took place in a number of countries of the region, including China, Malaysia, Myanmar and Thailand.

554. In its annual report for 2019, the Board noted that, to further strengthen its drug control system, China had decided to schedule, as a class-wide group, all fentanyl-related substances as of 1 May 2019. Available data by the end of 2019, including as reflected in presentations by representatives of national agencies at INCB-hosted seminars for subject-matter experts, suggested that the number of interdictions of fentanyl-related substances of alleged Chinese origin had dropped markedly.

555. Effective regulatory mechanisms, as well as border management and control and forensic capacity with regard to precursors and other chemicals frequently used in illicit drug manufacture, continue to be of particular importance given that the chemical industry has a substantial presence in the region and the region's increasingly improved infrastructure has further enhanced connectivity among countries. Effective regional cooperation among the countries of the region through collaboration, joint operations and the sharing of information remains crucial. In particular, given the apparent effectiveness of the decision by China to schedule fentanyl-related substances as a class, traffickers have moved to precursors as a way of continuing to provide those substances to illicit markets, a development described in the Board's report on precursors for 2019, which gives even greater impetus to the need to work regionally to deal with this trafficking challenge.

556. Most countries continue to lack comprehensive drug use prevalence data and evidence-based drug dependence treatment programmes. In particular, in view of the COVID-19 pandemic, attention should be paid, and resources devoted, to continued drug use prevention and treatment efforts, in order to sustain progress made and to prevent an increase in additional vulnerabilities among the region's population.

2. Regional cooperation

557. The countries of the region have a long-standing history of cooperation, bilaterally as well as regionally. In November 2019, signatories to the Mekong Memorandum of Understanding on drug control (Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand, Viet Nam and UNODC) endorsed the Bangkok Declaration on effectively responding to the drug problem in the Mekong. In addition, the signatories endorsed their eleventh subregional action plan on drug control (May 2019–May 2021), in which the joint commitment of signatory countries to addressing the subregion's drug problem was reaffirmed. The action plan comprises four key areas of cooperation: drugs and health; law enforcement cooperation; legal and judicial cooperation; and sustainable alternative development.

558. In December 2019, ASEAN agreed to add the Food and Drug Administration of the Philippines to its current list of inspection services, which also includes similar authorities in Indonesia, Malaysia, Singapore and Thailand. Under the ASEAN Sectoral Mutual Recognition Arrangement for Good Manufacturing Practice, certificates on good manufacturing practices are mandatory for the registration of medicinal products in each ASEAN member State.

559. To complement the Board's treaty-mandated programme of work on precursors, which is further described in the Board's 2020 report on precursors, countries in the region agreed to increase cooperation on precursor control. In December 2019 and February 2020, with the assistance of UNODC, intelligence specialists from East, South and South-East Asia, as well as Australia, Canada and the United States, met in China and Myanmar, respectively, to exchange information on recent diversion and trafficking cases.

560. In Hanoi in December 2019, INCB hosted its second international workshop on public-private partnerships preventing exploitation of legitimate e-commerce. Participants discussed voluntary partnerships with industry to make the marketing and sale of non-medical

fentanyl and other dangerous substances more difficult throughout the region. Seventy participants from 21 countries and territories and four international organizations and nine representatives from private-sector partners exchanged experiences and practical advice on building legitimate e-commerce while addressing trafficking in dangerous substances over the Internet. In addition, in-person and online training was delivered to law and regulatory enforcement officers in the region on countering trafficking, including through awareness-raising on emerging new psychoactive substances, non-medical synthetic opioids and safe handling approaches to fentanyl, and on information exchange, in partnership with international partners.

561. Owing to the COVID-19 pandemic, a number of regional meetings were postponed. Others, such as the third meeting of the Advisory Council on Dangerous Drugs of the ASEAN Inter-Parliamentary Assembly, were held online. Countries participating in that meeting adopted a resolution entitled "Turning words into actions towards a drug-free ASEAN community", defining the scope of future activities within the Council.

3. National legislation, policy and action

562. In 2020, the Government of Thailand initiated a legislative amendment to the Narcotics Act which would remove kratom (*Mitragyna speciosa*), a plant-based psychoactive substance not under international control, from category V of the country's list of narcotics. In contrast, Indonesian authorities are considering whether to place kratom under national control as a category I narcotic, which would make it illegal in the country. Before taking such a decision, during the period 2020–2024, Indonesia will undertake further research on the issues, including health, sociological, socioeconomic, ecological and alternative development considerations, surrounding such a scheduling decision.

563. The Government of Thailand is considering a proposal to remove cannabis from the narcotics list by means of a ministerial regulation of the Ministry of Public Health, under which research would be conducted on the effects of cannabis in medicines, cosmetics and herbs, in line with the Government's policy of boosting the country's competitiveness in the production of cannabis-based products. This regulation would allow for the cultivation of the cannabis plants specified in the regulation by individuals and corporations, subject to conditions on trade and possession. The Food and Drug Administration of Thailand joined the country's national network of medical

cannabis cultivators to organize a training course on planting techniques for farmers, community enterprise groups and agricultural cooperatives.

564. The President of Indonesia mandated the National Narcotics Agency to implement a new national action plan for the prevention and eradication of narcotic drug abuse and circulation for the period 2020–2024. The action plan builds upon the previous one, which was implemented during the period 2018–2019. Actions included in the plan are the provision and dissemination of information related to the dangers of drugs, the establishment of an anti-drug task force and the inclusion of relevant topics in educational materials and training materials for officials. The plan is to be implemented in cooperation with various ministries and authorities in the country.

565. In January 2020, the Government of Indonesia adopted a 15-action point resolution addressing the drugs situation in correctional facilities in the country. The action points include the provision of medical assistance and social rehabilitation to over 21,000 prisoners who use drugs, as well as addressing overcrowding in order to prevent the circulation of illegal drugs within prisons.

566. The Ministry of Home Affairs of Indonesia issued ministerial regulation No. 12, 2019 (replacing a previous regulation from 2013), pursuant to which provincial and local governments and village heads are permitted to conduct demand-reduction activities within their jurisdictions. Such activities may be focused on raising awareness, early detection, community empowerment or providing medical treatment and/or rehabilitation services.

567. In the Philippines, allowing the use of cannabidiol-based medications with no more than 0.1 per cent THC content is being considered for the treatment of certain forms of epilepsy, such as Lennox-Gastaut and Dravet syndrome. The national Dangerous Drugs Board informed the public that cannabis use remained illegal in the country for both recreational and medical use.

568. In June 2020, pursuant to Human Rights Council resolution 41/2, the United Nations High Commissioner for Human Rights issued a comprehensive report on the situation of human rights in the Philippines (A/HRC/44/22). In the report, the High Commissioner concluded that the heavy focus on countering national security threats and drug use in the country had resulted in serious human rights violations, including killings and arbitrary detentions, as well as in impunity for those killings, and a failure of domestic mechanisms to ensure accountability thus far. Also in the report, the High Commissioner stressed the need for independent, impartial and effective investigations

into all allegations of serious violations of human rights and international humanitarian law. The Office of the Prosecutor of the International Criminal Court in The Hague is undertaking a preliminary examination of the situation in the Philippines, analysing crimes allegedly committed in the country in the context of its “war on drugs” since 1 July 2016.

569. The Board reminds all Governments that extra-judicial action, taken in purported pursuit of drug control objectives, is inconsistent with their obligations under the three international drug control conventions. All drug control actions taken to comply with these obligations should be taken with full respect for the rule of law and due process of law.

570. In February 2020, the Prime Minister of Viet Nam announced measures to address the drug situation in the country, outlining nine key tasks. As part of those measures, attention and priority should be given to drug use prevention, including at the family, commune and district levels and among high-risk groups. Viet Nam will focus on enhancing the detection of large-scale, transborder drug trafficking, preventing Viet Nam from becoming a transit country, and will introduce strict controls on the import, export and manufacture of controlled substances and precursors. Viet Nam intends to collect data on the number of people with drug use disorders in order to prepare resources for early intervention and improve the effectiveness of treatment and rehabilitation programmes, as well as to draft legal documents on drug prevention and control and related legislative amendments. Cooperation among the Ministry of Public Security, the Ministry of Health, the Ministry of Labour, War Invalids and Social Affairs and other relevant agencies was outlined as crucial.

571. In line with that, in March 2020, the Ministry of Public Security of Viet Nam introduced amendments to the national law on drug prevention and control, with a view to improving the effectiveness of the State’s management of drug prevention and control, as well as of compulsory and voluntary rehabilitation. Other aims of the amendments were to improve and ensure safety in society and decrease the number of deaths and illnesses caused by crime and drug use. The Ministry of Health requested its agencies to enhance the implementation of activities for drug prevention and control and to set up plans and programmes in that regard. June was declared the national action month for drug use prevention and control.

572. The Government of Myanmar adopted a new national strategic plan for the period 2020–2024 and is in the process of developing a two-year action plan for

the states and regions of the country in order to implement the national drug policy that was formally approved in 2018. The national policy was seen as a move from a law enforcement to a health-oriented approach, with areas covering supply reduction and alternative development, demand reduction, international cooperation, research and analysis, and compliance with human rights. For the first time, the Government of Myanmar formally included in its national policy measures to reduce the negative consequences of drug use.

573. Effective in May 2020, Singapore expanded the national list of controlled substances by adding 17 new psychoactive substances to its schedules. Currently, Singapore classifies 12 generic groups of new psychoactive substances and 160 individually listed new psychoactive substances as class A drugs. In addition, three non-fentanyl novel synthetic opioids were added to the country's national schedules of controlled substances on the basis of literature reviews from overseas science journals in which the presence of those substances on illicit drug markets and their structural similarities to substances shown to be liable to abuse and with limited licit use had been highlighted. In April 2020, seven precursors were put under national control in Myanmar.

574. Following reports of increased drug trafficking in Cambodia, in 2020, the Government adopted a seven-point strategy to combat illegal drugs. The strategy includes education and dissemination of information related to the negative consequences of drug use among the population, monitoring drug use and continued construction of treatment and rehabilitation centres. The strategy is also aimed at encouraging private sector support for the country's national movement to combat drugs and drug-related crime, including in its border areas.

4. Cultivation, production, manufacture and trafficking

575. The illicit manufacture of, trafficking in and use of heroin, which is reported as the second most-frequently trafficked drug in South-East Asia, continued to pose challenges for most countries in the region, although most illicit manufacture of heroin in the region takes place in northern Myanmar.

576. In the UNODC Myanmar opium survey for 2019, the total area under opium poppy cultivation in Myanmar in 2019 was estimated at 33,100 ha, representing a decrease of 11 per cent in comparison with 2018, continuing a downward trend that started in 2014. Despite decreasing demand for opiates, the estimated domestic

heroin consumption of 6 tons was valued at between \$152 million and \$290 million, while exports to neighbouring countries were estimated to have generated \$1 billion.

577. Countries of the region have been seizing an increasing amount of methamphetamine over the last 10 years, more than in any other part of the world. According to UNODC, marked increases in the amounts seized were seen in Thailand, although they also decreased in China, where wastewater analysis showed a significant decline in methamphetamine consumption.

578. The quantities of methamphetamine seized annually by the Republic of Korea remained high in 2019, and nearly 80 per cent of the total amount seized was being trafficked by air travellers. The amount of crystalline methamphetamine seized was the second largest on record in 2019, while seizures of methamphetamine tablets and cocaine reached a record high in that year.

579. Also in 2019, a record amount (2.3 tons) of crystalline methamphetamine was seized in Japan, driven mainly by maritime interdictions by the national authorities of large amounts. Similarly, seizures of "ecstasy" tablets increased sixfold between 2018 and 2019, reaching a record high. In 2018, over 71 per cent of arrests for alleged drug-related offences were related to methamphetamine and over 63 per cent of all smuggling cases were cases of smuggling by air travellers. The number of cannabis-related arrests in 2018 in Japan reached a record high, accounting for over 25 per cent of all drug-related arrests in the country.

580. Methamphetamine in its crystalline form has been more persistent recently on the illicit market, with higher purity and a lower price. In Indonesia, Thailand and Viet Nam, retail prices of methamphetamine more than halved while, at the same time, the purity of the drug rose to around 95 per cent in 2019 in Thailand. Similar developments were seen in other countries of the region.

581. The discrepancy between the amount of methamphetamine seized and the comparatively low amount of key precursors and pre-precursors seized continues to characterize the situation in the region. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances can be found in the report of the Board for 2020 on the implementation of article 12 of the 1988 Convention.

582. **The Board expresses its concern over the continuous increases in the illicit manufacture of, trafficking in and**

use of synthetic drugs, in particular methamphetamine, and urges countries of the region to take further action at the domestic and regional levels to address this alarming situation.

583. According to UNODC, by the end of 2019, a total of 461 different new psychoactive substances had been reported by countries in East and South-East Asia, almost half of the total number reported at the global level. Japan reported the largest number (366 substances), followed by China (201), Singapore (118) and the Republic of Korea (93).

584. In Viet Nam, during the first half of 2020, over 11,000 drug-related cases were investigated, with nearly 16,000 arrests and 235 kg of heroin seized, in addition to nearly 1.6 tons and 850,000 tablets of synthetic drugs, according to the Counter-Narcotics Police Department of the Ministry of Public Security. While the quantity of drugs seized decreased in comparison with the same period in 2019, there was an increase of nearly 10 per cent in the number of drug-related cases, despite the lockdown in place over part of the period owing to the COVID-19 pandemic.

585. According to the Government of China, Yunnan Province remained the main transit point for overseas drugs being trafficked inland, commonly through express delivery services, owing to the low costs and low risks. Online drug trafficking has been emerging, with a total of nearly 7,000 drug-related cyber cases in 2019. The increasing use of the Internet for illicit trade and drug-related activities has also been reported by other countries of the region. The Government also reported that new forms and new types of drugs had been emerging. In the course of 2019, 41 new psychoactive substances were detected in the country, of which 5 were newly detected.

5. Prevention and treatment

586. Many countries in the region continue to lack a mechanism for gathering information on the scope and nature of drug use. Systematic and quantitative data would allow for the development of an evidence-based drug policy tailored to each country's specific needs.

587. For a number of years, the primary drug of use within the region has been methamphetamine. According to the *World Drug Report 2020*, in Brunei Darussalam, Cambodia, Malaysia, the Philippines and Singapore, the majority of people seeking treatment for drug use sought such treatment for the use of crystalline methamphetamine, while in the Lao People's Democratic Republic and

Thailand, the majority were primarily seeking treatment for the use of methamphetamine tablets. Overall, people receiving treatment for the use of methamphetamine account for more than three quarters of those in treatment in Brunei Darussalam, Cambodia, the Lao People's Democratic Republic, the Philippines, Singapore and Thailand.

588. The Government of China estimated that, in 2019, there were 2.14 million drug users registered in the country, accounting for 0.16 per cent of the total population of China, slightly less than the year before. Methamphetamine remained the primary drug of use (accounting for 55.2 per cent, or 1.18 million drug users), followed by heroin (37.5 per cent of users) and ketamine (2.3 per cent of all drug users). The number of cannabis users remained stable in comparison with 2018. In 2019, the Government reported that 220,000 persons had undergone compulsory treatment and that 300,000 persons had received community-based treatment and rehabilitation.

589. In Indonesia, according to the 2019 national survey on drug abuse and illegal trafficking, which had been undertaken by the Indonesian Institute of Sciences in cooperation with the National Narcotics Agency and covered all 34 provinces of the country, the rate of past-year drug use in the country reached 1.80 per cent, equivalent to approximately 3.5 million people aged 15–64, of whom 3.2 per cent were students. The most widely used drugs were crystalline methamphetamine, cannabis, amphetamine-type stimulants and other psychotropic substances.

590. In 2020, the Ministry of Public Health of Thailand opened a series of cannabis clinics, providing patients with access to cannabis oil for medical treatment. Four types of preparations, containing different combinations of CBD and THC, were given to patients to treat migraine, insomnia, neck pain and muscle stiffness.

591. In 2019, a total of 232 patients underwent inpatient treatment at the Al-Islah Treatment and Rehabilitation Centre, the only approved centre for the treatment of drug use disorders in Brunei Darussalam. Of those, 201 (87 per cent) were men. Of the total patients, 209 were first-time patients, 50 per cent of whom were admitted on the basis of a minister's order following a failed urine test, 34 per cent on the basis of a court order and 16 per cent on a voluntary basis.

592. According to the National Anti-Drugs Agency of Malaysia, the most-used drug in the country in 2019 was methamphetamine (nearly 60 per cent), followed by heroin

(28 per cent) and other amphetamines (10 per cent). The majority of users were people aged between 19 and 39. Approximately 4,000 cases of crystalline methamphetamine use were recorded in the country in 2014, but nearly 14,000 were recorded in 2019. In addition, the use of amphetamine-type stimulants more than doubled, from 1,152 cases registered in 2018 to 2,872 in 2019.

593. In June 2020, the Ministry of Labour, War Invalids and Social Affairs of Viet Nam issued a plan for the review of detoxification and post-detoxification management activities undertaken during the period 2016–2020. The plan was aimed at reviewing the implementation and outcomes of measures put in place during that period, with a view to proposing new measures for the period 2021–2025. According to the Ministry, as of November 2019, there were over 200,000 people with a drug use disorder, representing an increase of more than 10,000 in comparison with 2018. As of April 2020, a total of 97 public treatment facilities and 16 centres for treatment on a voluntary basis had been licensed to operate, providing treatment for nearly 35,000 people. The existing opioid substitution therapy programme, using both methadone and buprenorphine, has provided services for 54,000 patients to date. In addition, opioid substitution therapy programmes using methadone have been implemented in compulsory settings in two provinces and piloted in a prison setting.

594. The National Authority for Combating Drugs of Cambodia, in cooperation with relevant ministries and provincial drug control committees, continued to work on reducing the negative consequences of drug use and provided opioid substitution therapy with methadone maintenance services to 108 people, including 17 women, in two hospitals. In addition, the national programme on the exchange of syringes was used by 668 people who inject drugs in 2019. Cambodia had 20,091 registered drug users, a small increase in comparison with 2018. The increase was attributed by the national authorities to an increase in admissions to treatment centres on a voluntary basis.

595. In 2019, the 29 treatment centres and 56 clinics in Myanmar treated over 10,000 people, over 80 per cent of whom were using heroin. Altogether, 11 treatment centres, operating under the Ministry of Social Welfare, Relief and Resettlement, provide services to reintegrate people who have undergone treatment for drug use.

596. The Drug Dependence Treatment and Research Unit of the Ministry of Health and Sports of Myanmar has taken measures to ensure the continuity of medically assisted treatment services for people who use drugs since March 2020, including the provision of take-home doses

of methadone for extended periods of time, the provision of hygiene measures at centres and education for service providers and the use of online communication tools by clinicians. In 2019, over 7,000 drug users were provided opioid substitution therapy with methadone.

597. As part of a campaign launched by the Ministry of Public Health of Thailand in June 2020, free HIV tests are being made available, including for youth under the age of 18. Under the new measures, people can voluntarily request free HIV testing twice a year at all hospitals that provide services under the national health coverage scheme.

598. Drug use in Singapore continues to be measured by the number of people arrested for using drugs. In 2019, the Central Narcotics Bureau arrested 3,526 people for drug use (representing 41 per cent of all arrests), of whom 62 per cent were aged under 30. While there was a decrease in the number of persons arrested for heroin use, there was an increase in those arrested for use of new psychoactive substances (12 per cent of arrests) and methamphetamine (63 per cent of arrests). Throughout the year, the Central Narcotics Bureau has continued to enhance preventive drug education efforts, using augmented reality technology, social media, schools, parents and anti-drug advocates to reach out to the country's young people.

599. The 2019 nationwide survey on the nature and extent of drug abuse in the Philippines was undertaken by the Dangerous Drugs Board, in cooperation with the Department of Social Welfare and Development. Altogether, 55 facilities (53 residential and 2 outpatient) participated in the survey, and reported a total of nearly 5,300 admissions for 2019, representing a decrease of 4 per cent compared with 2018. The decrease could be attributed to the community-based drug rehabilitation programme in place. A total of 89 per cent of the patients were men, with a mean age of 32. According to the survey, the most commonly used drug was methamphetamine hydrochloride, which was the main drug of use for 94 per cent of the patients.

South Asia

South Asia continued to experience a rise in drug trafficking over the reporting period, as evidenced by significant increases in the amounts of opiates and cannabis herb seized in the region, as well as an increase in the use of methamphetamine pills (“yaba”). From early 2020, the challenges related to combating such trafficking and use were exacerbated by the COVID-19 pandemic.

The Internet, in combination with postal and courier parcel services, is being exploited more and more for drug trafficking within South Asia, in particular for trafficking in psychotropic substances.

Trafficking in heroin and methamphetamine is increasing, in particular along the maritime routes in South Asia.

1. Major developments

600. Major drug-related challenges facing South Asia include increased trafficking in heroin and methamphetamine, especially along maritime routes. During the reporting period, a shift from trafficking in narcotic drugs to trafficking in synthetic drugs, including amphetamine-type stimulants, and chemical precursors was reported. The smuggling of heroin from Afghanistan over land and subsequently along maritime routes continued. An increased use of courier services, as well as the darknet and Internet pharmacies, was also reported.

601. South Asia has been identified as a major supplier of pharmaceutical preparations containing ephedrine and pseudoephedrine, which are substances that are diverted and used in the clandestine manufacture of methamphetamine within the region and in other countries in Asia.

602. In the UNODC *World Drug Report 2020*, a global rise in substance use disorders was noted, both in overall numbers and in the proportion of the world’s population. Drug use increased more rapidly in developing countries over the period 2000–2018. Adolescents and young adults account for the largest share of those using drugs and are also the most vulnerable to the negative health effects of drugs. This trend is mirrored in South Asia, where youth constitute about 50 per cent of the region’s population.

2. Regional cooperation

603. In October 2019, UNODC convened a regional workshop in Manipur, India, for senior drug law enforcement officials and policymakers from South Asian

countries, to foster collective action and develop recommendations to counter trafficking in opiates and amphetamines in South Asia. The consultation was attended by officials from Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka.

604. In December 2019, UNODC participated in and presented key areas of concern on drug trafficking and money-laundering at the regional customs enforcement meeting attended by customs administrators from 21 countries of the Asia-Pacific region and by representatives of INTERPOL.

605. In February 2020, the high-level National Conference on Combating Drug Trafficking and Abuse of Narcotics Drugs and Psychotropic Substances of the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation⁷¹ was held in New Delhi. UNODC was invited to convene a special session on interdictions related to drug trafficking involving the darknet and postal and courier services.

606. In May 2020, the UNODC Regional Office for South Asia organized an online training session for doctors and technical staff from Bangladesh and India on preventing and responding to drug overdose.

3. National legislation, policy and action

607. Addressing challenges in the prison sector in Sri Lanka, UNODC provided materials to support the refurbishment of a specialized voluntary drug rehabilitation centre designed to reduce concentration in the overall prison population. On 26 June 2020, the UNODC Regional Office for South Asia participated in an event to mark the launch of the Nawadiganthaya drug treatment facility in Colombo, which was also attended by high-level representatives of the Ministry of Defence, the National Dangerous Drugs Control Board, the Sri Lanka Navy, the Sri Lanka Police and the State Intelligence Service.

608. Also on 26 June 2020 (International Day Against Drug Abuse and Illicit Trafficking), the Ministry of Social

⁷¹The Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation is a regional organization comprising seven member States located in the littoral and adjacent areas of the Bay of Bengal. Five member States (Bangladesh, Bhutan, India, Nepal and Sri Lanka) are located in South Asia and two (Myanmar and Thailand) are located in South-East Asia. The Initiative provides a communication platform for countries in South and South-East Asia and enables the sharing of information and techniques to counter the drug problem affecting countries of those regions.

Justice and Empowerment of India launched a campaign called “*Nasha Mukta Bharat*” (Addiction-free India). The campaign was aimed at providing information regarding drug use and related problems across the 272 districts of India that had been identified by the Narcotics Control Bureau of India, on the basis of the findings of the most recent national survey on substance use, as the districts most affected by drug use.

4. Cultivation, production, manufacture and trafficking

609. Methamphetamine remains the main drug of concern in many countries in the region. In 2020, Bangladesh continued to see significant seizures of “Yaba” tablets, which are a mix of methamphetamine and caffeine and come in different flavours and colours, despite a ban on pseudoephedrine, the main substance used to manufacture them, being in place since 2017. According to UNODC, the average annual quantity of amphetamine-type stimulants, mainly methamphetamines, seized in South Asia during the period 2014–2018 was 2 tons.

610. South Asia, in particular, India, Maldives and Sri Lanka, has seen an increase in the number of seizures and the amount of heroin seized owing to the growing use by drug traffickers of the southern route, which goes from Afghanistan, through the Islamic Republic of Iran and Pakistan and then by sea or air either directly to Europe or through South Asia, Africa and/or the Gulf States: 218 kg of heroin were seized along the western coast of India in May 2019; 155 kg were seized in Sri Lanka in July and August 2019; 70 kg were seized in Maldives in October 2019; and 224 kg were seized in Sri Lanka in November 2019. All of those seizures were made on boats, some of which were on their way from Pakistan, as part of maritime operations that were largely joint operations by law enforcement agencies of India, Maldives and Sri Lanka. During the reporting period, a considerable increase in maritime trafficking in heroin was reported by South Asian countries.

611. Law enforcement authorities in India seized more than 3,212 kg of heroin in 2019, mostly in the Arabian Sea and Bay of Bengal, along the southern route. Areas close to the international borders in the north-western and north-eastern parts of India have reported a far higher prevalence of heroin use than the national average.

612. Another concerning trend in the reporting period was the increase in trafficking in heroin from Myanmar to India. In March 2019, 44.5 kg heroin sourced from

Myanmar was seized in Delhi and, in April 2019, 50 kg of heroin, also sourced from Myanmar, was seized in Delhi.

613. Trafficking in methamphetamine tablets from Myanmar to Bangladesh and India was reported during 2019. In September 2019, the Indian Coast Guard intercepted a boat in the Andaman and Nicobar Islands that had come from Myanmar and had 1.1 tons of methamphetamine onboard. Another seizure of 370 kg of methamphetamine and ketamine took place in December 2019 in the same area, from a boat also coming from Myanmar. Methamphetamine precursor trafficking flows from India into Myanmar have also been reported. In June 2020, about 78 kg of crystalline methamphetamine washed ashore in the State of Tamil Nadu, in southern India. The methamphetamine in its crystalline form had been concealed in packaging bearing the label of a Chinese tea brand and sealed inside a drum.

614. A large amount of methamphetamine originating in Myanmar was seized in Bangladesh during 2019, by virtue of the two countries being neighbours and the regular movement across their shared border. According to the Government of Myanmar, about one third of all methamphetamine tablets seized in 2019 were found in Rakhine State, indicating large flows of the drug from Myanmar to Bangladesh.

615. Recent ketamine manufacturing and trafficking cases indicate that Indian drug trafficking organizations may be playing an increasingly large role in the ketamine market in the East and South-East Asian regions. For instance, in June 2020, Indian authorities dismantled a synthetic drug laboratory in Chennai and seized about 110 kg of ketamine destined for Malaysia, together with 55.5 kg of pseudoephedrine.

616. The greater use of land routes and improved connectivity between Myanmar and north-east India has led to a rise in methamphetamine trafficking in the region. Indian police reported a seizure of 3.9 million tablets in February 2020. In February 2020, the Ministry of Home Affairs reported increased use of digital platforms and darknet markets. Through further investigations following the seizure of 55 kg of cocaine, which had been trafficked to Australia concealed in a plasma cutting machine shipped from India, Australian authorities were able to seize another 200 kg of methamphetamine in Australia and Indian authorities were able to seize 20 kg of cocaine in India.

617. In 2019, in India, a total of 3,212 kg of heroin was seized, compared with 1,258 kg in 2018. Similarly, in 2019, the total amount of opium seized was 4,542 kg, which was marginally more than the 4,307 kg recorded

in 2018. In addition, an increase in the amount of cocaine seized, from 35 kg in 2018 to 62 kg in 2019, was recorded.

618. In 2019, 70 kg of heroin were seized from a vessel inside the Maldives exclusive economic zone during a controlled delivery operation. In March 2020, the Maldives Police Service seized 61.06 kg of heroin and arrested 11 Maldivians during one operation. Heroin worth approximately 72 million rufiyaa (\$466,900) was confiscated from a fishing vessel docked at Male in March 2020.

619. In Sri Lanka, 7,071 kg of cannabis herb, 15.16 kg of cannabis resin, 1,741 kg of heroin, 10.84 kg of cocaine and 35.45 kg of methamphetamine were seized in 2019. The total number of persons arrested for drug-related crimes was 89,321 in the same year. Of those, 45,923 persons (51.41 per cent) were detained for cannabis possession, 40,970 persons (45.87 per cent) for crimes related to heroin possession and trafficking and 2,073 persons (2.32 per cent) for methamphetamine trafficking. The amount of drugs seized between 1 November 2019 and 30 June 2020, as reported by different law enforcement agencies in Sri Lanka, totalled 1,713 kg of heroin, 7,088.7 kg of cannabis, 1,389 kg of cocaine, 2,295 kg of cannabis resin and 775.2 kg of synthetic drugs (in capsule and tablet form).

620. During the 12-month reporting period 2019/20, seven export consignments, including 20.8 million tablets of tramadol, an opioid analgesic not under international control (equivalent to 2,980 kg of tramadol base), in four consignments were stopped by Indian authorities following the identification of forged import certificates.

621. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in South Asia can be found in the report of the Board for 2020 on the implementation of article 12 of the 1988 Convention.

5. Prevention and treatment

622. Approximately 20 per cent of the world's population aged 15–64 live in South Asia and the region accounts for more than one third of the estimated number of opioid users worldwide. According to UNODC, in South Asia, among the population aged 15–64, the average annual prevalence in 2018 was 2.82 per cent for cannabis use, 2.04 per cent for opioid use, 0.1 per cent for cocaine use and 0.18 per cent for amphetamine and pharmaceutical stimulant use.

623. South Asian countries have also seen an increase in the use of inhalants among street children. This is a particularly concerning trend as abusing inhalants or other solvents in early stages of life increases vulnerability to the use of other illicit drugs later in life. As shown in the 2019 national survey on substance use in India, inhalants were the only category of substances for which the prevalence of current use among children and adolescents (1.17 per cent) was higher than that for adults (0.58 per cent). At the national level, an estimated 460,000 children and about 1.8 million adults need support for inhalant use disorders. Similar problems have been reported in Bangladesh and Nepal. In Bhutan, the use of solvents, particularly among school children, has been on the rise.

624. In South Asia, health systems and providers of substance use disorder treatment face challenges posed by the emergence of new drugs and polydrug use, for which treatment is not always readily available. Furthermore, there are difficulties in tackling comorbidities, such as HIV and hepatitis C, associated with drug use. The most noteworthy development in terms of data on drug use prevalence in South Asia during the reporting period was the publication of the results of the 2019 national survey on substance use in India. The survey was a combination of household sampling and respondent-driven sampling and had over 500,000 respondents from all states in the country. The survey found that there were 31 million cannabis users in the country among those aged 10–75, which translates into an annual prevalence of 2.83 per cent. The number of opiate users in that age group was reported to be 23 million (annual prevalence of 2.1 per cent). However, “problem use” was associated with opiates (7.7 million persons) more than cannabis (7.2 million persons).

625. India has a multipronged National Action Plan for Drug Demand Reduction. During the 12-month reporting period 2019/20, India conducted more than 1,300 awareness-raising programmes for 150,000 young people and conducted capacity-enhancement programmes for more than 1,500 specialized staff. School-based interventions, under the name “*Navchetna*”, or “New Awakening”, with a primary role given to teachers, peers and parents, were also created.

626. In Sri Lanka, the total number of reported drug users who received treatment in 2019 was 70,862; 2,497 people received treatment for cannabis use disorder and 2,769 people received treatment for opioid use disorder. During the reporting period, 869 beds were available in inpatient treatment facilities in Sri Lanka.

627. Also in Sri Lanka, cannabis use among youths increased during the reporting period. An estimated total of 301,898 Sri Lankans are registered as cannabis users. Cannabis is the most commonly used illicit drug, with an annual prevalence of 1.9 per cent among the total population aged over 14. In Sri Lanka, an estimated 92,540 persons, or 0.6 per cent of the population aged over 14, are heroin users. Of those, 70,862 persons, or 77 per cent, are regular heroin users. The prevalence of heroin use among males aged over 14 is estimated at 1.2 per cent. A total estimated 178,643 persons are regular cannabis users and the total number of persons who received treatment for cannabis use in the country in 2019 was 3,613, a 19 per cent decrease compared with 2018. Of the total number of those with drug use disorders in the country, 19 per cent were living in prison settings.

628. Initial data from the latest drug use survey in Nepal, launched in June 2020, showed that the average age of first use of inhalants in Nepal was below 19. In Nepal, the number of people receiving drug treatment for opioid use disorder increased from 902 in February 2020 to 936 in April 2020.

629. On 26 June 2020 (International Day Against Drug Abuse and Illicit Trafficking), the Government of Maldives confirmed its decision to return to providing opioid substitution therapy with methadone in its State-run rehabilitation programmes, after a gap of almost three years.

630. In 2019 and 2020, UNODC successfully implemented the universal family skills training programme in Bangladesh. The main objective of the programme is to decrease the risk of drug use and other negative health and social outcomes among young people through evidence-based prevention focused on improving family functioning, bonding and communication. The programme reached and benefited 80 families and 83 adolescents in Bangladesh. UNODC-trained facilitators presented a report on the implementation of the initiative, in the presence of the Education Minister and senior officials from the Ministry of Education, in Dhaka on 1 January 2020.

631. The non-medical use of tramadol has been reported by Bhutan, India, Nepal and Sri Lanka. In Sri Lanka, about 0.2 per cent of the population aged 14 and older are estimated to have misused pharmaceutical preparations in the past year. The non-medical use of tramadol is the most common, although the misuse of morphine has also been reported. The Board notes the growing problem of methamphetamine trafficking and use and the increased use of narcotic drugs and psychotropic substances in the region. A central component in the design of effective

prevention and treatment programmes throughout South Asia remains the collection of drug-related data by centralized agencies mandated to assess that information. Although the amount and quality of information regarding drug use patterns in the region have greatly improved, more research on consumption patterns and trends is needed to tailor treatment initiatives to local needs. The Board reiterates the need for capacity-building in the field of treatment and rehabilitation of people with drug use disorders in the region.

West Asia

In Afghanistan, despite the decrease in the area under opium poppy cultivation in 2019, the production of opium in the country remained almost the same in 2019 as in 2018, with Afghanistan remaining the country in which the vast majority of the world's illicit opium poppy cultivation and opium production take place.

The measures introduced to contain the COVID-19 pandemic and the resulting drug shortages on the illicit market reported in countries of South-West Asia may have resulted in increased consumption of harmful domestically produced substances and pharmaceutical drugs, and other more harmful patterns of drug use by people with drug use disorders.

1. Major developments

632. The area under opium poppy cultivation in Afghanistan decreased for the second year in a row in 2019, declining by almost 47 per cent, from 263,000 ha in 2018 to 163,000 ha in 2019. However, UNODC has estimated that the production of opium in 2019 remained at almost the same level as in 2018, possibly owing to higher yields. The low price of opium during planting time was one of the main drivers of the decline in cultivation. Afghanistan has accounted for almost 84 per cent of global opium production over the past five years and, to date, there have been no indications of a reduction in the supply of heroin of Afghan origin to consumer markets globally. The Board notes with concern that continued large-scale opium poppy cultivation and opium production in Afghanistan, coupled with limited eradication efforts, further undermine the efforts of Afghanistan and its partners to promote peace, security and sustainable development in the country. The Board reiterates its call for further technical and financial assistance to address the drug control challenges in the country.

633. Trafficking in opiates has continued during the COVID-19 pandemic along the traditional northern, Balkan and southern routes, and the transportation of commercial goods is in many cases used as a cover-up for transporting opiates. However, air travel restrictions and border controls introduced as a result of the pandemic may have had a strong impact on heroin trafficking by land and air, with a shift towards increased trafficking using maritime transport.

634. The substantial increase in 2019 in trafficking in methamphetamine in Afghanistan, continuing an upward trend observed in the country since 2014 and potentially resulting from increased manufacture of the substance in Afghanistan, has become a matter of great concern to the countries of the region and the global community.

635. Afghanistan continued to be one of the main sources of cannabis resin globally; it was cited as a source of the substance by 19 per cent of the countries worldwide that reported seizures of cannabis resin in the period 2014–2018.

636. The Board reiterates its concern with regard to the trafficking in and manufacture of “captagon”⁷² affecting the countries of the Middle East, which are not only destination markets for that substance, but are also increasingly becoming a source for it.

637. Central Asian countries continued to report an increase in trafficking in synthetic drugs, including new psychoactive substances, which are increasingly sold online or through social media platforms.

638. The Board shares the concern raised by others that the measures introduced to contain the COVID-19 pandemic and the resulting drug shortages on the illicit market reported in countries of South-West Asia, including shortages of illicitly manufactured heroin, may have resulted in an increase in the consumption of harmful domestically produced substances and pharmaceutical preparations containing narcotic drugs and/or psychotropic substances, and other harmful patterns of drug use.

⁷²Captagon was originally the official trade name for a pharmaceutical preparation containing the substance fenethylamine, a synthetic stimulant. As encountered in seizures across West Asia today and referred to in the present report, “captagon”, is a falsified drug compressed into pills or tablets that are similar in appearance but distinct from the earlier pharmaceutical preparation Captagon. The active ingredient in counterfeit “captagon” is amphetamine, which is typically cut with multiple adulterants, such as caffeine.

2. Regional cooperation

639. In line with the Anti-Drug Strategy for 2018–2023 of SCO and the programme of action to implement the Strategy, an international counter-narcotics operation named Web was conducted in SCO member States (China, India, Kazakhstan, Kyrgyzstan, Pakistan, Russian Federation, Tajikistan and Uzbekistan) in July 2019. The operation, which was coordinated by staff based at CARICC in Almaty, Kazakhstan, was aimed at suppressing the channels of supply and distribution of new psychoactive substances and synthetic and other drugs, including those involving the use of the Internet and electronic payment systems. Representatives of counter-narcotics agencies, internal affairs and public security bodies, national security agencies, and customs and border services of the SCO member States, as well as an SCO observer State (Afghanistan) and international organizations (UNODC and CARICC) contributed to the conduct of the operation.

640. In accordance with the plan for the main organizational activities for 2019 of the Coordination Council of Heads of Competent Authorities for Countering Drug Trafficking of the Collective Security Treaty Organization (CSTO), the Ministry of Internal Affairs of the Russian Federation, in cooperation with the CSTO secretariat, conducted a subregional counter-narcotics operation named Channel-Caucasus Redoubt in September 2019, during which 18 tons of drugs were seized.

641. In addition, in August 2019 in Balykchy, Kyrgyzstan, special units of the anti-drug agencies of CSTO member States conducted a tactical exercise named Thunder-2019 to identify and investigate transnational criminal groups; seize and destroy places of storage, production and packaging of drugs; and destroy drug laboratories.

3. National legislation, policy and action

642. On 26 February 2020, the Parliament of Uzbekistan adopted amendments to the Law on Narcotic Drugs and Psychotropic Substances of 1999 permitting legal entities with a relevant licence to cultivate and trade in cannabis for industrial purposes. In accordance with the amendments, cannabis may be grown, processed and sold only for industrial purposes that are not related to the production or manufacture of narcotic drugs and psychotropic substances. Another condition set out in the legislation is the THC content of the varieties of cultivated cannabis, which should not exceed 0.2 per cent. The varieties of cannabis permitted for cultivation by legal entities are to

be determined by the Cabinet of Ministers of Uzbekistan. Prior to the adoption of the amendments, section 6 of the Act on Narcotic Drugs and Psychotropic Substances had provided for the maintenance of a State monopoly over cultivation and other activities involving plants containing narcotic drugs, which could be undertaken only for scientific purposes.

643. On 3 October 2019, the Cabinet of Ministers of Uzbekistan adopted a resolution aimed at improving measures to prevent, diagnose and treat diseases related to drug use, strengthening the material, technical and human capacities of drug treatment services and enhancing the effectiveness of the work of drug treatment institutions. In the resolution, the Cabinet of Ministers provided for the construction and renovation of buildings and premises, the provision of medical equipment, tools and other inventory for those institutions, the introduction of modern methods and technologies for prevention, diagnosis and treatment, and related scientific research.

644. On 21 April 2020, the Parliament of Lebanon adopted a law allowing for the cultivation of, trade in, study and use of cannabis for medical purposes. The law allows for the cultivation of cannabis with a maximum THC content of 1 per cent. In addition, it provides for the establishment of an authority for managing the cannabis industry, namely, the Regulatory Authority for the Cultivation of Cannabis Plants for Medical and Industrial Use, and for a committee responsible for the review of licensing applications and compliance with the law and for developing instructions issued by the Regulatory Authority.

645. In December 2019, the mini-Dublin Group for Afghanistan, which is dedicated to the fight against drug trafficking, held a meeting that was hosted by the French Embassy in Kabul and was attended by the acting Interior Minister of Afghanistan, the Special Representative of the Secretary-General for Afghanistan, and representatives of 19 countries and organizations, including the European Union, NATO and UNODC. In their statement, the members of the mini-Dublin Group reiterated that they remained committed to continuing to work in close cooperation with the Afghan authorities and would take actions to enhance the effectiveness of the fight against drugs.

646. One of the factors defining the situation with regard to drugs in Kazakhstan is the influx of new types of synthetic drugs into the illicit drug market. Legislative amendments were adopted in 2019 to improve State control over the circulation of new psychoactive substances and counter trafficking therein. As a result of the

amendments, the Government is now empowered to approve the list of controlled substances and to determine the threshold quantities that define criminal liability. Previously, any changes to that list and the threshold quantities of drugs could be introduced only through a legislative process. In July 2019, the Government adopted a resolution in which it approved the updated list of narcotic drugs, thereby increasing the number of controlled synthetic drugs in the country, including fentanyl and its possible analogues. The measures adopted also allowed for the rapid inclusion of new types of drugs in the list and the timely establishment of State control over them.

647. During the reporting period, Kazakhstan introduced amendments to its Criminal Code to classify the sale of and inducement to use drugs over the Internet and other electronic information resources as particularly serious offences. Criminal liability for the sale of drugs in public places by an official misusing his or her official position was increased, the advertising and promotion of drugs was introduced as a new category of crime and the definitions of drug advertising and drug promotion were amended in the legislation in order to exclude unintentional acts.

648. Kyrgyzstan reported that it was currently developing a new draft law on narcotic drugs, psychotropic substances and their analogues and precursors. In addition, measures were being taken to update the existing national Anti-Drug Programme, including by developing an action plan for the coming five-year period.

649. To prevent violations of its rules on the legal circulation of controlled substances, the Drug Control Agency of Tajikistan held seminars in Dushanbe and in the country's regions for employees of State agencies, organizations, institutions and enterprises whose activities were related to the legal circulation of narcotic drugs, psychotropic substances and precursors. Participants in the seminars discussed the requirements of the legislative framework of Tajikistan regarding licit drug control in the country.

650. To address problems relating to the availability of and access to narcotic drugs and psychotropic substances and to ensure that sufficient stocks are available in the case of a complete closure of its borders in connection with the COVID-19 pandemic, the Ministry of Health and Social Protection of the Population of Tajikistan officially applied for permission from the Drug Control Agency of Tajikistan to import such drugs and substances by air. In 2019, the Islamic Republic of Iran launched several drug control strategy documents, including the "Comprehensive document to combat the drug supply" and the "Comprehensive

document to adopt a community-based approach", which served as strategic and scientific road maps to counter the illicit use of drugs and psychotropic substances.

651. With a view to addressing the increasing challenges of trafficking in and consumption of new psychoactive substances, in 2019, Turkey placed 69 such substances under national control.

652. From 2 to 4 December 2019, as part of the INCB Learning project, specialized training on the requirements of the three international drug control conventions relating to the regulatory control and monitoring of the licit trade in narcotic drugs, psychotropic substances and precursor chemicals was provided in Moscow to 38 drug control officials from Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan. The participants also received hands-on training on the Board's global online tools, including I2ES, the PEN Online system, PICS and IONICS. These systems are available free of charge to Member States.

653. Following the aforementioned training, on 5 December 2019, the INCB Learning project held an awareness-raising workshop on the availability of narcotic drugs and psychotropic substances for medical and scientific purposes. The event was co-organized with and hosted by the Ministry of Foreign Affairs of the Russian Federation and brought together participants from national authorities, international organizations and civil society to discuss the importance of ensuring access to medicines containing internationally controlled substances.

654. Initiated by UNODC, a meeting of experts from Azerbaijan, Armenia, Georgia, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Uzbekistan was held in Vienna on 29 and 30 January 2020. The meeting was attended by independent scientific experts and by representatives of CARICC and UNODC. The participants discussed the current drug situation and recent trends in opiate trafficking along the northern route. In addition, concern was raised about increased trafficking in synthetic drugs and new psychoactive substances in CARICC member States.

4. Cultivation, production, manufacture and trafficking

655. According to UNODC, the area under opium poppy cultivation in Afghanistan decreased for the second year in a row in 2019, declining by almost 47 per cent in 2019 compared with 2018. Despite that decline, UNODC has estimated that the production of opium in 2019

amounted to 6,400 tons, almost the same amount as reported in 2018. That could be explained by the higher yields reported in the main opium-producing provinces in Afghanistan, which were attributed to favourable weather conditions. The low price of opium during planting time was one of the main drivers of the reduction in cultivation. In the main opium production areas in Afghanistan, the price of opium declined by an average of 37 per cent in 2018 and 24 per cent in 2019. Prices for high-quality heroin also declined in those areas, by 11 per cent in 2018 and 27 per cent in 2019.

656. Afghanistan has accounted for about 84 per cent of global opium production (global opium production was estimated at approximately 7,610 tons in 2019) over the past five years, supplying illicit drug markets in neighbouring countries, in Europe, the Middle East, South Asia and Africa, and to a limited extent in North America and Oceania. To date, there has been no indication of a reduction in the supply of heroin to consumer markets globally, despite a decrease in opium poppy cultivation in Afghanistan.

657. According to UNODC, the key months for the opium poppy harvest in Afghanistan are March to June; the 2020 opium poppy harvest was thus under way during the COVID-19 crisis. This suggests that the opium harvest would be affected if the labour force needed for harvesting was not able or willing to travel to the areas where opium poppy is grown in the country owing to mobility restrictions imposed by the Government or non-State actors, or to the spread of COVID-19 itself. A shortage of opium poppy lancers has been observed in the western and southern provinces of the country, mainly attributed to the closure of a border crossing with Pakistan. However, women in opium poppy-growing households and persons who lost their jobs as a result of the COVID-19 pandemic appear to be increasingly engaged in the opium poppy-lancing process.

658. The largest quantities of opiates seized globally in 2018 were seized in Afghanistan, Iran (Islamic Republic of) and Pakistan, which together accounted for 98 per cent of opium seized globally, 97 per cent of morphine and 38 per cent of heroin. In total, 690 tons of opium, 42 tons of morphine and 37 tons of heroin were seized in those three countries in 2018. The Islamic Republic of Iran accounted for more than half (53 per cent) of the amount of opiates seized globally, when defined in common heroin equivalents; it was followed by Afghanistan (12 per cent), Turkey (9 per cent) and Pakistan (5 per cent).

659. When the total amount of heroin and morphine seized in countries of Central Asia is combined with the

total amount of those substances seized in Afghanistan, Iran (Islamic Republic of) and Pakistan, the resulting total represents more than 56 per cent of the global combined quantity of heroin and morphine seized in 2018.

660. According to CARICC, the amount of heroin seized in the territories of its member States, namely, Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan, increased by 69.6 per cent in 2019, compared with 2018, whereas the amount of opium seized decreased by 41.3 per cent. In total, 5.7 tons of opiates were seized in 2019, compared with 5.3 tons in 2018. The amount of heroin seized increased most significantly in Kazakhstan, from 58.6 kg in 2018 to 1,522 kg in 2019. The amount of heroin seized also increased in Azerbaijan, by 73 per cent, and in Uzbekistan, by 98.5 per cent, in 2019, compared with 2018. In the other CARICC member States, decreases in the amounts of heroin seized ranged from 27 per cent to 39 per cent. In 2019, the amount of opium seized increased only in the Russian Federation, from 1.3 kg in 2018 to 7.6 kg in 2019, while the remaining CARICC member States observed decreases ranging from 12 per cent to 89 per cent.

661. Analysing the current and potential impact of COVID-19 on drug trafficking in and through the Central Asian region, the Russian Federation and Azerbaijan, CARICC noted that the closure of State borders and the resulting restrictions on the movement of people and goods had somewhat weakened the ability of transnational organized criminal groups to smuggle drugs and precursors, as well as cash proceeds from drug-related crimes, across borders. However, CARICC is of the view that further research on the topic is required, as, during the initial months of 2020, an increase in the amounts of drugs seized overall, including drugs originating in Afghanistan, in the entire CARICC region was observed, which may have been a result of an increase in measures to counter drug trafficking, including measures by States to control the movement of cargo at borders, and not necessarily a result of an increase in activities of organized criminal groups as such. Transnational drug-related criminal groups could also be exploiting deliveries of food supplies to the populations of those countries during the pandemic in order to traffic drugs.

662. CARICC observed that, although trafficking in heroin of Afghan origin to illicit markets in the Russian Federation and beyond via Central Asian States had become more challenging during the COVID-19 pandemic, the risk of opiate trafficking continued to exist, as commercial cargo and food products continued to be transported, albeit in accordance with certain additional sanitation requirements. That was evidenced by a number

of major seizures made in March 2020 in countries located at the beginning of the northern route and the beginning of a sub-branch of the Balkan route that passes from the Islamic Republic of Iran to the countries of the southern Caucasus and then onwards to Ukraine via the Black Sea into Eastern Europe. Two major seizures of drugs smuggled from the Islamic Republic of Iran to Azerbaijan were recorded in March 2020: more than 43 kg of heroin, 500 grams of opium, 1.6 kg of cannabis and 2 kg of methamphetamine were seized during the first operation, and a combined total of 61 kg of heroin, opium and cannabis were seized during the second. Two criminal gangs involved in trafficking in drugs from the Islamic Republic of Iran into Tajikistan were also identified in Afghanistan, resulting in seizures of 10 kg of methamphetamine and 2.11 kg of heroin. In addition, at the end of April 2020, 40 kg of heroin were seized from a criminal trafficking group that had smuggled the drugs by car from Armenia to Georgia with the intention of smuggling them onward into Europe.

663. During the pandemic, trafficking in heroin also continued along the main Balkan route, which runs from Afghanistan, through the Islamic Republic of Iran, Turkey and the Balkan countries, towards destination markets in Western and Central Europe. Similar to the situation along the northern route, the transportation of commercial goods was, in many cases, used as a cover. EMCDDA reported that seizures of significant amounts of heroin had been made along the Balkan route despite the COVID-19 pandemic. For example, a joint operation between authorities in Bulgaria and Turkey led to the seizure of 72 kg of heroin in Bulgaria at the end of March 2020. In addition, several seizures of large amounts of heroin reported in Turkey in the first months of 2020 and a further two seizures of more than 100 kg each in eastern Turkey in late April 2020 suggest that opiates have continued to flow from Afghanistan to Turkey. Moreover, a joint police operation at the end of February 2020 between authorities of the Netherlands and Turkey led to several significant seizures of heroin, with a total of 2,384 kg seized across five countries (1,105 kg in Kazakhstan, 703 kg in Germany, 350 kg in Poland, 171 kg in the Netherlands and 55 kg in Turkey).

664. Although no conclusive evidence is yet available concerning the overall impact of the COVID-19 pandemic on trafficking in opiates along the southern route, which is used for trafficking in opiates to Europe by means of shipments from the Islamic Republic of Iran and Pakistan by air or sea, either directly or transiting through Gulf States and East Africa, air travel restrictions introduced as a result of the pandemic may have had a significant impact on heroin trafficking by air. In addition,

a recent increase in seizures of heroin in the Indian Ocean could support the conclusion that traffickers are using maritime transport and routes increasingly frequently to traffic heroin to Europe, which would indicate a major shift in the trafficking strategies of organized criminal groups. A recent seizure of heroin in the port of Rotterdam also demonstrates that trafficking in heroin by means of maritime transport continued during the pandemic.

665. According to a preliminary analysis of available data, the volume of methamphetamine seized in Afghanistan substantially increased, from 182 kg in 2018 to 1,251 kg in 2019, which continued the upward trend observed since 2014. This emerging trend, possibly resulting from the increasing manufacture of methamphetamine in Afghanistan, is of great concern to the countries of the region and the global community. Rapid increases in recent years in the illicit manufacture of methamphetamine in Afghanistan have also been inferred by the substantial amounts of methamphetamine of Afghan origin seized by other countries. In particular, the Islamic Republic of Iran reported that most of the methamphetamine seized in its territory in 2018 had originated in Afghanistan. In addition, authorities in Sri Lanka expressed concern regarding an emerging trend whereby methamphetamine manufactured in Afghanistan was being trafficked along the already well-established southern route for heroin trafficking, after having seized at sea, in February 2020, 100 kg of crystalline methamphetamine, which they believed had originated in Afghanistan. According to UNODC, the extent of clandestine methamphetamine manufacture in the Islamic Republic of Iran, where the bulk of methamphetamine continues to be seized, appears to be declining.

666. **The Board reiterates its concern with regard to trafficking in and production of falsified “captagon”, which continue to have a negative impact on the countries of the Middle East, which are not only destination markets for “captagon”, but are also increasingly becoming sources of the substance.** This can be explained in part by the continued political instability and unresolved conflicts in some parts of that subregion. In several notable seizures in the Middle East in 2019 and early 2020, “captagon” seized was believed to have been manufactured in Lebanon or the Syrian Arab Republic. During the first half of 2020, the Anti-Narcotics Department of Jordan seized 11.5 million “captagon” pills, with most of the seizures being made in the northern governorates of Jordan, near the border with the Syrian Arab Republic, or in the Governorate of Aqaba, near the borders with Israel and Saudi Arabia. In addition, from June 2019 to June 2020, 2.1 kg of crystalline methamphetamine were seized in four seizures in Amman. Between July 2019 and

June 2020, Lebanon seized about 1.8 million “captagon” pills and 2,990 “ecstasy” pills. Most of the seizures were accompanied by arrests of individuals from Lebanon or the Syrian Arab Republic. In one case, the “captagon” seized was destined for the Sudan, in another, for the United Kingdom, and in several other cases, for Saudi Arabia or other Gulf States. In June 2019, the Internal Security Forces of Lebanon dismantled a “captagon” smuggling network and arrested a prominent drug trafficker in the Bīqā’ Valley. He was suspected of smuggling large shipments of “captagon” to at least six countries (Egypt, Qatar, Saudi Arabia, the Sudan, the United Arab Emirates and Yemen). Kuwait and Oman also reported seizures of “captagon” pills during the first half of 2020. The countries of the subregion continued to face challenges related to trafficking in and use of tramadol, although official data in that regard remain scarce.

667. In July 2020, the police in Italy seized a record quantity of 14 tons of amphetamines, including more than 84 million “captagon” tablets with a value of over \$1 billion, which the authorities of Italy suspect were manufactured in the Syrian Arab Republic and destined for European markets, with the proceeds to be used for financing Islamic State in Iraq and the Levant (ISIL). The tablets had been hidden in large paper and steel cylinders and transported to the port of Salerno in southern Italy, where they were seized by the police. According to the media statements of the Italian authorities, COVID-19 may have brought the manufacture and distribution of synthetic drugs in Europe to a halt, leading many traffickers to turn to the Syrian Arab Republic, where such manufacture does not seem to have been affected by the pandemic. Although it is too early to reach any definitive conclusions, restrictions on the movement of persons, goods and services across borders related to COVID-19 may have disrupted the supply of precursors used for the illicit manufacture of synthetic drugs in the subregion, including in Lebanon and the Syrian Arab Republic.

668. Turkey, which is on the route used for trafficking “captagon” to different parts of the Middle East and the Gulf States, reported that there had been a significant decrease in the amount of “captagon” seized in its territory in recent years. Cross-border operations and increased security measures to eliminate security threats to Turkey stemming from the civil war in the Syrian Arab Republic were believed to be the reasons for that decrease, which had led smugglers to opt for alternative routes. At the same time, Turkey, which has observed a continued increase in the amount of methamphetamine seized since 2016, saw a sharp increase (almost twofold) in the amount of the substance seized in 2019, compared with 2018. The largest

amount of methamphetamine seized ever in Turkey was in 2019; it totalled almost 1 ton. Experts in Turkey believe that the substance will become the biggest near-term threat to the country. Crystalline methamphetamine, which is the most common form of methamphetamine found in Turkey, is mainly seized in the regions bordering the Islamic Republic of Iran. Most of the methamphetamine seized in Turkey is believed to originate in the Islamic Republic of Iran and countries in Europe.

669. In 2019, in the territories of the CARICC member States, the total amount of cannabis and cannabis resin seized continued to represent the majority of overall drug seizures in terms of weight. Despite the travel restrictions and other protective measures implemented in CARICC member States as a result of the COVID-19 pandemic, CARICC experts believe that cannabis and cannabis resin will continue to comprise the majority of the drugs seized in the region in 2020. Of a total of 66.3 tons of drugs seized in 2019, 55 tons were cannabis and cannabis resin. In 2018, about 52 tons of cannabis and cannabis resin were seized by CARICC member States. In Azerbaijan and Tajikistan in 2019, opiates accounted for the majority of seized drugs in terms of weight, while drugs of the cannabis group accounted for the majority in the other CARICC member States.

670. A total of 4.4 tons of cannabis resin were seized in CARICC member States in 2019, representing a 3.8 per cent decline compared with seizures in 2018. The amount of cannabis resin seized decreased significantly in Tajikistan, from 1.3 tons in 2018 to 608 kg in 2019. In 2019, seizures of cannabis resin also decreased in Azerbaijan (from 89 kg in 2018 to 23 kg in 2019), Kazakhstan (from 839 kg in 2018 to 709 kg in 2019) and Kyrgyzstan (from 205 kg in 2018 to 170 kg in 2019) but increased in Uzbekistan (from 61 kg in 2018 to 112 kg in 2019).

671. Among CARICC member States, seizures of cannabis decreased in 2019 in Kazakhstan (from 17 tons in 2018 to 9.6 tons in 2019), Kyrgyzstan (from 2.3 tons in 2018 to 1.3 tons in 2019) and Tajikistan (from 496 kg in 2018 to 60 kg in 2019) but increased in Azerbaijan (from 756 kg in 2018 to 822 kg in 2019) and Uzbekistan (from 600 kg in 2018 to 736 kg in 2019).

672. Afghanistan remains one of the main sources of cannabis resin globally, and was reportedly a source for cannabis resin in 19 per cent of the countries worldwide that reported seizures of cannabis resin in the period 2014–2018. Afghanistan is, in particular, the country of origin of cannabis bound for Central Asia, the southern Caucasus and Europe. Other countries reported as source countries were Lebanon and Pakistan. Cannabis resin

originating in the Bīqa' Valley of Lebanon is mainly found in the Middle East and, to a lesser extent, in Western and Central Europe.

673. The Islamic Republic of Iran reported that the cannabis resin seized in its territory originated mainly in Afghanistan and, to a lesser extent, in Pakistan. In 2018, about 65 per cent of the cannabis resin smuggled out of the Islamic Republic of Iran was destined for countries on the Arabian Peninsula and 15 per cent for the southern Caucasus. Twenty per cent of the cannabis seized in the Islamic Republic of Iran was intended for domestic consumption.

674. Turkey reported that, as a result of successful operations carried out by law enforcement units in the country in recent years, a significant decrease had been observed in the availability of cannabis within Turkey, with the exception of “skunk”, a highly potent form of cannabis. That development had led drug traffickers to start trafficking in “skunk” in order to meet domestic demand. The amount of smuggled “skunk” seized increased by approximately 14 times in 2019 compared with 2017 and by 1.5 times compared with 2018.

675. Central Asian States continued to report increases in trafficking in synthetic drugs, including new psychoactive substances, within their territories. From 21 October to 21 November 2019, the CARICC member States carried out an international operation, called Reflex-2019, aimed at countering the spread of new psychoactive substances and other synthetic drugs. As a result of the operation, a laboratory for the manufacture of synthetic drugs was dismantled and members of a transnational organized criminal group engaged in distributing new types of drugs over the Internet in the Central Asian subregion were arrested.

676. Tajikistan reported the emergence of new approaches to the sale of new psychoactive substances, including without hand-to-hand transfer by putting drugs in caches and effecting payment over the Internet. The assessment of Tajikistan is that, over the last two years, new psychoactive substances and other illicitly manufactured synthetic drugs have originated mainly in Europe, as well as in Afghanistan.

677. Kazakhstan reported that 2019 and the first three months of 2020 were characterized by a substantial increase in the proliferation of synthetic drugs. Since the beginning of 2019, Kazakhstan has recorded about 380 criminal offences related to trafficking in synthetic drugs in its territory, where nearly 40 kg of such substances have been seized, equivalent to 75,000 single doses. In 2019,

111 grams of fentanyl, 500 grams of MDMA and 6.9 kg of pyrovalerone were seized in Kazakhstan.

678. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in West Asia can be found in the report of the Board for 2020 on the implementation of article 12 of the 1988 Convention.

5. Prevention and treatment

679. During the reporting period, with the support of the United Nations, the Drug Demand Reduction Department of the Ministry of Public Health of Afghanistan opened five drug treatment centres in the country. The centres provide services for the prevention and treatment of drug use disorders among children and their families.

680. In 2019, the Islamic Republic of Iran continued to carry out a range of measures for the prevention and treatment of drug use disorders and the rehabilitation of people with such disorders. The Helping Hands project was implemented under the auspices of the Drug Control Headquarters of the Islamic Republic of Iran with the aim of creating and strengthening the sense of individual and social responsibility and participation in drug use prevention efforts. Under the project, various activities have been implemented, including cultural and sports events, seminars on the role of non-governmental organizations and vocational training programmes.

681. In Dushanbe in November 2019, UNODC, within the framework of its Regional Programme for Afghanistan and Neighbouring Countries, and in recognition of World Children's Day, convened a three-day training workshop entitled "Treatment of children with drug use problems, with special attention to synthetic drugs". The workshop highlighted the importance of introducing scientific evidence-based interventions in relation to prevention, treatment and rehabilitation. During the workshop, participants from Afghanistan, Iran (Islamic Republic of), Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan and Uzbekistan enhanced their knowledge of treatment for children with drug use disorders.

682. Also within the framework of the Regional Programme for Afghanistan and Neighbouring Countries, in Almaty, Kazakhstan, in December 2019, UNODC conducted a regional expert group meeting on sharing experiences in the implementation of the strengthening families programme and best practices in the prevention

of drug use among youth. Representatives from the law enforcement, education and health sectors in Afghanistan, Iran (Islamic Republic of), Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Turkmenistan and Uzbekistan discussed and shared experiences in programme delivery in relation to family and evidence-based interventions. The participants highlighted the need for data collection, monitoring and analysis relating to the implementation of evidence-based prevention interventions.

683. In February 2020, Uzbekistan conducted a month-long campaign focusing on drug prevention among youth. As part of the campaign, thematic sessions involving representatives of competent authorities, students and teachers were organized, sporting events under the motto "We Are Against Drugs!" were held, visual aids were published, awareness-raising videos and television programmes were broadcast and relevant articles were published in print media. During the campaign, representatives of the National Information-Analytical Centre on Drug Control and the Ministry of the Interior, together with regional drug control commissions, local bodies of the Ministry of Public Education and the Ministry of Higher and Secondary Specialized Education conducted more than 16,000 prevention interventions in educational institutions, covering more than 2.2 million people.

684. With the support of the OSCE Programme Office in Bishkek, the Service for Combating Illicit Drug Trafficking of the Ministry of Internal Affairs of Kyrgyzstan, together with Kyrgyz educational institutions, within the framework of a month-long campaign dedicated to the International Day against Drug Abuse and Illicit Trafficking, held competitions among schoolchildren on the theme "We are for a healthy Kyrgyzstan!". Because schools and higher educational institutions in Kyrgyzstan were closed in March 2020 in connection with the COVID-19 pandemic, drug use prevention events have been held online since that time using social media networks.

685. According to UNODC, countries in South-West Asia have reported shortages of drugs on the illicit market attributed to the measures introduced to contain the COVID-19 pandemic, including shortages of heroin at the retail level, which could potentially result in the increased consumption of harmful domestically produced substances, as well as more harmful patterns of drug use among people with drug use disorders.

686. The Central Asian subregion also witnessed impacts of COVID-19 on drug use patterns. For example, UNODC found that, in Uzbekistan, the use of pharmaceutical drugs had increased significantly. The subregion

also saw an increase in the use of homemade opium alkaloid, which is extracted from poppy seeds that are legally available and widely used by the food industry for decoration and flavouring. In general, as a result of the pandemic, drug users have actively sought alternatives, such as alcohol, pharmaceutical drugs, extracted opium and synthetic substances, to common illicit substances.

687. According to UNODC, the COVID-19 pandemic and related response measures in Central Asia have resulted in changes in the patterns of acquisition of illicit substances. The Internet and related technologies, including messaging platforms and e-wallets, have been used increasingly frequently to purchase psychoactive substances. An increase in drug prices has led drug users to join groups to purchase such substances. There has also been an increase in the frequency of illicit drug use at home, potentially provoking serious conflicts within families. However, UNODC has reported that some people who use substances have reduced such use out of fear that their family and friends might become aware of it.

688. Possibly as a result of significant reductions in the supply of drugs that have traditionally been commonly used in Central Asia, as well as reductions in their purity and increased costs, countries in Central Asia have witnessed an increase in the demand for treatment. At the same time, measures related to COVID-19, such as restrictions on movement, the repurposing of beds in drug use treatment facilities and the limitation of hospital admissions to emergency cases, have resulted in limited availability of treatment options for drug users. There have also been reductions in the range of services provided in the context of drug treatment and programmes to reduce the negative health and social consequences of drug use, and an increase in online counselling services. These challenges have resulted in increased demand for the training of relevant staff in the provision of online drug-related services and, owing to the increased prevalence of synthetic drug use disorders, for medical and non-medical interventions to treat those who use synthetic drugs.

689. In 2019, a downward trend in the number of people registered with drug treatment facilities continued in almost all CARICC member States, except Azerbaijan. The number in Kazakhstan decreased by 12 per cent (from 22,748 persons in 2018 to 20,003 in 2019), in Kyrgyzstan by 1.4 per cent (from 8,564 in 2018 to 8,448 in 2019), in Tajikistan by 11.3 per cent (6,059 in 2018 to 5,375 in 2019) and in Uzbekistan by 7.2 per cent (6,142 in 2018 to 5,698 in 2019). In that same year, Kazakhstan, Kyrgyzstan and Tajikistan reported a decrease in the number of newly registered drug-dependent persons in

comparison with the previous year, while Azerbaijan and Uzbekistan reported increases.

690. Tajikistan reported that about 55 per cent of the registered drug-dependent persons in the country were injecting drug users. The number of drug-dependent persons in Tajikistan has been decreasing in recent years.

691. A similar decreasing trend in the number of injecting drug users was observed in Uzbekistan. Among the registered drug users in the country, persons dependent on cannabinoids represented the largest group (3,982 persons, or 69.9 per cent of registered drug users in 2019, and 4,169 persons, or 67.9 per cent of registered drug users in 2018); the number of those who were dependent on opiates amounted to 1,418 persons, or 24.9 per cent of registered drug users in 2019, and 1,684 persons, or 27.4 per cent of registered drug users in 2018. The number of heroin users decreased by 1.8 times and amounted to 536 persons in 2019, compared with 979 persons in 2018, and represented 9.4 per cent of the total number of registered drug users in 2019, compared with 15.9 per cent in 2018. Uzbekistan also reported an increase in recent years in the consumption of synthetic cannabinoids and pharmaceutical preparations containing opioids.

692. Turkey reported its serious concern about the increasing use of new psychoactive substances, in particular among youth in recent years, and tackling that emerging threat has become one of the priority areas in the country's national efforts to combat the drug problem. Turkey also noted the increased use of the Internet for the commission of drug-related crimes.

693. UNODC found that the subregional prevalence of HIV among people who inject drugs continued to be the highest by far in South-West Asia (29.5 per cent). In South-West Asia and the Middle East, the past-year prevalence of opiate use, amounting to 1.8 per cent, was higher than the global average of 0.6 per cent.

694. The use of methamphetamine in Afghanistan appears to be increasing and, similarly to the situation observed in the Islamic Republic of Iran, methamphetamine is frequently used in Afghanistan concurrently with opiates in order to mitigate the negative side effects of opiate use.

695. Iraq has witnessed an increase in the use of crystalline methamphetamine in recent years, in particular in the Province of Basrah. The types of drugs most used in Iraq are amphetamine-type stimulants, with methamphetamine (32 per cent of all amphetamine-type stimulants) and fenethylamine (14 per cent) being the most

prevalent. Several reasons have been identified for the prevalence of drug use in Iraq, among which are the psychological pressures and severe stress suffered as a result of security threats and the unstable social and economic conditions facing the Iraqi population.

696. Trafficking in and use of tramadol, an opioid analgesic not under international control, continued to occur in the State of Palestine, especially in Gaza, in addition to trafficking in and use of synthetic opioids on the West Bank. To address those challenges, the Palestine National Rehabilitation Centre for drug users was established in 2019. The Centre provided services to about 260 drug users during the reporting period. UNODC continued to support the work of the Centre, including through the provision of training. In addition, UNODC continued to support the Opioid Substitution Treatment Centre, opened in 2015, which currently serves about 230 drug users in community and closed settings.

697. In February 2020, the President of Afghanistan convened and chaired the first meeting of the High Commission for Counter-Narcotics and Intoxicants. During the meeting, the President identified action against drug trafficking and use as one of the five priorities of his Government, emphasizing the need for synergies to be developed among the health, justice and security sectors. The need for greater regional cooperation was also highlighted during the meeting.

E. Europe

Several countries in Europe took steps towards the legalization of the use of cannabis for non-medical purposes, in contravention of the provisions of the international drug control treaties.

Evidence points to synthetic drug manufacture taking place increasingly in Eastern Europe, with both small- and large-scale operations dismantled in several countries.

A rapid assessment of the impact of COVID-19 indicated increasing use of the Internet and the darknet to illicitly buy drugs. It also indicated lower availability of treatment services for persons using drugs within the region; those services were subsequently partly supplemented by telemedicine and other innovative treatment service models.

1. Major developments

698. The Netherlands is in the process of launching its four-year trial programme for the production and distribution of cannabis for non-medical purposes in the country by adopting relevant domestic legislation, thereby becoming the first European country to legalize, on a temporary basis, the cultivation and sale of an internationally controlled narcotic drug for non-medical purposes in parts of its territory. Switzerland approved a long-term study to examine the possible effects of introducing a similar approach. Luxembourg continued to work on draft legislation to the same effect.

699. Beyond the traditional origin countries for amphetamine-type stimulants in Northern and Western Europe, countries in Eastern Europe are increasingly detecting illicit synthetic drug manufacture in their territories. Ukraine disrupted half a dozen sizeable illicit drug manufacturing operations in 2019, among them two large-scale methamphetamine manufacturing sites and trafficking networks. Belarus detected four small-scale clandestine laboratories, while the Russian Federation eliminated a few small- to medium-scale methamphetamine manufacturing sites and discovered numerous others, involving a variety of end products such as mephedrone, methadone and *alpha*-pyrrolidinovalerophenone (α -PVP). Cyprus dismantled a clandestine methamphetamine laboratory for the first time in 2020.

700. Based on data gathered through an online survey and intelligence received from law enforcement authorities, EMCDDA and Europol produced a joint paper containing a rapid assessment of the impact of the COVID-19 pandemic on the drug market in the European Union, entitled “EU drug markets: impact of COVID-19”. Travel restrictions and other social-distancing measures seemed to have resulted in shortages of and higher prices (mostly noted at the retail level) for some drugs. Trafficking activities related to the wholesale supply of drugs, however, did not seem to have been interrupted. Adaptations made by organized criminal groups to ensure uninterrupted supply encouraged the growth of online drug dealing through encrypted communications, posing additional challenges for law enforcement entities.

2. Regional cooperation

701. The European Commission adopted the European Union Agenda and Action Plan on Drugs for the period 2021–2025 on 24 July 2020, in which the political framework and priorities for action for the coming five years are set out. Eight strategic priorities are outlined, under

the following three areas: (a) enhanced security (focused on all aspects of trafficking in drugs); (b) increased prevention (of the adverse effects of drugs, including links to violence); and (c) addressing drug-related harms (through access to treatment, risk and harm reduction, and a balanced approach to the issue of drugs in prisons).

702. In view of a wider use of encrypted communications technologies by organized drug trafficking syndicates in the region, a joint investigation team was formed among French and Dutch law enforcement and judicial authorities, Europol and Eurojust to dismantle an encrypted telephone network used by criminal networks. The considerable amount of information obtained by the operation enabled authorities to disrupt planned criminal activities and trigger new criminal investigations into organized criminal groups across Europe and beyond.

703. The INCB secretariat presented updates concerning seizures of newly available fentanyl-related substances in Europe and opioid-related overdose deaths in several OSCE participating States during the OSCE conference on the theme “Evolving threat of synthetic drugs”, held in Vienna on 3 and 4 June 2019. In January 2020, the INCB secretariat also conducted a training workshop in Slovakia to strengthen the capacity of law enforcement agencies in Austria and Slovakia to counter trafficking in new psychoactive substances, chemicals and non-scheduled dangerous substances. In February 2020, an overview of the INCB multi-agency global IONICS platform was provided to nearly 260 law and regulatory enforcement officers from more than 30 European countries during a webinar organized by the European Union Agency for Law Enforcement Training.

3. National legislation, policy and action

704. Since March 2019, Cyprus has permitted the prescription of cannabis by physicians for any medical condition. The related regulations that amend the Narcotic and Psychotropic Substances Law L29/77 also provide the basis for the issuance of licences for the cultivation of cannabis for medical purposes, which is expected to be subjected to monitoring and control by a governmental office dedicated to the country’s cannabis programme for medical purposes. According to the official communication received on the matter, this office has yet to be established.

705. Several acts introduced the option of using cannabis for medical purposes in Czechia. The conditions

for prescribing, preparing, distributing, supplying and using the substance for medical use are laid out in Decree No. 236/2015 Coll. In October 2019, the Parliament approved an amendment to the Public Health Insurance Act that allows 90 per cent coverage by insurance companies of cannabis for medical use. The amendment came into force on 1 January 2020 and has set a limit of 30 grams per month for cannabis for medical use covered by public health insurance.

706. In Luxembourg, the two-year pilot programme on cannabis for medical purposes, launched in 2018, the budget for which had been tripled in late 2019, was approaching its first evaluation in 2020. It was expected that the programme would be continued and would include training for medical practitioners on handling cannabis for medical purposes, while also lifting current restrictions that allow only selected hospital pharmacies to sell cannabis for medical purposes, on prescription.

707. In France, a decree providing details of the regulatory framework of an experiment on the use of cannabis-based medical products (approved by the Parliament in 2019) was issued in October 2020. The decree specifies the therapeutic indications or clinical situations under which the cannabis-based drugs can be used, the specifications of permissible cannabis-based drugs and the conditions of their availability. The two-year programme will be implemented by the Ministry of Solidarity and Health. Participating companies are required to supply the products to the patients free of charge, and the products concerned must comply with pharmaceutical standards, including good manufacturing practices.

708. The Board recommends that Governments that allow the use of cannabinoids for medical purposes should monitor and evaluate the potential for diversion to trafficking or other unintended consequences of those programmes.

709. In November 2019, the Netherlands passed legislation allowing a pilot programme for the production and commercial distribution of cannabis for non-medical purposes, referred to as the “closed cannabis supply chain experiment”. The legislation became effective on 1 July 2020. Under the programme, the local cultivation and wholesale supply of cannabis to “coffee shops” was legalized in 10 municipalities for a trial period of four years, to be followed by an evaluation of the experiment and its effects on public health, public order, safety and crime. Within the 10 selected municipalities (which exclude the 4 largest municipalities of Amsterdam, Rotterdam, The Hague and Utrecht), “coffee shops” will be required to limit sale exclusively to cannabis sourced from

Government-licensed Dutch producers. The official preparation phase of the experiment includes a public tender to select a limited number of producers, which are not required to be from the selected municipalities and will be designated in accordance with specific criteria. The earliest harvest of locally sourced cannabis for non-medical use is expected in 2021. In municipalities that do not participate in the trial, applicable Dutch laws will continue to be enforced. Those laws generally prohibit the cultivation, distribution and use of cannabis, with the option of tolerating (i.e., not enforcing the prohibition of) the sale and purchase of small amounts for personal use in “coffee shops” under certain conditions.

710. In June 2020, Switzerland approved legislation permitting a long-term pilot study to be conducted on the effects of the possible legalization of cannabis for non-medical purposes, with the involvement of several large Swiss cities. As part of the study, the market, both licit and illicit, for cannabis, as well as the anticipated social impact of legalization in a controlled setting, will be examined. In the same month, the Government of Switzerland submitted a draft amendment to the legislation on cannabis for medical purposes, containing a proposal to ease access to the substance by no longer requiring special authorization of prescriptions by the Federal Office of Public Health.

711. Luxembourg continued to explore modalities for the legalization of the production, distribution and use of cannabis for non-medical purposes.

712. The Board wishes to remind all parties to the 1961 Convention as amended that, under article 4, paragraph (c), of that Convention, the production, manufacture, export, import, distribution of, trade in, use and possession of drugs are limited exclusively to medical and scientific purposes and that any measures allowing for the non-medical use of cannabis are in violation of the legal obligations incumbent upon parties.

713. The European Commission approved the inclusion of seven precursors in its list of scheduled substances in annex I to regulation (EC) No. 273/2004 of the European Parliament and the Council and the annex to Council regulation (EC) No. 111/2005, including those precursors recently recommended for international control (3,4-MDP-2-P methyl glycidic acid, 3,4-MDP-2-P methyl glycidate, APAA and MAPA), as well as two additional amphetamine designer precursors (P-2-P methyl glycidate and P-2-P methyl glycidic acid). These chemicals, which can be easily transformed to support the production of amphetamines and “ecstasy”, will be listed in category 1 of the regulations. Red phosphorus, which has

considerable legitimate use but is frequently diverted for the illicit manufacture of methamphetamine, will be listed in category 2A and will be subject to less stringent control than those substances listed in category 1. The new regulations were to enter into force in December 2020.

714. Legislative changes concerning new psychoactive substances were enacted in some European countries. The United Kingdom revised the generic definitions for a range of synthetic cannabinoids permanently controlled as class B drugs under the 1971 Misuse of Drugs Act and as schedule 1 compounds under the Misuse of Drugs Regulations 2001. The definitions came into effect on 15 November 2019. In Hungary, with amendments to the Criminal Code on New Psychoactive Substance, people who commit criminal offences involving new psychoactive substances will face the same penalty as those who commit offences involving other controlled substances. In addition, Governmental Decree No. 22/2012 (on the procedure for listing new psychoactive substances and on licit activities involving narcotic drugs and psychotropic substances and new psychoactive substances) has been amended, so as to speed up the listing procedure for new psychoactive substances within the country. In Sweden, the updated 1992 Narcotic Drug Controls Act and the 1999 Prohibition of Certain Goods Dangerous to Health Act have provided the police with the authority to make anonymous purchases of new psychotropic substances on behalf of the Public Health Agency of Sweden or the Swedish Medical Products Agency since 1 January 2019. It is envisaged that such changes will facilitate a faster classification of substances dangerous to health that are or may be made available on the Swedish market.

715. The Russian Federation added 14 new psychoactive substances, as well as kratom (*Mitragyna speciosa*), to its national schedules for drug control in August 2019, placing 12 of them on the schedule of prohibited substances (catalogue I) and 2 on the schedule of substances of restricted circulation (catalogue II). An additional 15 substances were added in March 2020 (11 to catalogue I and 4 to catalogue II), and 10 precursors were placed under national control in February 2020.

716. Bulgaria, one of the countries with flexible legislative measures on allowing new substances to be put under control, listed eight new substances under the ordinance on the procedure for classifying plants and substances as narcotic.

717. In 2019, an increasing number of notifications regarding mephedrone were registered by the drug early warning system of Belgium and the new synthetic opioid

isotonitazene was detected. Formal notification was sent to EMCDDA and UNODC.

718. An action plan for the period 2019–2020 to limit the use and spread of drugs was approved by the Government of Latvia in 2019, which paved the way for shifting responsibility for the development and coordination of drug policy from the Ministry of the Interior to the Ministry of Health by the end of 2020. The plan is aimed at reducing demand for and supply of drugs and includes 28 measures divided into three areas of action: (a) promoting the quality and availability of drug prevention, addiction treatment, social rehabilitation and harm reduction interventions; (b) reducing drug supply and availability; and (c) promoting effective drug policy coordination, data collection, research and evaluation.

719. In December 2019, the Supreme Court of Italy issued a ruling removing small-scale cultivation of cannabis for private use from the definitions in article 73 of the Consolidated Law included in Presidential Decree 309/1990 that criminalizes illicit activities with controlled substances. In its ruling, the Court declared that the offence of “cultivating narcotic drugs” should not include small amounts grown domestically for the exclusive use of the grower.

720. Italy has taken measures to strengthen cooperation among different stakeholders on drug-related policies. Specifically, the Department of Drug Policies of the Presidency of the Council of Ministers signed agreements with the police, universities and other institutions to increase monitoring of online activities related to new psychoactive substances and cryptocurrency payments related to international drug trafficking, and to analyse wastewater in major cities to identify the use of drugs among the general population.

4. Cultivation, production, manufacture and trafficking

721. The latest EMCDDA reports state that some of the recent trends are: (a) growing availability and illicit use of high-purity cocaine; (b) more diverse drug production within the region; and (c) the continuing availability of high-strength MDMA products.

722. Albania, Belarus, the Republic of Moldova, the Russian Federation and Ukraine reported the eradication of illicitly cultivated cannabis on their territories in 2019. Opium poppy was also illicitly cultivated in all of those countries, with the exception of Albania, but the amount of land affected had decreased (significantly, in the case

of the Republic of Moldova), while illicit cannabis cultivation was reported to be on the rise in Albania and the Republic of Moldova.

723. Despite an overall decrease in the flow of opiates trafficked along the northern route, which goes from Afghanistan, through Central Asia to the Russian Federation and Europe, the Russian Federation observed attempts by international organized criminal groups to use the country’s territory for the transit of heroin destined for European markets. Belarus and the Baltic States were named as possible transit points for cocaine entering the Russian Federation from Latin American countries, through Europe.

724. Belarus reported that the illicit manufacture of amphetamine, α -PVP and methadone had taken place in its territory during the reporting period, although in significantly lower amounts than in preceding years. Four manufacturing sites set up in private homes had been dismantled by law enforcement agencies, with laboratory equipment and unspecified precursor chemicals seized.

725. Some authorities in the region noticed that the domestic illicit drug markets changed and grew in 2019, driven by greater use of the Internet to share information and to communicate. In Sweden, buyers and sellers using the darknet and social media, together with traditional *modi operandi* for drug distribution, drove a trend of polydrug smuggling. Meanwhile, considerable numbers of online purchases of cannabis seeds and equipment for illegal cultivation were detected in Latvia, as the amounts of cannabis herb seized and unauthorized cannabis cultivation rose. Authorities believe that factors such as the legalization and public tolerance of cannabis use, as well as the ease of online purchase, have promoted this growth. The Republic of Moldova reported that 12 per cent of organized drug trafficking groups operating from within the country were using the darknet for drug distribution, targeting mainly domestic consumers. Fewer than one in four criminal groups were believed to operate internationally. Authorities in Belgium also observed the growing role of the darknet in retail sales and the emergence of “mobile” cannabis plantations, which comprise containers with cannabis planted inside.

726. According to EMCDDA, there was greater activity on the darknet, driven mostly by retail sales of cannabis, in some European countries during the first quarter of 2020. Restrictions on freedom of movement and social-distancing measures reduced access to street dealers, resulting in an increase in drug trafficking activities over the Internet and shipments by post. In mid-2020, Bulgaria noted a considerable decline in drug and precursor

trafficking, as a result of the travel restrictions and social-distancing measures adopted by most European Union countries. The distribution of drugs within the country also decreased, as nightclubs, discos, ski resorts, restaurants, hotels and schools were closed. However, authorities believe that online purchasing and small-scale delivery continued.

727. Spain reported a considerable reduction in the amount of cocaine seized in 2019 (down by 22 per cent compared with 2018). The use of maritime shipping containers remained the main method for cocaine trafficking. Owing to its geostrategic location and proximity to Africa, Spain was once again the European country in which the greatest amount of cannabis resin was seized in 2019 (about 350 tons), mainly originating in Morocco (94 per cent). The majority (85 per cent) of cannabis resin seizures took place in Andalusia, the province closest to Morocco. About 1.5 million cannabis plants, mainly cultivated indoors, were also seized in the same year. The amount of heroin seized (about 230 kg in 2019) remained close to that of the previous year, but the amount of methamphetamine in powder or crystalline form reached historic highs of almost 1.6 tons.

728. The amount of heroin smuggled into the United Kingdom, mainly in air freight, through express courier services and the post and by air travellers, registered a considerable increase in 2019. Meanwhile, authorities noted the continued trend of trafficking on board yachts across the Atlantic and the rising amounts of cannabis seized that originated in North America. Demand for synthetic drugs also expanded further, with increasing imports of chemicals required for their manufacture and greater seizures, alongside a widening geographical market for amphetamine.

729. Considerable amounts of cocaine continued to be seized by some countries, including Portugal (10.5 tons in 2019), Belgium (6.5 tons in 2019), Romania (1.6 tons in 2019) and Finland (223 kg in 2019). Notably, the amount seized in Portugal was twice that seized in 2018. In Finland, one batch of 176 kg of cocaine with purity of between 95 and 100 per cent was found in a container. The container had been sent to the harbour in Helsinki from South America, with the prohibited substances hidden among legal cargo. Authorities indicated that the trafficking of large amounts of cocaine in sea containers originating in South America was a recent phenomenon.

730. One of the most commonly used synthetic drugs in France is “ecstasy”; more than 1 million tablets of the substance were seized in the country in 2019. For the second

year in a row, the total amount of methamphetamine seized in 2019 (562 kg) exceeded that of amphetamine (92 kg).

731. The continued emergence of new psychoactive substances remained a considerable challenge for Europe. Bulgaria identified 18 new psychoactive substances in about 120 cases during 2019, with synthetic cannabinoids being the most commonly identified group and 5F-ADB being the most frequently identified type of synthetic cannabinoid. In 2019, the new psychoactive substances monitoring system in Denmark detected the emergence of new psychoactive substances containing a high content of “ecstasy” and a very small share of amphetamine analogues (a worrying trend given that methamphetamine has been found only rarely in Denmark in the past). In Sweden, about 40 substances were detected for the first time in 2019 and reported to EMCDDA through the country’s early warning system.

732. The Republic of Moldova noted that diversion of clonazepam by medical professionals had taken place during the reporting period. Also during the same period, clonazepam, phenazepam, tramadol and pseudoephedrine had been diverted on a small scale, mainly through friends and family and through the use of falsified prescriptions in Belarus.

733. Cyprus dismantled three clandestine methamphetamine laboratories on its territory in 2020, marking the first discovery of illicit methamphetamine manufacture in the country. Ukraine dismantled six illicit drug manufacturing operations in 2019, among them the biggest clandestine laboratory for the production of psychotropic substances (amphetamine, α -PVP and mephedrone) in the history of the country, and an interregional drug trafficking network specialized in the manufacture of 1-phenyl-2-nitropropene, a precursor for amphetamine and methamphetamine. Another large-scale methamphetamine laboratory dismantled in Ukraine in 2020 led to the seizure of large quantities of pseudoephedrine. Organized criminal groups said to involve Polish nationals are reported to be involved in the supply of that precursor. Belgian authorities also detected methamphetamine production sites and the first morphine-to-heroin conversion site in the country.

734. The Russian Federation dismantled numerous clandestine laboratories involving amphetamine and α -PVP, as well as methamphetamine and mephedrone, and reported a marked increase in illicit synthetic drug manufacture using simple synthesis methods with instructions obtained from the Internet.

5. Prevention and treatment

735. Most European countries have high-quality data on the prevalence of drug use, which helps the monitoring of trends in the region. According to the *European Drug Report 2018*, in 2018, more than 92 million individuals aged 15–64 (over 25 per cent of the population of the European Union) were estimated to have tried illicit drugs during their lives. Cannabis remained the most commonly used illicit drug in the region, with an estimated annual prevalence of 5.4 per cent in 2018. In Western and Central Europe, the prevalence of past-year cannabis use among the population aged 15–64 has fluctuated around 6 and 7 per cent over the past decade. However, some countries (particularly those with larger populations, such as Germany, Italy and the United Kingdom) have registered an increase in cannabis use in recent drug use surveys. The rise in the prevalence rate over the past decade seems to suggest greater social acceptance of the use of cannabis.

736. Drug-related mortality remained a concern in most European countries during the reporting period. Of concern in several countries, including Cyprus, was the increased presence of opioids other than heroin in cases of drug-related deaths. Some countries, for example, Ukraine, reported a rise in cases of drug-related deaths involving tranquillizers, specifically benzodiazepines and barbiturates, but also unidentified sedatives and anti-epileptic substances. Also in Ukraine, the second-highest number of drug-related deaths was associated with hallucinogens (after opioids and before tranquillizers), representing a marked increase over previous years' figures. In the United Kingdom, large increases in drug-related mortality rates were observed across all drug classes, except cannabis, over the reporting period.

737. Eastern Europe continued to be the subregion with the highest worldwide prevalence of people who inject drugs among those aged 15–64 (1.26 per cent in 2018, roughly 5.5 times higher than the global average). The unsafe use of needles and syringes contributes to the high subregional rates of HIV and hepatitis B infection.

738. Some countries in Europe have reported an increase in the use of substances not under international control. The Netherlands reported that nitrous oxide (“laughing gas”), a substance widely used in the medical and gastronomic fields, was the fourth most prevalent drug used in 2019, particularly among youth (after tranquillizers, cannabis and amphetamine-type stimulants, in that order). The use of drugs containing psilocybin, among other hallucinogens, significantly increased in several countries, such as Luxembourg and the United Kingdom. A new

development during the reporting period was the use of benzodiazepines among youth in Liechtenstein and the United Kingdom. Codeine use was also observed in Liechtenstein and the highest prevalence rate on record to date of ketamine use among adults was registered in the United Kingdom.

739. The increased use of stimulants (such as cocaine and methamphetamine) among drug users was reported by several European countries, including Cyprus, the Netherlands, Switzerland, Ukraine and part of the United Kingdom (England); in the latter, the increase of 4.4 per cent in the estimated number of people who use “crack” cocaine and/or opiates over a two-year period was considered statistically significant. The use of hallucinogens was also reported to have increased significantly in 2019 in several European countries, including Ukraine.

740. According to UNODC, cocaine is the second most-popular illicit drug used in Europe, and Western and Central Europe registered a past-year prevalence rate of 1.4 per cent for cocaine in 2018. The growing number of users receiving specialized treatment also points to an increase in substance use disorder associated with this increased prevalence. Results from wastewater analyses within the region indicated an increase in cocaine use of more than 50 per cent in 136 cities in 29 European countries between 2011 and 2019.

741. Europe was estimated to have a prevalence rate of 0.5 per cent for the use of amphetamines in the past year among the population aged 15–64 (or 2.5 million people) in 2018. Household survey data suggest that Czechia has one of the highest levels of methamphetamine use, and increasing use of the substance is now being reported in Cyprus, Germany, Slovakia, Spain and parts of Northern Europe.

742. While opioid use remains comparatively rare and its prevalence rate was estimated at 0.4 per cent of the adult population of the European Union (about 1.3 million users), the high number of problematic heroin users continues to be of concern. In Europe, opioid use is the main reason for receiving specialized drug treatment and related studies suggest that there is an ageing cohort of opioid users in the region. Meanwhile, greater non-medical use of pharmaceutical opioids in Western and Central Europe has been noted, as reflected in the higher share of treatment admissions for the use of those substances. According to UNODC, users of pharmaceutical opioids accounted for 22 per cent of total users entering drug treatment in Western and Central Europe for opioid use disorders.

743. Results from the 2019 school survey on drug use among youth aged 15–16 in five countries (Finland, Latvia, Lithuania, Spain and Sweden) revealed similar drug use patterns, although considerable differences in prevalence rates. Cannabis was the most commonly used drug, although the lifetime prevalence rate varied from 34 per cent in Spain to 6.3 per cent in Sweden. Identified as the second most-commonly used drug type, tranquilizers and sedatives registered a much higher lifetime prevalence in Latvia and Lithuania (20 per cent) than Sweden (3.8 per cent). Young women reported a higher lifetime prevalence rate of tranquillizer and sedative use, while young men had a higher lifetime prevalence rate of cannabis use.

744. Similar drug use patterns have been confirmed by a series of drug use surveys carried out in 2019 in Romania, Slovakia and the United Kingdom. Cannabis was the most commonly used drug, with a lifetime prevalence ranging from 30.3 per cent in the United Kingdom to 17 per cent in Slovakia and 6.1 per cent in Romania. While tranquilizers and sedatives were identified as the second most-commonly used drug type in Slovakia and had a lifetime prevalence of 8.5 per cent, cocaine (10.8 per cent) and new psychoactive substances (6.3 per cent) ranked second in the United Kingdom and Romania, respectively. Men reported a higher lifetime prevalence rate of illicit drug use than women in both countries.

745. Over the last five years, the Russian Federation has significantly increased the domestic availability of narcotic drugs and psychotropic substances for pain relief through a variety of measures. These include identifying a range of pharmaceutical preparations containing narcotic drugs for the diversification of available medicines by 2024; expanding palliative care; and allowing subsidized imports of as yet unregistered foreign medications for children into the country while domestic manufacture is established. As a result, the estimated number of patients receiving adequate pain relief increased sevenfold by the end of 2019. Accordingly, in 2019, 80 per cent of the estimated number of patients in need of pain relief during their last month of life were adequately supplied with medication, compared with only 12 per cent of patients five years earlier.

746. During the reporting period, Belarus was in the process of transitioning from the use of methadone to buprenorphine in its medication-assisted treatment programme. Possibilities for self-drug testing, including the increased availability from pharmacies of express tests, were being expanded in the country. In addition, Belarus introduced several initiatives over the course of 2019

aimed at complementing the existing treatment and reintegration support infrastructure under the country's compulsory social reintegration programme. One such initiative involved the establishment of an "experimental centre" that would provide a combination of medical, psychological and psychotherapeutic support; it is planned that the initiative will be replicated across the country. Also, in 2019, Belarus signed into law an interministerial measure (resolution No. 5/8/2) whereby the social rehabilitation of persons suffering from substance use disorders would entail their obligatory involvement in work. Since 2019, drug users in Belarus have also been required by law to undergo a mandatory preventive psychiatric evaluation.

747. The Board urges Governments to ensure the continued provision of treatment services for mental health and substance use disorders as part of essential services. Governments are recommended to look at existing best practices and develop effective strategies to ensure that prevention and evidence-based treatment, rehabilitation, aftercare and social reintegration services continue to operate. In that regard, Governments are encouraged to refer to chapter I of the Board's annual report for 2017, entitled "Treatment, rehabilitation and social reintegration for drug use disorders: essential components of drug demand reduction", and the UNODC-WHO *International Standards for the Treatment of Drug Use Disorders*.

748. Several European countries reported on the impact of COVID-19 on illicit drug use in their territories. Luxembourg reported an increase (by 10–25 per cent) in the retail price of cannabis, cocaine and heroin during the lockdown period. More significant changes were observed in relation to the purity of drugs: the ratio of active ingredients to cutting agents was observed to have decreased, in particular in the case of cocaine. The provision of face-to-face health care and other services, in particular, counselling, remained uninterrupted, but was reduced and moved largely to remote means (including, for example, the delivery of medication-assisted treatment doses to patients) on account of the measures introduced to contain the spread of COVID-19. Luxembourg has also launched a study among health-care providers and a survey of drug users to assess the impact of COVID-19 and related measures on the availability of services and the needs of drug users, both retrospectively and with a view to preparing for subsequent outbreaks.

749. A survey of national focal points carried out by EMCDDA during April 2020 suggested that the impact of COVID-19 and related national containment measures appeared to have caused a reduction in the availability

and provision of treatment and services to reduce the negative health and social consequences of drug use in most European countries. Specialized outpatient facilities that could not implement the required social-distancing measures were closed in some countries. On the other hand, mobile or online platforms and other innovations, such as greater flexibility associated with medication-assisted treatment service models and the use of telemedicine, were increasingly adopted to provide drug treatment services across the region.

750. Another survey focusing on the impact of COVID-19 on patterns of drug use suggested that there had been some reduction in illicit drug use during the early period of the COVID-19 pandemic (from March to May 2020). Respondents to the EMCDDA online survey provided different explanations, from the lack of social opportunities to reduced drug availability and access to sources of drug supply. Income loss and financial uncertainty were also cited as major reasons for the reduction in illicit drug use.

751. The closure of the night-time economy was commonly considered as the primary reason for decreases in the illicit use of “ecstasy” and cocaine, although increases in the illicit use of amphetamines were reported in some Northern European countries during the lockdown period. On the other hand, cannabis use seemed to be less affected by the lockdown, with occasional users reducing their use and some frequent users consuming more. A reduction in heroin use among high-risk opioid users was observed in Czechia, Germany, Ireland, the Netherlands, Portugal and Slovakia. Increased “digitalization” of the drug market and more flexible distribution systems were also cited as some of the adaptations employed for continued access to drugs.

F. Oceania

Drugs continue to be trafficked in large quantities through Pacific island countries and territories en route to Australia and New Zealand, and there is increased trafficking in methamphetamine from Asia. At the same time, domestic demand for methamphetamine and cocaine is growing in Pacific island countries, and there has been an increase in the number of drug-related offences recorded. However, data on the extent of drug use and treatment demand in Pacific Island countries remain virtually non-existent.

In New Zealand, a proposed cannabis legalization and control bill, which would have allowed people to possess and consume cannabis in certain circumstances, was rejected by voters in a referendum held on 17 October 2020.

In Australia, legislation came into force in the Australian Capital Territory in January 2020 permitting the cultivation of cannabis plants for personal non-medical use; however, the use of cannabis for non-medical purposes remains a criminal offence under Australian federal law.

The 2019 Australian National Drug Strategy Household Survey found that the proportion of people who had used codeine for non-medical purposes in the previous 12 months had halved, from 3.0 per cent in 2016 to 1.5 per cent in 2019. Since 2018, medications containing codeine can no longer be purchased from a pharmacy without a prescription.

1. Major developments

752. The secretariat of the Oceania Customs Organization noted that measures such as border closures and import and export restrictions taken by Governments of Pacific island States in response to the COVID-19 pandemic had hindered the movement of medical supplies and medical teams needed to assist countries. In a guidance document on COVID-19, members of the Oceania Customs Organization were asked to consider expedited clearance of essential goods and workers to support national responses. They were also asked to consider granting all medical supplies and equipment needed to provide relief in relation to the pandemic first priority to cross borders, where practicably possible.

753. Pacific island countries and territories continue to be used as transit points for drug trafficking; however, they are increasingly becoming destinations for synthetic drugs such as methamphetamine, with domestic demand growing, and becoming locations for illicit manufacture. **Recognizing that national capacities in the region are inadequate to respond to this threat, the Board recommends that the international community provide support to enhance the capacities of Pacific island States to address these new challenges and to safeguard their citizens’ health.**

754. Not all Pacific island States have signed and ratified the three international drug control conventions.⁷³ The absence of this international legal framework, coupled with growing domestic demand for drugs and the limited national and regional capacities of Pacific island countries

⁷³Of the 10 States yet to accede to the 1961 Convention as amended, 7 are in Oceania: Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu. Of the 13 States not party to the 1971 Convention, 8 are in Oceania: Cook Islands, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tuvalu and Vanuatu. Of the seven non-parties to the 1988 Convention, four are in Oceania: Kiribati, Papua New Guinea, Solomon Islands and Tuvalu.

and territories, renders these countries and territories more vulnerable to drug trafficking, illicit drug manufacture and related crimes, including money-laundering and corruption. The Board recalls that the treaties are recognized as the cornerstone of the international drug control system and that they provide countries with a framework to address the challenge of drug trafficking, for example through the provisions on extradition and mutual legal assistance, as well as export pre-notification. However, some non-parties in the region are reporting to the Board and participating in the international system for monitoring licit trade in controlled substances on a voluntary basis. The Board is engaged with the countries of the region, for example in the framework of the memorandum of understanding signed between the Board and the Oceania Customs Organization in 2019, and activities have been held in the region over the past year under the Board's GRIDS Programme (see below for further details). The Board welcomes the recommendation made at the forty-eighth Pacific Islands Chiefs of Police Conference, held in Pago Pago, American Samoa, from 21 to 23 August 2019, that, among other important measures, non-parties should accede to the international drug control conventions. **The Board urges all Pacific island States that are not parties to all three international drug control conventions to accede to them as rapidly as possible and offers its support to this end. The Board encourages the international community to support non-parties in the region towards treaty accession and implementation.**

2. Regional cooperation

755. Participants at the fiftieth Pacific Islands Forum, held in Funafuti, Tuvalu, from 13 to 16 August 2019, endorsed the Boe Declaration Action Plan as a framework to implement the Boe Declaration on Regional Security, including through the establishment of a subcommittee of the Forum Officials' Committee on Regional Security. The Plan includes an affirmation of an expanded concept of security, with an increasing emphasis on, inter alia, transnational crime. The Plan also includes recognition of the substantial geographical area of the region, its extensive and porous jurisdictional boundaries, and its differences in governance and law enforcement capacity that further exacerbate its susceptibility to illicit threats, markets and activities. The Plan sets out a series of actions, including many aimed at disrupting the flow of illicit drugs, such as methamphetamine and cocaine, and strengthening national capacities to address demand and minimize the harm associated with the illicit use of drugs through a comprehensive government approach including health, education and social services.

756. In November 2019, UNODC provided training to law enforcement and customs officers of Solomon Islands and Vanuatu in the use of drug and precursor test kits. The training followed two years of national training workshops for technical officers from the law enforcement and health authorities on the challenge of synthetic drugs. UNODC also held meetings with officials from the two countries to review progress made in implementing the practical recommendations developed in the national training workshops.

757. In December 2019, the Oceania Customs Organization delivered training on dangerous substances trafficked in the region and the use of INCB systems during a two-day event at its headquarters in Suva. The training covered awareness-raising, safe handling and interdiction, precursors and synthetic drug trafficking, and intelligence exchange and was attended by officers from the Oceania Customs Organization, the Fiji Police and the Fiji Revenue and Customs Service. It was held in the framework of the memorandum of understanding between INCB and the Oceania Customs Organization signed in 2019. A similar training event was held by the Board in Wellington on 9 December 2019 for the New Zealand Customs Service and the National Drug Intelligence Bureau. In February 2020, INCB delivered training in Nadi, Fiji, during a regional workshop on customs intellectual property rights enforcement organized by the Oceania Customs Organization. At the workshop, participants were provided access to and training on the Board's secure global communications platforms that allow for the exchange of information and alerts to support domestic and international cooperation and investigations into trafficking in dangerous substances not under international control. The workshop was also delivered within the framework of the memorandum of understanding between the Board and the Oceania Customs Organization and was attended by customs officers from Australia, Fiji, Guam, Kiribati, Marshall Islands, Nauru, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Solomon Islands, Tonga and Tuvalu. Under the Board's GRIDS Programme, an informal meeting of 11 experts on the topic of trafficking in dangerous substances throughout Oceania was held on 3 March 2020 on the margins of the sixty-third session of the Commission on Narcotic Drugs.

758. INCB was represented at the New Zealand Annual Drug and Organized Crime Conference, held at the Police College in Porirua, Wellington, on 9 December 2019. Consultations were held between a representative of INCB and representatives of the Pacific Islands Chiefs of Police in Wellington on 10 December 2019 and the Pacific Island Forum Secretariat in Suva on 13 December 2019.

to determine practical ways in which the GRIDS Programme tools and partnerships could be further leveraged to counter transnational crime through enhanced cooperation and information-sharing to disrupt the flow of illicit drugs in response to the region's recently adopted Boe Declaration Action Plan.

759. In August 2020, the Pacific Islands Chiefs of Police five-year strategic plan for the period 2020–2024 was launched. In the plan, it is recognized that transnational crime remains at the forefront of concern, with growing local markets for methamphetamine posing a threat to local communities. The plan includes provision for the rapid sharing of information and resources, the development of prevention approaches, the building of intelligence capability and the enhancement of investigations capability.

3. National legislation, policy and action

760. In January 2020, legislation came into force in the Australian Capital Territory permitting the cultivation for non-medical purposes of up to two cannabis plants per person, or four plants per household. Under the legislation, it is an offence to use cannabis in a public place, expose a child or young person to cannabis smoke, store cannabis where children can reach it, cultivate cannabis hydroponically or with the application of artificial light or heat sources, and grow plants where they can be accessed by the public. The sale, sharing and gifting of cannabis remain unlawful, as do the possession, cultivation and use of cannabis by people aged under 18 and the driving of a vehicle with any amount of cannabis in the body. Guidance by the Australian Federal Police states that cannabis is not legal in the Australian Capital Territory, only that amendments have been made that exempt individuals from criminal liability in certain limited circumstances. The use of cannabis for non-medical purposes remains illegal under Australian federal law. Further information on this development is contained in chapter II of the present report.

761. **The Board recalls that developments permitting the non-medical use of cannabis are in contravention of the provisions of the 1961 Convention as amended and the 1988 Convention, to both of which Australia is a party. Consistent with article 9, paragraph 5, of the 1961 Convention as amended, the Board remains engaged in dialogue with the Government of Australia with a view to facilitating effective national action to attain the aims of that Convention.**

762. During the general election in New Zealand in October 2020, a referendum was held on the proposed cannabis legalization and control bill. The bill was rejected by voters.

763. In November 2019, “Law Week”, on the theme “Fighting illicit drugs through awareness”, was held in Tonga by the Office of the Attorney General in cooperation with the Tonga Police and other ministries and agencies. Activities included an outreach programme led by the Tonga Police Safety Team. Also in November 2019, cannabis identification training was provided to police officers in Tonga by the New Zealand Institute of Environmental Science and Research. The Tonga National Illicit Drugs Policy was approved by Cabinet in October 2019; it promotes a whole-of-society approach through harm reduction, supply reduction and demand reduction.

764. In November 2019, WCO, in collaboration with the Australian Border Force and the Fiji Revenue and Customs Service, conducted training for customs officers in Suva and Nadi under the UNODC/WCO Container Control Programme. In December 2019, the Fiji Revenue and Customs Service and the Republic of Fiji Military Forces signed a memorandum of understanding formalizing a commitment to cooperate through the provision of training, the sharing of information and the undertaking of joint operations to combat transnational illicit activities.

765. In March 2020, the Community Affairs References Committee of the Senate of Australia issued a report entitled *Current Barriers to Patient Access to Medicinal Cannabis in Australia*, in which it made a series of recommendations to address such barriers. The Export Control Legislation Amendment (Certification of Narcotic Exports) Bill 2020 was passed by the Parliament of Australia in June 2020. It amends the Export Control Act 1982 and Export Control Act 2020 to allow for the licit export of certain narcotic drugs, such as medicinal cannabis and low-THC hemp products.

766. In August 2020, the Criminal Code and Customs Legislation Amendment (Precursors and Drugs) Regulations 2020 came into effect in Australia, listing additional substances as controlled precursors and specifying commercial and marketable quantities for those substances. The commercial and marketable quantities for phenyl-2-propanone were reduced, reflecting changes in the methods for illicitly manufacturing methamphetamine from the substance. Further information pertaining to the control of precursor chemicals can be found in the report of the Board for 2020 on the implementation of article 12 of the 1988 Convention. The legislation also placed under

national control the substances recently added to the schedules of the 1961 and 1971 Conventions pursuant to the 2019 and 2020 scheduling decisions of the Commission on Narcotic Drugs. In 2019, the synthetic cannabinoids 5F-MDMB-PINACA (5F-ADB) and AMB-FUBINACA (FUB-AMB) were placed under national control in New Zealand.

767. The Medical Cannabis Scheme of New Zealand came into effect on 1 April 2020, pursuant to the Misuse of Drugs (Medicinal Cannabis) Regulations 2019. Medicinal cannabis products are available to patients only on prescription from a doctor. Manufacturers and importers are required to provide evidence to the Medicinal Cannabis Agency that they meet minimum standards of quality, and any person wishing to work in the industry must hold a medicinal cannabis licence or work for a company holding such a licence.

4. Cultivation, production, manufacture and trafficking

768. In addition to the continuing use of Pacific island countries and territories as trans-shipment points for drug trafficking to Australia and New Zealand, evidence points to those countries and territories increasingly becoming locations of illicit manufacture and domestic use. In Fiji, for example, the number of drug-related offences increased by more than 560 per cent from 2013 to 2018. The authorities of Fiji noted a substantial increase during the same period in seizures of parcels containing drugs, including methamphetamine, originating in China, the United States and countries of South America. Seizures of methamphetamine and cocaine, in addition to cannabis, continue to be made in Tonga. From April 2018, when the Drug Enforcement Taskforce commenced operation, to November 2019, a total of 42.56 kg of methamphetamine, 2.49 kg of cocaine and 3.48 kg of cannabis were seized in Tonga. In the UNODC publication *Synthetic Drugs in East and Southeast Asia: Latest Developments and Challenges*, it was noted that the amount of methamphetamine seized in Tonga was substantial, considering that the population is estimated at just over 100,000 people. In July 2020, a seizure of over 500 kg of cocaine, destined for Australia, was made in Papua New Guinea.

769. The amount of cocaine seized in Oceania almost tripled from 2014 to 2018, to 2.1 tons; 97 per cent of the cocaine seized over the period was accounted for by Australia. Over the same period, the quantity of cocaine seized in New Zealand increased from 10 kg to 213 kg. However, the amount of cocaine reported seized by New

Zealand decreased in 2019, with an increasing proportion seized in connection with air transportation and a decreasing proportion in connection with sea transportation.

770. Seizures of large amounts of amphetamine-type stimulants continue to be made in Australia. For example, in April 2020, a yacht carrying approximately 1 ton of methamphetamine was intercepted in Australia, following an investigation in cooperation with authorities of New Caledonia and the United Kingdom. In March 2020, authorities in Australia reported the seizure of over 1 ton of “ecstasy” suspected to have originated in Europe, trafficked via the Republic of Korea. The number of dismantled clandestine laboratories in Australia, most of which were connected to the illicit manufacture of methamphetamine, continued to decline, to 308 laboratories in the 12-month reporting period 2018/19, reflecting a reduction of almost 30 per cent compared with the previous period.

771. The amounts of methamphetamine and “ecstasy” seized in 2019 increased significantly in New Zealand, by 515 per cent and 556 per cent respectively, compared with the previous year, and a record seizure of more than 400 kg of methamphetamine was made in 2019, transported by sea from Thailand. Some decrease in the number of clandestine laboratories illicitly manufacturing methamphetamine was observed in New Zealand, with 54 such laboratories dismantled in 2019, compared with 71 the previous year. However, an upward trend was observed in the first quarter of 2020.

772. The amounts of heroin and morphine seized in Oceania declined for three years in a row to the lowest level since 2009, with Australia accounting for more than 99 per cent of the amount reported seized in the region.

5. Prevention and treatment

773. There continues to be a lack of data about the extent and scope of drug use and treatment demand and delivery in Pacific island States. **The Board urges the Pacific island States to undertake studies to collect data on the extent of the drug problem in order to facilitate the design and adoption of evidence-based drug policies and the provision of appropriate prevention, treatment and rehabilitation services. The Board encourages regional and international organizations and bilateral partners that provide assistance to the Pacific island States to offer their support to the countries of the region in this regard.**

774. Preliminary findings of a survey conducted during the period April–June 2020 of Australians who had regularly used drugs in 2019 showed that, following the introduction of measures to combat the spread of COVID-19, cannabis use had increased, while the use of “ecstasy”, cocaine and ketamine had decreased. Use of pharmaceutical opioids, GHB, benzodiazepines and LSD had mostly remained stable. Most respondents continued to receive their drugs in person, although there were small increases in the proportion of respondents who had drugs delivered to them and those who did not obtain drugs following the introduction of restrictions. A small proportion of respondents reported that they had tried but been unable to access drug treatment and/or mental health services following the introduction of restrictions related to the pandemic. Other studies suggested some disruption to heroin and methamphetamine markets, evidenced in changes in price and availability. Preliminary findings of another study, on the impact of the pandemic and associated restrictions on people who use illicit stimulants in Australia, were similar, indicating that use of “ecstasy” decreased in general following the introduction of restrictions related to COVID-19, while use of cannabis increased and use of benzodiazepines and LSD remained unchanged. Few respondents (6 per cent) reported difficulties in accessing alcohol and drug treatment services since March 2020. Of the respondents to a poll conducted in May 2020 of people who use drugs, 26 per cent reported a decrease in their consumption of drugs during the COVID-19 pandemic, while 17.6 per cent reported an increase. In April 2020, the Government of Australia announced the allocation of additional resources to support online and phone services for people experiencing drug and alcohol problems during the pandemic.

775. The eleventh report of the National Wastewater Drug Monitoring Program, which covered about 56 per cent of the population, provided insights into the effect of the COVID-19 pandemic on drug consumption in Australia. Record high levels of consumption of methamphetamine and heroin were recorded outside of capital cities, while record high levels of consumption of cocaine and cannabis were recorded in the capital cities. In contrast, there was a record low level of consumption of fentanyl outside of capital cities and oxycodone in the capital cities. Both in and outside of capital cities, population-weighted average consumption of “ecstasy”, oxycodone and fentanyl decreased, while population-weighted average consumption of heroin increased. Average consumption of cannabis also increased outside of capital cities during the pandemic. Wastewater data collected in October 2019, December 2019 and February 2020 (i.e., prior to the COVID-19 outbreak in Australia) indicated that methamphetamine remained the most prevalent

illicit drug for which testing was conducted, with record levels recorded in capital cities. In addition, the presence of cocaine and “ecstasy” had also increased since August 2016, with a significant increase in “ecstasy” since April 2018, to a record level. From August 2016, the presence of heroin declined considerably outside of capital cities but increased in some capital cities. A decline in the presence of oxycodone and fentanyl had been observed since December 2018.

776. The Australian 2019 National Drug Strategy Household Survey found that 16.4 per cent of people aged 14 and over had used an illicit drug in the previous 12 months, similar to the level of 2016 (15.6 per cent) but representing an increase since 2007 (13.4 per cent). However, the survey found a lower lifetime prevalence of use of illicit drugs among young people: in 2001, 38 per cent of those aged 14–19 had used an illicit drug at some time in their lives, compared with 22 per cent in 2019. However, among people aged 20–29, use of both “ecstasy” and cocaine had increased. Over the period 2016–2019, past-year use of the following substances had increased among people aged 14 and over: cannabis (from 10.4 per cent to 11.6 per cent), cocaine (2.5 per cent to 4.2 per cent), “ecstasy” (2.2 per cent to 3.0 per cent), hallucinogens (1.0 per cent to 1.6 per cent), inhalants (1.0 per cent to 1.4 per cent) and ketamine (0.4 per cent to 0.9 per cent). Past-year methamphetamine use had stabilized in 2019, at 1.3 per cent of people aged over 14. Between 2016 and 2019, the estimated number of people aged 14 and over who had used a pharmaceutical drug for non-medical purposes within the previous 12 months had declined (from 4.8 per cent to 4.2 per cent), and the proportion of people using substances from the category “painkillers and opioids” for non-medical purposes had declined from 3.6 per cent to 2.7 per cent. It was considered that that decrease was likely to have been the result of the 2018 reclassification of medications containing codeine, following which products containing codeine could no longer be purchased from a pharmacy without a prescription. Indeed, the proportion of people using codeine in the past year for non-medical purposes halved, from 3 per cent in 2016 to 1.5 per cent in 2019. Past-year use of heroin was estimated at 0.1 per cent in 2019 and 0.2 per cent in 2016.

777. Interviews with people who inject drugs also suggested that use of methamphetamine increased in 2019, with three quarters of respondents reporting use of methamphetamine in the preceding six months. On the other hand, one survey found that the use of “ecstasy” in Australia had continued to decline in 2019, with 67 per cent of respondents indicating use of the substance in the previous six months.

778. In Australia, between the 12-month reporting periods 2009/10 and 2018/19, the number of closed⁷⁴ treatment episodes increased for amphetamines (almost sixfold, from 10,000 to 58,200) and for cannabis (from 31,500 to 41,200); amphetamines were the most common principal illicit drug of concern. Closed treatment episodes for which heroin was the principal drug of concern declined from 9.9 per cent in 2009/10 to 5.2 per cent in 2018/19. The number of deaths in Australia involving amphetamines was four times higher in 2018 than in 1999. Over the same period, the rate of drug-induced deaths involving cocaine doubled (0.2 deaths per 100,000 population). Opioids were present in nearly two thirds of drug-induced deaths in 2018 (4.6 per 100,000 population), and the rate of opioid-induced deaths involving synthetic opioids has increased over the past decade. Over the period from 2014 to 2018, the proportion of drug-induced deaths attributed to prescription drugs decreased, from 75 per cent to 60 per cent.

779. The New Zealand Health Survey for the 12-month reporting period 2018/19 indicated that 15 per cent of people aged 16–64 had used cannabis in the previous year. Among young people, aged 15–24, the annual prevalence was 28.6 per cent. This reflected an increase compared with the previous year (11.9 per cent and 24.2 per cent respectively). A 2019 survey of secondary-school students in New Zealand found that 4.1 per cent of students reported use of cannabis at least weekly, representing a decrease since 2001 (6.5 per cent) but not a substantial change since 2012.

780. The use of methamphetamine in New Zealand appears to have increased in recent years, with the New Zealand Health Survey for the 12-month reporting period 2018/19 showing that 1 per cent of people aged 15 or over had used the substance in the previous year, reflecting a significant increase compared with the period 2017/18. According to wastewater monitoring data covering 80 per cent of the population of New Zealand, in 2019, an estimated 14–16 kg of methamphetamine were consumed each week in the sites tested, although a decrease in consumption of the substance was noted in the fourth quarter of 2019. Some increase in the number of people receiving treatment for the use of amphetamine-type stimulants was reported by the Government of New Zealand.

781. A large increase in the use of “ecstasy”-type substances in New Zealand was reported prior to the outbreak of the COVID-19 pandemic. In the final quarter of 2019, wastewater analysis indicated that “ecstasy” was the second most-commonly detected drug (tested substances were methamphetamine, “ecstasy”, cocaine, heroin and fentanyl), with average annual consumption estimated at 426.4 kg, more than double that of the level detected in the first quarter of the year. It is thought that “ecstasy” is commonly used as a replacement for alcohol, potentially for everyday casual use, particularly among young people.

782. In June 2020, an early-warning system was launched with the aim of reducing drug-related harm in New Zealand. The system, called “High Alert”, is operated by the Drug Information and Alert New Zealand of the National Drug Intelligence Bureau and is designed to help identify where drug-related harm was occurring, provide evidence about outbreaks of harm and, in some cases, anticipate potential harm related to drug use.

⁷⁴A treatment episode is considered closed when treatment is completed or has ceased; there has been no contact between the client and treatment provider for three months; or there is a change in the main treatment type, principal drug of concern or delivery setting.

Chapter IV.

Recommendations to Governments, the United Nations and other relevant international and national organizations

783. Following its review of the implementation of the international drug control conventions, the Board would like to present to Governments and relevant international and regional organizations its main conclusions and recommendations as follows.

A hidden epidemic: the use of drugs among older persons

784. The emergence of increasing patterns of drug use and drug dependence among older persons is a phenomenon of increasing concern. Limited epidemiological data exist on the extent of substance use among older persons, even in countries in which regular drug use surveys are undertaken. Data collection on substance use has focused on the general population (15–65 years of age), young people, young adults and marginalized and at-risk groups; some groups, such as older persons, have been neglected in such data collection. The problem of substance use among older persons has only recently been recognized as such and specific studies have only recently started to be conducted.

785. The general lack of data on substance use among older persons translates into a lack of attention to the issue in the development of policies and programmes. The limited collection of scientific evidence makes it difficult to identify interventions and policies that have resulted in positive outcomes in terms of prevention, treatment and rehabilitation in relation to the use of drugs among older persons. In that regard, research and data collection, combating stigma associated with use of drugs among older persons, and the need for integrated, holistic and age-appropriate care should be addressed when

Governments develop and implement policies and programmes in this area.

Recommendation 1: The Board urges all Governments to:

- (a) Expand the age range of the population surveyed in epidemiological studies beyond 65 years and consider using innovative assistive health technologies or innovative ways for coordinating the treatment of, supporting and monitoring the outcomes for older persons who use drugs;
- (b) Establish or extend and improve existing prescription-monitoring systems that can help detect problems of overuse and related risks;
- (c) Use existing data from national health record systems, including on treatment demand, and undertake analysis and research in order to provide preliminary estimates of the scale of the prevalence of drug use, including the misuse of prescription medicines, among older persons;
- (d) Use existing evidence-based prevention strategies to prevent the stigmatization of older persons who use drugs and involve older persons in the development of messaging to combat stigma at the community level and in the development of and training for professionals working in the relevant support services;
- (e) Develop effective service responses and include older persons who use or have used drugs as part of the integrated care policy development process that is centred on the needs of individuals, their families and communities;
- (f) Expand or develop existing outreach services for people who use drugs as a point of entry to the continuum of integrated care for the most marginalized of older persons who use drugs;

- (g) Ensure that health services are able to screen older persons for drug use and ensure that these services and evidence-based programmes are culturally adapted for older persons from varying societies and backgrounds;
- (h) Ensure that any policies developed for older persons who use drugs are underpinned by the principles of independence, participation, care, self-fulfilment and dignity, as set out in the United Nations Principles for Older Persons, and should be developed using *Active Ageing: A Policy Framework* and the *Global Strategy and Action Plan on Ageing and Health*.

For additional recommendations and more details on proposed action, please refer to chapter I of the present report.

Non-medical use of cannabis

786. The Board reiterates its concern regarding the legalization of cannabis for non-medical and non-scientific purposes in several jurisdictions, with other jurisdictions considering similar action. The Board reiterates that the 1961 Convention as amended, the 1971 Convention and the 1988 Convention limit the use of all controlled substances to medical and scientific purposes.

787. The developments in a few countries that have legalized or permitted the use of cannabis for non-medical purposes or that have tolerated its legalization at the sub-national level are undermining the universal adherence to the three international drug control conventions and the commitment to their implementation, which was reaffirmed by Member States at the special session of the General Assembly on the world drug problem held in 2016 and in the 2019 Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem.

Recommendation 2: Noting that the 1961 Convention as amended restricts, in its article 4, the production, manufacture, export, import, distribution of, trade in, use and possession of controlled narcotic drugs to medical and scientific purposes, the Board states that legalization measures or regulations that permit the use of any controlled substance, including cannabis, for non-medical purposes are inconsistent with the obligations of States parties to that Convention. The Board calls upon all States to respect their Convention obligations in the development of their national drug control policies.

Cultivation of cannabis for medical purposes

788. The Board notes the increasing number of countries that are permitting the cultivation of cannabis for medical purposes, in some cases solely for export to jurisdictions that permit the use of cannabis for medical purposes. Any export to a jurisdiction that permits the use of cannabis for medical purposes is subject to an obligation to submit estimates to the Board, pursuant to the 1961 Convention as amended. In discharging its treaty mandates, the Board reviews and approves annual estimates provided by Governments regarding the quantities of cannabis to be cultivated and consumed. In addition, the Board's secretariat continues to receive enquiries from Governments requesting clarification on treaty provisions regarding the cultivation of cannabis for medical purposes and related control measures to ensure that cannabis is not diverted to illicit channels.

Recommendation 3: The Board wishes to recall that Governments that permit the cultivation of cannabis for medical purposes have an obligation to establish control measures in accordance with article 23 of the 1961 Convention as amended. Such measures include the establishment of an agency responsible for designating areas and issuing licences for cultivating, purchasing and taking physical possession of such crops as soon as possible and having the exclusive right of importing, exporting, wholesale trading and maintaining stocks other than those held by manufacturers.

Recommendation 4: The Board recommends that Governments that allow the use of cannabinoids for medical purposes monitor and evaluate the potential diversion to trafficking or other unintended consequences of those programmes.

789. The Board notes the advancement of genetic engineering technologies and other biotechnologies that allow for the modification of the cannabis plant, as well as other technologies that may allow for the non-conventional manufacture of cannabinoids. These technologies allow for the optimization of industrial processes and to more precisely adjust the yields of the types of cannabinoids being produced.

Recommendation 5: The Board calls upon Governments to take note of the advances in genetic engineering and biotechnology in the cultivation of cannabis, as well as other technologies that can allow for the manufacture of cannabinoids through non-conventional means. The Board also calls upon Governments to ensure that these technologies are appropriately used with respect to the

international drug control conventions and to take steps to prevent the misuse of such technologies in the illicit manufacture of drugs.

Universal adherence to the international drug control conventions

790. The three international drug control conventions represent the international consensus on requirements for the control of licit trade in narcotic drugs, psychotropic substances and precursor chemicals that can be diverted, and on the measures needed to facilitate access to and availability of controlled substances for legitimate medical and scientific purposes. By becoming parties to the conventions, States demonstrate their common and shared responsibility for meeting those minimum requirements with a view to achieving the aim of the conventions, which is the health and welfare of humankind.

Recommendation 6: The Board reiterates that universal ratification of the international drug control conventions is important for strengthening the international licit drug control framework and for preventing traffickers from targeting non-parties owing to actual or perceived weaknesses in the scope of control of scheduled substances. Accordingly, the Board urges all States not yet having become parties to one or more of these instruments to do so without delay and to take steps to ensure their full implementation within their national legal orders.

Availability of and access to narcotic drugs and psychotropic substances, including during the COVID-19 pandemic

791. Since the beginning of 2020, the COVID-19 pandemic has brought forth unprecedented challenges to the economies and public health systems of all countries. The measures adopted by most countries to reduce the number of infections and contain the further spread of the virus have put to the test the ability of the international community to ensure adequate access to and availability of internationally controlled drugs for those in need.

792. The Board is concerned about reported shortages of medicines containing controlled substances such as fentanyl and midazolam in some countries, largely driven by significant increases in the need to provide pain relief

and sedation for patients with COVID-19 admitted into intensive care units.

Recommendation 7: The Board recommends that countries review their forecasts for demand and streamline all the necessary administrative and logistical requirements. To that end, all Governments are encouraged to continue working closely with each other and the Board to ensure the global availability of medicines containing controlled substances, especially for those who are most in need during emergency situations.

Recommendation 8: The Board calls upon Governments that report inadequate and very inadequate levels of consumption of opioid analgesics to develop appropriate control systems and implement balanced public health policies to ensure rational and adequate consumption of these substances, in cooperation with civil society, the pharmaceutical industry and the international community.

793. The Board has noted that inadequate availability and poor access to psychotropic substances represent threats related to the control and rational use of such substances, in particular for the treatment of mental health and neurological conditions. The lack of consumption data of psychotropic substances in many parts of the world remains the main challenge in assessing and analysing the trends in their availability and in providing appropriate assistance to those countries where availability is scarce.

794. The Board notes with appreciation that a number of countries have been reporting national data on the consumption of psychotropic substances on a voluntary basis. Being aware of the difficulties some Governments face in this regard, the Board prepared a compilation of methodologies for the collection of data on the consumption of psychotropic substances, with the aim of addressing the disparity in data collection on the consumption of psychotropic substances.

Recommendation 9: The Board calls upon all Governments to report on the consumption of psychotropic substances on an annual basis, pursuant to Commission on Narcotic Drugs resolution 54/6, as such data are essential for an improved evaluation of the availability of psychotropic substances for medical and scientific purposes. The Board encourages all Governments to make use of the recently prepared compilation of methodologies for the collection of data on the consumption of psychotropic substances and stands ready to assist Government in this regard.

Human rights and peace and security

795. The Board has recognized that policies in some countries, under the pretext of the “war on drugs”, have led to disproportionate and overly repressive responses without respect for due process and the rule of law. Such responses contribute to an increase in violence and related death rates. The Board reiterates that drug-related crime is to be addressed through formal criminal justice responses and strict adherence to internationally recognized due process standards.

796. With a view to achieving the Sustainable Development Goals, in particular Goal 16, the Board notes that the provisions of the international drug control conventions related to supply reduction, together with the provisions of the conventions pertaining to reducing demand for illicit drugs, constitute some of the essential elements of a comprehensive, integrated and balanced approach. The provisions of the international drug control treaties related to criminal justice, covering issues such as penal provisions, international judicial and law enforcement cooperation, asset forfeiture and confiscation, can serve as effective legal instruments in addressing not only drug-related offences, but also any associated criminal activity, such as organized crime, corruption and money-laundering.

Recommendation 10: The Board wishes to call upon Governments to counter drug trafficking and related violence through comprehensive and balanced measures. These include effective prevention and criminal justice responses and alternative development initiatives that target the financial incentives offered by drug trafficking. They should also ensure that the responses to drug-related criminal conduct are proportionate and founded upon respect for human rights and dignity, in line with the three international drug control conventions, international human rights instruments and the rule of law.

Recommendation 11: The Board reminds all Governments that extrajudicial action in relation to persons suspected of drug-related offences, taken in purported pursuit of drug control objectives, is inconsistent with their obligations under the three international drug control conventions. All drug control actions taken to comply with these obligations should be taken with full respect for the rule of law and due process of law and the principle of proportionality.

Prevention and treatment, including during the COVID-19 pandemic

797. The Board has repeatedly stressed the importance of respecting human rights and fundamental freedoms as part of the effective implementation of the international drug control treaties. INCB continues to emphasize that, for prevention and treatment measures to be successful and sustainable, they must be consistent with international human rights standards. The health and welfare of humankind is the cornerstone of the international drug control framework and includes ensuring that persons affected by drug use disorders receive services that are evidence-based to treat drug use disorders and potential related harms.

Recommendation 12: The Board discourages the use of compulsory treatment for the rehabilitation of patients suffering from drug use disorders and calls upon all Governments concerned to implement voluntary, evidence-based treatment services with due respect for patients’ human rights, such as services based on the *International Standards for the Treatment of Drug Use Disorders* developed by UNODC and WHO and other relevant international standards that Member States, in the outcome document of the special session of the General Assembly on the world drug problem held in 2016, recommended that countries promote and implement.

798. The Board is concerned about the reported halting, in many parts of the world, of treatment services for people who use drugs and of measures to reduce the negative consequences of drug use, as a result of the COVID-19 pandemic. The ongoing provision of drug use treatment services during any health crisis remains of the utmost importance and such services should continue to operate, with health and safety measures in place to guarantee the prevention of infections among personnel providing services, as well as among the recipients of such services.

Recommendation 13: The Board urges Governments to ensure the continued provision of treatment services for mental health and substance use disorders as part of essential services. Governments are recommended to look at existing best practices and develop effective strategies to ensure that prevention and evidence-based treatment, rehabilitation, aftercare and social reintegration services continue to operate. In that regard, Governments are encouraged to refer to chapter I of the Board’s annual report for 2017, entitled “Treatment, rehabilitation and social reintegration for drug use disorders: essential components of drug demand reduction”, and

the UNODC–WHO *International Standards for the Treatment of Drug Use Disorders*.

Data collection and reporting

799. Competent national authorities play a key role in consolidating the data received from pharmaceutical companies, importers and exporters and other authorized agents within their jurisdictions to ensure that complete and reliable data are provided in a timely manner to the Board. However, some Governments fail to provide the Board with timely and adequate estimates and assessments or reliable statistical returns, including quarterly and annual statistics on manufacture, consumption and international trade.

800. Accurate and timely reporting is an important indicator of the effectiveness and efficiency of drug control systems and the availability of good-quality data is vital for the Board to accurately carry out the monitoring function accorded to it under the international drug control treaties. The quality of some data is a concern for the Board, particularly if they are data from major producing and manufacturing countries, as they indicate deficiencies in national mechanisms for regulating and monitoring internationally controlled substances

Recommendation 14: The Board urges Governments to provide, in an accurate and timely manner, their annual and quarterly statistics on the manufacture of, consumption of and international trade in internationally controlled substances as required by the treaties and relevant resolutions of the Economic and Social Council and the Commission on Narcotic Drugs.

Recommendation 15: The Board urges Governments to continue to strengthen their national mechanisms to monitor the cultivation, production and manufacture of and trade in controlled substances. This may be achieved, in part, by improving and developing national data-collection systems, training staff of the competent national authorities, including at times of staff turnover, enhancing inter-agency cooperation and ensuring close cooperation with companies licensed to deal with internationally controlled substances.

801. Diversion from licit domestic channels remains a major source of internationally controlled substances used for illicit purposes; however, there remain limited reports to the Board from Governments on their interdiction efforts. In addition, the Board stresses that, while diversions from international trade are rare, Governments should remain vigilant to attempts by traffickers to divert

preparations containing internationally controlled substances from the licit international market.

Recommendation 16: The Board acknowledges the interdiction efforts, by the Governments concerned, in relation to trafficking in internationally controlled substances and calls upon all Governments to furnish regularly to the Board, pursuant to Commission on Narcotic Drugs resolution 50/11, information on seizures of controlled substances ordered over the Internet and delivered through the mail.

802. Strengthening international cooperation in drug control requires a collective understanding of common challenges and the identification of mutual approaches to key concepts and issues. In line with the 2019 Ministerial Declaration, the Board seeks to promote the collection, analysis and sharing of quality and comparable data. This requires the continued identification of any scientific or legal ambiguities in the terminology chosen in the drafting of drug policies.

Recommendation 17: The Board urges Governments to continually examine any drug terminology that has ambiguous usage, or potentially stigmatizing effects, and that might have an impact on the ability of the international community to cooperate effectively on and jointly counter the world drug problem.

Precursor chemicals

803. Since the entry into force of the 1988 Convention, in November 1990, there have been two major developments that the Board has identified as having changed the precursor control landscape. Firstly, there has been a shift in the diversion of precursors from international to domestic trade. This places a greater emphasis on the functioning of domestic control systems, which the 1988 Convention leaves to the discretion of States parties. Secondly, there have been major increases in the sophistication and diversification of illicit drug manufacture and the sourcing of chemicals. The emergence and proliferation of designer precursors, pre-precursors and other non-scheduled chemicals for use in illicit activities have been among the focus areas of the Board for the past few years.

Recommendation 18: The Board urges Governments to pay increased attention to establishing and implementing comprehensive precursor monitoring systems at the national level and, in particular, to make use of the guidance provided in article 12, paragraph 8, of the 1988 Convention. The Board encourages Governments

to improve the accuracy of estimates of annual legitimate requirements for individual precursors with a view to ensuring that they always reflect actual market conditions, and to make better use of the Board's focal point network under Project Prism and Project Cohesion, which also offer a platform for the exchange of information on best practices in precursor control.

Recommendation 19: The Board urges Governments to continue to explore various options to address the proliferation and use of non-scheduled precursors for illicit activities. Since the timely sharing of information about such chemicals is essential, the Board encourages Governments to use PICS more actively.

804. Over the years, the Board has observed the increasing use of the Internet and social media platforms for the sourcing of precursors and non-scheduled chemicals. Some Governments have been successful in countering diversion attempts of precursors by partnering with business-to-business Internet platforms (more details can be found in the Board's reports since 2018 on the implementation of article 12 of the 1988 Convention).

Recommendation 20: The Board encourages Governments to focus their efforts on the "clear web", or "surface web", to prevent the misuse of the Internet for the diversion of precursors, non-scheduled chemicals and equipment into illicit channels. Governments are invited to share successful national approaches and, in that regard, to refer to the approaches discussed in the Board's reports on the implementation of article 12 of the 1988 Convention. To complement these efforts, Governments are also encouraged to refer to the limited international special surveillance list, which contains chemicals for which substantial information exists on their use in illicit drug manufacture.

New psychoactive substances, emerging non-medical synthetic opioids and other dangerous substances

805. The illicit manufacture and use of and trafficking in non-medical synthetic opioids and new psychoactive substances remain significant challenges for international drug control efforts. Online vendors continue to use the Internet, the darknet and social media sites to offer these substances. Shipments continue to be trafficked through international mail and express courier services. The Board continues to promote partnerships among Governments, international organizations and the private sector to prevent and interdict sales of new psychoactive substances,

emerging non-medical synthetic opioids and other dangerous substances. The Board notes the need to monitor, in particular, manufacturers of chemical reference and pharmaceutical products; online marketing, search, registries and registrars and social media platforms; postal, express mail, express courier, air cargo, freight forwarding and related transport sectors; and online financial, e-wallet and monetization industries.

Recommendation 21: The Board emphasizes the need for increased efforts to reduce trafficking in new psychoactive substances and emerging non-medical synthetic opioids and invites Governments to nominate active law and regulatory enforcement focal points in police, drug control, customs, postal and regulatory agencies to participate in INCB special intelligence-gathering operations and to make full use of the IONICS secure communication platform and the capacity-building and equipment available under its GRIDS Programme, Project ION and the OPIOIDS project.

Recommendation 22: The Board encourages Governments to work with the GRIDS Programme and its public-private partnership initiative to establish and strengthen partnerships with relevant sectors, with the goal of voluntarily identifying, preventing and eliminating vendors attempting to exploit legitimate industry for the purposes of trafficking in dangerous new psychoactive substances not under international control.

Recommendation 23: The Board continues to expand its list of fentanyl-related substances with no known legitimate medical or industrial use as a practical tool for use by relevant national authorities, international partners and other stakeholders, including private sector partners, the scientific community and academia, and calls upon Governments to take appropriate measures to prevent the illicit manufacture, marketing, movement and monetization of those fentanyl-related substances.

806. In the past year, the number of drug overdoses deaths from illicit drug use – especially fentanyl and methamphetamine – have increased in North America and in some other regions of the world. The crisis was further exacerbated by the COVID-19 pandemic, which is expected to contribute to increasing numbers of people struggling with mental health and substance use disorders, coupled with corresponding increases in depression, anxiety, trauma and grief.

Recommendation 24: The Board once again encourages Governments to work together with public health officials, pharmacists and physicians, manufacturers and distributors, consumer protection associations and law

enforcement agencies to promote public education about the risks associated with the improper use of prescription drugs, illicitly produced synthetic opioids and methamphetamine and to adopt appropriate measures to decrease their use and risk of overdose.

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

807. The Board recognizes the efforts of Governments that have implemented I2ES and reiterates the advantages it presents to national authorities by significantly alleviating the administrative burden in the import and export administration process while also being a useful tool to help prevent the diversion of internationally controlled substances.

808. Having noted the challenges faced by some Governments in the further implementation of I2ES, the Board, through its secretariat, will continue to reach out and assist Governments in overcoming barriers such as know-how at the operational level and commitment to using I2ES at the decision-making level, to encourage a wider adoption of the system and greater user engagement.

Recommendation 25: INCB encourages Governments that have not yet done so to request the assistance of the INCB secretariat in implementing and integrating I2ES into their national systems, including through the provision of guidance on first steps and additional initial training.

Recommendation 26: In addition, the Board wishes to reiterate to Member States the need for continual support, including extrabudgetary resources, to expand the functionality of I2ES, address technical issues identified by Governments and provide expanded training to further support countries in adopting and implementing the platform.

Specific countries and regions

809. The lack of official information and data regarding the trafficking in drugs, the prevalence rates of drug use as well as drug use prevention and treatment efforts in many regions, but specifically in Africa and Oceania, remains a concern for the Board. The lack of such information hinders efforts by the international community to fully assess the drug problem in these regions.

810. Trafficking in drugs has increased in many Pacific island States, as Oceania is increasingly becoming a transit point for drug trafficking between the Americas and Asia. Moreover, the illicit manufacture and consumption of synthetic drugs are increasingly taking place in the Pacific island States. Many of these countries lack the capacity to respond to these challenges.

Recommendation 27: The Board calls upon all States to regularly provide to the Board and other relevant international organizations data on drug trafficking and drug use prevalence, as well as any information regarding legislation, policies or other efforts on drug use prevention, treatment, rehabilitation and social reintegration in their territories.

Recommendation 28: Recognizing that national capacities in many countries in Oceania are inadequate to respond to the threat of drug trafficking and that the consumption of drugs is on the rise in those countries, the Board requests that the international community provide support to enhance the capacities of Pacific island States to address these new challenges and to safeguard their citizens' health.

811. Despite a decrease in the area used for the cultivation of opium poppy in Afghanistan, illicit production of opium has remained at almost the same level from 2018 to 2019, possibly owing to higher yields. The low price of opium during planting time was one of the main drivers of the decline in cultivation. Afghanistan has accounted for almost 84 per cent of global opium production over the past five years and, to date, there have been no indications of a reduction in the supply of heroin of Afghan origin to consumer markets globally.

Recommendation 29: The Board notes with concern that continued large-scale illicit opium poppy cultivation and opium production in Afghanistan, coupled with limited eradication efforts, further undermine the efforts of Afghanistan and its partners to promote peace, security and sustainable development in the country. The Board reiterates its call for further technical and financial assistance to address the drug control challenges in the country.

Psychotropic substances

812. The universal application of the requirement for import and export authorizations laid down in the 1971 Convention is key to preventing the diversion of drugs into the illicit market. The 1971 Convention does not require import and export authorizations for trade in the

psychotropic substances listed in its Schedules III and IV. However, in view of the widespread diversion of those substances from licit international trade during the 1970s and 1980s, the Economic and Social Council, in its resolutions 1985/15, 1987/30 and 1993/38, requested Governments to extend the system of import and export authorizations to cover those psychotropic substances as well.

Recommendation 30: The Board urges the Governments of the few remaining States in which national legislation

and/or regulations do not yet require import and export authorizations for all psychotropic substances, regardless of whether they are States parties to the 1971 Convention, to put into place such legislation or regulations at the earliest opportunity. The Board urges Governments to extend such controls to all substances listed in Schedules III and IV of the 1971 Convention as soon as possible, including those recently scheduled and to inform the Board in that regard.

(Signed)
Cornelis P. de Joncheere, President

(Signed)
Bernard Leroy, Rapporteur

(Signed)
Stefano Berterame, Secretary a.i.

Vienna, 13 November 2020

Annex I

Regional and subregional groupings used in the report of the International Narcotics Control Board for 2020

The regional and subregional groupings used in the report of INCB for 2020, together with the States in each of those groupings, are listed below.

Africa

Algeria	Liberia
Angola	Libya
Benin	Madagascar
Botswana	Malawi
Burkina Faso	Mali
Burundi	Mauritania
Cameroon	Mauritius
Cabo Verde	Morocco
Central African Republic	Mozambique
Chad	Namibia
Comoros	Niger
Congo	Nigeria
Côte d'Ivoire	Rwanda
Democratic Republic of the Congo	Sao Tome and Principe
Djibouti	Senegal
Egypt	Seychelles
Equatorial Guinea	Sierra Leone
Eritrea	Somalia
Eswatini	South Africa
Ethiopia	South Sudan
Gabon	Sudan
Gambia	Togo
Ghana	Tunisia
Guinea	Uganda
Guinea-Bissau	United Republic of Tanzania
Kenya	Zambia
Lesotho	Zimbabwe

Central America and the Caribbean

Antigua and Barbuda
Bahamas
Barbados
Belize
Costa Rica
Cuba
Dominica
Dominican Republic
El Salvador
Grenada

Guatemala
Haiti
Honduras
Jamaica
Nicaragua
Panama
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Trinidad and Tobago

North America

Canada
Mexico

United States of America

South America

Argentina
Bolivia (Plurinational State of)
Brazil
Chile
Colombia
Ecuador

Guyana
Paraguay
Peru
Suriname
Uruguay
Venezuela (Bolivarian Republic of)

East and South-East Asia

Brunei Darussalam
Cambodia
China
Democratic People's Republic of Korea
Indonesia
Japan
Lao People's Democratic Republic
Malaysia

Mongolia
Myanmar
Philippines
Republic of Korea
Singapore
Thailand
Timor-Leste
Viet Nam

South Asia

Bangladesh
Bhutan
India

Maldives
Nepal
Sri Lanka

West Asia

Afghanistan	Oman
Armenia	Pakistan
Azerbaijan	Qatar
Bahrain	Saudi Arabia
Georgia	State of Palestine
Iran (Islamic Republic of)	Syrian Arab Republic
Iraq	Tajikistan
Israel	Turkey
Jordan	Turkmenistan
Kazakhstan	United Arab Emirates
Kuwait	Uzbekistan
Kyrgyzstan	Yemen
Lebanon	

Europe

Eastern Europe

Belarus	Russian Federation
Republic of Moldova	Ukraine

South-Eastern Europe

Albania	Montenegro
Bosnia and Herzegovina	North Macedonia
Bulgaria	Romania
Croatia	Serbia

Western and Central Europe

Andorra	Liechtenstein
Austria	Lithuania
Belgium	Luxembourg
Cyprus	Malta
Czechia	Monaco
Denmark	Netherlands
Estonia	Norway
Finland	Poland
France	Portugal
Germany	San Marino
Greece	Slovakia
Holy See	Slovenia
Hungary	Spain
Iceland	Sweden
Ireland	Switzerland
Italy	United Kingdom of Great Britain and Northern Ireland
Latvia	

Oceania

Australia

Cook Islands

Fiji

Kiribati

Marshall Islands

Micronesia (Federated States of)

Nauru

New Zealand

Niue

Palau

Papua New Guinea

Samoa

Solomon Islands

Tonga

Tuvalu

Vanuatu

Annex II

Current membership of the International Narcotics Control Board

César Tomás Arce Rivas

Born in 1954. National of Paraguay. Retired Director General, Office for National and International Cooperation and Institutional Strengthening of the National Anti-Drug Secretariat (2012–2020); Professor of Organic Chemistry, Faculty of Exact and Natural Sciences, National University of Asunción (since 1993).

Doctorate in Forensic Chemistry, Center for Forensic Medicine, Medical University of Vienna (1988–1990); Bachelor of Science in Chemistry, Faculty of Exact and Natural Sciences, National University of Asunción (1971–1975).

Previously held positions as Deputy Executive Secretary, National Anti-Drug Secretariat (2008–2012); Laboratory Director, National Anti-Drug Secretariat (1987–2007); Professor of Organic Chemistry I and II, Catholic University, Ciudad del Este, Paraguay (1996–2008); intern, laboratories of the Federal Police of Germany (1990).

Author and co-author of and contributor to numerous publications, including “Drug policy, strategy and action plan on drugs of Paraguay” (2016) and “Study of the interrelation of cannabinoids in marijuana and determination of the storage and harvest time of a marijuana sample, by means of the cannabinoid relation”.

Member of the delegation of Paraguay to the sixtieth session of the Commission on Narcotic Drugs (2017); meeting of drug control and drug administration organizations for the implementation of prevention and treatment courses and the strengthening of health systems, Inter-American Drug Abuse Control Commission of the

Organization of American States, held in Cancún, Mexico (2017); 12th Specialized Meeting of Drug Enforcement Authorities, Southern Common Market (MERCOSUR), held in Buenos Aires (2017); preparatory meeting of the special session of the General Assembly on the world drug problem, held in Vienna (2016); special session of the General Assembly on the world drug problem, held in New York (2016); biregional high-level meetings of the European Union and the Community of Latin and Caribbean States on the problem of drugs, held in Buenos Aires (2017), The Hague (2016), Montevideo (2015), Athens (2014) and Brussels (2012); South American Council on the World Drug Problem, Union of South American Nations, Asunción (2012) (President pro tempore); Specialized Meetings of Drug Enforcement Authorities, MERCOSUR, Asunción (2015 and 2009) (President pro tempore); Twenty-fourth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held in Asunción (2014) (Chair); international meeting of executives for the control of precursors and essential chemical substances, held in Santiago (1998); 10th, 15th, 16th and 17th international seminars of forensic chemistry, Drug Enforcement Administration, Washington, D.C. (1987–1995); Meeting of Auditors and Evaluators of the Control of Narcotics and Psychotropic Substances in Public Health, Santiago (1992).

Member of INCB (since 2020).¹ Member of the Standing Committee on Estimates (2020).

¹Elected by the Economic and Social Council on 7 May 2019.

Sevil Atasoy

Born in 1949. National of Turkey. Professor of Biochemistry and Forensic Science, Vice-Rector and Director, Institute of Addiction and Forensic Science; Head, Department of Forensic Science; Director, Center for Violence and Crime Prevention, Uskudar University, Istanbul. Director, Institute of Forensic Science, Istanbul University (1988–2010). Director, Department of Narcotics and Toxicology, Ministry of Justice of Turkey (1980–1993). Expert witness in civil and criminal courts (since 1980).

Bachelor of Science in Chemistry (1972), Master of Science in Biochemistry (1976), Doctor of Philosophy (PhD) in Biochemistry (1979), Istanbul University.

Lecturer in biochemistry, criminalistics and crime scene investigation (since 1982); supervisor of more than 50 master's and doctoral theses in the area of biochemistry and forensic science. Author of over 130 scientific papers, including papers on drug testing, drug chemistry, drug markets, drug-related and drug-induced crime, drug abuse prevention, clinical and forensic toxicology, crime scene investigation and DNA analysis.

Hubert H. Humphrey Fellow, United States of America Information Agency (1995–1996); Guest Scientist at the School of Public Health, Department of Forensic Science, University of California, Berkeley, and the Drug Abuse Research Center, University of California, Los Angeles; Department of Genetics, Stanford University; Department of Human Genetics, Emory University; California Criminalistics Institute; Federal Bureau of Investigation, Virginia; Crime Laboratories, Los Angeles Sheriff's Department, United States; Federal Criminal Police Office (BKA), Wiesbaden; Ludwig-Maximilian University, Munich Institute for Physical Biochemistry and Institute of Legal Medicine; Center of Human Genetics, Bremen University; Institute of Legal Medicine, Muenster University, Germany; United Nations Drug Laboratory, Vienna; Central Bureau of Investigation, New Delhi.

Member, special commission on preventing drug abuse, Office of the Prime Minister (since 2014). Founding editor, *Turkish Journal of Legal Medicine* (1982–1993). Member of the scientific board of the *International Criminal Justice Review*. Founding President, Turkish Society of Forensic Sciences; Honorary Member of the Mediterranean Academy of Forensic Sciences. Member of the International Society of Forensic Toxicology; the Indo-Pacific Association of Law, Medicine and Science; the International Association of Forensic Toxicologists; the American Academy of Forensic Sciences; the American Society of Crime

Laboratory Directors; and the American Society of Criminology.

Member of INCB (2005–2010 and since 2017). Member (2006 and 2018) and Chair (2017 and 2020) of the Committee on Finance and Administration. Second Vice-President and Chair (2006) and Member (2007 and 2020) of the Standing Committee on Estimates. Rapporteur (2007 and 2019). First Vice-President of the Board (2008). President of the Board (2009).

Cornelis P. de Joncheere

Born in 1954. National of the Netherlands. Currently Chair of the Netherlands Antibiotics Development Platform, Member of the Expert Advisory Group of the Medicines Patent Pool in Geneva and a consultant to WHO on pharmaceutical policies.

Doctor of Pharmacy (PharmD) and Master of Science (MSc) in Pharmacy, University of Groningen and University of Amsterdam, the Netherlands (1975–1981); Master's in Business Administration, University of San Diego, United States/San José, Costa Rica; Bachelor of Science (BSc). Pharmacy, cum laude (honour student), University of Groningen, the Netherlands (1972–1975).

Previously held positions as Director, Department of Essential Medicines and Health Products at WHO in Geneva (2012–2016), which included work on access to controlled medicines, and the WHO Expert Committee on Drug Dependence; WHO Representative, Kyiv (2011–2012); WHO Regional Adviser for Pharmaceuticals and Health Technologies, WHO Regional Office for Europe, Copenhagen (1996–2010); National Essential Drugs Programme Coordinator, Pan American Health Organization (PAHO)/WHO, Brazil (1994–1996); Pharmacist, Essential Drugs Projects Coordinator, PAHO/WHO, Costa Rica (1988–1993); Pharmaceutical expert, PAHO/WHO, Panama (1986–1988); pharmaceutical supply expert in Yemen, Ministry of Foreign Affairs, Directorate for International Cooperation, the Netherlands (1982–1985); hospital and community pharmacy in Amsterdam, the Netherlands (1981–1982).

President of the WHO Europe Staff Association (2006–2010); Member of the WHO Guidelines Review Committee (2007–2011); Member of the Royal Dutch Pharmaceutical Society; author and co-author of numerous publications in the fields of pharmaceutical and health sciences.

Member of INCB (since 2017). Rapporteur (2017). Member of the Standing Committee on Estimates (2017–2018).

Member of the Committee on Finance and Administration (2017–2018). President of the Board (2019–2020).

David T. Johnson

Born in 1954. National of the United States. President, SwanJohnson LLC; retired diplomat. Bachelor's degree in economics from Emory University; graduate of the National Defence College of Canada.

United States Foreign Service officer (1977–2011). Assistant Secretary for the Bureau of International Narcotics and Law Enforcement Affairs, United States Department of State (2007–2011). Deputy Chief of Mission (2005–2007) and Chargé d'affaires a.i. (2003–2005), United States Embassy, London. Afghan Coordinator for the United States (2002–2003). United States Ambassador to OSCE (1998–2001). Deputy Press Secretary at the White House and Spokesman for the National Security Council (1995–1997). Deputy Spokesman at the State Department (1995) and Director of the State Department Press Office (1993–1995). United States Consul General, Vancouver (1990–1993). Assistant National Trust Examiner, Office of the Comptroller of the Currency, United States Treasury (1976–1977).

Member of INCB (since 2012). Member of the Committee on Finance and Administration (since 2012). Chair of the Committee on Finance and Administration (2014 and 2018). Second Vice-President and Chair (2019) and member (2020) of the Standing Committee on Estimates.

Galina Korchagina

Born in 1953. National of the Russian Federation. Professor, Deputy Director of the National Centre for Research on Drug Addiction (since 2010).

Graduate of the Leningrad Paediatric Medical Institute, Russian Federation (1976); doctor of medicine (2001). Thesis based on clinical and epidemiological research dealing with new ways of looking at management of drug abuse in a time of change.

Previously held positions as paediatrician at the Central District Hospital of Gatchina, Leningrad region, and doctor at a boarding school (1976–1979); Head of the Organizational and Policy Division, Leningrad Regional Drug Clinic (1981–1989); Lecturer, Leningrad Regional Medical Academy (1981–1989); Head Doctor, City Drug Clinic, Saint Petersburg (1989–1994); Assistant Lecturer (1991–1996) and Professor (2000–2001), Department of Social Technologies, State Institute for Services and Economics; Assistant Lecturer (1994–2000), Associate

Professor (2001–2002) and Professor (2002–2008), Department for Research on Drug Addiction, Saint Petersburg Medical Academy of Postgraduate Studies; Chief Professor and Head of the Department for Medical Research and Healthy Lifestyles, Herzen State Pedagogical University of Russia (2000–2008); Professor, Department for Conflict Studies, Faculty of Philosophy, Saint Petersburg State University (2004–2008).

Member of many associations and societies, including the Association of Psychiatrists and Drug Addiction Specialists of the Russian Federation and Saint Petersburg, the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, the International Council on Alcohol and Addictions and the International Society of Addiction Medicine. Head of the sociology of science aspects of medical and biological research section of the Research Council on the Sociology of Science and the Organization of Scientific Research, Saint Petersburg Scientific Centre of the Russian Academy of Sciences (2002–2008).

Author of more than 100 publications, including more than 70 works published in the Russian Federation, chapters in monographs and several practical guides. Award for excellence in health protection from the Ministry of Health of the Union of Soviet Socialist Republics (1987). Consultant, Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (since 2006).

Expert on the epidemiology of drug addiction, Pompidou Group of the Council of Europe (1994–2003); participation in the WHO cocaine project (1993–1994) as leading researcher; WHO Healthy Cities project (1992–1998) as leading coordinator in Saint Petersburg; WHO alcohol action plan, realization on the basis of the city treatment centre, Saint Petersburg (1992–1998). Co-trainer, WHO programmes “Helping people change” (since 1992) and “Skills for change” (since 1995); and temporary adviser, WHO (1992–2008). Participant in meetings of the Commission on Narcotic Drugs (2002–2008).

Member of INCB (2010–2015 and since 2017). Vice-Chair (2011, 2012, 2017 and 2019) and Member (2018) of the Standing Committee on Estimates. First Vice-President of the Board (2013). Member of the Committee on Finance and Administration (2020).

Bernard Leroy

Born in 1948. National of France. Honorary Deputy Prosecutor General and Director of the International Institute of Research against Counterfeit Medicines.

Degrees in Law from the University of Caen, Institute of European Studies of Saarbrücken, Germany, and University Paris X. Graduate of the French National School for the Judiciary (1979).

Previously held positions of Deputy General Prosecutor, Versailles Court of Appeal (2010–2013). Senior Legal Adviser, UNODC (1990–2010). Adviser in charge of international, legislative and legal affairs in the French National Drug Coordination office (1988–1990). Investigating judge specializing in drug cases, Evry High Court (1979–1988). Head of the Legal Assistance Programme, UNODC, and Coordinator of the decentralized team of legal experts, Bogotá, Tashkent and Bangkok (1990–2010). Leader of the legal assistance team assisting the Government of Afghanistan in the drafting process of the new drug control law, 2004. Co-author of the preparatory study for the law introducing community service sentencing as an alternative to imprisonment in France (1981). Co-founder of “Essonne Accueil”, a non-governmental organization providing treatment services for drug addicts (1982). Member of the French delegation for the final negotiations of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Chair of the study group on cocaine trafficking in Europe, Council of Europe (1989). Author of the report resulting in the first European political coordinating committee to combat drugs (1989). Chair of the World Bank and UNODC joint team (the Stolen Asset Recovery (StAR) Initiative) which organized the freezing and subsequent recovery in Switzerland of the assets stolen by the former dictator Jean-Claude Duvalier in Haiti (2008).

Organizer of the lifelong learning programme on combating drug trafficking and addiction for members of the French judiciary, French National School for the Judiciary (1984–1994). Lecturer for medical graduates in psychiatry in the field of forensic expertise and responsibility, Faculty of Medicine, Paris-Sud University (1983–1990). Lecturer in the field of social work, University of Paris 13 (1984–1988). Lecturer for second-year Master’s courses in Security and Public International Law, Jean Moulin Lyon 3 University (2005–2013).

Member of the Executive Board of the international section of the National Association of Drug Court Professionals (2006). External member of the Management Board of the French Monitoring Centre for Drugs and Drug Addiction (2013). Member of the committee of the Reynaud report (2013). Honours: Chevalier of the Legion of Honour.

Selected publications include “Le travail au profit de la communauté, substitut aux courtes peines d’emprisonnement”;

Revue de science criminelle et de droit comparé, No. 1 (Sirey, 1983); *Drogues et drogués* (Association of Studies and Research of the French National School for the Judiciary, 1983); *Étude comparative des législations et des pratiques judiciaires européennes face à la drogue* (Commission of the European Communities, 1991); *Ecstasy*, Inserm Collective Expertise series (Editions Inserm, 1997); *The International Drug Control System*, in cooperation with Cherif Bassiouni and J. F. Thony, in *International Criminal Law: Sources, Subjects and Contents* (Martinus Nijhoff Publishers, 2007); and *Routledge Handbook of Transnational Criminal Law*, Neil Boister and Robert Curie, eds. (Routledge, 2014).

Member of INCB (since 2015). Rapporteur (2015, 2018 and 2020). Member of the Standing Committee on Estimates (2016). Member of the Committee on Finance and Administration (2019).

Viviana Manrique Zuluaga

Born in 1979. National of Colombia. Senior public policy consultant.

Master’s degree in interdisciplinary development studies; undergraduate studies in law, philosophy and international relations; specialized university courses in government and public policy, administrative law and European studies.

Previously held positions as university professor (2004–2018), in particular for comparative law (2016–2017) and human rights and international humanitarian law (2015–2017); Adviser to the President on Competitiveness and Productivity (2005–2008); Consultant on illicit drugs for the Organization of Ibero-American States for Education, Science and Culture (2011–2018); Administrative Attorney (2014–2017); Director of the Centre for Monitoring Weapons and Illicit Drugs, Universidad del Rosario (2010–2014); Deputy Minister of the Interior (2009–2010); Deputy Presidential Commissioner for the Puebla-Panama Plan (2007–2008). Honours: award for research on drug trafficking, presented by the Conference of American Armies (2015); Bomberos de Colombia (2011); Orden de la Justicia (2010); Coronel Bernardo Echeverry Ossa award in the category of “special first time”, presented by the National Penitentiary and Prison Institute (2010); Recognition by the National Narcotics Directorate of contribution to drug policy (2010); honour student, Universidad del Rosario (2004).

Author and co-author of numerous publications including *Diagnóstico regional para el posconflicto en Colombia* (chapter on illicit drugs) (Organization of Ibero-American States for Education, Science and Culture, 2018); “Una

aproximación integral a la problemática de drogas ilícitas en Colombia” (2018); “La realidad de las drogas sintéticas” (2015); “Políticas públicas de lucha contra las drogas en Colombia: una mirada sistémica” (2015); and *La Tenue Línea de la Tranquilidad: Estudio Comparado sobre Seguridad Ciudadana y Policía* (2004). Over 10 years of experience as an expert analyst in Colombian written media, including *www.semana.com*, KienyKe online magazine and *El Colombiano*; television and radio interviews for Colombian and international channels and stations such as RCN, Caracol, Blue Radio and Cable Noticias; and work for international media including CNN en Español and the *Miami Herald*.

Presenter and speaker at over 30 national and international conferences on illicit drugs and their relationship with citizen security, public policy and national security; organizer of the National Conference on Drugs in Colombia (2010–2014).

Member of INCB (since 2020).² Member of the Standing Committee on Estimates (2020).

Raúl Martín del Campo Sánchez

Born in 1975. National of Mexico. Director General of the National Commission against Addictions (May 2013–December 2016).

Bachelor’s Degree in Psychology; Honourable Mention, Autonomous University of Aguascalientes, 1998. Master’s Degree in Health Psychology, Faculty of Psychology, National Autonomous University of Mexico, with residency in Addictions, 2002. Specialization in Drug Dependence and Related Crisis Situations, Drug Dependence Treatment Centre, Health Institute of the State of Mexico, 2010.

Director of Coordination of National Programmes against Addictions, Mexican Observatory on Tobacco, Alcohol and Drugs, National Commission against Addictions (2012–2013); Director, Mexican Institute against Addictions (IMCA), State of Mexico (2007–2011); Head of the Indicator Monitoring Department, National Commission against Addictions (2003–2007); Head of the Psychology Unit (treatment of drug users), Drug Abuse Treatment Centre, Municipality of Aguascalientes (1999–2000); residential therapist for drug users and psychiatric patients, Addiction Treatment and Rehabilitation Centre (CAPRA) and Neuropsychiatric Centre of Aguascalientes (1999–2000); volunteer providing social services and support to the technical team, youth integration centres, Aguascalientes (1997–2000).

²Elected by the Economic and Social Council on 7 May 2019

Author and co-author of and contributor to numerous publications on drug abuse prevention, treatment, surveys and related subjects, including: *National Survey on Drug Use Among Students, 2014* (INPRFM, National Commission against Addictions, Ministry of Health of Mexico, 2015); “Is the medical use of cannabis supported by science?” (National Commission against Addictions, National Centre for the Prevention and Control of Addictions, 2014); “The treatment model used by the ‘Centros Nueva Vida’ addiction treatment centres and its relationship to primary health-care services” and “Addiction treatment based on models for the State of Mexico: cases in the study of risk factors and prevention through the Chimalli model”, *Actualidades en adicciones 2012*, vol. II (National Commission against Addictions, 2012); “Is alcohol an isolated problem in children and adolescents?”, in *Actualidades en adicciones 2012*, vol. IV (National Commission against Addictions, 2012); “Alcohol in primary care mental health clinics”, in *Alcohol use disorder* (World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians, 2010); and *State of Mexico Survey on Alcohol, Tobacco and Drug Use among Students* (INPRFM, Mexican Institute against Addictions (IMCA), 2009).

Member of INCB (since 2016). Vice-Chair (2020) and Member (2017–2019) of the Standing Committee on Estimates. Member of the Committee on Finance and Administration (2019).

Richard P. Mattick

Born in 1955. National of Australia. Honorary Professor of Drug and Alcohol Studies at the National Drug and Alcohol Research Centre, Faculty of Medicine, University of New South Wales; Professor of Brain Sciences, University of New South Wales; Principal Research Fellow awarded, Australian Government National Health and Medical Research Council (2013–2017 and 2019–2023) and endorsed and registered clinical psychologist.

Bachelor of Science (Psychology), Honours, Class 1, University of New South Wales, 1982; Master of Psychology (Clinical), University of New South Wales, 1989; Doctor of Philosophy, University of New South Wales, 1988; and Certificate in Neuroanatomy, Anatomy, University of New South Wales, 1992.

Director of Research, Australian National Drug and Alcohol Research Centre (1995–2001), and Executive Director, Australian National Drug and Alcohol Research Centre, Faculty of Medicine, University of New South Wales (2001–2009). Member, Australian National Expert

Advisory Committee on Illicit Drugs (2002–2004), Australian National Expert Advisory Group on Sustained Release Naltrexone (2002–2004), Monitoring Committee of the Medically Supervised Injecting Centre for the New South Wales Government Cabinet Office (2003–2004), Australian Ministerial Council on Drug Strategy Working Party on Performance and Image Enhancing Drugs (2003–2005), Australian Government Department of Health and Ageing Expert Advisory Committee on Cannabis and Health (2005–2006), New South Wales Expert Advisory Group on Drugs and Alcohol for the New South Wales Minister of Health (2004–2013), Australian National Council on Drugs advising the Prime Minister (2004–2010), WHO/UNODC Technical Guidelines Development Group on Pharmacotherapy of Opioid Dependence (2004–2008), Australian Research Alliance for Children and Youth (2005–2015).

Served on the editorial and executive boards of *Drug and Alcohol Review* (1994–2005), and as Deputy Editor (1995–2000) and Executive Editor (2000–2005). Assistant Editor of the international peer-reviewed journal *Addiction* (1995–2005). Editor, Cochrane Review Group on Drugs and Alcohol (1998–2003). Authored over 300 books, chapters in edited volumes on substance abuse, addiction and treatment, and peer-reviewed academic journal articles on those subjects. Recent articles include “Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence”, “Young adult sequelae of adolescent cannabis use” and “The Pain and Opioids IN Treatment study: characteristics of a cohort using opioids to manage chronic non-cancer pain”.

Recipient of academic and research support from the Australian Government Department of Health; the New South Wales Government Department of Health; the Australian National Drug Law Enforcement Research Fund; the Alcohol Education and Rehabilitation Foundation; UNODC; the National Institute on Drug Abuse of the United States; the Australian Research Council; and the Australian Government National Health and Medical Research Council.

Member of INCB (since 2015). Member of the Standing Committee on Estimates (2015–2016).

Luis Alberto Otárola Peñaranda

Born in 1967. National of Peru. Lawyer. Postgraduate degree in Public Policy and Public Management from the Pontifical Catholic University of Peru.

Executive Director of the National Commission for Development and Life without Drugs (2014–2016). President of the Inter-American Drug Abuse Control Commission of OAS (November 2015–September 2016). Minister of Defence (2012), Deputy Minister of the Interior (2011), Deputy Minister of Defence (2003), Officer of the Peruvian State before the Inter-American Court of Human Rights (2001), Professor of Constitutional Law and Human Rights.

Author or co-author of the following works: *Compendio sobre Tráfico Ilícito de Drogas y Desarrollo Alternativo* (2015); *La Constitución Explicada* (2011); *La Constitución de 1993: Estudio y Reforma a Quince Años de su Vigencia* (2009); *Modernización Democrática de las Fuerzas Armadas* (2002); *Parlamento y Ciudadanía* (2001); and *La Constitución de 1993: Análisis Comparado* (1999).

Order of Merit for Distinguished Services at the level of Grand Cross (decoration awarded by the Constitutional President of the Republic). Also received the Order of Ayacucho (highest distinction awarded by the Peruvian Army).

Presenter at the workshop entitled “Responding to the evolving drug challenge”, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), London (2015); presenter on alternative development at the Economic and Social Council, New York (2015); Head of the Peruvian delegation to the seventh meeting of the Peruvian-Colombian Joint Committee on Drugs (2014); Head of the Peruvian delegation to the Twenty-fourth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean (2014); speaker at the second Latin American Seminar on Democracy and Corruption, Montevideo (2014); Head of the Peruvian delegation to the eighth meeting of the Peruvian-Brazilian Joint Committee on Drugs (2014); speaker at the Latin American Seminar on Youth and Democratic Governance, Cartagena de Indias, Colombia (2012); speaker at the Latin American Seminar on Youth, Violence and Culture of Peace, Antigua, Guatemala (2009).

Member of INCB (since 2017). Member of the Standing Committee on Estimates (2017–2019). First Vice-President of the Board (2020).

Jagjit Pavadia

Born in 1954. National of India. Graduate in English Honours (1974), Dhaka University, LLB from Delhi University (1988), Master's Diploma in Public Administration, Indian Institute of Public Administration (1996). Completed dissertation "Forfeiture of Property under the Narcotics Drugs and Psychotropic Substances Act, 1985" towards completion of Master's Diploma.

Held several senior positions in the Indian Revenue Service for 35 years in the Government of India, including Narcotics Commissioner of India, Central Bureau of Narcotics (2006–2012); Commissioner, Legal Affairs (2001–2005); Chief Vigilance Officer, Power Finance Corporation (1996–2001); Customs Training Adviser Maldives, deputed by the Commonwealth Secretariat (1994–1995); Deputy Director, Narcotics Control Bureau (1990–1994); and retired as Chief Commissioner, Customs, Central Excise and Service Tax, Nagpur, in 2014.

Recipient of Presidential Appreciation Certificate for Specially Distinguished Record of Service on the occasion of Republic Day (2005), published in the *Gazette of India Extraordinary*.

Member of the Indian delegation to the Commission on Narcotic Drugs, Vienna (2007–2012); introduced resolutions 51/15 (2008) and 53/12 (2010), adopted by the Commission on Narcotic Drugs, and organized a side event on the margins of the Commission's 2011 session, presenting issues involved in the illegal movement of opium poppy seeds to producing, importing and exporting countries. As representative of the competent national authority, attended Project Prism and Project Cohesion task force meetings (2006–2012), and coordinated and organized the Project Prism and Project Cohesion meeting in New Delhi (2008). Participated in the Thirtieth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, held in Bangkok (2006), and organized the Thirty-fifth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, held in Agra, India (2011). Member of the INCB advisory expert group on the scheduling of substances (2006), and member of the advisory group finalizing the INCB *Guidelines for a Voluntary Code of Practice for the Chemical Industry* (2008). Rapporteur of the forty-first session of the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East, held in Amman (2006); Chair of the forty-second session of the Subcommission, held in Accra, India (2007); organized the meeting of the Paris Pact Initiative Expert Working Group on Precursors, held in New Delhi (2011); and participated in the International Drug

Enforcement Conferences hosted by the United States Drug Enforcement Agency, held in Istanbul, Turkey (2008) and Cancún, Mexico (2011).

Member of INCB (since 2015). Second Vice-President and Chair (2015, 2017 and 2020), Vice-Chair (2018) and Member (2019) of the Standing Committee on Estimates. Member (2016–2017 and 2020) and Chair (2019) of the Committee on Finance and Administration. First Vice-President of the Board (2016).

Jallal Toufiq

Born in 1963. National of Morocco. Head of the National Centre for Drug Abuse Prevention and Research; Director of the Moroccan National Observatory on Drugs and Addictions; Director of the Ar-razi University Psychiatric Hospital and Professor of Psychiatry at the Rabat Faculty of Medicine.

Medical Doctor, Rabat Faculty of Medicine (1989); Diploma of Specialization in Psychiatry (1994); and lecturer at the Rabat Faculty of Medicine (since 1995). Undertook specialized training in Paris at the Sainte-Anne Psychiatric Hospital and Marmottan Centre (1990–1991); and at Johns Hopkins University as a National Institute on Drug Abuse research fellow and Clinical Observer (1994–1995). Conducted research at the University of Pittsburgh (1995); and gained Clinical Drug Research certificates at the Vienna School of Clinical Research (2001 and 2002).

Currently holding positions in Morocco as Head of the Harm Reduction Programme, National Centre for Drug Abuse Prevention and Research; teaching and residency training coordinator, Ar-razi Hospital; Director of the National Diploma Programme on Treatment and Prevention of Drug Abuse, Rabat Faculty of Medicine; Director of the National Diploma Programme on Child Psychiatry, Rabat Faculty of Medicine and Member of the Ministry of Health Commission on Drug Abuse.

At the international level, Representative of the Mediterranean Network (MedNET) for Morocco (MedNET/Pompidou Group/Council of Europe); former permanent correspondent of the Pompidou Group for Morocco (Council of Europe) on drug abuse prevention and research and former member of the Reference Group to the United Nations on HIV and Injecting Drug Use. Founding member and steering committee member, Middle East and North Africa Harm Reduction Association (MENAHRRA); Director of Knowledge Hub Ar-razi for North Africa, MENAHRRA; Member, Mentor International Scientific Advisory Network (drug abuse

prevention in youth); former focal point/expert on prevention, United Nations Office on Drug Control and Crime Prevention (local network for North Africa); founding member, MedNET (advisory group on AIDS and drug abuse policies) of the Council of Europe, and member of the Reference Group to the United Nations on HIV and Injecting Drug Use.

Held consultancy roles with the WHO Regional Office for the Eastern Mediterranean, UNODC and other international institutions, research fellowships and the National Institute on Drug Abuse of the United States. Published widely in the field of psychiatry, alcohol and drug abuse.

Member of INCB (since 2015). Member of the Standing Committee on Estimates (2015). Member of the Committee on Finance and Administration (2016). First Vice-President of the Board (2018).

Zukiswa Zingela

Born in 1969. National of South Africa. Head, Department of Psychiatry and Behavioural Sciences, Walter Sisulu University and Nelson Mandela Academic Hospital, Eastern Cape Department of Health (since 2015).

Master of Medicine, Psychiatry (University of Pretoria); Fellow of the College of Psychiatrists of South Africa.

Previously held positions as Leader of the Dean's Advisory Committee in charge of the Faculty of Health Sciences, Walter Sisulu University (2016–2017); Head of Clinical Unit, Dora Nginza Hospital, Eastern Cape Department of Health, and Senior Lecturer at Walter Sisulu University (2011–2015); Specialist Psychiatrist in private practice (2003–2008); Consultant Psychiatrist, Blackpool North Community Mental Health Team, National Health Service, United Kingdom (2003–2008). Duties in the above-mentioned posts included training of undergraduate medical students and postgraduate students in psychiatry with an emphasis on addiction psychiatry and substance use, providing substitution treatment for patients with opioid use-related disorders, neuropsychiatry, consultation liaison psychiatry, child and adolescent psychiatry, old age psychiatry, psychopharmacology and public mental health. Honours: Chairperson of the Board of the Ernest Malgas Youth Treatment Centre (Rehabilitation for Substance Abuse) (2016–2018); Chairperson of the South African Society of Psychiatrists, Eastern Cape Subgroup (2016–2018); Chairperson of Walter Sisulu University Registrar Training and Implementation Committee (2015–2018); Chairperson of Task Team appointed by the Head of Department of the Eastern Cape Department of Health to investigate allegations of

patient abuse in Tower Psychiatric Hospital and Rehabilitation Centre, with the investigative report delivered to Minister of Health in 2018.

Author and co-author of numerous publications including “First-episode psychosis and substance use” (authors: Thungana and Zingela (supervisor) and van Wyk (co-supervisor)), *South African Journal of Psychiatry*, vol. 24 (2018); and “Personality and personality disorder” (co-authors M. Nagdee, S. Grobler, Z. Zingela), chapter in *Oxford Textbook of Psychiatry for Southern Africa* (J. Burns and L. Roos, eds.), 2nd ed., 2016).

Member of steering committee for establishment of rehabilitation for substance abuse (Ernest Malgas Youth Treatment Centre) (2012–2015); consultant, consultation committee on the implementation of the Prevention of and Treatment of Substance Abuse Act. Advised, on a voluntary basis, the Ernest Malgas Youth Treatment Centre on implementation of substance abuse act and support for stating the rehabilitation programme (2015); established a mental health outreach programme for the Ernest Malgas Youth Treatment Centre offering assessment and interventions (2016 to date); facilitated support from the Department of Health to the local drug action committee through the allocation of a multidisciplinary staff member (clinical psychologist) to serve on the committee (2014–2016).

Fifteenth Biannual National Congress of the South African Society of Psychiatrists (2018) (presented paper on first episode psychosis and substance abuse, by authors Thungana, Zingela and van Wyk); substance abuse assessment and intervention: provincial training organized by Walter Sisulu University and Eastern Cape Department of Health (2017); 7th African Population Conference, Johannesburg (South Africa) (2015) (presented paper on school-based substance abuse awareness programmes, by authors: Zingela, Bronkhorst and Ngwetsheni); Seventh African Population Conference, Johannesburg, South Africa, 2015 (presented paper on the integration of the South African Master Drug Plan Policy and Mental Health Policy Framework and Strategic Plan (author: Z. Zingela); National Substance Abuse Colloquium (2015) (chaired and presented paper on aftercare, outpatient and maintenance services for substance abuse); Substance Abuse Colloquium, Port Elizabeth (South Africa), in preparation for the opening of the Ernest Malgas Youth Treatment Centre (2015) (organizer).

Member of INCB (since 2020).³ Member of the Standing Committee on Estimates (2020).

³Elected by the Economic and Social Council on 7 May 2019.

About the International Narcotics Control Board

INCB is an independent and quasi-judicial control organ, established by treaty, for monitoring the implementation of the international drug control treaties. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

Composition

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

Functions

The functions of INCB are laid down in the following treaties: Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol; Convention on Psychotropic Substances of 1971; and United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Broadly speaking, INCB deals with the following:

(a) As regards the licit manufacture of, trade in and use of drugs, INCB endeavours, in cooperation with Governments, to ensure that adequate supplies of drugs are available for medical and scientific uses and that the diversion of drugs from licit sources to illicit channels

does not occur. INCB also monitors Governments' control over chemicals used in the illicit manufacture of drugs and assists them in preventing the diversion of those chemicals into the illicit traffic;

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

In the discharge of its responsibilities, INCB:

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

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

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

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

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

drugs from a defaulting country, exporting drugs to it or both. In all cases, INCB acts in close cooperation with Governments.

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

Reports

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

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

Since 1992, the first chapter of the annual report has been devoted to a specific drug control issue on which INCB presents its conclusions and recommendations in order to contribute to policy-related discussions and decisions in national, regional and international drug control. The following topics were covered in past annual reports:

- 1992: Legalization of the non-medical use of drugs
- 1993: The importance of demand reduction

- 1994: Evaluation of the effectiveness of the international drug control treaties
- 1995: Giving more priority to combating money-laundering
- 1996: Drug abuse and the criminal justice system
- 1997: Preventing drug abuse in an environment of illicit drug promotion
- 1998: International control of drugs: past, present and future
- 1999: Freedom from pain and suffering
- 2000: Overconsumption of internationally controlled drugs
- 2001: Globalization and new technologies: challenges to drug law enforcement in the twenty-first century
- 2002: Illicit drugs and economic development
- 2003: Drugs, crime and violence: the micro-level impact
- 2004: Integration of supply and demand reduction strategies: moving beyond a balanced approach
- 2005: Alternative development and legitimate livelihoods
- 2006: Internationally controlled drugs and the unregulated market
- 2007: The principle of proportionality and drug-related offences
- 2008: The international drug control conventions: history, achievements and challenges
- 2009: Primary prevention of drug abuse
- 2010: Drugs and corruption
- 2011: Social cohesion, social disorganization and illegal drugs
- 2012: Shared responsibility in international drug control
- 2013: Economic consequences of drug abuse
- 2014: Implementation of a comprehensive, integrated and balanced approach to addressing the world drug problem
- 2015: The health and welfare of mankind: challenges and opportunities for the international control of drugs
- 2016: Women and drugs
- 2017: Treatment, rehabilitation and social reintegration for drug use disorders: essential components of drug demand reduction
- 2018: Cannabis and cannabinoids for medical, scientific and “recreational” use: risks and benefits
- 2019: Improving substance use prevention and treatment services for young people

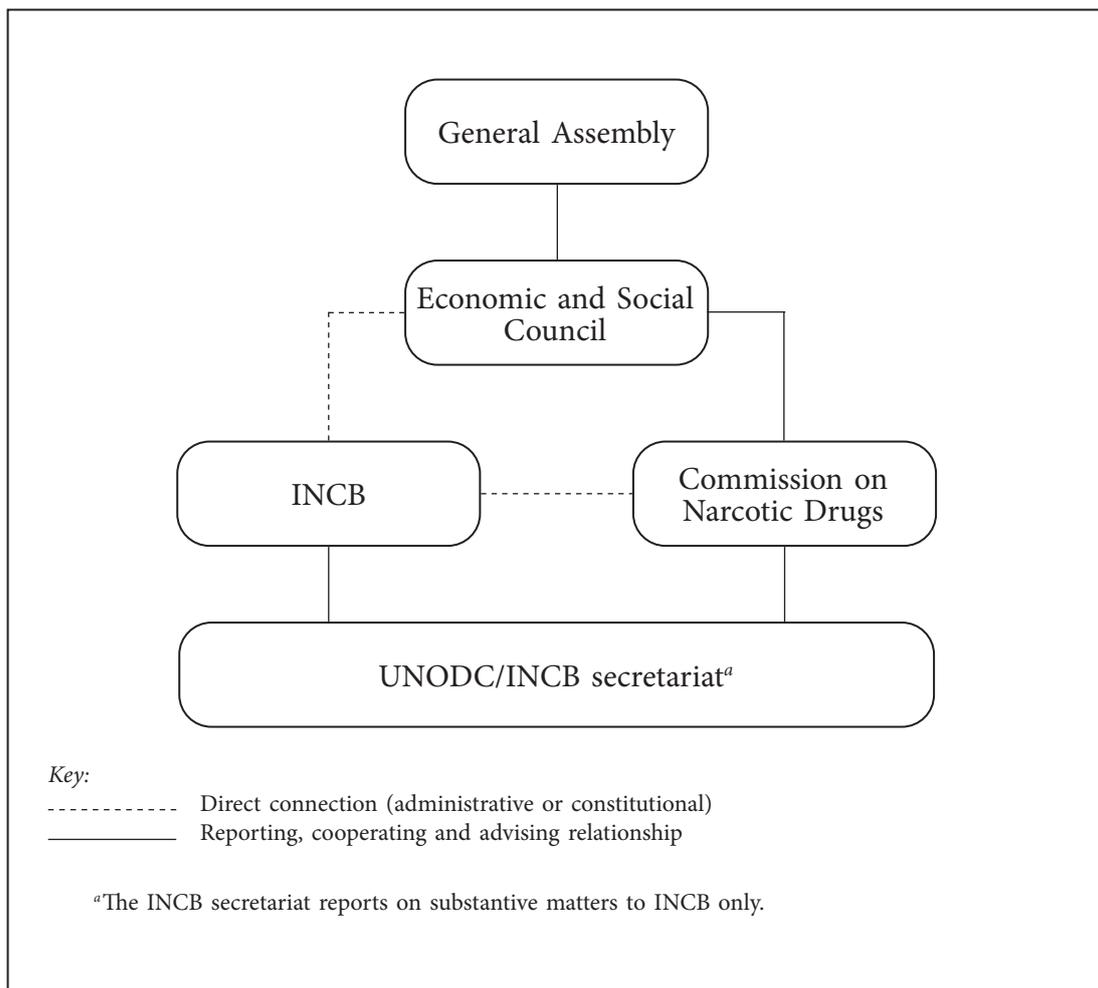
Chapter I of the report of the Board for 2020 is entitled “A hidden epidemic: the use of drugs among older persons”.

Chapter II presents an analysis of the operation of the international drug control system based primarily on information that Governments are required to submit directly to INCB in accordance with the international drug control treaties. Its focus is on the worldwide control of all licit activities related to narcotic drugs and psychotropic substances, as well as chemicals used in the illicit manufacture of such drugs.

Chapter III presents global issues and some of the main developments in drug use and trafficking and measures by Governments to implement the international drug control treaties by addressing those problems.

Chapter IV presents the main recommendations addressed by INCB to Governments, UNODC, WHO and other relevant international and regional organizations.

United Nations system and drug control organs and their secretariat





INTERNATIONAL NARCOTICS CONTROL BOARD

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

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

