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Reports published by the International Narcotics Control Board for 2022

The *Report of the International Narcotics Control Board for 2022* (E/INCB/2022/1) is supplemented by the following reports:

No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes (E/INCB/2022/1/Supp.1)

Narcotic Drugs: Estimated World Requirements for 2023 — Statistics for 2021 (E/INCB/2022/2)

Psychotropic Substances: Statistics for 2021 — 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/2022/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2022 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2022/4)

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

Contacting the International Narcotics Control Board

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

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

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

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

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



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Report

of the International Narcotics Control Board
for 2022



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Foreword

Ensuring the availability of controlled substances for medical and scientific purposes is an overarching objective of the Single Convention on Narcotic Drugs of 1961 as amended and the Convention on Psychotropic Substances of 1971. The availability of and access to internationally controlled substances for medical and scientific purposes, however, remains inequitable, with widely disparate levels of licit consumption of narcotic drugs and psychotropic substances seen both within and between regions. Achieving balance in this area is an element of both the right to health and Sustainable Development Goal 3 on health and well-being. It is for this reason that the Board is issuing a special supplement to this, its annual report for 2022, entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*. The supplement builds upon the five supplementary reports issued by INCB from 1989 to 2018 and reviews the current situation based on information reported to INCB by both Member States and civil society. It also ties in with the initiative of the Chair of the sixty-fifth session of the Commission on Narcotic Drugs to scale up the implementation of international drug policy commitments on improving the availability of and access to controlled substances for medical and scientific purposes.

The 2022 supplement confirms the persistent disparities in the consumption of opioid analgesics for the treatment of pain and in the consumption of psychotropic substances for the treatment of various mental health and neurological conditions. It identifies critical obstacles to ensuring adequate availability and makes a set of recommendations in a broad range of areas, including training of health professionals, awareness-raising, knowledge retention, administrative and budgetary measures, legislation and regulation, and utilization of technological advances. For example, we encourage major producing countries to consider lowering the prices of medicines for low- and middle-income countries and to provide low- and middle-income countries with the option of purchasing affordable morphine instead of more expensive synthetic opioid analgesics. Governments are also encouraged to apply specific measures aimed at improving access to medicines containing narcotic drugs and psychotropic substances during emergencies, including conflicts, pandemics and climate-related disasters. We will be continuing to support Governments in their efforts to improve the availability of these important medicines and remain in close contact with national authorities during emergency situations to ensure the uninterrupted trade in important medicines containing controlled substances.

Each year, the first chapter of our annual report focuses on a specific issue as a contribution to drug policy discussions at the national and international levels. Chapter I of this report contains the Board's analysis of the trend of legalizing the use of cannabis. This is particularly relevant as in recent years a growing number of States have adopted policies that permit the use of cannabis for non-medical and non-scientific purposes.

Chapter I describes the current challenges for States and society, summarizes developments relating to the use and control of cannabis, and outlines the different models that have been used to justify the non-medical use of cannabis. We have analysed the various policy approaches from the legal perspective of the drug control conventions and noted that approaches such as decriminalization and depenalization can be considered to be consistent with the conventions as long as certain conditions are met. Contained in the conventions is the principle of proportionality, which provides for alternatives to punishment for certain offences. In contrast, the legalization of the non-medical and non-scientific supply and use of cannabis contravenes the provisions of the conventions.

INCB came to several conclusions, including that the convention-based system offers significant flexibility for States to protect young people, improve public health, avoid unnecessary incarceration and address illicit markets and related organized criminality. The value of establishing better education, prevention and treatment programmes, and fighting organized crime through effective social prevention and law enforcement are central to this approach. It is observed that legalization has not been able to dissuade young people from using cannabis, and illicit markets persist and in some cases even flourish.

Legalizing jurisdictions have not been able to achieve the goals they had pursued through legalization of cannabis for recreational purposes. Of particular concern is the marketing and sale of cannabis-based products in a way that appeals to young people, as well as the declining perceptions of harms associated with cannabis despite the high potency of cannabis products available in the market and related health concerns.

The trend of legalizing the non-medical use of cannabis represents a significant challenge for the States parties to the drug control conventions. INCB remains committed to fulfilling its mandate to aid Governments in implementing the conventions and remains in dialogue with States to further the implementation of the conventions in order to achieve the objectives of safeguarding the health and well-being of humankind.

Chapter II of the report reviews the functioning of the international drug control system, which relies upon accurate and timely reporting by Governments to the Board. In this regard, it is important that Governments strengthen their mechanisms for monitoring the cultivation, production and trade in controlled substances. Governments are urged to improve the collection of data on drug use patterns, which is particularly critical in Africa and Oceania, where there is a clear lack of data on drug use in many countries. INCB is encouraging donor States to include support to this end as an element of bilateral assistance.

The report also draws attention to the emergence of highly potent synthetic non-fentanyl opioids, which are linked to an increasing number of overdose deaths, exacerbating the opioid overdose crisis that has been associated mainly with use of illicitly manufactured fentanyl. INCB is supporting Member States in addressing this problem through the activities of its Global Rapid Interdiction of Dangerous Substances (GRIDS) Programme, including the support provided by the network of regional technical officers and tools such as the Project Ion Incident Communication System (IONICS), which facilitates the exchange of real-time information between national authorities. We are also building the capacity of Governments to engage with the private sector to prevent the exploitation of legitimate industry, including Internet-based and express logistics and postal services, for the trafficking of dangerous synthetic opioids.

Governments are encouraged to intensify efforts to address the proliferation of non-scheduled designer precursor chemicals used in illicit drug manufacture through the voluntary sharing of information on planned exports, using the resources and tools made available by the Board for Member States, and through implementation of the recommendations contained in our report for 2022 on implementation of article 12 of the 1988 Convention. INCB has been raising awareness of the importance of improving implementation of article 13 of the 1988 Convention as a complementary tool for addressing illicit manufacture. Governments are invited to make use of the guidance materials and tools developed by the Board to prevent and investigate cases of diversion and trafficking of equipment and materials used in drug trafficking.

The Board is particularly concerned about the surge in illicit cocaine production and trafficking. As a global issue in the report, the Board presents its analysis of recent developments that have led to the increased availability of cocaine at higher levels of purity, which poses a growing threat to public health. INCB encourages Governments to address this challenge in a coordinated manner at the international level by targeting each element of the supply chain and disrupting the related illicit financial flows. INCB is continuing to support Member States in addressing this problem, in particular by preventing trafficking in the precursor chemicals used in the illicit manufacture of cocaine.

INCB remains concerned and alarmed by the ongoing large-scale opium poppy cultivation and opium production in Afghanistan despite the ban announced by the *de facto* authorities. There is an urgent need to improve prevention and treatment in the country for all people who use drugs, in particular women, and we call upon the international community to continue to support drug control efforts in Afghanistan to protect public health. This must be seen as an important component of development

assistance to the country, where political and socioeconomic challenges have been further compounded by environmental and humanitarian emergencies.

Addressed as a global issue in the report, the need to ensure that national legislation, policies and practices do not discriminate against people who use drugs has been emphasized. In the recommendations, States are encouraged to develop policies that are evidence-based, developed with the input and participation of people who use drugs, and are culturally appropriate, accessible and adapted to cultural and socioeconomic realities.

The issue of mental health is also emphasized. INCB reminds Governments of the need to ensure that people living with mental health conditions are provided with access to adequate treatment and medication to alleviate suffering and enable full participation in society without stigma and discrimination. The importance of including mental health treatment and support in national health systems and ensuring continued accessibility of such services, including during emergencies, is stressed in order to take a holistic approach to the problem.

The responsibilities of transit countries in the licit trade of internationally controlled substances have been examined, and Governments are reminded of their obligations under the drug control conventions and the resolutions of the General Assembly, the Economic and Social Council and the Commission on Narcotic Drugs to ensure the safe and secure trade of substances in transit and the need to put in place mechanisms to prevent diversion in transit.

Chapter IV of the report sets out the Board's conclusions and recommendations to Governments, the United Nations and other international, regional and national organizations. We encourage civil society organizations also to take those conclusions and recommendations into account when planning their work.

INCB remains committed to supporting Governments in the full implementation of the three drug control conventions, including through implementation of its recommendations, and progress towards achieving the Sustainable Development Goals, in particular Goal 3 on health and well-being and Goal 16 on peace, justice and strong institutions. To this end, INCB remains in close dialogue with Member States and supports Governments through initiatives such as INCB Learning, the GRIDS Programme and various INCB systems that facilitate the exchange of information among countries and territories. As the international community moves to accelerate progress on the 2030 Agenda following the coronavirus disease (COVID-19) pandemic and ongoing humanitarian emergencies, full implementation of the drug control conventions is key to efforts to safeguard the health and well-being of humankind.



Jagjit Pavadia
President

International Narcotics Control Board

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Explanatory notes

Data reported later than 1 November 2022 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
CARICC	Central Asian Regional Information and Coordination Centre
CBD	cannabidiol
CICAD	Inter-American Drug Abuse Control Commission
COPOLAD	Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies
ECOWAS	Economic Community of West African States
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
Europol	European Union Agency for Law Enforcement Cooperation
FARC-EP	Revolutionary Armed Forces of Colombia – People’s Army
GBL	<i>gamma</i> -butyrolactone
GDP	gross domestic product
GHB	<i>gamma</i> -hydroxybutyrate
GRIDS Programme	Global Rapid Interdiction of Dangerous Substances Programme
ha	hectares
I2ES	International Import and Export Authorization System
INCB	International Narcotics Control Board
INTERPOL	International Criminal Police Organization
IONICS	Project Ion Incident Communication System
LSD	lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine
MERCOSUR	Southern Common Market
OAS	Organization of American States
OPIOIDS project	global Operational Partnerships to Interdict Opioids’ Illicit Distribution and Sales project
PAHO	Pan American Health Organization
PEN Online	Pre-Export Notification Online system
PICS	Precursors Incident Communication System

SCO	Shanghai Cooperation Organization
S-DDD	defined daily dose for statistical purposes
THC	tetrahydrocannabinol
UNAIDS	Joint and Co-sponsored United Nations Programme on HIV/AIDS
UNAMA	United Nations Assistance Mission in Afghanistan
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
UPU	Universal Postal Union
WCO	World Customs Organization
WHO	World Health Organization

Chapter I.

Analysis of the trend to legalize the non-medical use of cannabis

1. Over the last decade, a growing number of States have pursued policies with the aim of allowing and regulating the use of drugs, in particular cannabis, for non-medical and non-scientific purposes. Permitting and regulating the production, manufacture and distribution of, trade in, and use and possession of drugs for purposes other than medical or scientific purposes is commonly called “legalization” or, in some cases, the “regulated market”. In its annual report for 2018, the International Narcotics Control Board (INCB) devoted special attention to the risks and benefits of the medical use of cannabis and cannabinoids.¹ The present chapter focuses on the trend of legalizing the non-medical use of cannabis.

2. This legalization began a decade ago in the Americas and is now manifesting itself in Europe and other regions. While Asia and Africa have not yet been as widely affected, recent developments in South Africa and Thailand may portend changes to come. The number of States having formally legalized drug use is still small in relation to the total number of States worldwide, but it is understood that a number of Governments are considering following this path in the near future.

A. Cannabis: current challenges for States and society

3. The question of how to deal with cannabis and cannabis-related substances, their increasing consumption and supply and the related consequences and problems is a controversial issue which has occupied a large space in the international drug control discussion in recent years.

¹E/INCB/2018/1, chap. I.

4. Cannabis has long been the world’s **most widely used illicit drug**. In 2020, approximately 209 million people used cannabis, representing 4 per cent of the global population.² Over the past decade, cannabis cultivation has trended upward, and the number of people who use cannabis has risen by 23 per cent. Prevalence of cannabis use varies widely by region and is highest in North America, Oceania and West Africa.

5. **The illicit cultivation, production, trafficking and use of cannabis affects all regions.** Production of cannabis, originally destined for internal markets and concentrated in certain developing countries, has shifted to a more globalized form of production, as now found in virtually every country.³ While the scope of illicit cannabis production is extensive and impossible to accurately estimate because the substance is illicitly produced in every region, cultivation was reported either through direct indicators (such as cultivation or eradication of plants or eradication of production sites) or indirect indicators (such as seizure of plants and reports on origin of seized cannabis) by at least 154 countries in the period 2010–2020.⁴ If qualitative information on indoor and outdoor cannabis cultivation trends is also included, the number increases to more than 190 countries and territories. Seizures of cannabis and cannabis resin increased in 2020 to 4,707 tons and 2,190 tons respectively (15 and 29 per cent increases over 2019, respectively).

²World Drug Report 2022, booklet 3, *Drug Market Trends of Cannabis and Opioids* (United Nations publication, 2022).

³Tom Decorte and Gary R. Potter, *The Global Cannabis Cultivation Research Consortium (GCCRC): A Transnational Online Survey of Cannabis Growers*, EMCDDA Insights Series, vol. No. 26 (Luxembourg, Publications Office of the European Union, 2022).

⁴World Drug Report 2022, booklet 3.

6. New **methods of production** have been developed, and extraction and isolation techniques have been improved. In 2019 and 2020, a growing number of countries reported increased indoor cannabis cultivation, which appears to have outpaced outdoor cultivation at the global level.⁵

7. The average content of the main psychoactive constituent of cannabis, *delta-9-tetrahydrocannabinol (delta-9-THC)*, in cannabis products has steadily increased in recent years. In Europe, the *delta-9-THC* content of cannabis increased between 2010 and 2019 by 40 per cent and that of cannabis resin nearly tripled.⁶ In the United States of America, the average *delta-9-THC* content of cannabis has risen from 3.96 per cent in 1995 to 16.16 per cent in 2018, and in cannabis concentrates it has risen from 13.23 per cent in 1995 to 60.95 per cent in 2018.⁷ New **forms of cannabis products** with a high *delta-9-THC* potency have appeared, namely edibles, vaping products and other products, in some cases marketed and packaged in ways that appeal to children and adolescents. Cannabis is easily available in many parts of the world and socially accepted to an increasing degree in some regions. This is linked with a decreasing perception of the risks of cannabis use.

8. **Synthetic cannabinoids**, which are generally far more potent than their natural counterparts, are used as an alternative to cannabis. Because their short- and long-term adverse effects are still widely unknown, use of synthetic cannabinoids may potentially have elevated risks and harms.⁸

9. The growing availability and potency of cannabis products available on the illicit markets poses an increasing **health risk**. The demand for treatment of cannabis use disorders has increased considerably. Between 2000 and 2018, global admissions related to cannabinoid dependence and withdrawal were up more than eightfold. Admissions for cannabis-related psychotic disorders more than quadrupled worldwide. In Africa, cannabis accounts for most drug treatment demands, a far higher proportion than in any other region.

10. A growing number of countries have approved the use of cannabis for medical purposes and have allowed the cultivation and manufacture of cannabis and cannabis-related

substances for medical purposes in their territories. In some cases, possibly due to the novelty of the programmes, these were implemented without due consideration of the provisions that regulate the **cultivation of cannabis for medical purposes** under the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol. INCB has engaged in a continuous dialogue with Governments on the harmonization of standards for reporting and monitoring the cultivation, production and manufacturing of, trade in, and consumption of cannabis and cannabis-related substances for medical and scientific purposes occurring on their territories.

11. At the same time, in many places, there are misconceptions concerning the **use of cannabis for medical purposes**. Household cannabis cultivation and the home production of extract preparations for self-medication can contain herbicides and/or other poisonous substances. As the amount of cannabinoids is unknown, it is not possible to determine the dosage. Therefore, home cultivation and production of cannabis extracts for self-medication might be dangerous.

12. The quickly expanding **cannabis industry** and other business interests have striven for lifting the controls on cannabis use with a view to making a commercial profit. This has contributed to the normalization and **trivialization** of cannabis use and, consequently, to reduced perceptions of harm associated with cannabis consumption.

13. Criminal organizations linked with large-scale illicit production and trafficking have benefited from the expanding demand for cannabis.

14. The **classification** of cannabis and cannabis-related substances within the international drug control system has been discussed at the political level for several years. Some civil society groups and some Governments have called for cannabis and cannabis-related substances to be rescheduled under the international drug control conventions or even fully removed from international control, which would effectively amount to the legalization of cannabis, leaving each country to decide on applicable controls and restrictions to access and use.

15. All these issues are perceived as important challenges by many Governments and by the international community. Many Governments are unsure about the continued relevance of controls in their own country, find it difficult to implement related policies and in some cases are looking for alternative solutions, namely legalizing the non-medical use of cannabis.

16. This trend represents a growing challenge for the international community, mainly for the States parties to the

⁵Ibid., p. 13.

⁶Jakob Manthey and others, "Public health monitoring of cannabis use in Europe: prevalence of use, cannabis potency, and treatment rates", *The Lancet Regional Health-Europe*, vol. 10 (2021).

⁷"Marijuana's impact on California: 2020 – cannabis-related ER visits and admissions sky-rocket after medical and recreational marijuana laws", *Missouri Medicine*, vol. 118, No. 1 (January/February 2021).

⁸Koby Cohen and Aviv M. Weinstein, "Synthetic and non-synthetic cannabinoid drugs and their adverse effects: a review from public health prospective", *Frontiers in Public Health*, vol. 6, art. No.162 (June 2018).

international drug control conventions, which stipulate that, subject to the provisions of those conventions, any kind of drug use must be limited to medical and scientific purposes and that any use contrary to the provisions of the conventions should be treated as “punishable offences”.

B. Policy and legislative developments related to use and control of cannabis

17. Over the last decades, drug control policies have changed considerably, with respect to drugs in general but particularly with respect to cannabis. While drug policy was once primarily focused on interdiction and law enforcement with the aim of reducing drug supply in order to prevent drug use, in the 1980s and 1990s States began to recognize drug use and dependence as an issue **primarily related to health**. More attention was given to the **reduction of drug demand** through prevention, treatment and rehabilitation, in accordance with article 38 of the 1961 Convention as amended. In many countries, drug demand reduction programmes were complemented by measures to mitigate the adverse health and social consequences of drug use.

18. At the same time, several States have shifted their policies with respect to the prosecution of offences related to personal non-medical use of internationally controlled drugs: a growing number of States have chosen not to criminalize or not to penalize non-medical use of drugs under certain conditions.⁹ While prohibiting non-medical use in principle, they have reclassified minor offences, in particular the possession of small quantities for personal use, from “criminal” to “non-criminal” through legislative action (“**decriminalization**”) and refrain from punishment for these minor offences, replacing punishment and conviction with alternative measures, namely measures of education, prevention and treatment. The most prominent example of this approach is the reform carried out in Portugal in 2001.¹⁰ Other States refrain from imposing criminal sanctions, adopting mechanisms such as the broadening of prosecutorial discretion, allowing for police diversion practices or “tolerating” unlawful behaviour (“**depenalization**”). The concept of “depenalization”, which has often been used as synonymous with “decriminalization”, in particular in

⁹Peter Roudik and others, *Decriminalization of Narcotics* (Washington D.C., Law Library of Congress, 2016) and EMCDDA, “Penalties for drug law offences in Europe at a glance”. Available at www.emcdda.europa.eu/.

¹⁰EMCDDA, *Drug Policy Profiles: Portugal* (Luxembourg, Publications Office of the European Union, 2011).

French- and Spanish-speaking States, describes a situation in which there is a reduction in the use of criminal sanctions against a criminal offence, which does not require changes to the law as in the case of decriminalization.¹¹

Legalization, decriminalization and depenalization: definitions^a

While the conventions themselves do not define the concepts of “legalization”, “decriminalization” or “depenalization”, these terms are commonly used by Governments and other stakeholders in the international drug control discourse.

Policies that remove criminal sanctions for personal drug use and minor drug offences are commonly called “**decriminalization**”. This concept refers to the process through which an offence is reclassified from “criminal” to “non-criminal” through legislative action.

The term “**depenalization**” is used less frequently. It also refers to the removal of criminal sanctions for certain conduct involving controlled substances. In contrast to “decriminalization”, the concept of “depenalization” describes a situation in which the behaviour in question remains a criminal offence but in which there is a reduction of the use of existing criminal sanctions, and therefore does not require changes to the law, unlike decriminalization. Accordingly, a depenalization approach may include the adoption of mechanisms such as police diversion practices, conditional sentences and the widening of prosecutorial discretion as an alternative to criminal prosecution. “Depenalization” has frequently been considered to be synonymous with “decriminalization”, in particular in French- and Spanish-speaking States, however, the Board considers the two to be distinct concepts.

These concepts should be distinguished from policies and national legal frameworks that explicitly permit the non-medical and non-scientific supply and use of internationally controlled substances and entail no penalty, whether criminal, administrative, civil or otherwise, for the personal use or possession of a particular substance. This is commonly referred to as “**legalization**” or, in some countries, a “**regulated market**”.

^a See the annual report of the Board for 2021 (E/INCB/2021/1), paras. 370–382.

19. In the past 20 years, a growing number of countries from all parts of the world have started to use cannabis and cannabis extracts for medical purposes, and many States have regulated the medical use of cannabis. Accordingly, global production of cannabis has seen a huge increase, amounting to 468.3 tons recorded in 2019 and 650.8 tons in 2020.¹² The 1961 Convention as amended classified cannabis plant, cannabis resin and extracts and tinctures of cannabis as substances that are highly addictive and liable to abuse (Schedule I). Moreover, cannabis plant and cannabis resin were originally considered to be particularly

¹¹E/INCB/2021/1, para. 378.

¹²Ibid., para. 148.

liable to abuse and to produce ill effects, and rarely used (Schedule IV). In 2018, WHO carried out a critical review of cannabis and cannabis-related substances and came to the conclusion that these substances can have a therapeutic value. Following the recommendation of WHO, the Commission on Narcotic Drugs decided in December 2020 to remove cannabis and cannabis resin from Schedule IV of the 1961 Convention as amended but to keep it in Schedule I. The 1961 Convention (in its article 28) allows States parties to cultivate and use cannabis for medical purposes under certain conditions.¹³ The Convention requires that States license and control cannabis production for medical use, establish a national cannabis agency, provide estimates of the national requirements for cannabis for medical purposes and ensure that medicinal cannabinoids are used in accordance with evidence on their safety and effectiveness and under medical supervision. As far as the specific control measures for cannabis are observed, these medical cannabis programmes are in compliance with the conventions. However, in some States “medical cannabis programmes” are operated without the necessary control required by the conventions or by the standards recommended by WHO in relation to good manufacturing and good prescribing guidelines.¹⁴

20. In the last 10 years, some States have formally **legalized the non-medical use** of cannabis. This trend, first established in the Americas, has spilled over to Europe. In Africa and Asia, most Governments currently do not follow that approach.

21. The first country to legalize non-medical cannabis use was Uruguay, in 2013.¹⁵

22. Canada provided legal access to cannabis and regulated its production, possession, distribution and sale through the Cannabis Act in October 2018.¹⁶

23. In 2012, two states of the United States – Colorado and Washington – enacted laws to regulate the non-medical use

of cannabis, following ballot initiatives. Beginning in the 1970s, several States have liberalized their cannabis laws, reducing or removing criminal penalties for possession of small amounts of cannabis. From the 1990s on, many states of the United States introduced laws which allowed the medical use of non-standardized cannabis for medical indications.¹⁷ As at 1 November 2022, 19 states, the District of Columbia and two territories¹⁸ have adopted laws on recreational use of cannabis. It is important to note that under the federal law of the United States,¹⁹ cannabis is still a Schedule I substance, which are substances considered to have a high potential for dependency and no accepted medical use, making possession and distribution of cannabis a federal offence.

24. In Mexico, the Supreme Court ruled in 2018 that the law prohibiting recreational use of cannabis in Mexico was unconstitutional.²⁰ The court found that adults have a fundamental right to personal development which lets them decide their recreational activities without interference from the State. In May 2022, the Supreme Court of Justice of Mexico ruled that the General Health Law of Mexico, which allows the possession of no more than 5 grams of cannabis for personal consumption, was invalid. The Supreme Court stated that the criminal prosecution of a person who uses drugs is punishment for possession and is not justified because such possession is within the sphere of personal privacy.

25. In 2015, Jamaica amended its Dangerous Drugs Act to remove criminal penalties for personal use and possession of up to 57 grams of cannabis and for possession of any quantity for religious purposes for “sacrament in adherence to the Rastafarian faith”²¹

26. In **Europe**, Malta is the first country to allow cultivation and possession of small amounts of cannabis for personal use. In December 2021, the Parliament of Malta

¹³In its annual report for 2014, INCB devoted a subchapter to the control measures applicable to programmes for the use of cannabis for medical purposes pursuant to the 1961 Convention (E/INCB/2014/1, paras. 218–227).

¹⁴E/INCB/2018/1, chap. I.

¹⁵The cannabis regulation bill was signed into law in December 2013 (Law No. 19.172), legalizing the production, distribution, sale and consumption of cannabis and its derivatives for non-medical purposes in the country. In May 2014, the Government released the regulations accompanying the law (Decree No. 120/014 of 6 May 2014).

¹⁶Canada, An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts, *Statutes of Canada*, chap. 16 (2018), also known as Bill C-45; in combination with Bill C-46, An Act to Amend the Criminal Code (offences relating to conveyances) and to make consequential amendments to other Acts, *Statutes of Canada*, chap. 21 (2018).

¹⁷In 2022, such “medical cannabis regimes” were in place in 37 states as well as the District of Columbia, Puerto Rico, Guam and the United States Virgin Islands. See “State-by-state recreational marijuana laws”, available at <https://marijuana.procon.org>.

¹⁸In chronological order: Washington (2012), Colorado (2012), Alaska (2014), Oregon (2014), District of Columbia (2015), California (2016), Nevada (2016), Maine (2016), Massachusetts (2016), Michigan (2018), Northern Mariana Islands (2018), Illinois (2019), Guam (2019), Montana (2020), Vermont (2020), Arizona (2020), New Jersey (2020), New Mexico (2021), Connecticut (2021), New York (2021), Virginia (2021) and Rhode Island (2022).

¹⁹United States, Controlled Substances Act, Public Law No. 91-513 (27 October 1970).

²⁰Peter Orsi, “Mexico court sets precedent on legal, recreational pot use” AP News, 1 November 2018.

²¹Jamaica, fact sheet prepared by the Ministry of Justice on the Dangerous Drugs (Amendment) Act 2015.

adopted a law on cannabis²² which allows persons over 18 years of age to grow at home up to four plants per household. Some elements of the law have not yet been implemented.

27. Other States in Europe have taken steps and measures to legalize cannabis use, including the following:

(a) In June 2022, the Government of Luxembourg released the details of a draft law that would allow adults to grow up to four cannabis plants at home for “recreational” purposes. Non-medical consumption at home would also be allowed;

(b) In Germany, the Government presented, in October 2022, the outline of a law that will regulate the controlled distribution of cannabis to adults for non-medical purposes in licensed shops;

(c) In Italy, according to a judgment of the Supreme Court of 2020, the cultivation of a very small amount of cannabis at home for personal use does not constitute an offence. In 2021, signatures were collected to place a referendum on the country’s ballot which would legalize personal cultivation of cannabis and other psychoactive plants such as psilocybin. In February 2022, the Constitutional Court rejected the proposal because parts of the proposal would flout international law and violate multiple international obligations;²³

(d) In the Netherlands, a “cannabis experiment” is under way which allows the production of recreational cannabis for the supply of the “coffee shops” in a restricted number of municipalities. This trial could potentially lead to the adoption of measures to replace the long-standing “coffee shop” programme of the Netherlands which originated in the 1970s and had tolerated the sale and consumption of small amount of cannabis in “coffee shops”. In July 2022, the Government stated that it would not be able to draw conclusions from the regulated “cannabis experiment” in 2024, as initially planned, and that the researchers would not be able to prepare their analysis by 2024;

(e) In Switzerland, the Federal Act on Narcotics and Psychotropic Substances was amended in 2020 to allow pilot projects in which cannabis will be sold for non-medical consumption purposes. This project began in 2022, in several cities (such as Basel and Zurich). The Parliament will prepare a revision of the legislation with a view to creating

a regulated market for cannabis, taking into account the results of the ongoing pilot projects on non-medical cannabis use.

28. In **other continents**, similar initiatives are under way.

29. In South Africa, the Constitutional Court ruled in 2018 that adults may, for their personal consumption, use, possess and cultivate cannabis in any private place. The provisions of the Drugs and Drug Trafficking Act of 1992 that had previously criminalized any form of cultivation, possession and consumption of cannabis were declared unconstitutional by the Court. Any recreational use, possession or cultivation of cannabis which is not done in private remains an offence under the Drugs Act.

30. In Thailand, in 2022, cannabis was removed from classification under category 5 of the new Narcotics Code and legalized for use with the exception of extracts of cannabis or hemp that contain more than 0.2 per cent per of *delta-9-THC*.²⁴ The exact regulatory framework for cannabis production and sale has not yet been clarified by the Parliament.

31. Globally, more and more countries are in the process of preparing similar legal frameworks which allow and regulate the non-medical supply and use of cannabis.

32. There is a great diversity of regulations to counter the cannabis problem, resulting from diverging interpretations and applications of the international conventions. Most States worldwide still consider cannabis use to be illicit and remain committed to the prohibition of both its production and its consumption for non-medical/scientific purposes. However, a growing number of Governments pursue new strategies such as the decriminalization of the possession of small quantities of drugs, the medical use of cannabis or cannabis products, the non-prosecution of minor cannabis offences and, finally, the legalization of cannabis use for non-medical purposes.²⁵

The rationale behind legalization

33. The legalization of non-medical cannabis use was first promoted in those jurisdictions which had previously introduced “medical cannabis” programmes. Some of these “medical cannabis” programmes were poorly regulated, with dispensaries being used to create a de facto legal cannabis market for non-medical use, whereby cannabis was provided

²²Malta, Authority on the Responsible Use of Cannabis Act, Act No. 241 (18 December 2021).

²³Max Daly, “Legal weed referendum blocked by judges in Italy on technicality”, *World News*, 17 February 2022.

²⁴Nishimura and Asahi, “New classification of narcotics under category 5 of the Narcotics Code”, *Lexology*, 3 March 2022.

²⁵See the map showing the current state (2022) of the different approaches worldwide. Available at <https://worldpopulationreview.com/country-rankings/countries-where-weed-is-illegal>.

through dispensaries to any person who satisfied the broad criteria used to define “medical use” (in Colorado, Oregon and Washington). This approach introduced the idea of cannabis as a “friendly” and “useful” plant, while omitting scientific evidence of health harms, and contributed to changing the public perception of cannabis use, thereby preparing the ground for further steps towards legalization.

34. The proponents of legalization put forward different reasons for taking this step. They all share the assumption that the current drug control system has failed and must be replaced because it was not able to effectively counter the global and domestic drug problems. They believe that strict approaches to prohibition have not deterred drug use and have also had unintended consequences and caused collateral problems.

35. According to the Governments that have legalized recreational cannabis, the main objectives of their laws are to prevent young persons from accessing cannabis, to protect public health, and to reduce illicit activities.²⁶

36. They argue that legalization would better protect public health and would allow the establishment of strict product safety and product quality requirements, minimizing contaminants and avoiding harms through high potency. They also argue that legalization would facilitate prevention measures, making it easier for people who use drugs to talk about cannabis-related problems and to seek support and treatment. By shifting distribution to licit channels, they aim to limit availability and reduce youth access and consumption.

37. Some advocates hold that there is a human right to consume potentially harmful drugs. They claim that the State should not interfere with what they argue are civil liberties. They see no justification for the prohibition of cannabis given that tobacco and alcohol are permitted. In some countries, advocates believe the non-medical use of cannabis is justified by cultural or religious tradition.

38. Moreover, proponents argue that legalization would stop the criminalization of drug use and reduce the stigmatization of people who use drugs, in particular young people. It would prevent potentially disproportionate impacts of certain law enforcement and judicial responses on vulnerable groups including women, minority groups and economically disadvantaged populations and reduce inequalities in treatment within the criminal justice system. They also put forward that it would avoid unnecessary incarceration and overcrowded prisons and reduce burdens on

the criminal justice system and would diminish the costs associated with prohibition and reprioritize law enforcement resources. That argument fails to take into consideration that removing one category of offence does not meaningfully address greater problems within many national criminal justice systems related to the continued existence of systemic institutional discrimination, for which measures are needed to address root causes.

39. Governments that have allowed or are proposing legalization claim that it would reduce or even eliminate the illicit drug market and related crime and violence, create a safe supply chain and undermine criminal organizations.

40. In addition, most Governments hope to generate significant tax revenue and create new jobs in the legal economy. This point is often made by private commercial interests, sometimes linked with big companies, in supporting legalization that is expected to generate profits from this new and supposedly lucrative legal market.

C. Different models for legalizing the non-medical use of cannabis

41. The various rationales described above translate into different legalizing frameworks allowing the use of cannabis for non-medical purposes. In some countries, legalization has been initiated by the Government, in others by means of ballot initiatives, and in others it has been brought about through court decisions. States take diverging approaches in their legal regulation, in particular regarding eligibility to purchase cannabis, possession thresholds, the conditions and limitations on home cultivation and industrial production, production limits, the rules to assure product quality, permitted distribution channels including the type and number of sales outlets, commercial zoning, taxation of production and sales, rules for advertising and signage, and tracking systems to monitor cannabis from seed to sale.

42. The combination of the different policy goals and regulations leads to a range of diverging legalization models. Within the legalizing States concerned, there may be, as in Uruguay, a single model generally binding for the whole country, or, as in Canada, a basic model determined by federal law and subject to variations added by the federated entities which can tailor certain rules in their own jurisdictions, or a variety of types, where each state of the country has implemented its specific legal solution, as in the respective jurisdictions of the United States.²⁷

²⁶For example, Canada, Cannabis Act, (Bill C-45), in combination with Bill C-46, An Act to Amend the Criminal Code; and Uruguay, Ley No. 19.172, Regulación y control de cannabis, *Diario Oficial*, 7 January 2014.

²⁷For detailed information on cannabis regulations in Canada, the United States and Uruguay, see the summary tables in the *World Drug Report 2022*, booklet 3, tables 5–7, pp. 49–65.

43. One significant difference between the various types of legalization lies in the **role of the State** and the **degree of control** within the respective regulatory framework, reaching from strictly regulated models in which the State plays a central role in the entire process to less regulated models that place a strong emphasis on market forces creating and shaping a new legal economic sector. Between these forms, there are also various “mixed” models.

44. The most strictly regulated model is that of Uruguay, where the entire cannabis production and distribution chain remains under State control, including cultivation, production, acquisition, marketing, import, export and distribution of cannabis and its derivatives. Licences are required for all these activities: adults need a licence to purchase or cultivate cannabis at home, cannabis clubs must be registered with the Institute for the Regulation and Control of Cannabis,²⁸ companies need a licence to produce and supply the plant to pharmacies, and pharmacies to sell the drug.

45. The Canadian legalization model is controlled by the State to a lesser degree: commercial production requires a federal processing licence, but distribution is the responsibility of provincial and territorial governments. In most provinces, the retail licensing regime is similar to that which regulates the sale of alcohol.

46. The greatest variety of models can be found in the United States, including both very liberal and less controlled business models and strictly regulated non-profit models.

47. In all legalization schemes, access to cannabis is restricted to adults and prohibited for adolescents. The age limit is fixed at 21 years in the United States, 18 years in Uruguay and Malta and 19 years in most of the provinces of Canada.²⁹ In all legalizing States, the **protection of youth** is specified as a major goal. Many jurisdictions have introduced business regulations with a view to protecting youth. For example, advertising and packaging that might be appealing to children are prohibited,³⁰ and packaging must be childproof and display the required warning labels. In some States, all forms of direct and indirect advertising, promotion and sponsorship of psychoactive cannabis products are forbidden.³¹ The use of cannabis is commonly not allowed in public spaces or near schools and other places

where children are present. Canada has introduced new offences for involving young persons in cannabis-related activities and for the distribution or sale of cannabis to young persons.

48. Many legalizing States have made substantial efforts to strengthen **prevention programmes**, targeting youth and adolescents in particular. In Uruguay, the Integrated National Health System undertakes measures aimed at education, awareness campaigns, prevention of problematic cannabis use, advice, guidance and treatment. In Canada, programmes are implemented to enhance public awareness of the health risks associated with cannabis use.

49. The legal and regulatory frameworks regulating the **production and distribution** of cannabis and cannabis products are very different in the legalizing countries. In Uruguay, commercial growers must be specifically approved by the State to produce and process standardized varieties of the plant with relatively low *delta-9-THC* content. Licensed pharmacies obtain the drug from those growers and sell them exclusively to registered adults who are residents of Uruguay.

50. In Canada, a federal processing licence is required to produce cannabis products and to package and label those products. As for sale and distribution of cannabis, each province and territory is responsible for developing, implementing, maintaining and enforcing its own regulations, including on the number and ownership of retail stores, pricing and taxation. Sales models vary from one province to the other. Cannabis is sold through licensed retailers (private sector), provincial retail stores (public sector) and through the Internet. Some provinces have established government-run monopolies at both the distribution and retail levels, while others have both private distributors and retailers.³²

51. In Malta, retail sale is prohibited outside registered cannabis clubs.

52. In the United States, most legalizing state laws permit the production and retail sale of cannabis by licensed for-profit companies.³³ In some states of the United States, commercial activities can be regulated, limited or even prohibited by local governments. Accordingly, in California, the majority of cities and counties do not allow the retail sale of cannabis: stores selling cannabis for recreational purposes have been banned from 80 per cent of

²⁸ Available at <https://www.ircca.gub.uy>.

²⁹ In Canada, the federal Cannabis Act fixes the age limit at 18 years, but all provinces have increased the age of access in their province to 19 years, and in Quebec it is 21 years.

³⁰ Examples in the United States: New Jersey, Cannabis Regulatory Commission, “Recreational use”, available at www.nj.gov/cannabis/adult-personal/, and Maine, Cannabis Legalization Act, subchap. 7, available at <https://legislature.maine.gov/>.

³¹ For example, Uruguay, Ley No. 19.172.

³² *World Drug Report 2022*.

³³ Exceptions to this are Vermont, Connecticut and the District of Columbia, which allow the possession and cultivation of cannabis for adults at home but do not permit its commercialization.

its 482 municipalities. In Massachusetts, a ban on retail cannabis stores is in place in more than 110 of 351 cities and towns.³⁴ In New Jersey, roughly 400 municipalities (over 70 per cent) have banned the opening of cannabis businesses within their jurisdictions.³⁵

53. The **legal threshold for the personal possession of cannabis** varies widely. Whereas in Canada that quantity is 30 grams of dried cannabis (or equivalent) in all provinces, in the states of the United States the quantity varies from 1 ounce (28.5 grams) to 3 ounces, while diverging quantities are fixed for concentrates. In Uruguay, individuals can purchase up to 10 grams per week (or 40 grams per month). In Malta, adults are allowed to carry up to seven grams of cannabis.³⁶

54. Almost all legalization schemes allow **home cultivation** of cannabis within certain limits. In Uruguay, individuals can get permission to grow up to six female flowering cannabis plants per household for their own consumption. Total annual home production must not exceed 480 grams. The Cannabis Act of Canada allows for the growth, from licensed seed or seedlings, of up to four cannabis plants per household for personal consumption.³⁷ Malta allows the cultivation of up to four plants per household at home as long as they are not visible to the public. In the United States, the majority of legalizing states allow the cultivation of six plants, three of which can be flowering, per person (up to 12 plants per household).³⁸ In many jurisdictions, cultivation has to take place within an enclosed area not visible from public view.

55. In Malta and Uruguay, associations of producers and consumers (“**cannabis clubs**”) are permitted by law.³⁹ Neither Canada nor the legalizing states in the United States have legal provisions regarding cannabis clubs.

56. Some legalizing countries regulate the **content and the quality** of the legal cannabis products. In Uruguay, the potency of cannabis sold in pharmacies is determined by the Government, which allows only a few standardized varieties of the plant, all with limited potency: a *delta-9*-THC content below 10 per cent. In some jurisdictions of the United States, all recreational products must be tested for potency and safety before sales can take place. Regulation

³⁴Massachusetts Cannabis Control Commission, Municipal Zoning Tracker.

³⁵Infogram, “Will your town allow NJ legal weed dispensaries?”, available at <https://infogram.com/municipal-marijuana-laws-1hd12yxnpplw6k>.

³⁶Malta, Authority on the Responsible Use of Cannabis Act, Act No. 241.

³⁷In the Provinces of Manitoba and Quebec, home cultivation is not permitted.

³⁸The State of Washington and New Jersey do not allow home cultivation.

³⁹Malta, Authority on the Responsible Use of Cannabis Act, Act No. 241.

of the use of **edibles** in solid or liquid form varies considerably, from complete prohibition through restrictions to no limitation. In Canada, edible cannabis products and concentrates became legal for sale only in October 2019. In the United States, edibles are widely permitted, but mostly with limited *delta-9*-THC content.⁴⁰

57. In most legalizing States, except Uruguay and Malta, **taxes** are imposed on the retail sale of recreational cannabis and cannabis products. These taxes differ considerably from one jurisdiction to the other. In the United States, taxes range from 3 to 37 per cent. In addition, start-up permits have a cost and licence fees can be imposed.

58. In summary, one can say that there are as many models as there are jurisdictions that have legalized the non-medical use of cannabis.

D. Different policy approaches in the light of the drug control conventions

59. The various policy approaches regarding the control of cannabis must be evaluated in a differentiated way from the legal perspective of the drug control conventions.

60. The “**decriminalization**” approach, as well as the “**depenalization**” approach, can be considered consistent with the conventions as far as it respects the obligation to limit the use of drugs to medical and scientific purposes and under the condition that it remains within certain limits set by the conventions.⁴¹ The three drug control conventions admit a restricted number of exceptions to the treaty obligation to establish the non-medical use of drugs as a “punishable offence”:

(a) The conventions allow for the application of alternative sanctions for personal drug use instead of conviction and punishment. Drug-related criminal offences, including those involving the possession, purchase or the cultivation of illicit drugs, when committed by people who use drugs do not automatically require the imposition of conviction and punishment. All three conventions⁴² provide discretion for parties to allow, as an alternative to conviction and punishment, that these individuals undergo measures of treatment, education, aftercare, rehabilitation and social

⁴⁰In most legalizing states of the United States, edibles must not contain more than 5 or 10 mg of THC per service. New Mexico and New York do not have explicit restrictions.

⁴¹E/INCB/2021/1, paras. 370–382.

⁴²1961 Convention as amended, art. 36, para. 1 (b); 1971 Convention, art. 22, para. 1 (b); 1988 Convention, art. 3, para. 4 (c) and (d).

reintegration. Accordingly, there is no obligation stemming from the conventions to incarcerate people who use drugs who have committed minor offences;

(b) Moreover, it is possible to refrain from punishment in minor cases by virtue of the principle of proportionality.⁴³ The conventions request “adequate” and proportionate responses, differentiating between offences relating to drug trafficking and offences related to possession of drugs for personal use, and between offences committed by people who use drugs and those committed by others. Sanctions must take into account the relative gravity of the offence;⁴⁴

(c) In addition, the 1961 Convention as amended gives room for some discretion regarding the prosecution of punishable offences, as article 36, paragraph 4, states that offences shall be prosecuted “in conformity with the domestic law of a Party”.

61. The Board has consistently explained that, within these limits, measures to decriminalize or depenalize the personal use and possession of small quantities of drugs are consistent with the provisions of the drug control conventions.

62. By contrast, the concept of legalization which allows and regulates the supply and use of drugs for non-medical purposes is in contradiction to the obligations set out in the drug control conventions.

63. The 1961 Convention as amended by the 1972 Protocol, the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances impose the following obligations on the States parties:

(a) Pursuant to article 4 (c) of the 1961 Convention and article 5, paragraph 2, of the 1971 Convention, States parties have to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs, subject to the provisions of those conventions;

(b) Article 36 of the 1961 Convention as amended requires States parties to ensure that “cultivation, production, manufacture, extraction, preparation, possession, offering, offering for sale, distribution, purchase, sale ... transport, importation and exportation of drugs contrary to the provision of this Convention ... shall be punishable offences when committed intentionally, subject to their constitutional limitations”;

(c) Pursuant to article 3, paragraph 1 (a)(i), of the 1988 Convention, each State party is obligated to “adopt such measures as may be necessary to establish as criminal offences under its domestic law ... the production, manufacture, extraction; preparation, offering, offering for sale, distribution, sale ... importation or exportation of any narcotic drug ... contrary to the provisions of the 1961 Convention”.

64. As all the legalizing models described above explicitly allow the non-medical use of cannabis, they are inconsistent with the legal obligations incumbent upon States parties to the international drug control conventions.

65. Different legal arguments are used by Governments to justify legalization. One argument is that legalization may be in compliance with the conventions because it pursues the overall goal of the conventions, which is to preserve the health and welfare of humankind and respect human rights principles such as the rights to freedom, privacy and personal autonomy as enshrined in the several international human rights instruments, which take precedence over the drug control conventions.

66. Due respect for universal human rights and the rule of law are crucial for the effective implementation of the international drug control conventions. However, there is no conflict of norms between the international drug control conventions and other international human rights instruments. By ensuring availability of and accessibility to controlled substances for medical and scientific purposes and preventing drug abuse, the conventions are aimed at protecting the right to life and health. The three conventions, as *lex specialis*, make more specific the way that human rights must be observed in the area of drug control. The conventions reflect the international community’s view that the most effective way to promote human rights in the field of drug control is to limit the use of drugs to medical and scientific purposes.

67. Another legal argument to justify legalization is that the drug control conventions provide a certain flexibility that provides room for regulations which allow for uses of controlled substances which go beyond those set out in article 4 (c) of the 1961 Convention as amended and article 5, paragraph 2, of the 1971 Convention. In that regard, reference is made to article 36, paragraph 1, of the 1961 Convention as amended and article 3, paragraph 2, of the 1988 Convention. Both provisions contain safeguard clauses which make reference to States parties’ domestic constitution and legislation.⁴⁵

⁴³The Board addressed the principle of proportionality in its annual report for 2007 (E/INCB/2007/1).

⁴⁴1988 Convention, art. 3, para. 4 (a).

⁴⁵Art. 36, para. 1 of the 1961 Convention (“Subject to its constitutional limitations,...”) and art. 3, para. 2 of the 1988 Convention (“Subject to its constitutional principles and the basic concepts of its legal system,...”).

68. It is true that those safeguard clauses were intended to give consideration to the constitution and the domestic legislation of each State party and allow for a certain flexibility in specific cases designed by the conventions.⁴⁶ However, it is important to note that neither article 4 (c) of the 1961 Convention as amended nor article 5, paragraph 2, of the 1971 Convention, both of which limit the use of drugs to medical and scientific purposes, is subject to a safeguard clause. Even if a party, in application of a safeguard clause, is precluded by its Constitution from the obligation to carry out measures under article 36, paragraph 1 or 2, of the 1961 Convention as amended or article 3, paragraph 2, of the 1988 Convention,⁴⁷ it must nevertheless respect the obligation resulting from article 4 (c) of the 1961 Convention as amended and article 5, paragraph 2, of the 1971 Convention. In the absence of a safeguard clause, the conventions offer no flexibility to allow and regulate the non-medical possession, production, sale and distribution of cannabis.

69. Some argue that the principle of *ultima ratio* would allow the legalization of non-medical use. This principle, which is contained in some national constitutions, provides that criminal sanctions should be a last resort in response to illegal behaviour. It does not, however, support non-performance of the treaty obligation to limit drug use to medical and scientific purposes.

70. In States with a federal structure, a special issue may arise with respect to whether the federal Government may be held accountable if a federated entity implements legalization, which violates the conventions, while the federal Government does not have the power to compel the federated entity to fulfil the treaty obligations. The Board notes that article 4 (a) of the 1961 Convention as amended obligates States parties “to give effect to and carry out the provisions of this Convention within their own territories”. In addition, article 29 of the Vienna Convention on the Law of the Treaties⁴⁸ stipulates that “unless a different intention appears from the treaty or is otherwise established, a treaty is binding upon each party in respect of its entire territory”. The internal distribution of powers between the different levels of a State cannot be invoked as justification for the failure to perform a treaty.⁴⁹ The *Commentary on the Single Convention on Narcotic Drugs, 1961* explains that the question of whether a federal State is relieved from obligations

under article 36, paragraph 1, of the Convention if it is unable to enact the required penal legislation on account of lack of authority under its federal constitution to do so should be answered in the negative. In the *Commentary*, it is noted that the lack of authority under a federal constitution would not free a party from the obligation to adopt the required measures if the states or provinces composing the federal State in question have the necessary powers.⁵⁰

71. In its annual report for 2009, the Board recognized that “acceding to the international drug control treaties should result in States parties adopting national strategies and measures that ensure their full compliance with the treaties. Those treaty obligations are applicable in the entire territory of each State party, including its federated states and/or provinces.”⁵¹

72. Therefore, the fact that a State has a federal structure does not release it from international obligations to which it had consented to be bound, including those arising from the international drug control conventions. The manner in which a State organizes itself in order to implement international obligations within its territory is a matter of internal law. The implementation of the obligations contained in the international drug control conventions by the federal authorities on the territory of the states that have legalized cannabis remains an internal problem.

E. The impact of cannabis legalization

73. Evaluating the changes caused by legalization is difficult.⁵² To assess those changes, it is important to compare data before and after implementation of legalization and to compare data from both legalizing and non-legalizing jurisdictions. However, a simple pre/post design does not necessarily prove a strong causal relationship between the law, its implementation and statistical results. Some increases may be due to changes in reporting or measurement or to completely different factors. For example, it is obvious that there is a greater willingness on the part of individuals to report the use of cannabis if that use is not illegal – and therefore a higher reported rate of use after legalization does not necessarily indicate that actual prevalence has increased. Likewise, increases in the number of emergency visits and hospitalizations might be due to the greater awareness of doctors, who, after the policy change, are more likely to screen or confirm acute cannabis intoxication using urinalysis.

⁴⁶These concepts have been explained in the INCB annual report 2021 (E/INCB/2021/1, paras. 370–382).

⁴⁷*Commentary on the Single Convention on Narcotic Drugs, 1961* (United Nations publication, Sales No. E.73.XI.1), art. 36 *Commentary on the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1998* (United Nations publication, Sales No. E.98.XI.5), art. 3.

⁴⁸United Nations, *Treaty Series*, vol. 1155, No. 18232.

⁴⁹Vienna Convention on the Law of Treaties, art. 27.

⁵⁰*Commentary on the Single Convention on Narcotic Drugs, 1961*, pp. 429–430.

⁵¹E/INCB/2009/1, para. 283.

⁵²*World Drug Report 2022*, booklet 3, p. 30.

74. The effect of legalization depends largely on the specific context of the country that has legalized cannabis, namely on the pre-existing conditions before legalization in that country, such as the degree of development of the legal cannabis market or the existence of an important illegal market and the previous level of illicit consumption. It also depends on the specific set of regulations of the individual legalization model and its political implementation, including the varying degrees of permissiveness and restriction. Therefore, the outcome of legalization in one country cannot easily be compared with other countries. Nor can outcome measures be replicated in other countries.

75. In many States, the time passed since these laws came into effect is too short to produce valid data and judge the full effects of legalization. The consequences do not appear immediately after the enactment or implementation of the relevant law and regulations. Changes in behaviour, the developments of markets and the power of private businesses might lead to different outcomes 15 or 25 years after recreational cannabis laws have been adopted.⁵³

76. The baseline data for evaluation is very different in the various jurisdictions concerned. Some legalizing States have established mechanisms for **monitoring** and **evaluating** the results and impact of legalization. For example, in Uruguay, indicators have been developed for this purpose, especially with regard to the use of cannabis by young people, as well as with regard to organized crime and drug trafficking. The Uruguayan Drug Observatory regularly conducts and publishes studies to determine the magnitude of drug use in Uruguay, through the estimation of the prevalence of and trends in substance use, and to explore other aspects related to consumption.⁵⁴ However, to what extent the changes in consumption and prevalence are due to the legalization of cannabis in Uruguay will become evident only in years to come, when more information on the outcome of measures related to public health and public safety is made available.⁵⁵

77. The Government of Canada has put in place a system of monitoring and surveillance activities in order to evaluate the outcome of the Cannabis Act and related regulations. The Canadian Cannabis Survey conducted by Health

Canada established a baseline in 2017, and the situation is reviewed annually in order to provide information about targeted health, social and public safety concerns. Statistics Canada collects data every three months for the Survey, which examines patterns of use, the quantities of cannabis consumed and the cannabis market, such as sources of cannabis and pricing, as well as issues of public safety such as impaired driving.⁵⁶

78. In the United States, data for assessing the impact of legalization are scarce because many jurisdictions have been moving quickly to legalize the use of cannabis without establishing a sufficient data infrastructure to evaluate the impact of the changes.⁵⁷ Only a few jurisdictions provide for the monitoring and evaluation of the effects of legalization.⁵⁸ In addition, states in the United States have adopted diverging regulations of varying degrees of stringency. Thus, an analysis must largely focus on the jurisdictions that were first to implement non-medical regulations, before 2018. In these states, reliable data and statistics are already available, whereas in states where legalization came later, reliable experience and data are not yet available.

79. There is a growing number of studies on the impact of legalization but which sometimes report diametrically opposed results and conclusions. These conflicting results are often due to the data and methods used and which implementation dates and policies were considered. Sometimes literature is inspired by advocacy groups either in favour or against legalization.

80. Given this multifaceted and complex picture, it is hardly possible to make general statements and conclusions on the impact of legalization.

Impact of legalization on cannabis consumption

81. One of the most important potential effects of cannabis legalization is the likelihood of increased use, with possible negative consequences on individuals and society. Much of the concern surrounding legalization relates to its possible effect on youth. Many fear that expanded access, even if legally limited to adults, might increase use among

⁵³Wayne Hall and Michael Lynskey, "Assessing the public health impacts of legalizing recreational cannabis use: the US experience" *World Psychiatry*, vol. 19, No. 2 (June 2020), pp. 179–186.

⁵⁴Uruguay, Instituto de Regulación y Control del Cannabis, Mercado regulado del cannabis, "Informe No. 13 de monitoreo del mercado regulado del cannabis al 31 de diciembre de 2021". Available at <https://www.ircca.gub.uy/mercado-regulado-del-cannabis/>.

⁵⁵Juan E. Fernández Romar and Evangelina Curbelo Arroqui, "El proceso de normalización del cannabis en Uruguay", in *Drogas: Sujeto, Sociedad y Cultura*, Claudio Rojas Jara, ed. (Talca, Chile, Nueva Mirada Ediciones, 2019), p. 52.

⁵⁶Canada, "Canadian cannabis survey 2021: summary". Available at www.canada.ca/en/.

⁵⁷EMCDDA, *Monitoring and Evaluating Changes in Cannabis Policies: Insights from the Americas*, technical report (Luxembourg, Publications Office of the European Union, 2020), p. 5.

⁵⁸For example, Colorado has required by law as of 2015 that the Department of Health monitor the health effects of laws every two years; the State of Washington requires the Washington State Institute for Public Policy to evaluate policies and impacts related to health and security, as well as economic impacts, among other things, as of 2015 and until 2032.

teenagers, with negative effects on cognitive development, educational outcomes, or other behaviours.⁵⁹

82. In all legalizing jurisdictions, an increase in cannabis use can be observed in the general population. In most of these jurisdictions, cannabis use was higher than in other countries prior to legalization. For example, in the United States, the prevalence in the general population was significantly higher in states that legalized cannabis use than the overall average for the United States, before and after legalization. In 2011, prior to any legalization, cannabis use rates among the first 10 states to legalize cannabis averaged 15 per cent⁶⁰ compared with the national rate of 11.5 per cent.⁶¹ Yet, after legalization, the prevalence increased visibly faster in the legalizing jurisdictions than in others.

83. The National Survey on Drug Use and Health for the period 2019–2020 shows that prevalence in all age groups is significantly higher in legalized States than in non-legalizing States. Tables 1 and 2 compare past-year and past-month cannabis use in different age groups in 2019 and 2020 in states that legalized cannabis before 2020 (11 states) and in states that had not yet legalized cannabis (or had legalized it only in 2020 or 2021).⁶²

Table 1 Estimated past-year cannabis use in the United States, by age group, 2019–2020 (percentage)

	All ages 12 and older	Age 12–17	Age 18–25	Age 26 and older
Average for the entire United States	17.73	11.66	34.98	15.76
Average in states not having legalized cannabis (40)	16.46	11.33	34.11	14.28
Average in states having legalized cannabis (11)	24.55	14.45	43.57	22.73

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019 and quarters 1 and 4 of 2020.

⁵⁹E/INCB/2018/1, chap. I.

⁶⁰Those states are Colorado (legalization of cannabis in 2012), Washington (2012), Oregon (2014), Alaska (2014), California (2016), Nevada (2016), Maine (2016), Massachusetts (2016), Vermont (2018) and Michigan (2019).

⁶¹Angela Dills and others, “The effect of State marijuana legalization: 2021 update”, *Policy Analysis*, No. 908, (Washington D.C., Cato Institute, 2021).

⁶²United States, Substance Abuse and Mental Health Services Administration, “2019–2020 National Survey on Drug Use and Health: model-based prevalence estimates (50 States and the District of Columbia)”. Available at www.samhsa.gov/data/.

Table 2 Estimated past-month cannabis use in the United States, by age group, 2019–2020 (percentage)

	All ages 12 and older	Age 12–17	Age 18–25	Age 26 and older
Average for the entire United States	11.66	6.63	23.02	10.48
Average in states not having legalized cannabis (40)	10.68	6.26	22.18	9.39
Average in states having legalized cannabis (11)	16.93	8.86	30.01	15.81

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019 and quarters 1 and 4 of 2020.

84. Tables 1 and 2 show that adolescents consume significantly more cannabis in States having legalized cannabis than in states not having legalized cannabis and more than the average for the United States nationwide.

85. Studies report mixed findings regarding changes in the self-reported prevalence after the adoption of laws legalizing cannabis. All studies found an increase in cannabis use was more likely among the overall adult population than among the younger generation. With regard to consumption among youth, some studies suggest that the prevalence of use among youth may have increased, while other studies suggest that prevalence did not change or may have even declined after legalization.⁶³

86. For example, surveys in the State of Colorado and Washington State found mixed evidence with regard to the impact of cannabis legalization on adolescent cannabis use. Some studies detected an increase in cannabis use among students after legalization in Washington State but a decrease among adolescents in Colorado.^{64,65,66,67} In four of the six

⁶³EMCDDA, *Monitoring and Evaluating Changes in Cannabis Policies*, p. 19.

⁶⁴Magdalena Cerdá and others, “Association of State recreational marijuana laws with adolescent marijuana use”, *JAMA Pediatrics*, vol. 171, No. 2 (February 2017), pp. 142–149.

⁶⁵Maria Melchior and others, “Does liberalisation of cannabis policy influence levels of use in adolescents and young adults? A systematic review and meta-analysis”, *BMJ Open*, vol. 9, No. 7 (July 2019).

⁶⁶Mallie J. Paschall, Grisel García-Ramírez and Joel W. Grube J, “Recreational cannabis legalization and use among California adolescents: findings from a State-wide survey”, *Journal of Studies on Alcohol and Drugs*, vol. 82, No. 1 (January 2021), pp. 103–111.

⁶⁷Rosanna Smart and Rosalie Liccardo Pacula, “Early evidence of the impact of cannabis legalization on cannabis use, cannabis use disorder, and the use of other substances: findings from state policy evaluations”, *American Journal of Drug and Alcohol Abuse*, vol. 45, No. 6 (October 2019), pp. 644–663.

states with post-legalization data (Alaska, Colorado, Maine and Massachusetts), adolescent use reportedly decreased in the years immediately before legalization and then after legalization returned roughly to the prior use rates.⁶⁸ No changes in cannabis use were reported among youth in two surveys in Washington State conducted the year before and the year after the legalization of recreational use.

87. Canada, which had longstanding high rates of prevalence, experienced a surge in illegal consumption in anticipation of the announced legalization.⁶⁹ With the enactment of the Cannabis Act, there was a rush to the dispensaries that was so great that demand could not be met by legal production. Canadians bought 43 million Canadian dollars' worth of cannabis in the first two weeks with the result that licensed producers could not grow enough plants to meet legal demand.⁷⁰ Reported cannabis use in the past three months increased from 14.0 per cent in 2018 to 17.5 per cent in 2019 and 20.0 per cent in late 2020, and an increase was particularly notable among females, adults aged 25 and older, and in some provinces. Prevalence of cannabis use in the past three months among persons aged 20–24 years was nearly twice as high as in the overall population.⁷¹ In 2021 the first sign of a decrease in past-year and past-month use appeared, as past-year use dropped from 27 per cent to 25 per cent (but daily use did not drop) (see tables 3 and 4).

Table 3 Self-reported cannabis use in the overall population in Canada (percentage)

<i>Usage frequency</i>	<i>2018 Q4</i>	<i>2019 Q1</i>	<i>2020 Q4</i>	<i>2021</i>
Past-year use	22	25	27	25
Use in the past three months	15.4	17.5	20	n.d.
Use in the past 30 days	15	17	17	17

Source: Statistics Canada, Prevalence of cannabis use in the past three months (release date on 21 April 2021) (available at <https://www.statcan.gc.ca/>). Canada, Public Health Infobase, “Cannabis use for non-medical purposes among Canadians (aged 16+)” (available at <https://health-infobase.canada.ca/cannabis/>).

⁶⁸Dills and others, “The effect of State marijuana legalizations”.

⁶⁹University of Waterloo, “Surge in cannabis use among youth preceded legalization in Canada”, *ScienceDaily*, 25 March 2019.

⁷⁰Canadian Press, “Canadians bought \$43M worth of cannabis in the first 2 weeks after legalization”, *CBC News*, 22 December 2018.

⁷¹Michelle Rotermann, “Looking back from 2020, how cannabis use and related behaviours changed in Canada”, *Health Reports*, vol. 31, No. 2 (April 2021).

Table 4 Cannabis use in the past 12 months in Canada, by age group, 2018–2021 (percentage)

<i>Age group</i>	<i>2018</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>
Overall	22	25	27	25
16–19 years	36	44	44	37
20–24 years	44	51	52	49
25+ years	19	21	24	22

Source: Canada, “Canadian Cannabis Survey 2021: summary”. Available at www.canada.ca/en/.

88. There are no reliable data on cannabis use among all youth under 18 years of age in Canada because the age group of 16–19 years includes only a section of those adolescents. As one of the main objectives of cannabis law reform was to protect minors, it would be crucial to know whether adolescents have stopped or reduced consuming cannabis after the legalization. The statistics for those aged 16–19 years nevertheless show a very high prevalence, which increased from 2018 to 2020 and dropped only in 2021, declining to the level of 2018. The coming years should provide evidence on whether legalization can demonstrably reduce the access to cannabis among youth.⁷²

89. In Uruguay, the impact of the legalization is still difficult to assess because the implementation of Law No. 19.172 was very slow after its enactment in 2013. In 2022, more than 69,400 people had access to the regulated cannabis market in Uruguay, either as registered individuals with a licence to purchase cannabis in pharmacy or as individuals authorized to grow cannabis at home or members of licensed cannabis clubs. This represents about one third of the estimated number of people using cannabis in the past month but is nevertheless a relatively small share of all those people using cannabis in the country. The latest study, the eighth national survey on drug use in the general population, published in 2020, revealed an increase in past-month use in the general population of more than 30 per cent between 2014 (when implementation of the reform began) and 2018, while past-year cannabis use increased by more than 50 per cent over the same period. The number of young consumers of cannabis apparently also increased significantly after the law came into force. A survey on drug use among secondary school students aged 13–17 showed that in 2018 almost 20 per cent of

⁷²The figures quoted by Rebecca J. Haines-Saah and Benedikt Fischer in “Youth cannabis use and legalization in Canada: reconsidering the fears, myths and facts three years in”, *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, vol. 30, No. 3 (August 2021), do not cover the period after the legalization came into effect (see Canada, “Summary of results for the Canadian Student Tobacco, Alcohol and Drugs Survey 2018–19”. Available at www.canada.ca/en/health-canada.html).

adolescents had used cannabis in the past year, while about 11 per cent had used it in the past month. The highest prevalence of past-year cannabis use in that overall age group was among 17-year-olds (34.1 per cent).⁷³

Impact of legalization on public health

90. As legalization facilitates access to cannabis, it may increase the individual frequency and amount of cannabis consumption. This may lead to various adverse medical and health effects and consequently raise the number of emergency visits and treatment admissions.⁷⁴

91. In all legalizing jurisdictions, the incidence of cannabis-related health problems rose following legalization of the non-medical use of cannabis. Those developments have often been in addition to earlier increases that occurred after the introduction of medical cannabis use. Where legalization has opened up access to more harmful cannabis products such as edibles, a sharp increase in the overall health harm of cannabis can be observed.

92. For example, in Colorado, emergency department visits and hospitalizations caused by excessive cannabis use, including treatment of cannabis use disorders and dependence, increased considerably after the implementation of legalization but have shown a general stabilization since 2018. The largest growth rate was among persons who had received a diagnosis of schizophrenia or another psychotic disorder, suicidal ideation, intentional self-harm or mood disorders.⁷⁵ Calls to poison control centres due to cannabis exposure continue to rise in Colorado, with 318 total calls in 2020 versus 125 calls in 2013, a 154 per cent increase.⁷⁶ In California, after the opening of the retail sales market, emergency room visits and admissions related to any cannabis use increased by 56 per cent from 2016 to 2019.⁷⁷

93. In Canada, according to the Canadian Hospitals Injury Reporting and Prevention Program, there was an average

annual increase of 30 per cent in cannabis-related cases over the period 2015–2018.⁷⁸

94. In Uruguay, about 16 per cent of people who use cannabis showed signs of problematic use as defined by the tenth revision of the International Classification of Diseases ICD-10. In the country's treatment facilities, 7.8 per cent (in 2017) and 8.9 per cent (in 2018) of all people seeking help at those facilities sought help for cannabis problems. The demand for addiction assistance among people who use cannabis has grown since legalization, but the problem of cocaine use plays a much bigger role in the support system of Uruguay.

95. During the last two decades, in most States where cannabis consumption increased, the **perception of risk** among the population decreased⁷⁹ as a consequence of the trivialization of cannabis use. For example, in Uruguay, among students aged 13–17, risk awareness for cannabis has decreased since its legalization, while it has increased sharply for tobacco.^{80,81} In most of the states of the United States that have legalized cannabis, perception of harm fell below the nationwide average level. Significant declines in the perception of risk were reported among eighth and tenth grade students in the State of Washington compared with states that did not legalize. However, no significant difference in perception of risk or use was reported for twelfth grade students in Washington or for any of the grades in Colorado.⁸² In Canada, according to Health Canada, the perception of risk has even increased, especially among people who use cannabis regularly, reaching nearly 90 per cent of people in 2021,⁸³ which is probably due to the programmes initiated by Health Canada to educate the public and raise awareness about cannabis as part of its Substance Use and Addictions Program.

96. Legalization may change the attitude towards **other drugs** insofar as the use of cannabis may substitute for or complement other psychoactive substances. There are relatively few studies examining the effect of cannabis

⁷³Uruguay, Observatorio Uruguayo de Drogas, *VIII Encuesta Nacional sobre Consumo de Drogas en Estudiantes de Enseñanza Media*, 2020.

⁷⁴WHO, *The Health and Social Effects of Nonmedical Cannabis Use*, 2016.

⁷⁵Hall and Lynskey, "Assessing the public health impacts of legalizing recreational cannabis use".

⁷⁶Rocky Mountain High Intensity Drug Trafficking Area (HIDTA), *The Legalization of Cannabis in Colorado: The Impact*, vol. 8 (September 2021).

⁷⁷"Marijuana's impact on California: 2020 – cannabis-related ER visits and admissions sky-rocket after medical and recreational marijuana laws", *Missouri Medicine*, vol. 118, No. 1 (January/February 2021).

⁷⁸André S. Champagne and others, "Surveillance from the high ground: sentinel surveillance of injuries and poisonings associated with cannabis", *Health Promotion and Chronic Disease Prevention in Canada*, vol. 40, Nos. 5 and 6 (June 2020), pp. 184–192.

⁷⁹*World Drug Report 2022*, booklet 3, pp. 34–35.

⁸⁰Fernández Romar and Curbelo Arroqui, "El proceso de normalización del cannabis en Uruguay", p. 52.

⁸¹Stefan Deter, "Uruguay: Cannabis vom Staat – der regulierte Genuss", *Amerika21*, 13 August 2018.

⁸²William C. Kerr and others, "Changes in marijuana use across the 2012 Washington State recreational legalization: Is retrospective assessment of use before legalization more accurate?", *Journal of Studies on Alcohol and Drugs*, vol. 79, No. 3 (May 2018), pp. 495–502.

⁸³Canada, Public Health Infobase, "Cannabis use for non-medical purposes among Canadians (aged 16+)".

legalization on the use of other substances or associated behaviours.⁸⁴ Estimates at the state level in the United States suggest no clear relationship between cannabis legalization and cocaine use.⁸⁵ One could question whether legalizing cannabis could lead some consumers to switch from drinking alcohol to using cannabis if they considered it to be a safer substance. In the United States, national trend data show no clear relationship between cannabis legalization and alcohol use: alcohol use increased more than the national trend in Washington, Massachusetts, California and Oregon, but decreased in Colorado, Maine, Alaska and Nevada.⁸⁶

Impact of legalization on road safety

97. The impact of cannabis legalization on **road traffic** has been investigated in research which examined the prevalence of driving under the influence of cannabis before and after legalization and the relationship between cannabis use and crash risks. Studies of the effects of cannabis legalization on traffic accidents have produced diverging findings. Researchers who analysed changes in the annual number of motor vehicle crash fatalities in Washington and Colorado and neighbouring states reported in the Fatality Analysis Reporting System⁸⁷ found no statistically significant difference between those states and non-legalizing states in the number of fatal crashes involving cannabis-positive drivers.⁸⁸ In Washington State, drivers testing positive for *delta*-9-THC increased by 28 per cent between 2013 and 2016, but similar changes were seen in cannabis-related, alcohol-related and overall traffic fatality rates in non-legalizing states. More recent studies found evidence of a statistically significant and larger increase of fatal crash rates in Washington and Colorado after the opening of cannabis dispensaries.⁸⁹ In Colorado, in 2020, the percentage of drivers who tested positive for cannabis in all traffic fatalities

⁸⁴EMCDDA, *Monitoring and Evaluating Changes in Cannabis Policies*, p. 30.

⁸⁵Dills and others, “The effect of State marijuana legalizations”.

⁸⁶United States, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health. Available at www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health.

⁸⁷EMCDDA, *Monitoring and Evaluating Changes in Cannabis Policies*, p. 28.

⁸⁸Eric L. Sevigny, “The effects of medical marijuana laws on cannabis-involved driving”, *Accident Analysis and Prevention*, vol. 118, pp. 57–65, and Jayson D. Aydelotte and others, “Crash fatality rates after recreational cannabis legalization in Washington and Colorado”, *American Journal of Public Health*, vol. 107, No. 8 (August 2017), pp. 1329–1331.

⁸⁹Tyler J. Lane and Wayne Hall, “Traffic fatalities within US states that have legalized recreational cannabis sales and their neighbours”, *Addiction*, vol. 114, No. 5 (May 2019), pp. 847–856.

was nearly twice as high as in 2013.⁹⁰ In another report, authors compared auto insurance collision claim rates (not necessarily fatalities) in Colorado, Washington and Oregon with those in neighbouring non-legalizing states (Nebraska, Utah, Wyoming, Montana, Idaho and Nevada) from 2012 to 2016 and found that collision claim frequencies increased significantly after implementation of legalization. After cannabis legalization in Colorado, there were increases in hospitalizations for motor vehicle accidents and injuries related to cannabis abuse.⁹¹

98. In Canada, a review of the evidence confirms that acute cannabis consumption produces a small to moderate but nevertheless significant increase in the risk of a crash.⁹² Data on trends in driving under the influence of cannabis before and after legalization in Canada are limited. An increase in driving under the influence of cannabis after legalization was observed in national self-report surveys and hospitalization data from British Columbia.

Impact of legalization on the illicit cannabis market and on the economy

99. One of the major objectives of all legalizing States was to eliminate the **illicit drug market** and the related organized crime. But for a long time after the law’s entry into force, the market for illicit supply persisted in all legalizing jurisdictions, albeit to varying extents, reaching from approximately 40 per cent in Canada to nearly 50 per cent in Uruguay and 75 per cent in California.⁹³

100. In Uruguay, despite the establishment of a regulated market, demand for illegal supply still persists.⁹⁴ Young people who are under the legal age are not allowed to buy legal cannabis but continue to use it. Adults who do not want to register and tourists who do not have access to the legal market buy it on the illicit market. Foreigners buy as much cannabis as Uruguayans, according to observers. The quantitative restrictions for cultivation and consumption established by the law cannot be effectively checked by the state

⁹⁰Rocky Mountain High Intensity Drug Trafficking Area (HIDTA), *The Legalization of Cannabis in Colorado*.

⁹¹Jonathan M. Davis and others, “Public health effects of medical marijuana legalization in Colorado”, *American Journal of Preventive Medicine*, vol. 50, No. 3 (March 2016), pp. 373–379. Francesca N. Delling and others, “Does cannabis legalisation change healthcare utilisation? A population-based study using the healthcare cost and utilisation project in Colorado, USA”, *BMJ Open*, vol. 9, No. 5 (2019).

⁹²Mark Asbridge, “Cannabis-impaired driving”, in *Public Safety and Cannabis: Taking Stock of Knowledge since Legalization – A Virtual Cannabis Policy Research Symposium Report* (Ottawa, Canadian Centre on Substance Use and Addiction, 2022).

⁹³*World Drug Report 2022*, booklet 3, p. 32.

⁹⁴Deter, “Uruguay: Cannabis vom Staat – der regulierte Genuss”.

authorities.⁹⁵ In addition, large quantities of cannabis are still illegally imported from Paraguay.⁹⁶

101. In Canada, illicit supply decreased gradually, but it still exists at a reduced level. In 2019, less than a quarter of the people reporting use of cannabis over the past year identified legal storefronts as their usual source for obtaining cannabis. In 2020, 37 per cent indicated that they always obtain cannabis from a legal or licensed source and that percentage grew to 53 per cent in 2021.⁹⁷ This shows that the legal cannabis supply is taking an increasing market share,⁹⁸ but an extensive illicit market continues to flourish. Illicit suppliers are increasingly active on Internet platforms.⁹⁹ The attraction of the illegal market remains important because individuals excluded by their age from legal markets might feel compelled to obtain products on the illegal market.¹⁰⁰ In addition, people who use cannabis may choose to continue to source their cannabis from the illicit market due to lower prices, wider variety and higher potency. The proportion of young people among cannabis consumers is significantly higher than for alcohol and tobacco.

102. In the United States, although the legalizing states intended to eliminate or diminish the illicit cannabis economy and the related organized crime, the illicit market continues to thrive. It is difficult to fully assess the size of the illicit market because all its activities are “underground” and not well known. In Colorado, it has been established by the Drug Enforcement Administration that well-established drug trafficking organizations are able to generate millions of dollars through illicit activities related to cannabis.¹⁰¹

103. In general terms, there is a lack of systematic evidence on the impacts of cannabis legalization on organized crime

in all legalizing jurisdictions, which makes it difficult to draw conclusions and develop evidence-based practices.^{102,103}

104. Legalization has led to a new **legal cannabis market** in the legalizing jurisdictions, attracting the interest of large corporations, which see the potential for growth and opportunity for investment.¹⁰⁴

105. In Canada, the Cannabis Act laid the ground, in spite of its regulatory controls, for Canada to become an advantageous place for cannabis entrepreneurs and investors looking to do business internationally.¹⁰⁵ Today, Canadian cannabis companies have their eye on the medical and “adult” cannabis markets that are emerging around the world. They are active in Europe, Asia and Africa, and especially in Latin America, and seek to conquer those markets. They mimic the marketing strategies of the tobacco and alcohol industries in order to amplify the consumption of cannabis and create a multi-billion-dollar corporate cannabis empire, driven by commercial considerations.

106. In the United States, it is difficult to assess the impact of legalization at the state level as such markets are prohibited by federal law. In addition, the size and scope of such markets depend largely on the specific market regulations of the legalizing jurisdictions, which vary considerably.¹⁰⁶ States and municipalities decide on the conditions of the legal market, namely who gets a licence to produce and to sell cannabis, whether big private companies are admitted and whether there is a “social equity programme”. They also may determine the number and density of dispensaries and the amount of taxes and fees. As a majority of jurisdictions in the United States have legalized either medical or recreational cannabis, legal cannabis production is no longer small-scale and clandestine but one of the fastest-growing industries in the United States, even though the drug is controlled under federal law. For example, retail cannabis sales surpassed \$1 billion in 2016 in Colorado and in Washington in 2017. In 2021, the legal cannabis industry generated \$25 billion in sales, a 43 per cent increase over 2020.¹⁰⁷ Many corporations involved in tobacco and alcohol supply have been entering

⁹⁵Guillermo Garat, “Cuatro años de marihuana regulada en Uruguay: aproximación al monitoreo y evaluación”. (Montevideo, Friedrich Ebert Stiftung Uruguay, 2017).

⁹⁶E/INCB/2018/1, paras. 547 and 551.

⁹⁷Canada, Public Health Infobase, “Cannabis use for non-medical purposes among Canadians (aged 16+)”.

⁹⁸David Hammond, “Analysis of drivers of the illicit cannabis market”, in *Public Safety and Cannabis: Taking Stock of Knowledge since Legalization*.

⁹⁹David Décary-Héту, “Online illicit trade in Canada: three years after the Legalization of recreational herbal cannabis”; and Neil Boyd and Simon Fraser, “Canada’s legalization of cannabis, 2018: a consideration of the impacts on law enforcement”, in *Public Safety and Cannabis: Taking Stock of Knowledge since Legalization*.

¹⁰⁰Roman Zwicky and others, *Cannabis Research in Times of Legalization: What’s on the Agenda* (Ottawa, Canadian Centre on Substance Use and Addiction, 2021).

¹⁰¹Rocky Mountain High Intensity Drug Trafficking Area (HIDTA), *The Legalization of Cannabis in Colorado*; and Sam Tabachnik, “Black market marijuana grows are popping up faster than law enforcement can take them down. But is legalization the cause?” *Denver Post*, 20 June 2021.

¹⁰²Canadian Centre on Substance Use and Addiction, *Public Safety and Cannabis: Taking Stock of Knowledge since Legalization* (Ottawa, 2022).

¹⁰³Martin Bouchard and Simon Fraser, “Knowledge synthesis on changes in organized crime groups’ operations since cannabis legalization in Canada”, in *Public Safety and Cannabis: Taking Stock of Knowledge since Legalization*.

¹⁰⁴*World Drug Report 2022*, booklet 3, p. 32.

¹⁰⁵Dawn Marie Paley, “Canada’s cannabis colonialism, Toward Freedom”, 8 October 2019.

¹⁰⁶Hall and Lynskey, “Assessing the public health impacts of legalizing recreational cannabis use”.

¹⁰⁷Will Yakowicz, “U.S. House of Representatives passes Federal Cannabis Legalization Bill MORE Act”, *Forbes* 1 April 2022.

into the cannabis supply chain, seeking to monopolize and expand the cannabis market, and to increase the number of people who use cannabis and the regularity of their use, in order to maximize their profits.¹⁰⁸

107. In Uruguay, the legal cannabis market is entirely put under the control of the State. All consumers who have access to legal cannabis are registered, there is a restricted number of producers and suppliers, which have to be licensed, and the amount of production and consumption of cannabis, as well as the retail price, are controlled by the Government. Consequently, the legal cannabis market in Uruguay is rather restricted compared with other legalizing jurisdictions.

108. For some legalizing jurisdictions, an important goal of legalization was to generate **tax income**. In fact, tax revenues collected from the legalized cannabis market have increased year on year.¹⁰⁹ The annual revenues vary from 1.5 billion Canadian dollars in Canada to \$4.4 billion in California.¹¹⁰ However, tax **revenues** have turned out to be less than expected and constitute, in all legalizing states, less than 1 per cent of the respective state budget.¹¹¹ Some jurisdictions have invested part of the revenue in the prevention of substance use and the treatment of drug use disorders.

109. Taxing the retail sale of cannabis on the basis of weight has the consequence that cannabis producers and retailers may have an incentive to increase the *delta-9-THC* content per gram of product in order to reduce costs and increase profits.¹¹²

110. In **conclusion**, the evidence available to assess the impact of legalization on society and individuals is limited. This impact varies considerably according to the different legalization models.

111. The causality between legalization and statistical changes in the respective jurisdiction is often not clear. However, one can say, in general terms, that legalization has not achieved the objectives pursued by its proponents. It can be observed that legalization has not succeeded in overcoming the drug problems encountered in legalizing jurisdictions and worldwide. In those jurisdictions, consumption of cannabis is still higher than in others and prevalence of

use is apparently increasing more rapidly than in non-legalizing jurisdictions, with noticeable health consequences. Legalization has not been able to dissuade youth from consuming cannabis. Illicit markets have been partly reduced, but they still survive and flourish in some countries. Organized crime has been widely replaced by an expanding cannabis industry which aims to make profit by increasing sales without regard for public health.

F. Conclusions

112. Legalization of the non-medical use of cannabis is inconsistent with the obligation contained in the 1961 Convention as amended to limit, subject to the provisions of that Convention, exclusively to medical and scientific purposes the production, manufacture, export, import and distribution of, trade in, and use and possession of drugs. There is a degree of flexibility in the international drug control conventions, in particular in the definition of penal provisions, but that flexibility does not provide for exceptions to the limitation of article 4 (c) of the 1961 Convention as amended.

113. While arguments can be made about the success of the implementation of the conventions, the convention-based system offers a large margin of flexibility and allows States to reach the objectives they pursue within its ambit. The purpose of the conventions is to protect youth, improve public health, avoid unnecessary criminalization and constrain the illicit market and related organized crime.

114. Instead of legalizing the non-medical use of drugs, Governments may more effectively use the flexibilities contained in the conventions. They should, in order to protect public health and youth, establish better education, prevention and treatment programmes. They should fight organized crime through effective social prevention and law enforcement. Governments may choose the alternatives to conviction and punishment provided for in the three conventions in order to avoid or reduce stigmatization caused by criminalization and incarceration. They can also reduce the burden on their criminal justice systems by applying alternative sanctions and the principle of proportionality.

115. It is difficult to assess the impact of the ongoing legalization initiatives on society and individuals. In many States, the time since these laws have come into effect is too short to produce valid data and to judge the full effects of legalization. The consequences do not appear immediately after enactment or implementation of the relevant law and regulations. Changes in behaviour, the developments of markets

¹⁰⁸ Ibid.

¹⁰⁹ EMCDDA, *Monitoring and Evaluating Changes in Cannabis Policies*, p. 19.

¹¹⁰ *World Drug Report 2022*.

¹¹¹ Cannabis tax income as a percentage of state budgets: Alaska, 0.20 per cent; California, 0.47 per cent; Oregon, 0.13 per cent; Washington, 0.33 per cent; and Colorado, 0.90 per cent.

¹¹² Hall and Lynskey, "Assessing the public health impacts of legalizing recreational cannabis use".

and the power of private businesses might lead to different outcomes many years after recreational cannabis laws have passed. The impact of legalization depends largely on the pre-existing conditions in the country, the set of regulations chosen by each government and the way they are implemented and controlled.

116. The impact of legalization on public health, public safety and the economy is difficult to measure and varies according to the different legalization models. In summary, based on the relatively short time of implementation, it can be observed that, to date, legalization has not succeeded in addressing the most pressing problems, such as increased consumption rates, the criminalization of people who use drugs, the growing illicit market and expanding organized crime. In jurisdictions that have legalized cannabis, consumption is still higher than in those jurisdictions that have not, and prevalence seems to increase more rapidly than in non-legalized communities, with noticeable health and social consequences. Legalization has not been able to dissuade youth from consuming cannabis. Illicit markets have been partly reduced, but they still survive and flourish in some countries. Organized crime has been partially replaced by an expanding legal cannabis industry which aims to make profits by increasing sales. In general terms, one can ascertain that the legalizing jurisdictions did not reach the goals they had pursued through legalization.

117. In all States, including those that have legalized the non-medical use of cannabis, Governments should support measures to inform their populations of the harms associated with drug use and to address the declining perceptions of harm resulting from the use of cannabis, through effective preventions measures, including public education and awareness campaigns.

118. Legalization raises concerns with respect to public health, in particular when cannabis products are advertised in a way that appeals to children or attracts youth. The high potency of cannabis products such as concentrates and edibles also raises public health concerns.

119. In some jurisdictions, regulators appear to favour commercial retail models which yield important tax income while giving insufficient attention to public health impacts. Sometimes, the commercialization of production and the sale of cannabis are regulated in such a way as to create market-based incentives that drive higher levels of consumption.

120. The short- and long-term consequences of legalization should be carefully monitored by collecting data on the public health impacts of legalization.

121. The growing trend to allow the use of cannabis for non-medical and non-scientific purposes constitutes a significant challenge for the international community, namely for the States parties to the international drug control conventions, especially with respect to the obligation under article 4 (c) of the 1961 Convention as amended, which the signatories have signed and ratified. The principle of *pacta sunt servanda* applies also in the field of the drug control treaties. The apparent tension between this provision and the trend towards legalization must be addressed by the signatories to the three drug control conventions.

122. The Board's mandate is to assist Governments in implementing the international drug control conventions and to "facilitate effective national action to attain the aims of this Convention" (art. 9, para. 5, of the 1961 Convention as amended). The Board will continue its ongoing dialogue with States on identifying ways to further the objectives of the international drug control conventions within the flexibility provided by the conventions through the adoption of balanced and proportionate approaches founded on respect for human rights and the advancement of public health and welfare.

Chapter II.

Functioning of the international drug control system

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

123. The international drug control legal framework is made up of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

124. The elaboration of this framework by the international community was the result of widespread consensus, reflecting the realization that the adoption of common approaches and concerted action was imperative to addressing shared challenges and to fostering the conventions' aims of safeguarding the health and welfare of humanity.

125. Since their adoption, these instruments have been reaffirmed by the international community on numerous occasions. For example, in the outcome document of the special session of the General Assembly on the world drug problem, held in 2016, they were referred to as “the cornerstone of the international drug control system”.¹¹³

126. By becoming parties to the international drug control conventions, States commit themselves to taking the legislative, regulatory and policy measures necessary to ensure the full implementation of their legal obligations in their national systems.

127. Broadly speaking, these obligations include:

(a) The limitation of the production, manufacture, export, import and distribution of, trade in and use and possession of drugs to medical and scientific purposes, subject to the provisions of the conventions;

(b) The adoption of measures for the control of licit trade in narcotic drugs, psychotropic substances and precursor chemicals used in their illicit manufacture, including through the creation of regulatory systems and the submission of estimates, assessments and statistical data to the Board;

(c) The taking of steps to facilitate the availability of controlled substances for legitimate medical purposes while preventing the diversion of such substances into illicit channels;

(d) The elaboration of strategies for preventing drug use and mechanisms for addressing drug addiction through treatment, rehabilitation, aftercare, and social reintegration;

(e) The adoption of legal provisions to address, in a differentiated manner, various forms of drug-related conduct, including minor offences, offences committed by persons who use drugs and more serious offences such as large-scale illicit production of and trafficking in drugs, in a manner that is proportionate, humane and grounded in respect for human rights, including due process, the presumption of innocence and the rule of law.

¹¹³General Assembly resolution S-30/1, annex.

128. In the absence of specific legal agreements between parties, the conventions may also serve as the legal basis for extradition and mutual legal assistance between parties.

129. The 1961 Convention as amended, in its article 9, also sets out the Board's primary functions:

The Board, in co-operation with Governments, and subject to the terms of this Convention, shall endeavour to limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes, to ensure their availability for such purposes and to prevent illicit cultivation, production and manufacture of, and illicit trafficking in and use of, drugs.

130. The 1961 Convention as amended enjoins the Board to foster cooperation with Governments and to provide the mechanism for a continuing dialogue to lend assistance and to facilitate effective national action to attain the aims of the Convention.

131. Finally, all three international drug control conventions mandate the Board with the role of assisting States parties in the implementation of their legal obligations under the conventions and with monitoring the consistency of national legal, regulatory, policy and enforcement measures on drug control with the international legal obligations incumbent upon States parties to the conventions.

1. Status of adherence to the international drug control treaties

132. For the period under review, there were no new accessions to the three international drug control treaties. The 1961 Convention as amended, the 1971 Convention and the 1988 Convention are among the most widely ratified international instruments, benefiting from near-universal adherence.

133. As at 1 November 2022, 186 States had ratified or acceded to the 1961 Convention as amended. Of the 10 States that had yet to accede to the 1961 Convention as amended, two were in Africa (Equatorial Guinea and South Sudan), one was in Asia (Timor-Leste) and seven were in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu). Chad continued to be the sole State party to the 1961 Convention in its unamended form.

134. The number of States that had ratified or acceded to the 1971 Convention remained at 184. Thirteen States had yet to become parties to the Convention: three States in

Africa (Equatorial Guinea, Liberia and South Sudan), one State in the Americas (Haiti), one in Asia (Timor-Leste) and eight in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tuvalu and Vanuatu).

135. The number of parties to the 1988 Convention, the most widely ratified of the three international drug control conventions, was unchanged at 191 (190 States and the European Union). The States that had not yet acceded to that Convention are in Africa (Equatorial Guinea, Somalia and South Sudan) and Oceania (Kiribati, Papua New Guinea, Solomon Islands and Tuvalu).

136. Recognizing that concerted action in the spirit of common and shared responsibility is essential to the success of the international community's drug control efforts, the Board reiterates its call to all States that have not yet become parties to one or more of the international drug control conventions to do so at the earliest opportunity and to take all legislative and policy action necessary to ensure the comprehensive implementation of the conventions at the national level.

2. Changes to the scheduling of substances under international control

Narcotic drugs

137. At its sixty-fifth session, held from 14 to 18 March 2022, the Commission on Narcotic Drugs, by its decisions 65/1 and 65/2, decided to include two new substances, buprenorphine and metonitazene, 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 27 May 2022 and became effective with respect to each party upon receipt of that notification. As a potent opioid, buprenorphine has the potential to produce other typical opioid effects such as respiratory depression and sedation. It has been associated with a number of deaths in a range of countries. Metonitazene is an opioid receptor agonist that produces analgesia and other typical opioid adverse effects, including sedation, respiratory depression, nausea and vomiting. Its potency is greater than that of hydromorphone and fentanyl. Based on the evidence of potential for abuse and dependence and risk for public health, the WHO Expert Committee on Drug Dependence had recommended that both substances be placed in Schedule I of the 1961 Convention as amended.

Psychotropic substances

138. Also at its sixty-fifth session, the Commission on Narcotic Drugs decided, by its decision 65/3, to include eutylone in Schedule II of the 1971 Convention, bringing the total number of substances controlled under the 1971 Convention to 167.

139. The scheduling decision became fully effective on 23 November 2022, namely, 180 days after the date of communication by the Secretary-General.

Precursor chemicals

140. The Board received from the Government of the United States of America a proposal to place under international control three precursors of fentanyl and fentanyl-related substances, 4-AP, 1-boc-4-AP and norfentanyl. On the recommendation of the Board, the Commission on Narcotic Drugs adopted decisions 65/4, 65/5 and 65/6, by which it decided to include in Table I of the 1988 Convention 4-AP, 1-boc-4-AP and norfentanyl. Those decisions became effective on 23 November 2022.

3. Submission of information by Governments to the Board

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

141. In accordance with its mandate, the Board publishes its annual report and the report on the implementation of article 12 of the 1988 Convention. 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.

142. 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.

143. 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

144. A total of 121 Governments, or 74 per cent of all Governments providing data, submitted their statistical forms on time, that is, by the deadline of 30 June 2022, which was more than in 2021 (99 Governments). As at 1 November 2022, 47 Governments (22 per cent) – that is, 41 countries and 6 territories – had not submitted their statistical forms for 2021. It is expected that several additional countries and territories will be submitting their data over the coming months. Of the countries and territories that have not submitted their reports, the majority are in Africa and the Americas (including the Caribbean), followed by Asia and Oceania; one European country has not provided its annual statistical form. Some of those countries are in conflict and post-conflict situations, which create additional obstacles to their drug control efforts, in addition to a general lack of human and financial resources.

145. Most countries that produce, manufacture, import, export or consume large amounts of narcotic drugs submitted annual statistics, although of differing quality. Accurate, complete 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, in particular 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.

146. As at 1 November 2022, the complete set of four quarterly statistics of imports and exports of narcotic drugs for 2021 (form A) had been received from 165 Governments (147 countries and 18 territories), or about 78 per cent of the 213 Governments requested. In addition, 15 Governments (about 7 per cent) had submitted at least one quarterly report. A total of 33 countries (about 15 per cent) had failed to submit any quarterly statistics for 2021.

147. As at 1 November 2022, the Board had received annual statistical reports from 166 States (both parties and non-parties) and territories on the production, manufacture, consumption, stocks and seizures of narcotic drugs covering the calendar year 2021 (form C), or about 78 per cent of those requested. That number is almost equal to the number of reports for 2020 received by 1 November 2021. Most of the large manufacturing, consuming and exporting countries did submit statistics.

Psychotropic substances

148. The number of annual statistical reports on psychotropic substances submitted for 2021 (form P), in accordance with article 16 of the 1971 Convention, increased in comparison to the number submitted for the previous year. As at 1 November 2022, annual statistical reports for 2021 had been submitted by 160 countries and 17 territories. Of the 184 States parties to the 1971 Convention, 152, or 83 per cent, had submitted their annual statistical reports; and 105, or 69 per cent, of those 152 States parties had submitted their reports by the 30 June deadline. A small number of States parties continued to submit statistics through partner countries. Furthermore, the Board received annual statistics from eight States that are not parties to the Convention but that submit national data on a voluntary basis.

149. In addition, 116 Governments voluntarily submitted all four quarterly statistical reports for 2021 on imports and exports of substances listed in Schedule II of the 1971 Convention, as requested by the Economic and Social Council in its resolution 1981/7, and a further 29 Governments submitted at least one quarterly report for 2021. The Board notes with satisfaction the good rate of submission of the annual statistical reports on psychotropic substances for 2021 and the number of non-parties and territories that have submitted an annual report, taking into consideration limitations related to the coronavirus disease (COVID-19) pandemic.

150. While the Board takes into account pandemic-related limitations in all parts of the world, it notes with concern the high percentage of States parties that did not furnish form P. A total of 20 countries and territories in Africa failed to

furnish form P for 2021. Likewise, eight countries and territories in Central America and the Caribbean, five countries in Oceania, three countries in Asia and one country in Europe failed to furnish form P for 2021. Form P for 2021 was furnished by all countries in North America and South America.

151. 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: 11 countries reported using 40 substances for such purposes in 2021. The Board recalls recommendation 13 of its annual report for 2019,¹¹⁴ 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.

152. 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 country 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 2021, complete details on such trade had been submitted by 162 Governments (92 per cent of all submissions of form P for 2021). A further 15 Governments submitted blank forms or forms containing incomplete trade data for 2021.

153. 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.

154. For 2021, a total of 95 countries and territories submitted data on the consumption of some or all psychotropic substances. The Board appreciates the cooperation of the Governments concerned and calls upon all Governments to report on the consumption of psychotropic substances on an annual basis, pursuant to Commission on Narcotic Drugs resolution 54/6, as such data are essential for an improved evaluation of the availability of psychotropic substances for medical and scientific purposes.

155. The Board notes with appreciation that reports on seizures of psychotropic substances were furnished by the Governments of Algeria, Chad, India, Lithuania, Myanmar and Norway. **The Board acknowledges the interdiction efforts of the Governments concerned and reiterates its call to 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.**

¹¹⁴E/INCB/2019/1, para. 806.

Precursor chemicals

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

157. As at 1 November 2022, a total of 127 States parties, or more than 65 per cent of the States parties to the 1988 Convention, had submitted form D for 2021. Of the total number of States parties that provided data on form D for 2021, 65 reported the mandatory information on seizures of substances in Table I or II of the 1988 Convention, and only 57 reported seizures of non-scheduled substances, even though the proliferation of such chemicals has become one of the biggest contemporary challenges in international precursor control. As in previous years, most Governments did not provide details on the methods of diversion and illicit manufacture.

158. Pursuant to Economic and Social Council resolution 1995/20, Governments are also requested to provide, on a voluntary and confidential basis, information regarding their licit trade in substances listed in Table I and Table II of the 1988 Convention. As at 1 November 2022, 117 States parties had provided to the Board such information for 2021, and 106 had furnished data on licit uses of and/or requirements for one or more of the substances in Tables I and II of the 1988 Convention.

159. Data on seizures of precursor chemicals received annually from Governments through form D are complemented by specific information provided through PICS, the INCB platform for the exchange of real-time information on chemical-related incidents such as seizures, shipments stopped in transit, diversions and uncovered laboratories used for the illicit manufacture of substances and their equipment. Over the past year, a complementary focus of PICS has increasingly been the exchange of incident information on equipment used for illicit drug manufacture, with a view to enhancing implementation of article 13 of the 1988 Convention (for more details on PICS, see paras. 400–403 below).

160. The seizure data reported and a detailed analysis of the latest trends and developments in trafficking in precursors under international control, as well as substances not included in Table I or II of the 1988 Convention, can be found in the Board's report for 2022 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

161. The estimates of annual legitimate requirements for narcotic drugs and the assessments of annual legitimate requirements for psychotropic substances are essential pillars of the international drug control system. They enable 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, the estimates of annual legitimate requirements are 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 2022, the Governments of 172 countries and territories, or 80 per cent of those requested, had submitted estimates of requirements for narcotic drugs for 2023. 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. In 2022, a total of 31 countries, in all regions of the world, operated on the basis of estimates established for them by the Board.

162. 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: (a) the quantity consumed for medical and scientific purposes; (b) the quantity used, within the limits of the relevant estimates, for the manufacture of other drugs, preparations or substances; (c) the quantity exported; (d) the quantity added to the stock for the purpose of bringing that stock up to the level specified in the relevant estimate; and (e) 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.

163. The system of imports and exports continues to be implemented by Governments without major challenges. In 2022, a total of 12 countries were contacted regarding

possible excess imports or excess exports identified with regard to international trade in narcotic drugs that had been effected during 2021. As at 1 November 2022, two of those countries had responded. The Board continues to pursue the matter with those countries that have not responded.

164. The Board recommends that Governments continue to strengthen the capacity of competent national authorities to adequately estimate their medical and scientific requirements 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 reflect the national requirements for narcotic drugs used for medical purposes.

Psychotropic substances

165. 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 2022, the Governments of all countries and territories except 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.

166. The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least once every three years. However, 42 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.

167. 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.

168. 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 2021, 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. No country was identified as having exported psychotropic substances in quantities exceeding the relevant assessment.

Precursor chemicals

169. 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 estimates of annual legitimate requirements for imports of four precursors of amphetamine-type stimulants – ephedrine, pseudoephedrine, 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), and 1-phenyl-2-propanone (P-2-P) – and, to the extent possible, preparations containing those substances 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 proposed imports for these substances.

170. Although these estimates are provided to the Board on a voluntary basis, as at 1 November 2022, 183 Governments had provided an estimate of their annual legitimate requirement for at least one of the above-mentioned precursor chemicals. During the reporting period, more than 95 Governments reconfirmed or updated their annual legitimate requirements for at least one substance.

171. Governments provide estimates of annual legitimate requirements for precursors on form D and can update them at any time throughout the year by submitting the information to the Board using any means of formal communication. Updated guidelines to estimate annual legitimate requirements are provided in the document entitled “Issues that Governments may consider when determining annual legitimate requirements for imports of ephedrine and pseudoephedrine”, available on the Board’s website. Tables with the latest annual legitimate requirements, updated or reconfirmed by countries and territories, are regularly published on that website. They are also accessible to registered users through PEN Online.

4. Efforts to prevent diversion from international trade

172. 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

173. 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.

174. 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. Information on the use of electronic import and export authorizations for trade in internationally controlled narcotic drugs and psychotropic substances is provided in paragraphs 464–474.

175. 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.

176. 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 2022, 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.

177. 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.

178. 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, pursuant to article 12, paragraph 9 (a), of the 1988 Convention, Governments must establish and maintain a system to monitor international trade in those substances in order to facilitate the identification of suspicious transactions. When requested through the procedure established in article 12, paragraph 10 (a), of the 1988 Convention, Governments of exporting countries and territories are also required to provide advance notification to the authorities of the importing Government of planned shipments. In order for those Governments to be able to do that and for Governments of importing countries and territories to be able to verify the legitimacy of a proposed shipment, Governments must apply some system of control over exports and imports of precursors to effectively comply with their obligations under the 1988 Convention and contribute to the prevention of diversion of substances under international control. (For more information on systems of control and pre-export notifications for precursor chemicals, see paras. 182–186 below.)

Discrepancies in international trade in narcotic drugs and psychotropic substances

179. 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 from licit international trade has taken place. Those investigations

may reveal shortcomings in the implementation of control measures, including the failure of companies to comply with national drug control provisions.

180. Since June 2022, investigations regarding discrepancies for 2021 related to international trade in narcotic drugs have been initiated with 55 countries. As at 1 November 2022, replies had been received from 34 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. The Board encourages the countries that have not yet replied to investigate the discrepancies as a matter of urgency and to inform it of their findings.

181. Similarly, with regard to the international trade in psychotropic substances, investigations relating to data quality concerns for 2021 data were initiated with 44 Governments, out of which 34 Governments have responded.

Pre-export notifications for precursor chemicals

182. Parties to the 1988 Convention are required 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 resolutions of the General Assembly, the Economic and Social Council and the Commission on Narcotic Drugs, 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 involving diversion of those substances from licit international trade. Details of the systems of control applied by Governments over exports and imports of those substances are compiled by the Board and made available to competent national authorities on its secure web page.

183. 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.

184. Since the publishing of the annual report of the Board for 2021, the Government of Zambia has officially requested

to be pre-notified of any planned export of precursors to their territory, thus increasing to 117 the number of Governments that have invoked that provision. The Board renews its call to all Governments that have not formally requested such pre-export notifications to take the necessary steps to invoke article 12, paragraph 10 (a), of the 1988 Convention.

185. Real-time communication between importing and exporting Governments with regard to international trade in precursor chemicals and preventing the diversion of such chemicals into illicit channels is facilitated by the Board's secure web-based tool, PEN Online. As at 1 November 2022, 168 countries and territories had registered with PEN Online. INCB renews its call to those Governments that have not yet registered with the PEN Online system to nominate at least one focal point for that purpose as soon as possible and calls upon all Governments to use PEN Online actively and systematically. The Board stands ready to assist Governments in that regard.

186. During the reporting period, the Board also launched PEN Online Light, a system similar to PEN Online, for the voluntary sharing of information about planned exports of precursor chemicals not under international control. The Board encourages Governments to use that system for the export of such substances from their territory.

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

187. The Board continues to promote the use of article 13 of the 1988 Convention as a valuable complementary tool in addressing illicit drug manufacture and underlines the need for a continued search for new and innovative approaches with a view to improving the implementation of that article.

188. To this end, the Board conducted several activities to raise awareness and guide international policy efforts and action aimed at preventing the diversion of equipment essential for illicit drug manufacture, enhancing the operational use of article 13 of the 1988 Convention and cooperation in that regard. In March 2022, the Board launched an awareness-raising and guidance document for policymakers on equipment used in illicit drug manufacture and on the implementation of article 13 of the 1988 Convention. The Board also disseminated a monitoring list on such equipment to assist Governments in prioritizing equipment for possible action. A consultation with Member States in October 2022 provided Governments with a platform for the exchange of views, experiences and good practices and the discussion of practical solutions and future steps to

address the diversion and use of equipment essential for the illicit manufacture of drugs.

189. On that occasion, the Board also launched the first technical paper on equipment used in illicit drug manufacture and the implementation of article 13 of the 1988 Convention. The paper includes a situation analysis of such equipment, action taken by Governments and by the Board and an analysis of major trends and developments, as well as conclusions and recommendations to support Governments in their efforts to increase the operational use of article 13 of the 1988 Convention. All related resources are available on the Board's dedicated web page on materials and equipment, together with an interactive overview of INCB tools and resources related to equipment used in illicit drug manufacture.

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

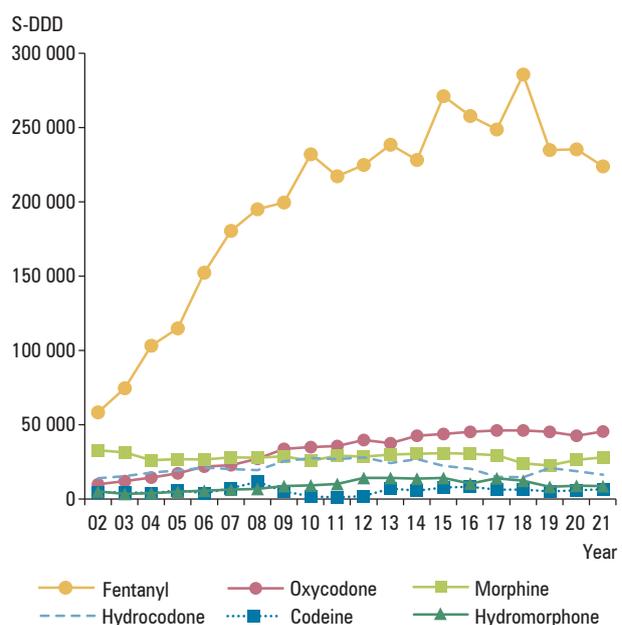
190. In line with its mandate to ensure the availability of internationally controlled substances for medical and scientific purposes, the Board carries out various activities related to narcotic drugs and psychotropic substances. This includes monitoring action taken by Governments, international organizations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

191. The data available to INCB confirm the persistent disparities between regions in the consumption of opioid analgesics for the treatment of pain. Almost all such consumption is concentrated in Western Europe, North America, Australia and New Zealand. Consumption levels in other regions are often not sufficient to meet the medical needs of the population. These regional imbalances are not due to a shortage of opiate raw materials. Supply has been found to be more than sufficient to satisfy the demand reported to INCB by Governments, but it is evident that a large number of countries may not be accurately reflecting in their reported demand the actual medical needs of their populations, and hence the disparity in availability. A more detailed analysis of the situation is contained in a special report on availability that the Board has produced as a supplement to the present report.

192. A comparison of the consumption of individual substances (see figures I and II) shows the predominance of fentanyl over the past two decades. However, after peaking in

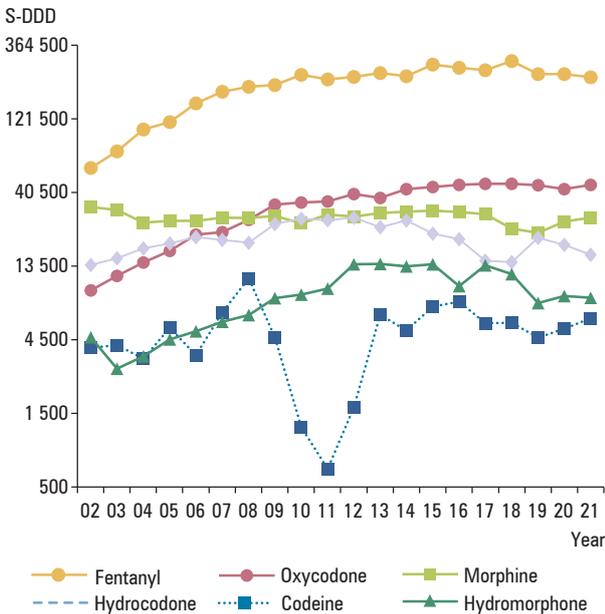
2018 at 285,959 S-DDD, global consumption of fentanyl decreased to 235,074 S-DDD in 2019 and remained relatively stable, albeit with a slight increase, to 235,393 S-DDD, in 2020. In 2021, it decreased further, to 224,017 S-DDD. Consumption of oxycodone has been increasing, although at a lower level, and since 2009 oxycodone has replaced morphine as the second most-consumed opioid (after fentanyl). Like fentanyl, consumption of oxycodone reached an all-time high level in 2018 (45,726 S-DDD). It then decreased to 44,821 S-DDD in 2019 and further, to 42,099 S-DDD, in 2020 but increased slightly in 2021, to 44,972 S-DDD. The trend in the use of morphine, on the other hand, remained relatively stable between 2004 (25,644 S-DDD) and 2019 (22,004 S-DDD). In 2020, it remained relatively stable at 25,938 S-DDD, then increased in 2021 to 27,605 S-DDD. After decreasing steadily since 2014, hydrocodone consumption increased from 14,161 S-DDD in 2018 to 20,415 S-DDD in 2019 but decreased again, to 18,366 S-DDD, in 2020. In 2021, it decreased further, to 15,857 S-DDD. The consumption of codeine for pain management decreased from 5,720 S-DDD in 2018 to 4,591 S-DDD in 2019, then increased to 5,231 S-DDD in 2020 and further, to 6,134 S-DDD, in 2021. Hydromorphone consumption decreased from 11,834 S-DDD in 2018 to 7,713 S-DDD in 2019, the lowest level since 2008, but increased to 8,528 S-DDD in 2020, decreasing again, to 8,315 S-DDD, in 2021. The United States accounted for almost all global hydrocodone use, whereas the consumption of the other drugs shown in the figures was reported in more than one country.

Figure I Consumption of codeine, fentanyl, hydrocodone, hydromorphone, morphine and oxycodone, expressed in total S-DDD,^a 2002–2021



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

Figure II Consumption of codeine, fentanyl, hydrocodone, hydromorphone, morphine and oxycodone, expressed in total S-DDD,^a 2002–2021 (semi-logarithmic scale)



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

193. A regional analysis of the main trends in the consumption of the main opioid analgesics (codeine, dextropropoxyphene, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, ketobemidone, morphine, oxycodone, pethidine, tilidine and trimeperidine), 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.

194. The regional analysis confirms the persistence of a global disparity in the consumption of opioid analgesics. 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. In 2021, this calculation resulted in regional averages of 17,035 S-DDD for North America, 8,721 S-DDD for Western and Central Europe and 7,146 S-DDD for Oceania. North America remains the region with the highest consumption of opioids for pain management in the world (see figures III and IV).

Figure III Consumption of opioids for pain management in all regions, expressed in S-DDD per million inhabitants per day, 2002–2021

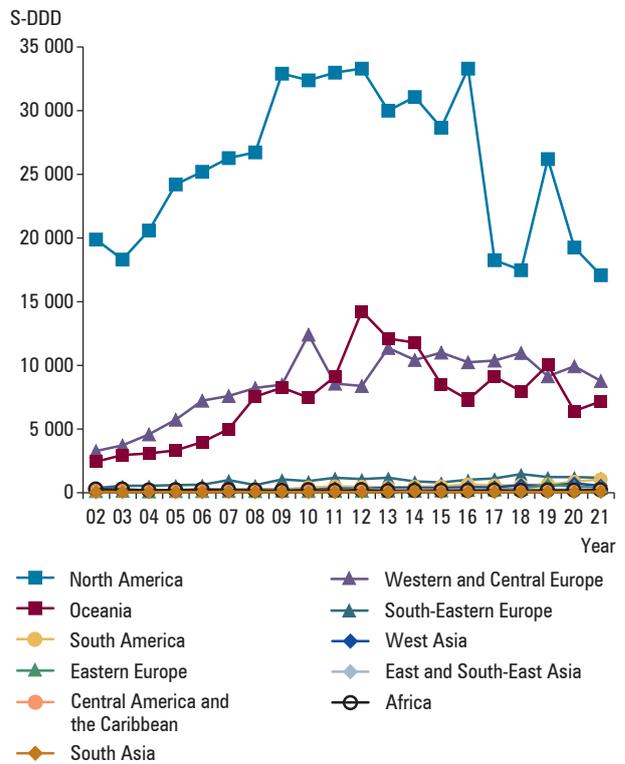
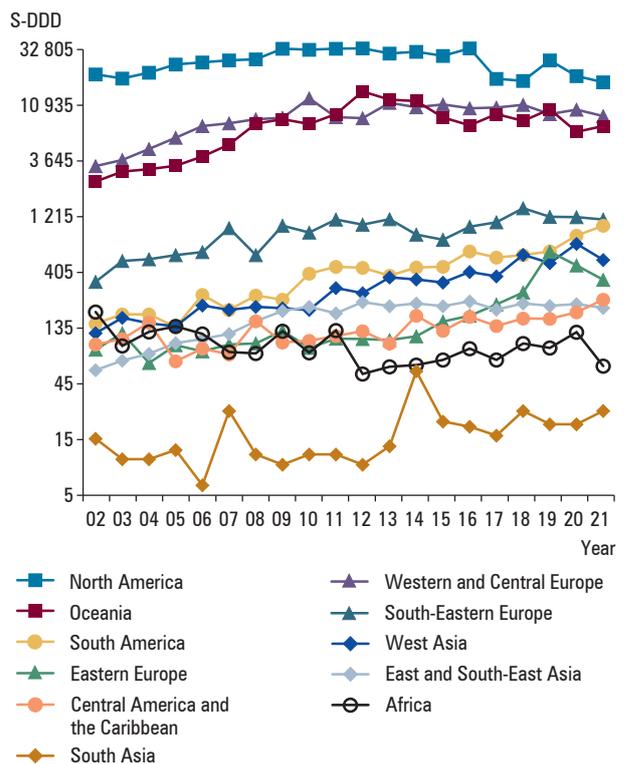


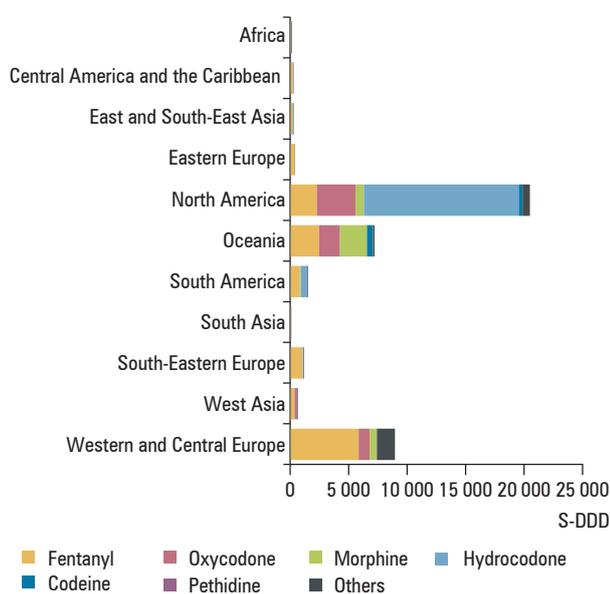
Figure IV Consumption of opioids for pain management in all regions, expressed in S-DDD per million inhabitants per day, 2002–2021 (semi-logarithmic scale)



195. A general upward trend in opioid consumption was evident in South-Eastern Europe until 2018, when it reached 1,415 S-DDD, but it has stabilized at about 1,000 S-DDD in recent years (1,006 S-DDD in 2021). Consumption in South America has been increasing since 2017, when countries reported 537 S-DDD, and reached an all-time high level of 1,006 S-DDD in 2021. In West Asia, a similar trend has been observed, with consumption reaching an all-time high level (743 S-DDD) in 2020; however, it did not remain at that level in 2021 but decreased to 509 S-DDD. In Eastern Europe, opioid consumption reached an all-time high level in 2019, totalling 601 S-DDD, but in 2021 it decreased, to 344 S-DDD. The Board considers levels of consumption of opioid analgesics in quantities between 100 and 200 S-DDD to be inadequate, and in quantities of less than 100 S-DDD to be very inadequate. In this context, the average levels of consumption reported in 2021 in East and South-East Asia (198 S-DDD), Africa (63 S-DDD) and South Asia (26 S-DDD) are of particular concern.

196. Figures V and VI show consumption of opioid analgesics in total S-DDD by substance and region. This analysis highlights once again the predominance of fentanyl in most regions of the world. Consumption of oxycodone is highest in North America, Oceania, Western and Central Europe and West Asia, although the substance is also consumed in other regions. Hydrocodone consumption is significant in the Americas. The share of morphine consumption is less pronounced in most regions, except for Africa and South America.

Figure V Consumption of codeine, fentanyl, hydrocodone, morphine, oxycodone, pethidine and other opioids, all regions, expressed in total S-DDD, 2021



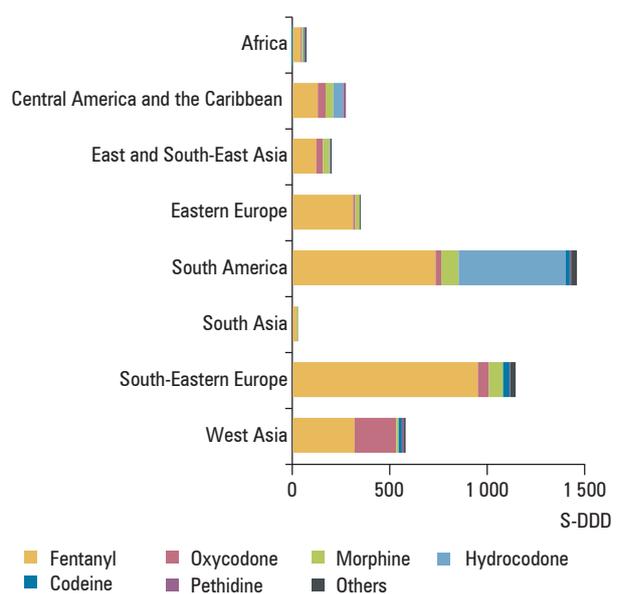
197. **The Board reiterates that there is an urgent need to increase the availability of and access to opioid analgesics and to improve their prescription and use, especially in countries reporting inadequate and very inadequate levels of consumption, and calls for targeted public policies supported by Governments, health systems and health professionals, civil society, the pharmaceutical industry and the international community.**

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

Narcotic drugs

198. In 2021, the impact of the COVID-19 pandemic on the international trade in controlled substances continued to be felt, as countries tried to stock quantities of some substances because of concerns related to the functioning of the global supply chain of medicines. The consolidated statistics on narcotic drugs for some countries in 2021 confirm that there has been an increase in the consumption, manufacture and stocks of some substances (specifically fentanyl analogues), largely driven by significant increases in the need to provide pain relief and sedation for patients with COVID-19 admitted into intensive care units.

Figure VI Consumption of codeine, fentanyl, hydrocodone, morphine, oxycodone, pethidine and other opioids, selected regions, expressed in total S-DDD, 2021



199. Regional analysis of the overall consumption of opioid analgesics for the treatment of pain confirms the persistence of disparities among regions in the consumption of those drugs. Almost all consumption is concentrated in developed countries in Europe and North America, while the level of consumption in other regions is often insufficient for the medical needs of the population.

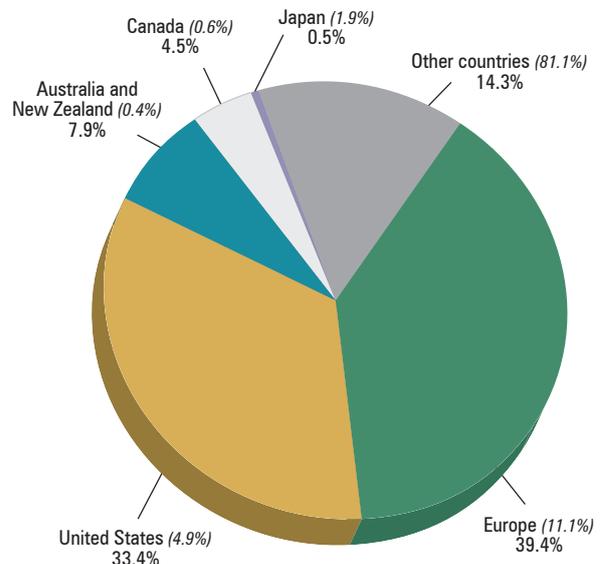
200. The regional imbalance is not due to the lack of opiate raw materials. Apart from opium, the production of which has been declining for a number of years, overall utilization of poppy straw and concentrate of poppy straw derived from both the morphine-rich and the thebaine-rich varieties remained high in 2021, and stocks increased, indicating that the supply is more than sufficient to satisfy demand, even though the demand expressed by a number of countries might not reflect the actual medical needs of the population.

201. A major problem in many low-income countries is the limited access to affordable opioid analgesics, such as morphine. In 2021, the total quantity of morphine available, including quantities manufactured and opening stocks, was 372 tons. Of that total quantity available, about 190 tons were utilized, of which 36.5 tons, or 9.9 per cent, were consumed directly for pain relief or as preparations included in Schedule III of the 1961 Convention as amended and 153.5 tons (41.5 per cent) were utilized for the manufacture of other drugs (mostly codeine), or substances not covered by the 1961 Convention as amended. The remaining amount, 135.8 tons, was reported as remaining in stock at the end of the year.

202. In 2021, 81.1 per cent of the world population, mainly in low- and middle-income countries, consumed only 14.3 per cent of the total amount of morphine used for the management of pain and suffering. Consumption of the remaining 85.7 per cent of the morphine used for those purposes, excluding Schedule III preparations, continued to be concentrated in a small number of countries, located mainly in Europe and North America (see figure VII). The share of morphine used for direct consumption has increased in the past 20 years, from 10.5 per cent in 2002 to 17.2 per cent in 2021. However, the disparity in the consumption of narcotic drugs for palliative care continues to be a matter of concern, particularly in relation to access to and availability of affordable opioid analgesics such as morphine.

203. Global manufacture of oxycodone increased after 2002, reaching a record high of 138.1 tons in 2013. Since then, manufacture has decreased gradually, dropping to 80.3 tons in 2021. This is probably due to the substance's association with overdose deaths in relation to prescription

Figure VII Morphine: distribution of consumption in relation to the share of the world population, 2021



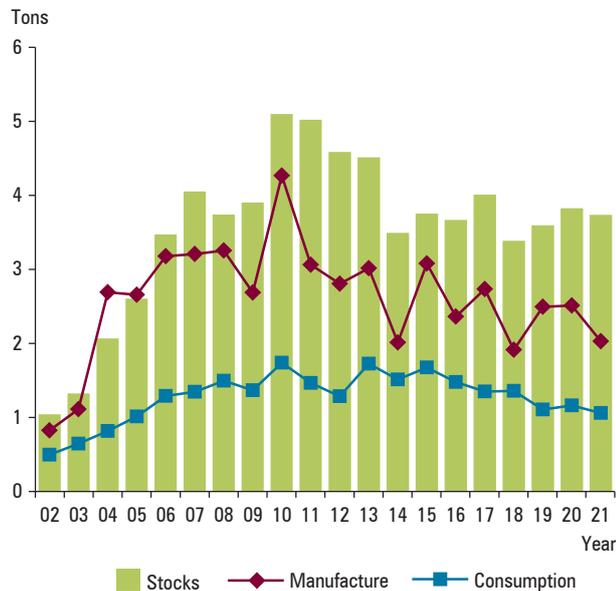
Note: Percentages in parentheses refer to share of the total population of all reporting countries worldwide.

drug misuse, in particular in North America, which led to the introduction of stricter control measures and consequently a reduction in consumption.

204. While the manufacture of hydromorphone, another potent opioid, decreased, consumption of the substance remained stable, with the largest quantities consumed in the United States and Canada, in order of the quantities consumed. Global consumption of heroin decreased slightly, from 658.5 kg in 2020 to 633 kg in 2021. Switzerland, where heroin is prescribed for individuals with long-term opiate dependency, remained the major consumer country in 2021, accounting for the consumption of 376.7 kg of the substance (55 per cent of global consumption). Other countries reporting consumption of heroin for medical purposes in 2021 were Canada, Germany, the Netherlands and the United Kingdom of Great Britain and Northern Ireland.

205. Among synthetic opioids, after oxycodone, fentanyl is the opioid most associated with overdose deaths in recent years. Its manufacture remained relatively stable in 2021 after decreasing (see figure VIII). Global manufacture of fentanyl increased rapidly in the period 1999–2010, reaching a record level of 4.3 tons in 2010. Since then, manufacture has followed a decreasing trend, with some fluctuations, with 2 tons reported as having been manufactured in 2021. The downward trend may be related to the continued concerns about overdose deaths attributed to the misuse of fentanyl or fentanyl-type substances.

Figure VIII Fentanyl: global manufacture, consumption and stocks,^a 2002–2021



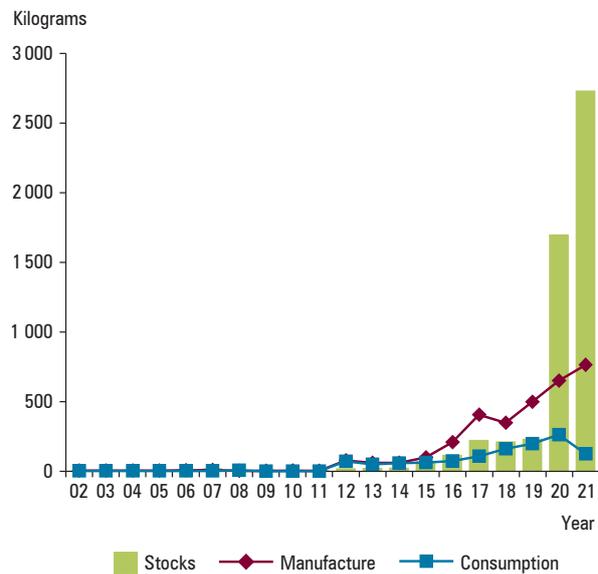
^aStocks as at 31 December of each year.

206. The manufacture, consumption and use of the fentanyl analogues alfentanil, remifentanyl and sufentanyl increased in 2021 because of the continuing COVID-19 pandemic. They are used for analgesia and the suppression of respiratory activity in mechanically ventilated patients in intensive care and to provide analgesic cover for painful manoeuvres.

207. No dextropropoxyphene and only a small amount of ketobemidone were reported as manufactured in 2021. Diphenoxylate continued to be manufactured in much smaller quantities than before. In 2021, global manufacture of tilidine increased to 52.2 tons, after declining to 27.4 tons in 2020, continuing the volatile pattern of the past 20 years. The quantity of trimeperidine manufactured has remained more or less stable at about 200 kg. In 2021, manufacture decreased to 151.5 kg. The only country reporting the manufacture of trimeperidine was India. The manufacture of pethidine continued its downward trend, falling to 4 tons in 2021.

208. The licit cultivation, production and use of cannabis have been increasing considerably since 2000, when more countries from all regions started to use cannabis and cannabis extracts for medical purposes, as well as for scientific research. In the past 20 years, the global production of cannabis has therefore seen an increase, amounting to 764.3 tons in 2021, a further increase from the 650.8 tons recorded in 2020. Since the licit cultivation of cannabis

Figure IX Cannabis: global manufacture, consumption and stocks,^a 2002–2021



^aStocks as at 31 December of each year.

plant for medical and scientific purposes has increased considerably in recent years and the yield and manufacturing processes are not standardized, some data are being clarified with the relevant Governments in order to ensure consistency (see figure IX).

209. The Plurinational State of Bolivia reported the production of 24,575 tons of cocaine from the licit cultivation of coca bush in 2021, while Peru reported the production of 1,170 tons. Peru has been the only country exporting coca leaf for the global market since 2000. Most of the exports have been to the United States, which reported the import of 90.1 tons in 2021. The global licit manufacture of cocaine continued to fluctuate, as it has for more than 20 years. In 2021, manufacture increased to 420.7 kg, occurring almost exclusively in Peru (95.8 per cent of global manufacture).

Psychotropic substances

210. Between 2017 and 2021, submission rates of form P (annual statistical report on internationally controlled psychotropic substances) from countries and territories fluctuated, from a low of 153 in 2017 to a high of 185 in 2018. For 2021, 177 countries and territories provided annual statistical reports. The number of countries and territories providing consumption data fluctuated along with the number of statistical reports received, with

100 countries and territories providing consumption data for 2018, the most ever for a single year. For 2021, 94 countries and territories provided consumption data (see figure X). Increasing the rate of submission of consumption data from countries and territories will provide the Board with a more comprehensive picture of actual demand for psychotropic substances. This will help to inform the decisions of the Board on how to develop methods to assess appropriate levels of use of psychotropic substances for medical and scientific purposes.

211. A total of 959.7 tons of psychotropic substances under international control were manufactured in 2021. Of that quantity, 740.2 tons were sedatives, 171.2 tons were stimulants and 48.2 tons comprised hallucinogens, analgesics and other substances. With respect to specific substances, as can be seen in figure XI, 10 psychotropic substances accounted for approximately three quarters of total global manufacture by gross weight in 2021. All other psychotropic substances combined made up about one quarter of overall manufacture in 2021.

212. At 263 tons, phenobarbital was the most heavily manufactured internationally controlled psychotropic substance in 2021. Methylphenidate was the second most heavily manufactured, at 71.3 tons, followed by meprobamate (69 tons), diazepam (59 tons), pentobarbital (56.3 tons), dexamfetamine (41.7 tons), barbital (41.5 tons), zolpidem (38.2 tons), phentermine (34 tons) and GHB (32.8 tons).

213. With regard to the primary manufacturers of internationally controlled psychotropic substances, figure XII shows that five countries were responsible for more than 80 per cent of all global manufacture in 2021: India (24 per cent, or 231.5 tons), China (21 per cent, or 200.6 tons), United States (18 per cent, or 173 tons), Italy (11 per cent, or 106.9 tons) and Germany (7 per cent, or 64.9 tons). All other countries and territories combined were responsible for 19 per cent (182.9 tons) of global manufacture. Switzerland, which would normally rank as a top manufacturer, did not report any manufacture of GHB in 2021 and thus contributed a much smaller share of the global manufacture of psychotropic substances that year.

Figure XI Shares of manufacture of major internationally controlled psychotropic substances by gross weight, 2021



Figure X Rate of submission of form P and rate of submission of consumption data by countries and territories, 2017–2021

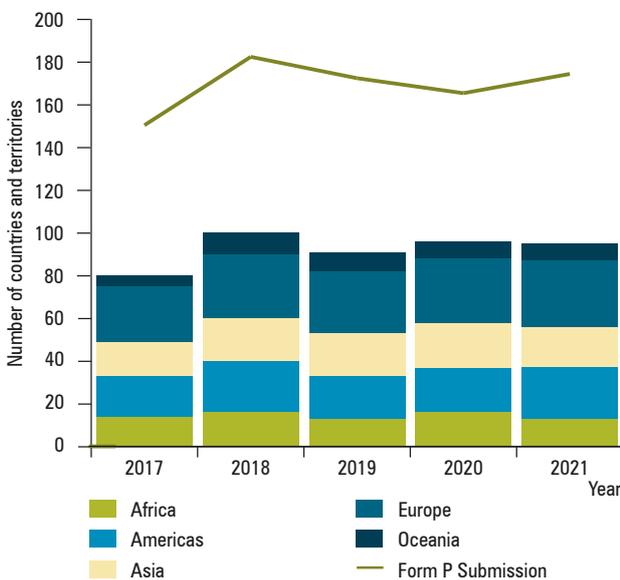
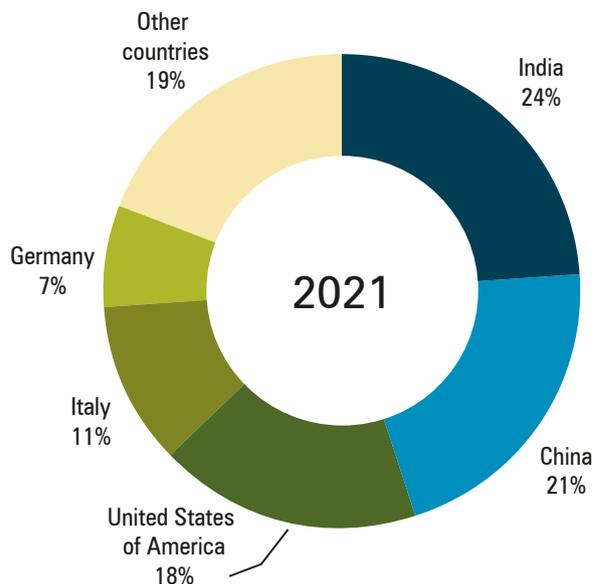


Figure XII Shares of total manufacture of internationally controlled psychotropic substances by gross weight, 2021



214. With regard to international trade, seven benzodiazepines were among the most widely traded psychotropic substances in 2021 (see table 5). Phenobarbital was the most widely traded barbiturate under international control, while methylphenidate was the most widely traded stimulant. Zolpidem was the most traded non-benzodiazepine non-barbiturate sedative. More than 150 countries and territories reported imports of diazepam, midazolam and phenobarbital in 2021.

Table 5 Most widely traded internationally controlled psychotropic substances, 2021

<i>Substance</i>	<i>Total imports (kg)</i>	<i>Number of importing countries and territories</i>
Diazepam	64 352.08	167
Midazolam	17 861.40	159
Phenobarbital	188 318.93	154
Clonazepam	12 184.83	144
Alprazolam	9 953.37	140
Lorazepam	9 200.04	139
Zolpidem	36 150.55	122
Methylphenidate	63 733.36	118
Bromazepam	12 862.03	115
Clobazam	7 605.53	100

215. Regarding the consumption of psychotropic substances, 95 countries and territories provided data regarding the consumption of at least one substance in 2021, a decline from the 96 countries and territories that provided such data in 2020. Reporting rates at the regional level varied widely; data on consumption in 2021 were provided by 13 countries and territories in Africa (21 per cent of the total number of countries and territories in the region), 24 countries and territories in the Americas (52 per cent), 19 countries and territories in Asia (35 per cent), 31 countries and territories in Europe (74 per cent) and 8 countries and territories in Oceania (32 per cent).

216. The global manufacture of diazepam has fluctuated markedly. After a record low of 34 tons in 2020, mostly due to low production in China, diazepam manufacture reached a record high of 59 tons in 2021. With regard to the leading manufacturers, 99.9 per cent of the supply of diazepam in 2021 was manufactured in Italy (nearly 30 tons), India (14.5 tons), China (12 tons) and Brazil (2 tons). After a slight decrease in 2020, manufacturers' stocks reached 45 tons, roughly equal to the total quantity reported for 2019, and were held by nearly 50 countries in 2021.

217. The number of countries and territories trading in diazepam remained relatively stable during the period 2017–2021, with an average of 161 countries and territories

reporting imports each year. After a continued increase in global trade in the substance from 2015 to 2019, a volume of 52.3 tons was reported worldwide in 2020, representing a 15 per cent decrease compared with 2019. In 2021, the total traded volume increased substantially, reaching over 64.3 tons. With 167 countries and territories reporting imports of diazepam in 2021, it remained the most widely traded benzodiazepine in the world.

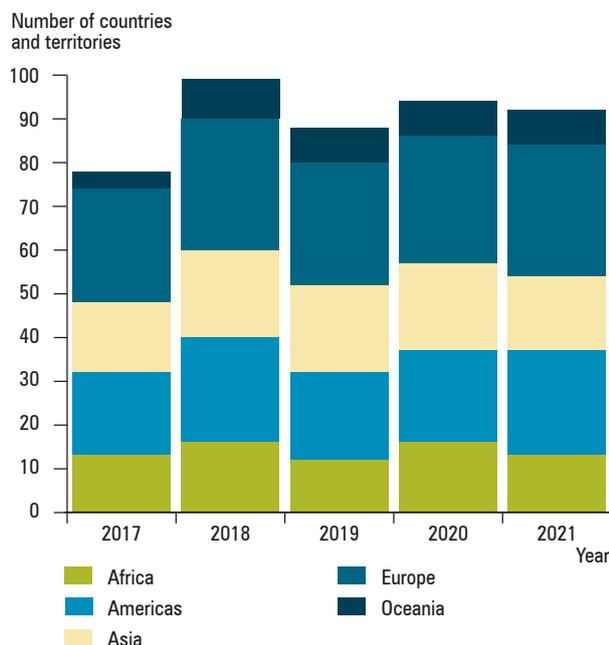
218. In contrast to previous years, in 2021, the second most heavily manufactured benzodiazepine was midazolam. Global manufacture increased from an average of 6 tons per year in the period 2011–2020 to a record high of 25 tons in 2021. Since 2016, more than 98 per cent of the supply of midazolam has been manufactured in four countries, namely, Brazil, India, Israel and Italy. In 2021, all four of those countries increased their manufacture substantially, with twofold and threefold increases in India and Brazil, respectively. Those substantial increases can be attributed to midazolam being administered as a sedative to patients with COVID-19 admitted to intensive care units, as well as to its inclusion in the WHO Model List of Essential Medicines.

219. While the number of countries and territories reporting imports of midazolam has remained relatively stable, the volume has increased substantially, reaching a 10-year high of nearly 18 tons in 2021. Imports of quantities exceeding 1 ton were reported by Germany (partially for re-export), the United States, Switzerland (for re-export), Spain (partially for re-export), Slovakia (partially for re-export) and France (partially for re-export), in descending order by quantity imported.

220. In 2021, the Board received data from 92 countries and territories reporting consumption of at least one benzodiazepine, which represented a slight decrease from the previous year, when 93 countries and territories submitted consumption data. The regional distribution of countries and territories that reported consumption of these substances in the period 2017–2021 is shown in figure XIII.

221. From 2014 to 2019, diazepam was the substance with the second highest reported rate of consumption. In 2020 and 2021, it was the third most heavily consumed substance, with a global average of 2.19 S-DDDpt per country in both years. Spain, Portugal, Montenegro and Bosnia and Herzegovina (in descending order by amount consumed) reported the highest rates of consumption, each amounting to more than 10 S-DDDpt. In comparison with 2020, Sierra Leone saw the greatest increase in the consumption of diazepam in 2021 (more than 400 per cent), followed by Kenya (330 per cent), Uruguay (170 per cent), Spain (110 per cent), Albania (110 per cent) and Türkiye (100 per cent).

Figure XIII Benzodiazepines with significant presence on the licit market: number of countries and territories reporting consumption, by region, 2017–2021

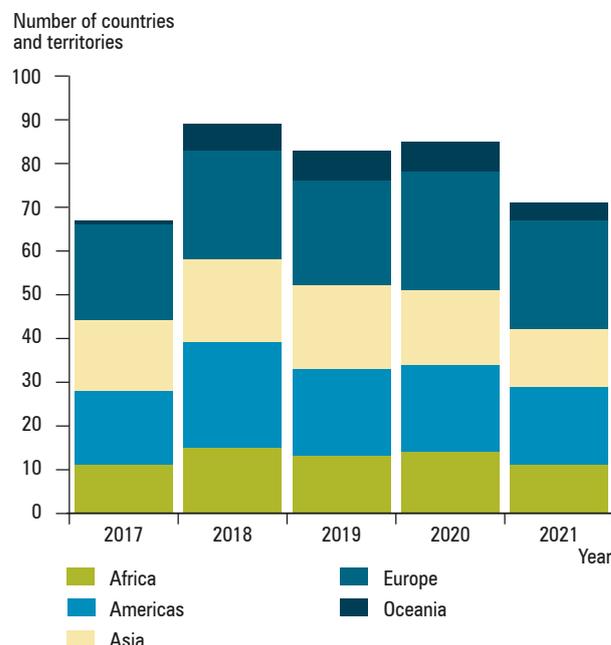


222. The total global consumption of midazolam reached 46.7 S-DDDpt, an increase of 19 per cent compared with 2020 and 52 per cent compared with 2019. Altogether, 82 countries and territories submitted data to the Board in 2021. Brazil (6.5 S-DDDpt), Israel (2.6 S-DDDpt), Uruguay (2.6 S-DDDpt), Sint Maarten (2.5 S-DDDpt), Chile (2.5 S-DDDpt), Portugal (2.3 S-DDDpt) and El Salvador (2.2 S-DDDpt) reported the highest rates of consumption. In comparison with 2020, Romania saw the greatest increase in the consumption of midazolam in 2021 (by more than 500 per cent), followed by the Plurinational State of Bolivia (330 per cent), Malaysia (more than 300 per cent), Lebanon (180 per cent) and El Salvador (170 per cent).

223. In terms of gross weight, phenobarbital has been the most heavily manufactured psychotropic substance under international control since 2012. In 2021, total reported manufacture of the substance came to 262.9 tons, down from the 324.3 tons reported in 2020. China, which is usually the largest manufacturer of phenobarbital, reported manufacture of 89.2 tons in 2021, down from 174.2 tons in 2020; that decrease accounted for the significant drop in overall manufacture. India was the leading manufacturer of the substance in 2021, with 108.9 tons, slightly more than the 104.3 tons reported by that country for 2020.

224. Imports of phenobarbital were reported by 154 countries and territories, making the substance one of the most widely traded psychotropic substances under international

Figure XIV Phenobarbital: number of countries and territories reporting consumption, by region, 2017–2021

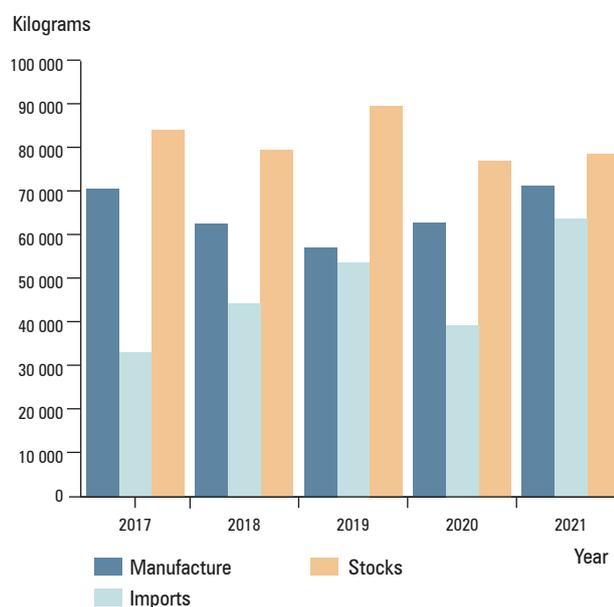


control. The number of countries and territories reporting imports fell slightly, from 154 in 2020, and thus continued to decline from its high of 162 in 2019. For 2021, the total volume of global imports stood at 188.3 tons, up from 162.8 tons in 2020.

225. The number of countries and territories providing data on phenobarbital consumption dropped from 85 in 2020 to 71 in 2021, as several countries that typically provide consumption data did not submit statistical reports for 2021. A regional comparison of the number of countries and territories that provided consumption data is shown in figure XIV. The Americas and Europe show the most consistent numbers of countries providing data on phenobarbital consumption from 2017 to 2021. Africa and Oceania exhibit the lowest numbers of countries and territories providing such data. A slightly larger number of countries in Asia reported consumption data, although that figure dropped in 2021.

226. Among the countries and territories that provided data, the average reported consumption of phenobarbital stood at 0.94 S-DDDpt in 2021, up from 0.79 S-DDDpt in 2020 and 0.59 S-DDDpt in 2019. Burkina Faso again reported the highest level of consumption in 2021 (10.77 S-DDDpt), albeit at a slightly lower level compared with 2020 (11.81 S-DDDpt). At the regional level, the average rate of consumption among countries that reported consumption in Africa stood at 1.73 S-DDDpt. As for the

Figure XV Methylphenidate: global manufacture, imports and stocks, 2017–2021



other regions, the average rate of consumption was 1.06 S-DDDpt in the Americas, 0.22 S-DDDpt in Asia, 0.96 S-DDDpt in Europe and 0.44 S-DDDpt in Oceania.

227. Methylphenidate was the second most heavily manufactured psychotropic substance overall and the most heavily manufactured psychotropic stimulant in 2021. It was also among the most widely traded psychotropic substances, with 118 countries reporting imports that year. The global manufacture of methylphenidate started to rise in 2012 and reached 74 tons in 2016, the highest level observed since the 1990s. Starting in 2017, worldwide manufacture of the substance exhibited a downward trend, dropping to 57.2 tons in 2019. Total manufacture then recovered and reached 71.3 tons in 2021, the highest level observed since 2017 (see figure XV).

228. Total imports of methylphenidate reached a historic high of 63.7 tons in 2021 (see figure XV). China became the largest importer of the substance in 2021, with a total of 20.7 tons imported. Prior to 2021, China had imported at most a few hundred kilograms of methylphenidate each year. Other major importers were Switzerland (5.6 tons), Germany (5.4 tons), Canada (5.3 tons) and Spain (4.3 tons).

229. With regard to the consumption of methylphenidate, the number of countries and territories reporting consumption of the substance increased from 62 in 2020 to 67 in 2021. The difference between the highest and lowest rates

of consumption remained large, mainly because of the comparatively high rate of consumption in Iceland, which increased considerably, from 34.22 S-DDDpt in 2020 to 53.33 S-DDDpt in 2021.

230. Compared with the figures reported for 2021, the consumption of methylphenidate rose in several European countries (Belgium, Denmark, Estonia, Finland, Germany, Iceland, Portugal, Spain, Switzerland, Sweden, Netherlands and United Kingdom) and in Canada, China, New Zealand and the Republic of Korea in 2021. Consumption rates in North America remained relatively stable compared with previous years, with Canada reporting the highest per capita consumption for 2021, at 10.01 S-DDDpt, followed by the United States at 7.34 S-DDDpt.

231. A complete analysis of the patterns and trends in the manufacture, trade, stocks and consumption of psychotropic substances under international control is provided in the technical report of the Board for 2022 on psychotropic substances.¹¹⁵

2. Supply of and demand for opiate raw materials

232. 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.

233. 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, estimated consumption for licit use and stocks of those raw materials 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 2022 on narcotic drugs.¹¹⁶

234. The combined total area cultivated with opium poppy varieties rich in morphine, thebaine, codeine and oripavine remained at a level similar to that of 2020, decreasing by approximately 2 per cent in 2021, the second year in a row in which a decline in cultivation was observed, after several years of growth since 2017. There were decreases in the total

¹¹⁵E/INCB/2022/3.

¹¹⁶E/INCB/2022/2.

area cultivated with opium poppy varieties rich in morphine (3 per cent), thebaine (7 per cent) and oripavine (21 per cent), while the cultivation of opium poppy rich in codeine increased by 26 per cent. The production of both opiate raw materials rich in morphine and opiate raw materials rich in thebaine decreased.

Morphine

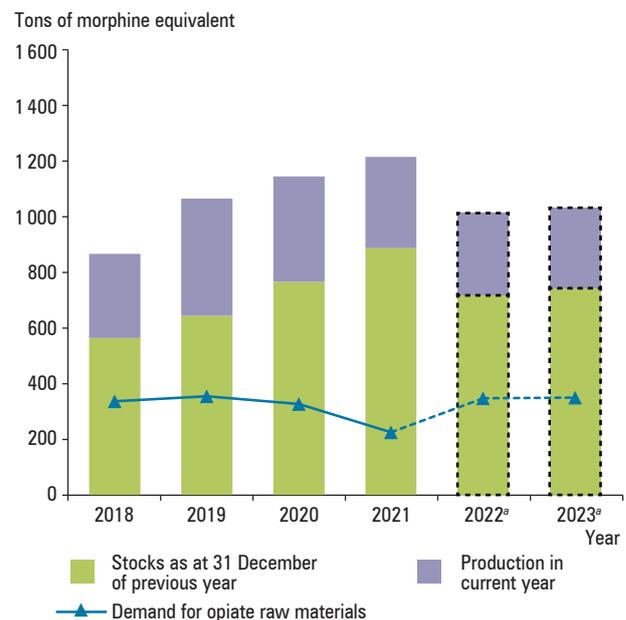
235. The total actual harvested area of opium poppy rich in morphine decreased from 59,957 ha in 2020 to 58,057 ha in 2021. Compared with 2020, most producing countries saw their total harvested area decrease in 2021, but two countries reported significant increases. The area harvested decreased by 33 per cent in France, by 50 per cent in Slovakia and by about 80 per cent each in Hungary and Spain. Australia saw a small increase, while India and Türkiye saw notable increases. 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 2021, with cultivation decreasing by half in Australia and nearly tripling in Spain compared with 2020.

236. Global production of morphine-rich opiate raw materials in the main producing countries decreased from 421 tons in morphine equivalent in 2020 to 329 tons in 2021 (see figure XVI). Spain remained the leading producer in 2021 (100 tons), followed by Australia (96 tons), Türkiye (69 tons), France (37 tons) and India (27 tons). Those five countries accounted for nearly all global production in 2021.

237. At the end of 2021, the global stocks of opiate raw materials rich in morphine, which includes poppy straw, concentrate of poppy straw and opium, amounted to about 888 tons in morphine equivalent, an increase of 16 per cent from 767 tons, in 2020. Those stocks were considered to be sufficient to cover 31 months of expected global demand by manufacturers (348 tons), on the basis of advance data for the level of demand in 2022. In 2021, Türkiye continued to be the country with the largest stocks of opiate raw materials rich in morphine (303 tons), followed by Spain (176 tons), France (138 tons), Australia (103 tons), India (78 tons, all in the form of opium), Japan (43 tons, 2 tons of which were opium), Hungary (19 tons), the United States (13 tons) and the United Kingdom (8 tons). Those nine countries together accounted for about 99 per cent of global stocks of opiate raw materials rich in morphine. The remaining stocks were held in other producing countries and in countries importing opiate raw materials.

238. At the end of 2021, global stocks of opiates of morphine-based opiate raw materials, mainly in the form

Figure XVI Supply of and demand for opiate raw materials rich in morphine, 2018–2023



^aData for 2022 and 2023 are based on estimates submitted by Governments.

of codeine and morphine, amounted to 458 tons in morphine equivalent and were sufficient to cover global demand for those opiates for about 14 months at the 2022 level of demand (392 tons).

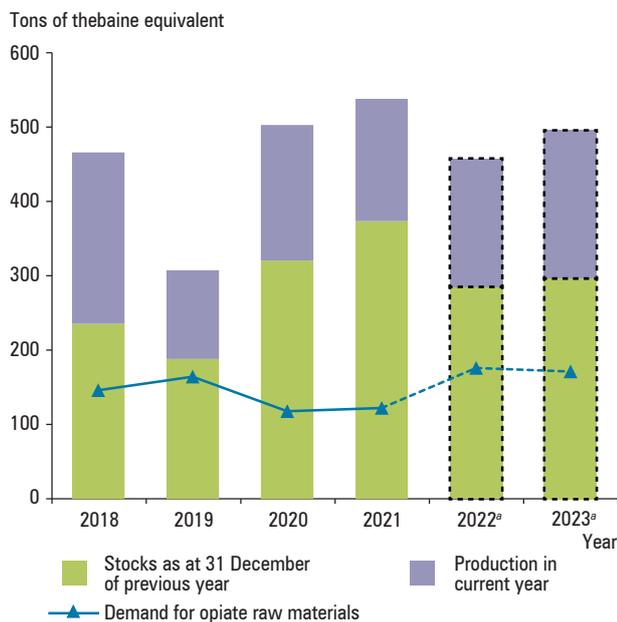
239. On the basis of data reported by Governments, total stocks of opiates and opiate raw materials are fully sufficient to cover demand for medical and scientific purposes for morphine-based opiates for more than a year.

240. Between 2009 and 2016, 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, between 2019 and 2021, production was again higher than demand and, consequently, stocks increased. In 2021, global production decreased slightly but global demand decreased significantly and, consequently, stocks grew to about 888 tons in morphine equivalent.

Thebaine

241. The area sown with opium poppy rich in thebaine in major producing countries decreased from 7,148 ha in 2020 to 6,579 ha in 2021. The actual harvested area increased by

Figure XVII Supply and demand for opiate raw materials rich in thebaine, 2018–2023



^aData for 2022 and 2023 are based on estimates submitted by Governments.

30 per cent in Australia, from 3,817 ha in 2020 to 4,989 ha in 2021. Cultivation similarly increased in France, by about 1,000 ha, which represented a much higher increase in terms of percentage, going from just 92 ha in 2020 to 1,075 ha in 2021. Cultivation in Spain decreased from 2,695 ha in 2020 to only 20 ha in 2021, and Hungary did not harvest any opium poppy rich in thebaine in 2021, after harvesting 2 ha in 2020.

242. In 2021, the global production of opiate raw materials rich in thebaine amounted to 164 tons in thebaine equivalent, a decrease from 182 tons in 2020 (see figure XVII). Australia continued to be the largest producer in 2021, accounting for 93 per cent of the global total, followed by France (5 per cent) and India (2 per cent), which extracted thebaine from opium, and Spain (about 1 per cent).

243. Stocks of opiate raw materials rich in thebaine (poppy straw, concentrate of poppy straw and opium) increased from 320 tons in thebaine equivalent at the end of 2020 to 373 tons at the end of 2021. Those stocks were considered to be sufficient to cover the expected demand by manufacturers worldwide for about 25 months at the 2022 level of demand (176 tons).

244. Global stocks of thebaine-based opiates (oxycodone, thebaine and a small quantity of oxymorphone) increased

from 194 tons in 2020 to 218 tons at the end of 2021. Those stocks were sufficient to cover global demand for thebaine-based opiates for medical and scientific purposes for about 20 months at the 2022 level of demand (130 tons).

245. Global production of opiate raw materials rich in thebaine decreased from 182 tons in 2020 to 164 tons in 2021, whereas demand increased, from 118 tons in 2020 to 122 tons in 2021. However, the quantity held in stock increased, from 320 tons in 2020 to 371 tons in 2021.

246. 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 thebaine-based opiates for more than a year.

247. **Despite the fact that the supply of both morphine-rich and thebaine-rich opiate raw material is calculated to be sufficient to cover the demand for medical and scientific purposes as expressed by countries, the Board highlights that there are significant disparities between countries in the availability of narcotic drugs because many countries do not accurately estimate their medical need for opiate analgesics or have limited access to them.**

248. **Consequently, and in line with the provisions and objectives of the 1961 Convention as amended, the Board reminds Governments of the importance of ensuring sufficient availability at the global level and calls upon countries and the international community to take concrete action to address the inequitable distribution and access to controlled medicines for medical and scientific purposes.**

Noscapine

249. Noscapine is not under international control, even though a significant amount of the internationally controlled alkaloids can be extracted from opium poppy rich in noscapine. **For the purposes of controlling the production of the internationally controlled alkaloids, the Board requests the countries that cultivate opium poppy rich in noscapine to provide information in a consistent and regular manner about the cultivation of this variety, its intended use and any extraction and use of the morphine alkaloid from it.**

250. Cultivation of noscapine-rich opium poppy for the purpose of opiate production was reported by Australia, France and Spain in 2021, after several years in which France was the only country reporting cultivation of this variety of opium poppy. In 2021, Australia sowed 357 ha and harvested 317 ha of this variety, France sowed 3,194 ha and harvested 3,093 ha, similar to the previous year, and Spain

harvested 387 ha. None of those three countries reported any extraction of the morphine alkaloid from the noscapine-rich opium poppy that they cultivated in 2021.

C. Overall treaty compliance

1. New developments with regard to overall treaty compliance in selected countries

251. The scope of the areas covered by the international drug control conventions includes regulatory aspects for the monitoring of the licit production and manufacture of, and trade in, narcotic drugs, psychotropic substances and precursor chemicals; the availability of controlled substances for medical and scientific purposes; and the requirements for States to adopt legislative and policy measures to combat drug trafficking and diversion and to take all practicable measures for the prevention of drug abuse and for the early identification, treatment, education, aftercare and social reintegration of persons affected by drug use.

252. In the implementation of their treaty obligations under the international drug control conventions, States parties are afforded significant discretion in the choice of the policy, legislative and administrative measures that they consider most appropriate to their circumstances and priorities. However, certain fundamental legal tenets set forth in the conventions remain, including the following: the limitation of the use of narcotic drugs and psychotropic substances exclusively to medical and scientific purposes, respect for human rights and human dignity, the adequate provision of controlled substances to meet legitimate medical needs, and adherence to the principle of proportionality in the formulation of drug-related criminal justice policy.

253. In carrying out its mandate as the treaty monitoring body responsible for reviewing the implementation of the three international drug control conventions, the Board reviews developments in States parties with the aim of fostering a continuing dialogue in order to lend assistance to and facilitate effective national action to attain the aims of the conventions.

254. The Board's evaluation of the status of implementation by States of their legal obligations pursuant to the international drug control conventions is informed 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 to the Board.

255. The current chapter contains a selection of the Board's appraisals of the drug control situation in selected countries.

(a) Canada

256. In the period under review, the Board continued to monitor the drug control situation in Canada, in particular with respect to the sale of cannabis for non-medical purposes, as well as the opioid crisis, which has continued to exact a heavy toll in human lives.

257. In this context, the Board takes note of the exemption granted to the Province of British Columbia, as per subsection 56 (1) of the Controlled Drugs and Substances Act of Canada, which permits the Government to authorize specific activities with controlled substances or precursor chemicals that would otherwise be illegal.

258. According to the exemption, which will be valid from 31 January 2023 to 31 January 2026, adults in the province will not be subject to criminal charges for the personal possession and use of cumulative amounts of up to 2.5 grams of opioids (including heroin, morphine and fentanyl); cocaine (including "crack" and powder cocaine); methamphetamine; and MDMA.

259. Individuals found in possession of the exempted substances within the threshold quantities will be provided with information on available local health and social services. The individuals can also be provided with assistance to connect with those health and social services if requested. Youth aged 12 to 17 are not covered by the exemption and are subject to the Youth Criminal Justice Act of Canada.

260. It will continue to be illegal to possess any amount of the exempted drugs in and in the vicinity of elementary and secondary schools and childcare facilities, as well as in airports. The exempted drugs cannot be imported or exported, produced, given away, administered, supplied or sold, sent or delivered, or used while operating a motor vehicle or watercraft. The exemption does not change the country's border rules, and the existing laws regarding drugs still apply in all other Canadian provinces and territories.

261. The exemption from the Controlled Drugs and Substances Act was designed as an additional tool to help the province address substance use harms, reduce stigma and prevent overdose deaths. The stated purpose is to save

lives in response to the country's overdose crisis. Given that this is the first exemption of its kind in Canada for an entire province, Health Canada will conduct regular monitoring of the objectives and evidence of the effective and safe threshold amounts of the exempted drugs.

262. While the Board continues to examine the modalities of the exemption, it is particularly concerned that the threshold amount of 2.5 grams of fentanyl may be disproportionate to the stated public health objectives of the exemption concerning individual possession and use due to the drug's extremely high potency and lethal properties in even small doses.

263. In advance of the implementation of the exemption, the Province of British Columbia will engage in training of local law enforcement officials and an education and awareness campaign. The federal Minister of Mental Health and Addictions and Associate Minister of Health has sent a letter of requirements to the province outlining necessary actions which include improving access to health services; providing law enforcement training and guidance; undertaking meaningful engagement with Indigenous Peoples; undertaking continued consultation with people who use drugs, law enforcement officials, racialized communities and other key stakeholders; leading effective public awareness and communications; and conducting comprehensive monitoring and evaluation. Health Canada will be monitoring the province's adherence to these requirements of the exemption.

264. The Board will continue to closely monitor, within its mandate, the implementation of the exemption to the Controlled Drugs and Substances Act as applied in the Province of British Columbia. The Board values its positive cooperation and close dialogue with the Government on Canada on matters concerning the full and effective implementation of the drug control conventions.

(b) Germany

265. The Board takes note of planned drug control policy changes in Germany, which are expected to introduce the regulation of cannabis for personal non-medical use. After the results of Germany's 2021 federal elections, the policies pertaining to drug decriminalization and cannabis use and possession for non-medical purposes have been under development, in line with the agreement of the current federal coalition Government. It is anticipated that Germany will enact regulations to introduce a controlled supply system of cannabis for adults for non-medical use via licensed outlets.

266. While the aims of the changed approach in Germany may be to control the quality of cannabis, prevent contaminated substances from being distributed and ensure the protection of minors, these legislative plans should be analysed considering Germany's adherence to the drug control conventions and public health concerns, such as possible increased cannabis consumption among youth and the potential for increased trafficking in cannabis.

267. The Board reiterates that measures to permit the use of cannabis for non-medical purposes are inconsistent with 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, subject to the provisions of the Convention, to limit the use of narcotic drugs exclusively to medical and scientific purposes. Article 3, paragraph 1 (a)(i), of the 1988 Convention requires the criminalization of 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 any psychotropic substance contrary to the provisions of the 1961 Convention as amended or the 1971 Convention. Article 3, paragraph 1 (a)(ii), of the 1988 Convention requires the criminalization of the cultivation of cannabis plant for the purpose of the production of narcotic drugs contrary to the provisions of the 1961 Convention as amended.

268. In September 2018, the Board undertook a mission to Germany to review the drug control situation in the country and the Government's efforts to implement the international drug control treaties. According to information provided by the Government since the Board's mission, Germany is taking measures to strengthen its existing treatment system, including the use of methadone substitution therapy, to address drug use among immigrant population groups and persons in detention facilities. In particular, the Board notes the piloting of measures to improve the health literacy of persons with a migration background to enhance their access to preventive, medical and long-term care services, including the "Migration and health" information portal, available in several languages, on the subject of drugs and addiction.

269. Since the Board's mission to Germany, in order to address the spread of new psychoactive substances, the national New Psychoactive Substances Act was amended in July and November 2021, resulting in the introduction of controls over additional new psychoactive substances that have appeared in the illicit markets of Germany and the European Union.

270. The Board will continue to monitor the evolving drug control landscape in Germany, within its mandate, including with respect to cannabis use for non-medical purposes. INCB expresses its appreciation for the ongoing dialogue with Germany and looks forward to continuing that dialogue on effective compliance with the conventions.

(c) Malta

271. The Board continues to monitor drug control developments in Malta and notes with concern the adoption on 18 December 2021 of the Authority on the Responsible Use of Cannabis Act. The Act legalizes the use of cannabis by adults for non-medical purposes and has the stated objective of promoting prevention, access to treatment, harm reduction, education, and improving respect for the human rights of individuals who use drugs.

272. The cannabis-related legislative amendments of 2021 in Malta will establish the Authority on the Responsible Use of Cannabis, which will submit proposals and recommendations concerning national policy on cannabis use other than for medical and scientific purposes. The revised law of Malta provides for the possibility of individuals cultivating up to a maximum of four plants in households for personal use and the possibility of creating a regulated source, from which a person can obtain cannabis and cannabis seeds in limited and controlled amounts, to be operated by non-profit associations and registered with the Authority on the Responsible Use of Cannabis. The revised framework permits cannabis possession by a person over the age of 18 in an amount not exceeding 7 grams.

273. INCB reiterates its position that measures to permit the use of cannabis for non-medical purposes are inconsistent with 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, subject to the provisions of that Convention, to limit the use of narcotic drugs exclusively to medical and scientific purposes. Article 3, paragraph 1 (a)(i), of the 1988 Convention requires the criminalization of 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 any psychotropic substance contrary to the provisions of the 1961 Convention as amended or the 1971 Convention. Article 3, paragraph 1 (a)(ii), of the 1988 Convention requires the criminalization of the cultivation of cannabis plant for the purpose of the production of narcotic drugs contrary to the provisions of the 1961 Convention as amended.

274. The Board plans to closely monitor the implementation of the legal framework of Malta regulating cannabis use, as well as the mechanisms by which the new Authority on the Responsible Use of Cannabis will address the possibility of increased cannabis use, including the Authority's cooperation with other government entities for the prevention of use. The Board values its positive cooperation with the Government of Malta and looks forward to continuing a close dialogue on drug control-related matters.

(d) Myanmar

275. The Board continues to closely monitor developments in Myanmar relating to drug control policy and drug-control related activities, which have taken place against a backdrop of political instability caused by the overthrow of the country's democratically elected Government by the military in February 2021. This development has hindered the Board's capacity to engage with the political leadership in Myanmar to advance the objectives of the international drug control conventions.

276. The Board notes with concern the findings of the UNODC *Myanmar Opium Survey 2021*, released in April 2022, which shows an increase in opium cultivation for the first time after a downwards trend that began in 2014. The UNODC survey, reflecting the situation in Myanmar before February 2021, showed a 2 per cent increase in the opium poppy cultivation area and an increase in yield of 4 per cent. In May 2022, UNODC released a report on illicit synthetic drugs in East and South-East Asia showing that production and trafficking reached record levels in 2021 and that organized crime syndicates and armed groups have exploited the pandemic and political instability, including in the border areas of Myanmar, to expand drug production. The Board will continue to monitor opium poppy cultivation in Myanmar, as well as indications of increased methamphetamine trafficking in the region.

277. The Board expresses its concern that the humanitarian crisis and unstable security situation in Myanmar, resulting from ongoing hostilities, have negatively impacted essential health services, including for displaced and crisis-affected people. On 7 March 2022, WHO issued a global health emergency appeal for Myanmar based on the drastic reduction of the range of essential health services available in the country.

278. In this context, the Board reminds all Governments that in emergencies it is possible to implement simplified control procedures for the export, transportation and provision of medicines containing controlled substances, as provided for in the model guidelines for the international

provision of controlled medicines for emergency medical care, developed by WHO in cooperation with the Board and available on the INCB website.

279. Within the mandate conferred upon it by the international drug conventions, the Board will continue to monitor the situation in Myanmar relating to the humanitarian crisis and the drug control situation in the country.

(e) Netherlands

280. The Board notes with appreciation its effective dialogue with the Government of the Netherlands and the proactive stance of the national authorities in the submission of treaty-mandated data to the Board as well as in the provision of updated information on the drug control policies in the country.

281. The Board notes that the Netherlands has adopted new legislation which entered into force on 1 January 2022 to strengthen the control of precursor chemicals. Through that legislation, the Minister of Health, Welfare and Sports and the Minister of Justice and Security were given powers to schedule precursor chemicals that can be used only for the manufacture of illicit substances and have no known legal applications, as a further step in curbing the manufacture of synthetic drugs.

282. The Board has also continued to closely monitor developments regarding the implementation of the “controlled cannabis supply chain experiment” initiated by the Government of the Netherlands in 2020, with the adoption of the Controlled Cannabis Supply Chain Experiment Act (Experiment Act) and the accompanying order in council and ministerial regulations. Under the “cannabis experiment”, the Government authorized the cultivation and wholesale supply of cannabis for non-medical purposes to “coffee shops” in up to 10 municipalities for a trial period of four years, which would be followed by an evaluation of the effects on public health and public order. During the reporting period, the Board was informed that eight producers of cannabis had been selected to participate in the “cannabis experiment” and had started setting up their facilities for production of cannabis. According to the design of the “experiment”, 10 growers will be selected by the Government at the preparatory stage.

283. The Board wishes to reiterate that the Controlled Cannabis Supply Chain Experiment Act that entered into force on 1 July 2020 is inconsistent with 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, as well as article 3, paragraph 1 (a), of the 1988 Convention, which requires criminalization of such acts as 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 any psychotropic substance contrary to the provisions of the 1961 Convention, the 1961 Convention as amended or the 1971 Convention, as well as the cultivation of cannabis plant for the purpose of the production of narcotic drugs contrary to the provisions of the 1961 Convention and the 1961 Convention as amended.

284. The Board also takes note of the continuing efforts of the Government of the Netherlands to address organized crime and its negative effects on society, including through initiatives to prevent youth involvement in criminal activities, regional initiatives to address region-specific crime challenges, combating illicit financial flows, prevention of drug use and measures to strengthen criminal justice and the rule of law.

(f) Philippines

285. The Board continued to engage in dialogue with the Government of the Philippines on drug control policies in the country, including on the issues of the alleged extrajudicial targeting of persons suspected of drug-related activity in the context of the “anti-drug campaign” undertaken by the Government. The Board also continued with discussions regarding the planned mission of the Board to the Philippines to review its implementation of the three international drug control conventions.

286. The Board welcomes the efforts made thus far by the Government of the Philippines to improve its investigative and accountability mechanisms and to promote the rule of law and human rights in the context of drug-related cases. The Board notes the work of the Department of Justice review panel on cases involving deaths in the context of law-enforcement operations purportedly carried out in the context of law enforcement action against drugs. The Board was informed by the Government that the review panel was continuing its review of the cases, which has resulted in a backlog of cases and the filing of criminal complaints with the National Bureau of Investigation. The Government also stressed that aside from conducting a judicial review of drug law enforcement operations in which deaths occurred, the review panel also continued to examine the necessity of reopening investigations and filing appropriate charges against responsible law enforcement officers. At the same time, the Board notes with concern that the investigations

thus far have led to findings of administrative liability and that there appears to be limited information on confirmed cases resulting in the criminal liability of individuals found to have perpetrated serious human rights violations and acts of bodily harm in the course of law enforcement operations, and the Board, together with other United Nations stakeholders and within the confines of its mandate, will continue to monitor the situation as it unfolds.

287. The Board welcomes the ongoing efforts undertaken by the United Nations, the Government of the Philippines and their partners in the implementation of the Philippines–United Nations joint programme on human rights. On 20 December 2021, the steering committee of the joint programme consisting of government and civil society partners and participating United Nations agencies agreed on a road map to implement Human Rights Council resolution 45/33 of 7 October 2020, which outlined specific areas for capacity-building and technical cooperation for the promotion and protection of human rights in the Philippines.

288. On 10 November 2021, the Government of the Philippines requested that the Prosecutor of the International Criminal Court defer his investigation of alleged crimes against humanity committed on the territory of the Philippines between 1 November 2011 and 16 March 2019 in the context of the Philippine Government’s so-called “war on drugs”, on the basis that national authorities were investigating, or had already investigated, alleged murders. This resulted in suspension by the Prosecutor of the International Criminal Court of its investigative activities while considering the request of the Philippines. However, on 24 June 2022, the Prosecutor filed an application before Pre-Trial Chamber I of the International Criminal Court seeking authorization for his Office to resume its investigation, arguing that the Court’s investigations should resume as quickly as possible due to the fact that the information provided by the Government of the Philippines did not indicate that the country was seeking to establish criminal responsibility but was instead relying on administrative liability.

289. The Board continues to reiterate that any extrajudicial action purportedly taken in pursuit of drug control objectives is fundamentally contrary to the provisions and objectives of the three international drug control conventions, as well as to human rights norms to which all countries are bound; that all State drug control actions should be undertaken in full respect of the rule of law and due process of law; and that violations by law enforcement personnel should be impartially and independently investigated and prosecuted and punished as appropriate.

(g) South Africa

290. The Board continued to engage in dialogue with the Government of South Africa on the country’s drug control policies in implementation of the international drug control treaties, in particular the recent legislative and policy developments pertaining to control of cannabis in the country.

291. In September 2018, the Constitutional Court of South Africa ruled that the use of cannabis was legal for both personal and medical use. In its judgment, the Constitutional Court confirmed an order of constitutional invalidity made by the High Court of South Africa, Western Cape Division, Cape Town, which declared legislation criminalizing the use, possession, purchase and cultivation of cannabis to be unconstitutional. The matter arose from three different court proceedings instituted in the High Court, which were consolidated by the High Court and heard as one case as they were all premised on the same basis, namely, that certain sections of the Drugs and Drug Trafficking Act 140 of 1992 (Drugs Act) and the Medicines and Related Substances Act 101 of 1965 (Medicines Act) were constitutionally invalid. The affected provisions of the aforementioned laws prohibited acquisition, use, possession, manufacture or supply of cannabis for non-medical purposes, but the High Court declared that these provisions were inconsistent with the “right to privacy” guaranteed by section 14 of the Constitution, but only to the extent that they prohibit the use, possession, purchase or cultivation of cannabis by an adult person in a private dwelling for his or her consumption.

292. On 6 August 2020, the South African Cabinet approved the submission of the Cannabis for Private Purposes Bill to Parliament for its deliberation, which would give effect to the aforementioned Constitutional Court judgment. That judgment was suspended for 24 months to allow Parliament to amend the legislation to address the provisions that were deemed unconstitutional. The bill regulates the use and possession of cannabis and the cultivation of cannabis plants by adults for personal use. The bill underwent public consultations and was submitted for domestic deliberations with the relevant parliamentary committees and governmental departments.

293. In the context of these legislative developments, the Government of South Africa revised the existing framework for issuing permits and licenses for cannabis and products containing cannabis for medical purpose, which opened the possibilities for commercialization of medical and industrial uses of cannabis. The Government has developed a National Cannabis Master Plan aimed at providing a broad framework for the development and growth of the South African cannabis industry and to providing economic growth, create

jobs and alleviate poverty through the industrialization and commercialization of cannabis. At the time of drafting, the Government was in the process of finalizing the Master Plan through discussions with the private sector, labour and community constituencies.

294. The Board reiterates that article 4, paragraph (c), of the 1961 Convention as amended 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. As far as medical use of cannabis is concerned, the Board wishes to draw the attention of States parties to the requirements of international drug control treaties pertaining to the control of cannabis for medical purposes, including articles 23 and 28 (establishing national agencies in order to control cultivation and manage the resulting crops, and adopting measures to prevent the misuse of, and illicit traffic in, cannabis leaves), article 31 (requiring export/import authorizations), articles 1, 2, 12, 13, 19 and 20 (mandatory reporting to the Board) of the 1961 Convention as amended.

(h) Ukraine

295. The Board has continued to monitor drug control-related developments in Ukraine and took note of the adoption of the National Drug Strategy for 2021–2030, including an action plan, which was designed to be people-centred and having a human rights-oriented approach. The Board regrets that the implementation of the Strategy has been prevented by the outbreak of armed conflict and the resulting humanitarian emergency affecting the civilian population of Ukraine.

296. The Board takes note of the fact that on 8 March 2022, Ukraine sent a depositary notification concerning the 1988 Convention to the Secretary-General of the United Nations. In that notification, Ukraine states that it is “unable to guarantee full implementation of its obligations [under the above Convention]” due to the ongoing crisis in the country.

297. Pursuant to its mandate to assist States in the safeguarding of the health and welfare of humanity, including by supporting the availability of controlled substances for rational medical use, the Board wishes to express its grave concern about targeting of the health-care infrastructure and facilities of Ukraine, as reported by WHO. According to WHO, there were 550 attacks on health-care facilities reported between 24 February and 29 September 2022. Since February 2022, the Board has called for urgent international action to ensure unimpeded access by Ukraine to medications, including medicines containing internationally controlled narcotic drugs and psychotropic substances.

298. Governments are reminded that they may utilize simplified control procedures for the export, transportation and provision of medicinal products containing controlled substances. The urgency of the evolving situation in Ukraine requires the full efforts of the international community to increase awareness of the need for pain and palliative care treatment, as well as treatment for mental health conditions.

299. The INCB 2021 publication “Lessons from countries and humanitarian aid organizations in facilitating the timely supply of controlled substances during emergency situations” provides good practices relevant to Ukraine on how the global community can facilitate the availability of controlled medicines during emergency situations.

300. The Board takes note of the UNODC publication “Conflict in Ukraine: key evidence on drug demand and supply”, published in April 2022, which reports on the significant impacts on drug trafficking inside and around Ukraine and the provision of evidence-based and innovative drug services. In addition to the humanitarian crisis affecting the entire population, the conflict has adversely impacted the availability and accessibility of treatment and prevention services in Ukraine for people who inject drugs.

301. The Board will continue monitoring the impacts of the armed conflict and health emergency in Ukraine, while pursuing dialogue with Member States, in line with article 9 of the 1961 Convention as amended. Within its treaty-mandated functions and responsibilities, the Board calls for the cessation of all attacks on the health sector in Ukraine and for the urgent provision of aid to the country’s civilian population to help alleviate the human pain and suffering caused by the conflict.

2. Country missions

302. In normal circumstances, INCB undertakes a series of country missions each year. The Board considers the conduct of country missions as an essential tool in informing its analysis of the implementation by States parties of their obligations under the various facets of the international drug control conventions.

303. Through its onsite interactions with relevant national stakeholders including legislators, policymakers, representatives of regulatory authorities, customs and law enforcement officials, medical practitioners, persons involved in prevention and treatment efforts and representatives of civil society groups, the Board is able to garner a comprehensive overview of the drug control frameworks in place and to identify both areas requiring

further attention and best practices. Discussions with national stakeholders are held on a confidential basis so as to encourage frank and open dialogue. Meetings with civil society groups are held in private and without the presence of government representatives.

304. On the basis of its analysis of the information gathered during a country mission, the Board adopts a series of recommendations for improving compliance with the international drug control conventions, which are transmitted confidentially to the Government in question for its consideration and implementation.

305. 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

306. Every year, the Board follows up on developments in countries that hosted INCB missions three years earlier and requests the Governments in question to apprise it of any legislative or policy actions taken in implementation of the Board's post-mission recommendations as well as any other developments that have occurred in the country since the mission was carried out.

307. In 2022, the Board invited the Governments of countries and territories to which missions had been undertaken in 2019, namely, Austria, Chile, Côte d'Ivoire, the Democratic People's Republic of Korea, Jordan, Kosovo,¹¹⁷ Madagascar, Mauritania, Montenegro, New Zealand, Norway, Sri Lanka, Trinidad and Tobago and Uzbekistan, to report on drug-related developments in their countries, including measures that might have been taken in furtherance of the Board's recommendations.

308. The Board wishes to express its appreciation to the Governments of Austria, Jordan, Mauritius, New Zealand and Norway for submitting the information requested and reiterates its call upon the Governments of Chile, Côte d'Ivoire, the Democratic People's Republic of Korea,

Kosovo,¹¹⁷ Madagascar, Trinidad and Tobago and Uzbekistan to provide the information requested at their earliest opportunity.

(a) Austria

309. In June 2019, the Board undertook a mission to Austria to review the drug control situation in the country and to obtain information concerning its policies and practical experiences in the implementation of the international drug control treaties. The Board commended the Government of Austria for adopting a balanced approach to drug control that focuses on treatment and prevention interventions in the interest of promoting public health.

310. The Board acknowledges the federal coordination framework on drug policy in Austria and the ongoing exchange of information between stakeholders involved in drug control at the provincial and federal levels. The Board has encouraged Austria to deepen the coordination between the federal and provincial levels in prevention and treatment practices and to introduce measures to accurately track the impacts of treatment and prevention programmes. In this regard, Austria has informed the Board that all federal provinces nominate drug coordinators, who plan and coordinate policies and support treatment measures at the provincial level.

311. Since the mission, Austria has developed several new prevention programmes. In 2020, for example, the province of Upper Austria saw the roll-out of a website (www.stepcheck.at) to provide information on early detection and intervention in workplace and school settings. The country's addiction prevention units have started using the European Prevention Curriculum of EMCDDA, and further harmonization with European Union standards is planned. Owing to the COVID-19 pandemic, online services, including prevention webinars, have been developed.

312. The Board acknowledges the efforts of Austria to maintain the provision of treatment during the pandemic. Physical distancing requirements have made it more difficult to establish rapport and to maintain therapeutic relationships. However, the treatment systems in Austria have proved to be flexible, with telemedicine replacing some in-person visits to physicians and the introduction of electronic prescriptions sent directly to pharmacies.

313. According to information provided by the Government of Austria since the Board's mission, the Precursor Competence Centre of the country's Criminal Intelligence Service regularly uses PICS to report seizures of precursors. Austria also takes into account the messages in IONICS in the development of its national strategies.

¹¹⁷References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999).

314. The Board notes the regulatory framework of the Government of Austria for the sale and use of CBD products, particularly since the substance is not subject to the country's Narcotics and Psychotropic Substances Act. Exempted from the Act are the flowering and fruiting tops of certain hemp varieties (as specified in the Common Catalogue of Varieties of Agricultural Plant Species pursuant to art. 17 of Council Directive 2002/55/EC of 13 June 2002, or in the Austrian variety list in accordance with art. 65 of the Seed Law 1997) if the THC content does not exceed 0.3 per cent. In its interactions with the Government, the Board has raised concerns that the current regulations on the sale of CBD products in the public space, under the name or appearance of cannabis, may increase the appeal of cannabis use, as well as that of illicit substance use in general, especially among young people.

315. The Board commends Austria for its prioritization of the policy of preferring therapy over punishment. According to information provided by the Government, Austria provides adequate treatment and care for all individuals in prison settings. Some Austrian prisons specialize in drug treatment, with measures provided on the basis of, for example, psychotherapeutic, pedagogical, medical or psychiatric interventions. The Board encourages the Government of Austria to address the specific foreign-language needs of people who use drugs for treatment in correctional settings.

316. The Board values the constructive dialogue with the Government of Austria and acknowledges the country's effective implementation of the international drug control treaties.

(b) Jordan

317. In October 2019, the Board undertook a mission to Jordan to discuss the implementation by the Government of the international drug control conventions, to examine drug policy developments since the previous INCB mission to the country, in 2009, and to assess its drug control-related challenges.

318. Since the mission, Jordan has developed, through its National Committee to Combat Narcotic Drugs and Psychotropic Substances, a draft comprehensive national strategy to combat narcotic drugs. At the time of reporting, the draft national strategy had been developed and submitted to the Prime Minister for approval. The draft strategy is focused on supply and demand reduction, addiction treatment, social reintegration and institution-building.

319. The Board encourages the Government of Jordan to formulate a national strategy that includes an evaluation

component to assess outcomes, and to engage with civil society with the aim of strengthening the Government's understanding of the drug control situation and any implementation challenges.

320. While welcoming the progress made in the implementation of its recommendations, the Board encourages the Government of Jordan to conduct national studies on the prevalence of drug use, with a view to developing scientific, evidence-based prevention, treatment and rehabilitation programmes. The Government of Jordan may wish to consider expanding the number of drug treatment centres in the country and ensuring that they are easily accessible to key communities. The Board encourages the Government to develop capacity-building and training programmes for professionals working in the areas of treatment of drug use disorders and technical assistance to law enforcement to prevent the diversion of internationally controlled substances.

321. The Board also encourages the Government of Jordan to make full and regular use of the various online tools and platforms offered by INCB, including on licit trade in controlled substances and precursors-related incidents. The Board further encourages the Government to continue its cooperation with international organizations, including UNODC and WCO.

322. The Board acknowledges the effective cooperation of the Government of Jordan in implementing the recommendations arising from the Board's mission and in meeting the country's obligations under the drug control conventions.

(c) Mauritius

323. In July 2018, the Board undertook a mission to Mauritius to review the drug control situation in the country and to discuss the Government's implementation of the international drug control treaties. In its annual report for 2021, the Board reported on the outcomes of that mission and the progress made by the Government of Mauritius in implementing the recommendations arising from that mission.

324. During the reporting period, the Government of Mauritius submitted additional information in which it described additional efforts to strengthen the drug control system in the country in line with the Board's recommendations.

325. The National Drug Secretariat of Mauritius conducted a national survey on drug use in September 2021 with the aim of establishing the baseline information needed for the design and implementation of effective evidence-based prevention, treatment and rehabilitation services geared towards

reducing demand for drugs and preventing the morbidity and mortality attributable to drug use in the country.

326. The survey revealed that cannabis, heroin and synthetic drugs were the most frequently used substances in the country. Few people who used drugs used other types of drugs, although the variety of drugs used was wider among men than women. The majority of participating people who used drugs reported that they had used cannabis and/or synthetic drugs two to three times a day or more in the past week. People who used drugs surveyed also reported using non-injecting drugs (other than cannabis) two to three times a day or more in the past week. Most males who used drugs used drugs other than cannabis two to three times a day or more, while most females who used drugs used drugs other than cannabis once a day or more.

327. The authors of the survey concluded that interventions were required in the country to address peer pressure relating to drug use and to develop treatment and rehabilitation services tailored to females who used drugs. It was also recommended that education and policy be enhanced in order to ensure an effective human rights-based criminal justice response to drug-related crime with an increased focus on harm reduction rather than on punishment. The Board wishes to stress the importance of conducting regular comprehensive epidemiological studies in the country to help gauge the scope and extent of drug use and to inform the development of evidence-based drug policies.

(d) New Zealand

328. In September 2019, the Board undertook a mission to New Zealand to obtain updated information on legislative, regulatory and policy developments introduced by the Government in the area of drug control since the previous mission to the country took place in 1996.

329. The Board acknowledges the timely and thorough reporting by the competent national authorities of New Zealand of mandatory data, as required by the international drug control conventions and requested in the relevant resolutions of the Economic and Social Council and the Commission on Narcotic Drugs. The Board also notes the active participation of the Government in INCB activities and projects.

330. The Board commends the Government of New Zealand on the interdiction efforts of its customs and police agencies to curb trafficking in drugs to and within the country, including partnerships developed between the law enforcement authorities of New Zealand and other countries, in particular in the Oceania region, to counter the

trafficking of drugs at their source prior to their transit to New Zealand. The Board also notes the amendment to the Misuse of Drugs Act adopted in 2019, which allowed the New Zealand Police to use its discretion to determine whether the prosecution of an individual having committed an offence under the Act is in the public interest or whether a health-based approach is warranted instead.

331. During its mission, the INCB delegation noted a robust treatment system for persons using drugs, incorporated into the national health system, as well as a pilot drug court programme to mandate treatment in lieu of imprisonment for persons who are dependent on drugs and are charged with drug use offences. The Board also noted the efforts of the Government to identify and address the issue of unequal access to drug treatment and rehabilitation among different population groups in New Zealand, in particular among Indigenous Peoples and other minority groups.

332. The Board wishes to encourage the Government of New Zealand to conduct a new epidemiological study on drug use in the country with a focus on drug use among persons under 16 years of age and to broaden the scope of the survey to include any drug consumed in order to further tailor the country's initiatives relating to the prevention and treatment of drug use on the basis of epidemiological data reflecting the nature and scope of drug use.

333. The Board takes note of the continuous support provided by the Government of New Zealand to Pacific countries in their efforts to curb the supply and trafficking of illicit drugs and wishes to encourage the Government to further expand such assistance, including through measures to facilitate accession to the three international drug control treaties among those countries in the Pacific that have yet to become parties to those treaties.

(e) Norway

334. In May 2019, the Board undertook a mission to Norway to examine the drug control situation in the country, including recent legislative and policy measures and the country's fulfilment of its obligations under the three international drug control treaties.

335. The Board takes note of the important role of the Ministry of Health and Care Services in coordinating efforts across different departments and ministries and the Government's commitment to ensuring better services for people who use drugs, as well as the adoption of approaches to drug use disorders based on public health principles, emphasizing treatment and rehabilitation rather than conviction and punishment.

336. During the mission, the INCB delegation discussed the most recent data on drug use in Norway, including the relatively low prevalence rates in general, the low levels of HIV prevalence among people who use drugs and the high rates of overdose deaths. The Board notes the prevention and treatment programmes established in the country, including those at the municipal level, such as the drug consumption room in Oslo. The Board also acknowledges the Governments' efforts to prevent drug use using a holistic approach, focusing on residential areas, employment opportunities and working environments, childhood conditions and leisure activities, social inequalities in health, measures to prevent marginalization and efforts to prevent students from dropping out of school.

337. The Board wishes to commend the effective cooperation between the Government and civil society, in particular the Government's engagement of the drug user community in policy formulation and in the monitoring of its drug-related initiatives.

(f) Trinidad and Tobago

338. In September 2019, the Board undertook a mission to Trinidad and Tobago to review the drug control situation in the country and to discuss the Government's implementation of the international drug control conventions.

339. Since the mission, Trinidad and Tobago has passed the Cannabis Control Act, establishing the Cannabis Licensing Authority, which governs licenses for the cultivation, distribution, sale, and import and export of cannabis for medical purposes. With respect to ensuring compliance with the international drug control treaties, the Government of Trinidad and Tobago appointed a joint select committee to review the legislation in advance of its passage. The Board encourages the Government of Trinidad and Tobago to clearly distinguish between cannabis use for medical and non-medical purposes in its legislative and policy framework, including in amendments to the Dangerous Drugs Act, to ensure compliance with the international drug control treaties.

340. While welcoming the overall progress made in the implementation of the Board's recommendations, the Board encourages the Government of Trinidad and Tobago to consider examining its existing legislation related to the control of precursor chemicals and to consider consolidating the related legislative framework with a view to streamlining control measures. The Government of Trinidad and Tobago has informed the Board that the Legal Unit of the Ministry of National Security is reviewing the Precursor Chemicals Act.

341. The Board acknowledges the efforts of the National Drug Council of Trinidad and Tobago to include relevant agencies in its institutional framework with regard to key drug control activities such as demand and supply reduction. The Government of Trinidad and Tobago continues to include a wide cross-section of stakeholders in its national efforts to respond to issues associated with the use of narcotic drugs and, in that regard, has approved the National Drug Policy and Operational Plan for the period 2021–2025. Since the mission, the Government of Trinidad and Tobago has strengthened the drug control capacity of divisions of the Ministry of National Security, including the Police Service and the Defence Force, through restructuring, acquisition of equipment, delivery of training and increased collaboration with partner countries.

342. According to information provided by the Government since the Board's mission, Trinidad and Tobago has established an early warning system to advise policymakers on emerging threats to national security, including new psychoactive substances. An inter-agency working group was created to share information on new drug seizures, respond to threats, assess risks and issue alerts. The Government of Trinidad and Tobago foresees that the early warning system will increase the sharing of information on how controlled substances are diverted to the illicit market. The Board encourages the Government of Trinidad and Tobago also to undertake a national drug use and prevalence survey, given the lack of comprehensive data on the drug use situation in the country. The Board understands that, subsequent to the mission, the Ministry of National Security of Trinidad and Tobago, along with key stakeholders, has begun to undertake a national consumption study. The Board values this effective cooperation of the Government of Trinidad and Tobago in implementing mission recommendations.

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

1. Action taken by the Board pursuant to articles 14 and 14 bis 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

343. The three international drug control conventions confer upon the Board the roles of promoting implementation by States parties and monitoring the consistency of

national legal, regulatory, policy and enforcement measures for drug control with the international legal obligations incumbent upon States parties under those conventions.

344. When 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 State party to comply with its treaty obligations, the Board engages in a formal dialogue with the State in question, with a view to facilitating and ensuring compliance with the obligations. The Board's engagement in such cases is regulated by articles 14 and 14 bis of the 1961 Convention as amended, article 19 of the 1971 Convention and article 22 of the 1988 Convention.

345. INCB has invoked article 14 of the 1961 Convention as amended and/or article 19 of the 1971 Convention with respect to a limited number of States and has engaged in a close, confidential dialogue with them with the objective of bringing about compliance with each party's international legal obligations under the conventions.

346. As required by the relevant provisions of the conventions, the name of the State concerned may not be publicly disclosed 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 in cases where the Government in question has failed to give satisfactory explanations when called upon to do so or has failed to adopt any remedial measures that it has been called upon to take or where there is a serious situation that needs to be remedied by cooperative action at the international level.

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

347. The Board, having determined that Afghanistan had become by far the world's largest illicit producer of opium, seriously endangering the aims of the 1961 Convention as amended, decided at its sixty-eighth session, in May 2000, to invoke article 14 of that Convention with respect to Afghanistan and, pursuant to paragraph 1 (a) of that article, to propose to the authorities of Afghanistan the opening of consultations and to request explanations.

348. In addition to the measures being pursued under article 14, the Board, at its 122nd session, in May 2018, after having received the express agreement of the Government of Afghanistan, invoked article 14 bis of the 1961 Convention as amended. The purpose of the invocation of article 14 bis

was to call upon the competent organs and specialized agencies in the United Nations system to provide technical and financial assistance to the Government of Afghanistan in support of its efforts to carry out its obligations under the 1961 Convention as amended.

349. Although there was no direct communication between the Board and the de facto authorities of Afghanistan during the reporting period, the Board continued to solicit the provision of humanitarian support to the Afghan population in its interactions with its institutional partners, including UNODC, WHO, INTERPOL, the Commission on Narcotic Drugs and the Economic and Social Council.

(a) Situation in Afghanistan

350. During the reporting period, Afghanistan was faced with multiple challenges, including an acute humanitarian emergency, economic downturn and questions of political legitimacy and governance following the takeover of the country by the Taliban in August 2021. Those challenges were compounded by the suspension of the Constitution of Afghanistan ratified in 2004 and by the severe curtailment of the human rights of the civilian population, especially the rights of women and girls.

351. Although the security situation became relatively stable when, following the takeover by the Taliban in 2021, there was a reduction in violence, enabling the delivery of humanitarian assistance to the Afghan people, the situation has become increasingly fragile in the past several months. Islamic State in Iraq and the Levant-Khorasan (ISIL-K) and armed groups opposed to the de facto authorities have intensified their attacks, and the activities of armed groups opposed to the Taliban have expanded in recent months.¹¹⁸

352. There were increases in various security incidents, including the firing of rockets from Afghan territory, illegal border crossings and clashes along the Afghan border with security forces of Iran (Islamic Republic of), Pakistan, Tajikistan, Turkmenistan and Uzbekistan.¹¹⁹

353. The de facto authorities of Afghanistan formed an all-male "caretaker" cabinet and announced appointments to all government and security structures in the country. Despite calls by the international community, including UNAMA, for an inclusive governance structure that would reflect the diverse ethnic and political composition of Afghanistan and also allow women to participate in politics, all of the 34 provincial governors named were men

¹¹⁸ A/76/862-S/2022/485.

¹¹⁹ Ibid., para. 19.

and they were predominantly from one ethnic group. All of the appointed officials were members of the Taliban or affiliated with the Taliban, and a number of them were subject to the sanctions regime under Security Council resolution 1988 (2011).

354. On 12 December 2021, the *de facto* Minister of Justice called upon the international community to recognize the *de facto* Afghan government and claimed that the “Islamic Emirate” had met international standards.¹²⁰ In her address to the Security Council on 2 March 2022, the Special Representative of the Secretary-General for Afghanistan and Head of UNAMA stated that the Afghan people could not be truly assisted without working with the *de facto* authorities, although it must be acknowledged that there continued to be an enduring distrust between the Taliban and much of the international community, and even the regional countries and neighbours.

355. On 25 March 2022, the Special Representative of the Secretary-General for Afghanistan and Head of UNAMA briefed the members of the Security Council on issues relating to the right to education for all persons, including women and girls, in Afghanistan. At the conclusion of the briefing, the Council expressed its deep concern regarding the decision taken by the Taliban on 23 March 2022 to deny women and girls access to education and called on the Taliban to respect the right to education and adhere to their commitments to reopen schools for all female students without further delay. Thus, Afghanistan has become the only country in the world that currently has a gender-based ban on education.

356. On 20 July 2022, UNAMA released a report describing the human rights situation in Afghanistan during the 10 months following the Taliban takeover. UNAMA noted in its report that while the *de facto* authorities had taken some steps seemingly aimed at the protection and promotion of human rights, such as amnesty for former government officials and security force members, the decree on women’s rights of 3 December 2022 and a code of conduct relating to prisoners, the Taliban were also responsible for a broad range of human rights violations (in particular, the erosion of women’s rights, freedom of expression and freedom of assembly), as well as extrajudicial killings, arbitrary detention and torture.

357. The Board notes with grave concern that UNDP forecast that 97 per cent of households in Afghanistan could fall below the poverty line by mid-2022 if the political and economic crisis in the country was not urgently addressed. In June 2022, 24.4 million people, or 59 per cent of the population of Afghanistan, were in need of humanitarian assistance

(up from 18.4 million at the beginning of 2021) as a result of the combined effect of conflict, environmental challenges (such as recurrent drought) and economic downturn.¹²¹

358. While the delivery of development assistance was suspended, the international community continued to discuss ways of delivering humanitarian assistance to the Afghan people; some funding was pledged by donors and progress was seen in providing urgently needed assistance related to food, education, health care, sanitation and hygiene.

359. At a press conference held on 17 August 2021, the spokesperson for the Taliban stated that Afghanistan would not be an opium-producing country. Referring to the decree banning opium poppy cultivation that had been issued in 2000, after the first Taliban takeover, he stated that the Taliban would again reduce opium production to zero. Eight months later, on 3 April 2022, the *de facto* authorities issued a decree announcing a “strict ban” on opium poppy cultivation and on the use of and trafficking in “all types of illicit drugs”. A spokesperson stated that “all types of illicit drugs” included alcoholic beverages, heroin, methamphetamine and cannabis resin. Announcing the decree, the *de facto* Deputy Prime Minister asked the international community to cooperate with the *de facto* authorities in the treatment of people who use drugs and in finding alternative livelihoods for farmers.

360. Senior officials of China, Iran (Islamic Republic of) and the United States, as well as the Organization of Islamic Cooperation, welcomed the ban on opium poppy cultivation in Afghanistan. Some, however, noted that enforcement would be the key and that the cultivation of alternative crops and rehabilitation programmes for people who use drugs should be part of the assistance provided to the country by the international community.

361. Days after the announcement in April 2022 of the ban on opium poppy cultivation, opium poppy farmers in the southern provinces, a major supply area in Afghanistan, observed that the price of crops had doubled. Moreover, the smuggling of opiates from Afghanistan intensified in the reporting period (see paras. 792–796).

(b) United Nations action

362. In October 2021, UNDP established the Special Trust Fund for Afghanistan to help address basic human needs, complementing the immediate ongoing humanitarian response through centralized management of donor funds for joint United Nations programmes. Under the Special Trust Fund for Afghanistan, UNDP, the United Nations

¹²⁰ A/76/667-S/2022/64, para. 12.

¹²¹ A/76/862-S/2022/485, para. 52.

Children's Fund and WHO have begun implementing projects in all 34 provinces of Afghanistan, helping more than 2,300 health facilities to remain operational and paying the salaries of some 26,000 health workers, including 7,300 women, as well as ensuring the procurement of medicines, laboratory reagents and other health products.

363. On 6 December 2021, the General Assembly approved the decision of the Credentials Committee to defer the decision on the representation of Afghanistan at the United Nations, which meant that the current Ambassador of Afghanistan would remain in place for the time being.

364. On 22 December 2021, the Security Council adopted resolution 2615 (2021), in which it decided that humanitarian assistance and other activities supporting basic human needs in Afghanistan were not a violation of paragraph 1 (a) of Council resolution 2255 (2015), which had added the freezing of funds and other financial assets or economic resources to the United Nations sanctions regime introduced by Council resolution 1988 (2011).

365. On 17 March 2022, the Security Council adopted resolution 2626 (2022), in which it decided to extend the mandate of UNAMA until 17 March 2023 and decided further that UNAMA and the Special Representative of the Secretary-General for Afghanistan would continue to carry out their mandate in close consultations with all relevant Afghan political actors and stakeholders, including relevant authorities as needed, in support of the people of Afghanistan in a manner consistent with Afghan sovereignty, leadership and ownership.

366. A high-level donor conference was held on 31 March 2022, resulting in \$2.4 billion in pledges; however, according to UNAMA, many of those were a combination of past, present and future funding commitments for Afghanistan and for Afghan refugees in neighbouring countries. As at 23 May 2022, only 30 per cent of the humanitarian response plan had been funded.¹²²

3. Supporting Governments' compliance with the treaties

(a) INCB Learning

367. INCB Learning is the Board's initiative to enhance the ability of Governments to estimate and assess their requirements for internationally controlled substances for medical and scientific purposes, in compliance with the

three international drug control conventions. Since its launch in 2016, the programme has been supporting Member States and their competent national authorities in implementing the recommendations contained in the outcome document of the special session of the General Assembly on the world drug problem held in 2016 and the reports of the Board for 2015 and 2018 on the availability of internationally controlled substances.¹²³

368. The objective of INCB Learning is to ensure the adequate availability of narcotic drugs and psychotropic substances required for medical and scientific purposes, while preventing their abuse and diversion into illicit channels. The submission to the Board of timely and accurate national reports of estimated requirements and statistical data for controlled substances and estimates of annual legitimate requirements for precursors is essential to achieving this objective.

369. INCB Learning activities provide support to Member States in fully implementing and complying with the international drug control conventions through training and awareness-raising. Capacity-building activities include regional training seminars, availability workshops, e-modules, bilateral consultations and, since mid-2020, in response to the COVID-19 pandemic, online training sessions.

370. Since the COVID-19 pandemic brought face-to-face activities to a halt in 2020, virtual training seminars were introduced to ensure the continual delivery of training to national authorities. As at 1 November 2022, 158 government officials from 33 countries and territories had participated in those activities. In 2021, INCB Learning conducted virtual training seminars for 30 officials from 10 countries in Africa, Central America and the Caribbean and South America.

371. From 6 to 10 December 2021, a virtual seminar was conducted, in Spanish, for officials from the competent national authorities of Bolivia (Plurinational State of), Cuba, Nicaragua and Venezuela (Bolivarian Republic of). All four countries received training for the first time. The sessions were attended by 17 officials, of whom 10 (or 59 per cent) were women. From 25 to 29 April 2022, a virtual seminar was conducted, in English, for officials from the competent national authorities of Burundi, Eswatini, Ethiopia, Ghana, Malawi and Zambia. Four of those countries (Eswatini, Ghana, Malawi and Zambia) had never received training, whereas the other two countries (Burundi and Ethiopia) had received training in April 2016. Thirteen officials, of whom 8 (or 67 per cent) were women, participated in the sessions.

¹²²S/2022/485, para. 53.

¹²³E/INCB/2015/1/Supp.1 and E/INCB/2018/Supp.1.

372. Seminars are evaluated anonymously by participants. The evaluations show that the content meets participants' expectations, the sessions are highly relevant and the learning materials are of a high quality.

373. INCB Learning has developed five e-modules to support Governments in key areas of their treaty compliance. Three e-modules focus on the following systems: (a) the system of estimates of annual legitimate medical and scientific requirements for narcotic drugs; (b) the system of assessments of annual legitimate medical and scientific requirements for psychotropic substances; and (c) the system of estimates of annual legitimate requirements for imports of precursors of amphetamine-type stimulants. One e-module highlights the international drug control framework and the role of INCB. The fifth e-module, which was developed and launched in 2022, supports Governments in their efforts to ensure adequate availability of narcotic drugs and psychotropic substances. All e-modules offer interactive, self-paced training.

374. In line with the commitment of the Board and the United Nations to multilingualism, INCB Learning e-modules are available in several languages. The first four e-modules mentioned above are already available in English, French, Portuguese and Spanish and the translation of the fifth e-module is in progress. **In this connection, the Board would like to express its appreciation to CICAD for its support in the translation of the e-modules into French, Portuguese and Spanish. The translation of the e-modules into Russian is under way.**

375. As at 1 November 2022, 1,259 officials from 145 countries and territories had enrolled in INCB Learning e-modules. More than half (54 per cent) of the registered officials were women. Successful completion of the e-modules is acknowledged with an online certificate; to date, 1,231 digital certificates have been issued. **The Board encourages Governments to register officials of their competent national authorities for the e-modules and to provide feedback and suggestions for areas in which the development of further training is needed.**

376. In its capacity-building activities, INCB Learning works with key partner organizations such as the African Union Commission, CICAD, UNODC and WHO.

377. To assist competent national authorities in their duties, the Board and its secretariat have developed a range of training materials that are available on a dedicated page of the INCB Learning website. That page provides links to different sources of information, training materials, guidelines, tools and forms that support reporting to INCB.

378. The INCB Learning website also contains a compendium of frequently asked questions on compliance with the provisions of the three international drug control conventions and on the regulatory control and monitoring of licit trade in narcotic drugs, psychotropic substances and precursor chemicals. Drug control officials can use the tool to find information related to, for example, the accurate submission of forms and timelines. Access to all the forms is also provided in the compendium. The INCB Learning website is available in English, French, Russian and Spanish.

379. To keep stakeholders abreast of developments, INCB Learning newsletters are published regularly on the INCB Learning website and disseminated to competent national authorities at their request. The Board invites national drug control officials interested in INCB Learning activities and learning tools to subscribe to the newsletter by sending an email to incb.learning@un.org.

380. The activities of INCB Learning are financed entirely by extrabudgetary funds. The Board is grateful for the contributions that it has received from the Governments of Australia, Belgium, France, the Russian Federation, Thailand and the United States since the programme was established in 2016. **The Board invites Governments to consider actively supporting INCB Learning by participating in its activities and providing the resources required to ensure the programme's continuation and expansion.**

(b) International Import and Export Authorization System

381. I2ES is an Internet-based electronic system developed by UNODC, with financial and technical support from Member States, and administered by the Board to allow for rapid paperless trade in internationally controlled substances. Launched in 2015 pursuant to numerous Commission on Narcotic Drugs resolutions, in particular resolutions 55/6 and 56/7, I2ES allows for the secure issuance and exchange of import and export authorizations between countries, reducing the processing time for authorizations and the risk of diversions from forged authorizations. The system is compliant with the 1961 Convention as amended and the 1971 Convention, and its importance was recognized in the outcome document of the special session of the General Assembly on the world drug problem held in 2016.

382. The INCB secretariat continually works to assist Governments in registering and implementing I2ES within their national drug control systems. I2ES is regularly promoted during webinars and other training workshops as

part of the INCB Learning initiative. Technical materials regarding the platform and its functions are available on the INCB website. The INCB secretariat also conducts webinars for interested Governments to demonstrate the functionality of the system. During 2022, webinars on I2ES were held for Angola, France, Iceland and New Zealand; such a webinar was also held for French Polynesia.

383. The Board 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.

384. I2ES is the only system approved by the Commission on Narcotic Drugs for the issuance and exchange of import and export authorizations pursuant to the provisions of the 1961 Convention as amended and the 1971 Convention. Recent developments regarding the use of electronic import and export authorizations among countries, including the views of the Board on those developments, are discussed in chapter III, section A, of the present report.

385. In the 12-month period ending on 1 November 2022, five Governments registered to use I2ES, bringing the total to 75 Governments that have an active administrator account. The number of Governments actively using I2ES is slowly growing, the frequency with which Governments use the platform is increasing. During the 12-month period ending on 1 November 2022, authorities from 15 countries uploaded a total of 5,257 import authorizations and 930 export authorizations. In the 12-month period ending on 1 November 2021, authorities from 13 countries uploaded a total of 3,761 import authorizations and 133 export authorizations.

386. The Board has noted that some competent national authorities wishing to use I2ES face legislative and regulatory hurdles at the national level. These include limitations regarding how import and export authorization documents are approved and the means by which such documents can be transmitted or exchanged. Some countries, such as Poland, require import and export authorizations for internationally controlled substances to be issued as physical documents. **The Board encourages Governments that have not yet done so to amend their legislative or regulatory frameworks to permit their competent national authorities to implement I2ES in their national drug control systems.**

387. The Board has also noted that a certain lack of features and technical limitations in I2ES make implementing the system difficult for some Governments. This includes the lack of a multilingual interface, support for nationally

controlled substances and advanced statistical reporting functions. Additionally, deeper integration between I2ES, other INCB systems and some national-level systems would allow for easier, quicker and more accurate data exchange between Governments and the Board. **The Board wishes to emphasize to Member States the need for continual support, particularly in the form of extrabudgetary resources, to expand the functionality of I2ES, as well as the need to provide training and support to assist countries in their efforts to adopt and implement the system.**

(c) Global Rapid Interdiction of Dangerous Substances Programme

388. The INCB GRIDS Programme focal point networks form the infrastructure that enables the rapid exchange of information and alerts and the development of intelligence and facilitates operational action to assist in investigations and in the dismantling of organized criminal groups trafficking in non-scheduled dangerous substances. As at 1 November 2022, there were 2,255 Project ION focal points representing 572 agencies from 187 Governments and international organizations, and 2,238 OPIOIDS project focal points representing 559 agencies from 183 Governments and international organizations.

389. As a result of the expanding focal point network, the number of real-time incidents communicated through IONICS has consistently grown and, in 2022, exceeded 46,000. As a result, Governments have been able to carry out investigations and analyses that have in turn led to seizures of dangerous substances, arrests of traffickers, prosecutions and disruptions of international trafficking networks. The Board encourages the Governments of Andorra, Azerbaijan, Belarus, Burundi, the Central African Republic, Chad, Comoros, the Congo, the Democratic People's Republic of Korea, Djibouti, Equatorial Guinea, Eritrea, Gabon, Guinea-Bissau, the Holy See, Kazakhstan, Kyrgyzstan, Lesotho, Liechtenstein, Madagascar, Mauritania, Mongolia, Nauru, Nepal, Niue, the Republic of Moldova, San Marino, Sao Tome and Principe, Serbia, Seychelles, South Sudan, the Syrian Arab Republic, Tajikistan, Togo, Tonga, Turkmenistan, Uganda and Yemen to nominate both law enforcement and regulatory focal points to exchange communications using IONICS.

390. Leveraging the Project Ion and OPIOIDS project law and regulatory enforcement focal point networks, INCB coordinated an operation (known as "Operation GAPZ") to identify emerging global trafficking sources and destinations of shipments of gabapentin, pregabalin, xylazine and zopiclone, substances associated with synthetic opioid overdoses reported in a number of countries. The operation

involved 122 law and regulatory enforcement officials from 75 national agencies and organizations such as the Cooperation Council for the Arab States of the Gulf, INTERPOL, the Oceania Customs Organisation, UPU and WCO. Communications on more than 80 seized or permanently stopped shipments were exchanged by law and regulatory enforcement officials through IONICS. Sixteen countries and territories were identified as sources or intended destinations of those seized or permanently stopped shipments, which together involved over 677,000 tablets and capsules of gabapentin, pregabalin and zopiclone and 11.2 kg of those substances in powder form.

391. One of the pillars of the GRIDS Programme is its unique approach to public-private partnerships, assisting Governments in their efforts to foster voluntary cooperation with companies to prevent the exploitation of legitimate services by traffickers. In this work, the focus is on four key areas: manufacture, marketing, movement and monetization. In the 12-month period ending on 1 September 2022, five expert group meetings and other related events were held, bringing together leading global private-sector partners from a number of relevant sectors, including e-commerce platforms, social media companies, chemical and drug manufacturers and private postal and express mail and courier services. These events resulted in operational outcomes, as a substantial number of vendors of dangerous synthetic opioids were identified by INCB and, through law and regulatory enforcement focal points, removed from e-commerce platforms, thereby reducing the availability of fentanyl and related dangerous substances.

392. Between 1 November 2021 and 1 September 2022, eight global alerts and special notices were circulated to Project Ion and OPIOIDS focal points for voluntary action by law, regulatory and private-sector counterparts. A number of alerts focused on emerging dangerous opioids with no known legitimate use, including protonitazene, etonitazepipne, etonitazepyne and etodesnitazene. A number of those synthetic opioids were subsequently listed for review by WHO for possible international control in October 2022. The Board invites all relevant government authorities and, through them, industry partners to refrain on a voluntary basis from any manufacture, marketing, import, export or distribution of substances on its lists of fentanyl-related substances and non-fentanyl opioids with no known legitimate uses beyond limited research and analytical purposes.

393. Through the GRIDS Programme, in-person training courses were conducted, supplemented by distance-learning technologies. Between 1 November 2021 and 1 September 2022, 24 courses were held on topics that included raising awareness of new psychoactive substances and emerging opioids, information exchange using IONICS, intelligence

development and targeting using the GRIDS Intelligence tool, safe handling of opioids and fentanyls, personal protective equipment, presumptive testing for synthetic opioids and interdiction methods. A total of 455 law and regulatory enforcement officers and postal inspection officers, representing 30 Governments and three international organizations, took part in the training courses and also received access to the eLearning Individual Training Environment (ELITE) platform, which is offered in the six official languages of the United Nations. The Board recognizes the ongoing cooperation with its international partners, in particular UPU, whose 2018 cooperation agreement with INCB has significantly raised the awareness of postal operators worldwide about the safe handling of packages containing dangerous substances.

394. The GRIDS Programme convened the first global conference for operational officers on the interdiction of fentanyls, synthetic opioids and related dangerous substances, held in Vienna from 1 to 5 August 2022. The event brought together over 140 participants from 83 Governments, as well as GRIDS regional technical officers, law enforcement officers, international organizations and private sector partners, which engaged in awareness-raising and capacity-building to address the trafficking of fentanyls, other synthetic opioids and related dangerous substances.

395. The GRIDS Programme convened the fifth annual operational meeting on countering trafficking of dangerous synthetic drugs and chemicals through postal, courier and air cargo services, which brought together over 60 officers from 30 Governments and international organizations in Vienna from 6 to 9 September 2022. Participants identified the latest modus operandi for trafficking synthetic opioids and new psychoactive substances, exchanged case studies and engaged in multilateral meetings to enhance cooperation across borders. During the event, the memorandum of understanding for technical cooperation between INCB and the Caribbean Community's Implementation Agency for Crime and Security was formalized, and INCB hosted the meeting of the UPU Postal Security Group.

396. The GRIDS Programme hosted the interregional workshop on public-private partnerships for the prevention of trafficking of dangerous substances, held in Sharm el-Sheikh, Egypt, from 11 to 15 September 2022. The event was attended by more than 120 representatives from 30 Governments, and several international and e-commerce organizations. Participants exchanged best practices and case examples related to the exploitation of private sector agencies for the trafficking of synthetic opioids and related dangerous substances, with the aim of strengthening international operational cooperation across borders to prevent future misuse of legitimate Internet-related services.

(d) Project Prism and Project Cohesion

397. Project Prism and Project Cohesion are two international initiatives of INCB that provide platforms for international cooperation to address the diversion of precursors of synthetic drugs (in the case of Project Prism) and precursors of cocaine and heroin (in the case of Project Cohesion). Project Prism, launched in 2003, and Project Cohesion, launched in 2006, have facilitated the staging of international intelligence-sharing efforts and law enforcement operations to address emerging international trends in precursor trafficking. Each project operates through a network of national focal points with the responsibility of communicating information received through the project to relevant national authorities for action on a real-time basis. The two projects combined rely on focal points from more than 150 Governments.

398. During the reporting period, INCB issued through Project Prism six alerts, covering new precursors and modi operandi reported by Governments. Two alerts related to two new designer precursors of amphetamine-type stimulants: the ethyl ester of 3,4-MDP-2-P methyl glycidic acid (3,4-MDP-2-P ethyl glycidate) and diethyl (phenylacetyl) propanedioate (DEPADP). The other alerts covered common features and characteristics of shipments of the recently encountered designer precursors, as well as the investigation of a case relating to the use of the Internet for precursor trafficking, which emerged during Operation Acronym. Conducted by INCB in February 2021, Operation Acronym explored features and new aspects of trafficking in precursors using the Internet (specifically, the surface web). It was followed by the development of “intelligence packages”, based on suspicious Internet postings, to be shared with affected countries. One package developed by Indian authorities led to seizures of ephedrine and ketamine in India and seizures of methamphetamine in Australia. A drug trafficking network dealing in several internationally controlled substances, with links to a trafficker in North America, was identified in India.

399. An operational meeting to counter trafficking in acetic anhydride, organized under Project Cohesion, was held in Vienna in September 2022. The meeting facilitated the exchange of information among the relevant countries in Europe with regard to a seizure of acetic anhydride effected by the authorities of Türkiye.

(e) Precursors Incident Communication System

400. Created by INCB in 2012 as an online platform for sharing incidents and suspicious shipments related to precursors and equipment on a real-time basis by competent

authorities, PICS underwent a major upgrade in October 2021 to make it a more effective tool for investigation and analysis. The upgrade strengthened the search capabilities of the platform, enabling users to identify quickly and easily instances involving, for example, specific substances, countries of origin, transit and destination. A special feature of the upgraded version of PICS is a separate section enabling users to share details of specialized equipment used in illicit drug manufacture. This supports the Board’s efforts to encourage Governments to use article 13 of the 1988 Convention as a complementary tool to prevent illicit drug manufacture. In respect of both precursors and equipment, the upgraded version of PICS allows the sharing of information not just on actual seizures, but also on suspicious shipments, thereby facilitating operational cooperation with the transit and destination countries of such shipments on a real-time basis.

401. As at 1 November 2022, PICS, with about 600 registered users from 124 countries and territories, had shared information on more than 3,700 incidents relating to almost 300 substances, indicating the widespread use of non-scheduled chemicals¹²⁴ in illicit drug manufacture. In the reporting period, PICS shared information on more than 250 unique incidents involving over 740 communications on the substances involved (72 communications on substances in Table I, 84 on substances in Table II, 168 on substances included in the limited international special surveillance list of non-scheduled substances, 102 on non-scheduled substances not included in that list and 18 on cutting agents). Information on 9 cases involving laboratory equipment was also shared through PICS.

402. The Board encourages Governments to make use of PICS to share information on incidents relating to precursors and laboratory equipment with the requisite actionable details so that the platform can continue to serve as an effective aid to investigations by law enforcement authorities aimed at preventing the diversion of precursors and equipment used for illicit drug manufacture. The sharing of information on incidents involving newly detected precursor chemicals and designer precursors also enables the Board to prepare relevant alerts (see para. 401 above) to be circulated to Project Prism and Project Cohesion focal points and to update the limited international special surveillance list of non-scheduled substances by including alternative and substitute chemical substances in that list.

403. Further details on the Board’s precursor-related operational activities can be found in the report of the Board for 2022 on the implementation of article 12 of the 1988 Convention.

¹²⁴Only 33 substances are currently listed in Tables I and II of the 1988 Convention.

Chapter III.

Analysis of the world situation

A. Global issues

1. The growing threat posed by a surge in illicit cocaine production and trafficking

404. There are few transnational criminal activities with such a high degree of specialization and maximization of efficiency at each stage of production and distribution as the illicit manufacture of and trafficking in cocaine. The starting point for cocaine is coca bush, which is grown on a large scale in only three countries: Bolivia (Plurinational State of), Colombia and Peru. While coca bush cultivation is localized, the global networks for distribution of the final product have recently expanded so that cocaine is being trafficked in unprecedented quantities and in countries not previously affected by such activity.

405. According to UNODC estimates, global illicit cultivation of coca bush increased from 156,500 ha in 2015 to 234,200 ha in 2020. In 2020, Colombia continued to be the country with by far the largest area under illicit coca bush cultivation (143,000 ha); it was followed by Peru (61,800 ha) and the Plurinational State of Bolivia (29,400 ha).¹²⁵

406. While the total area under coca bush cultivation increased by approximately 50 per cent from 2015 to 2020, the cocaine manufactured from the harvested coca leaves

more than doubled, increasing from 977 to 1,982 tons¹²⁶ – the highest level ever recorded, indicating increases in yield and in the efficiency of cocaine manufacture. Most cocaine manufacture is also concentrated in Bolivia (Plurinational State of), Colombia and Peru, but there is increasing evidence suggesting that coca paste (or cocaine base) is being smuggled out of those countries and converted into cocaine hydrochloride in countries in Central America and other countries in South America.¹²⁷ It has been noted that the refining of cocaine base into cocaine hydrochloride is increasing in countries in Europe as well.¹²⁸

407. Annual prevalence of cocaine use was estimated at 0.4 per cent of the world's adult population in 2020, representing only a slight increase since 2010; however, because of the growth in the population over the same period, the number of people who used cocaine rose to 21.5 million in 2020, an increase of 32 per cent over the figure for 2010. There were wide regional variations, ranging from 2.7 per cent in Oceania to just under 2 per cent in North America, 1.6 per cent in South America and 1.4 per cent in Western and Central Europe. Annual prevalence of cocaine use in Eastern and South-Eastern Europe, in Africa and in Asia is less than the global prevalence of 0.4 per cent.¹²⁹

408. The movement of cocaine from illicit laboratories in South America to consumers all over the world followed fairly well-defined routes. The major routes are the route

¹²⁶Ibid., pp. 15 and 16.

¹²⁷E/INCB/2018/4, para. 172.

¹²⁸World Drug Report 2021, booklet 4, *Drug Market Trends: Cocaine, Amphetamine-type Stimulants, New Psychoactive Substances* (United Nations publication, 2021), pp. 17–19.

¹²⁹World Drug Report 2022, booklet 4, pp. 29, 32, 36, 38 and 39 and fig. 13.

¹²⁵World Drug Report 2022, booklet 4, *Drug Market Trends: Cocaine, Amphetamine-type Stimulants, New Psychoactive Substances* (United Nations publication, 2022), pp. 15, 16 and 22.

leading from Colombia along the Pacific coast to Central America and/or Mexico and then onward to the United States; the transatlantic route, leading from the Andean sub-region to ports in Europe for onward trafficking; and the route passing through Brazil to Europe, via either the Atlantic or West Africa. Similar amounts of cocaine, predominantly of Colombian origin, arrive in Australia through the sea and air cargo streams, Mexico being the primary country of embarkation.

409. Despite the COVID-19 pandemic, global seizures of cocaine (not adjusted for purity) have increased exponentially since 2015, reaching a record high level of 1,424 tons¹³⁰ in 2020. South America accounts for most of the cocaine seizures in the world (61 per cent); it is followed by Western and Central Europe (15 per cent), which overtook North America (12 per cent), which is the world's largest consumer market, and Central America (10 per cent). Outside of the major illicit markets, record seizures of cocaine have also been reported in Asia in recent years. In 2019, for the second consecutive year, cocaine seizures in Asia, which accounted for 19 tons, surpassed those in Africa, which for many years had accounted for the largest quantity of seizures outside of the Americas and Europe.

410. While comprehensive data on cocaine seizures are currently not available, seizures in 2021 appear to have followed this upward trend. Several countries in South America continued to record substantial seizures of cocaine in 2021: the Bolivarian Republic of Venezuela seized over 45 tons of the substance – the most seized in 15 years; and the Plurinational State of Bolivia seized nearly 20 tons, an increase of 26 per cent over 2020. In Central America, Panama seized 117 tons of cocaine in 2021, Costa Rica seized 44 tons of the substance (the largest amount seized in three decades) and the Dominican Republic reported having seized a record amount of 19 tons. Some national experts in Central America believe that the increased seizures of cocaine are attributable to traffickers moving stocks accumulated after mobility restrictions had been introduced on account of the COVID-19 pandemic, as those restrictions were eased in 2021. The United States Customs and Border Protection alone seized more than 44 tons of cocaine in 2021, compared with 26 tons in 2020. This upward trend may be continuing in the region, with Ecuador seizing in excess of 15 tons in just three operations between January and July 2022.

411. Preliminary figures from a limited number of European countries suggest that the quantities of cocaine seized in Europe increased yet again in 2021 – the amount

of cocaine reported to have been seized (240 tons) was even greater than the record amount seized in 2020 (about 215 tons). The largest cocaine consignments were found in containers on cargo ships. The principal ports for transatlantic trafficking in cocaine are in Belgium (Antwerp) and the Netherlands (Rotterdam), though recent seizures of cocaine have also been made elsewhere in Europe, indicating attempts by traffickers to target places where interdiction measures may not be as strict.

412. The Netherlands has reported cases involving laboratories manufacturing cocaine hydrochloride from smuggled cocaine base or extracting it from material into which it had been incorporated for the purpose of smuggling (see also para. 416). In 2021, however, the number of sites for cocaine manufacture discovered in the Netherlands decreased by 63 per cent compared with the figure for 2020, possibly as a result of successful law enforcement activities targeting criminal networks involved in setting up and operating large-scale manufacturing facilities during 2020 and 2021.

413. In Asia, India reported that seizures of cocaine amounted to 364 kg in 2021. In the previous three years, such seizures averaged only about 40 kg. The record level of seizures in 2021 was attributable to a single seizure involving 300 kg of cocaine discovered in a container that had originated in Panama and transited through Antwerp, Belgium, and Colombo. In March 2022, Sri Lanka Customs at the port of Colombo found 350 kg of cocaine in a container that had arrived from Panama via Belgium and Dubai, United Arab Emirates; the consignment had been destined for India.

414. In Africa, which is used as a transit area for cocaine consignments sent from South America to Europe, multi-ton seizures of cocaine were reported when the COVID-19 pandemic subsided. In April 2022, authorities seized 6 tons of cocaine on a vessel in the territorial waters of Cabo Verde; and in the same month, the authorities of Côte d'Ivoire seized over 2 tons of the substance in Abidjan and San-Pédro.

415. Several factors have contributed to the surge in the manufacture of and trafficking in cocaine in recent years. Regarding manufacture, there has been a substantial shift in the criminal landscape in Colombia and fragmentation in the supply of cocaine. In 2006, the paramilitary organization United Self-Defence Forces of Colombia (AUC) was demobilized and in 2016 a peace agreement was signed between the Government of Colombia and the armed insurgency group known as FARC-EP. Studies have suggested that the dissolution of AUC and the signing of the 2016 peace agreement led to the creation of splinter groups and the compartmentalization of roles in the supply chain, such as processing of coca leaves, packaging and concealment, transportation

¹³⁰Includes seizures of cocaine hydrochloride, coca paste and base and "crack" cocaine.

and money-laundering. The splinter groups have also entered into new alliances with drug trafficking operators in Europe, resulting in the development of new and more direct routes leading to distribution hubs in Europe.

416. With regard to trafficking involving major illicit markets, while most cocaine continues to be trafficked in the form of cocaine hydrochloride, seizures of cocaine in base form have been reported in an increasing number of countries, both in the Americas and in Europe, where cocaine laboratories have been identified. Cocaine laboratories outside of areas where coca bush is cultivated are typically conversion laboratories, where cocaine base is converted into cocaine hydrochloride, or “extraction” laboratories, where cocaine is recovered from material into which it was incorporated for the purpose of smuggling.

417. Another major development is an increase in the purity level of seized cocaine. In Europe, the purity level has increased by 40 per cent in the past decade, with a peak in 2020. This is partly attributable to less adulteration in source countries. In addition, cocaine purity is affected by the level of coextracted alkaloid contaminants. Potassium permanganate, a substance in Table I of the 1988 Convention, is the principal oxidizing agent used to remove such contaminants, and forensic profiling analysis has confirmed that more than 99 per cent of samples analysed were highly oxidized. For several years, the largest quantities of potassium permanganate seized have been reported in countries where coca bush is illicitly cultivated. Like global seizures of cocaine, global seizures of potassium permanganate in 2021 were almost twice the figure for 2020.

418. In addition to using the principal oxidizing agent potassium permanganate, traffickers have begun to use other chemicals that enhance the efficiency of illicit cocaine manufacture, such as sodium metabisulfite and calcium chloride. In the past, seizures of sodium metabisulfite were reported only in countries in South America, the bulk of such seizures being accounted for by Colombia. However, seizures of the substance also started being reported in countries in Europe, in particular in countries associated with laboratories manufacturing cocaine (using smuggled coca base). Seizures of sodium metabisulfite have been reported on a regular basis by Spain since 2014 and by the Netherlands since 2016.

419. Over the years, large-scale cocaine trafficking has predominantly relied on maritime routes. Cocaine seized on these routes accounted for 89 per cent of global cocaine seizures in 2021, after having dropped to 78 per cent in 2020, when trafficking by private aircraft from Latin America increased, apparently to overcome impediments resulting from COVID-19 restrictions.

420. These developments have led to diversification of the cocaine supply chain, in particular with regard to Europe, making the supply chain more efficient and resulting in increased supply, a purer product and reduced prices, thereby contributing to increased availability.

421. The manufacture and trafficking in cocaine, as well as other drugs, are associated with other criminal or illegal activities. According to UNODC estimates, Colombian farmers paid about \$33 million in so-called “taxes” to illegal armed groups in 2019. Cocaine manufactured in Colombia and Peru is being stored in neighbouring Ecuador, prior to being transported to countries in Europe and to the United States, and that may have resulted in increased violence among the local population. Trafficking in cocaine has also contributed to the exploitation of women, as they are used as coca bush growers, coca leaf pickers or drug “mules”, apart from being used to smuggle drugs into prisons. For most women, involvement in such drug-related activity is not a matter of choice.

422. The Board is concerned over the substantial increase in coca bush cultivation and cocaine manufacture, trafficking and consumption and urges Governments to deal with those issues which relate to them by addressing the underlying causes. While reducing the extent of illicit cultivation in the three countries in which coca bush is cultivated has been a challenge, preventing the required precursors from reaching cocaine laboratories is a critical step in curbing cocaine manufacture. For the internationally controlled precursors of cocaine, in particular potassium permanganate, Governments should apply domestic controls as envisaged under article 12, paragraph 8, of the 1988 Convention to address their diversion from domestic distribution channels. For chemicals that are not under international control, such as sodium metabisulfite and calcium chloride, both of which are included in the Board’s limited international special surveillance list of non-scheduled substances,¹³¹ Governments are encouraged to make use of various INCB tools and guidance documents containing recommendations for action at the national and international levels.¹³²

423. Governments are further encouraged to analyse the trafficking flows of containerized cargo along the maritime routes; to develop risk parameters to target suspicious shipments; and to build capacities of front-line officers in new and emerging destination ports to identify and target suspicious shipments. Governments are also encouraged to work with private sector partners in the supply chains along

¹³¹The Board established the list in 1998, pursuant to Economic and Social Council resolution 1996/29. The list is available as part of the Board’s information package on the control of precursors and is regularly updated.

¹³²E/INCB/2021/4, para. 228.

established cocaine trafficking routes, including with shipping companies and freight forwarders, to prevent the misuse of containerized cargo for such trafficking.

424. What is ultimately needed is a coordinated response at the international level that targets each element of the cocaine supply chain – cultivation, manufacture, trafficking and distribution – in addition to disrupting the related financial flows. The Board wishes to encourage Governments to focus attention on each of these elements, with a view to disrupting the burgeoning manufacture of and trafficking in cocaine.

2. The next generation of emerging dangerous substances: non-fentanyl opioids

425. Annual prevalence data on the global misuse of opioids indicate that such use has nearly doubled over the past decade and that illicit markets for such drugs are expanding. Although global estimates of overdose deaths are not yet available for 2021, there is evidence that synthetic opioids contributed to a rising number of deaths reported in North America; in the United States alone, the number of deaths attributable to the use of synthetic opioids increased from 70,000 in 2020 to over 80,000 in 2021. According to EMCDDA estimates, 74 per cent of fatal overdoses in Europe are opioid-related. Furthermore, since 2009, 73 new synthetic opioids have been detected, six of which were detected in 2021 alone.

426. While the increase in overdose deaths has been attributed mainly to the use of illicitly manufactured fentanyl, an increasing number of deaths appear to be related to other non-medical fentanyl-related substances, as traffickers assess the viability of new opioids by introducing on illicit drug markets analogues not under international control. INCB first established a list of fentanyl-related substances with no known legitimate uses in 2018, to inform Governments and, through them, private sector partners of the threat posed by such substances, and invited them to voluntarily refrain from the marketing, sale and distribution of such substances.

427. In 2019, INCB, through its OPIOIDS project, began monitoring the Internet, scanning for the emergence of novel opioids on various online platforms, such as discussion groups, social media, research chemical sites and business-to-business e-commerce platforms to provide actionable information for INCB focal points. As at 1 November 2022, the OPIOIDS project had helped law and regulatory enforcement focal points and trusted

private-sector security partners to exchange information involving over 1,400 suspicious online vendors.

428. In May 2020, through the OPIOIDS project, an increase was identified in online activity and in the number of incidents shared through IONICS that were related to isotonitazene, and a notice was circulated to the law and regulatory enforcement focal points of the OPIOIDS project. In June 2020, the Drug Enforcement Administration of the United States placed a temporary order to schedule the substance under the Controlled Substances Act; and, in September 2020, the European Commission initiated the process to place the substance under control in the European Union. In October 2020, the WHO Expert Committee on Drug Dependence reviewed the substance and recommended that it be placed in Schedule I of the 1961 Convention. In April 2021, the Commission on Narcotic Drugs adopted decision 64/1, by which it decided to include isotonitazene in Schedule I of the 1961 Convention as amended.

429. In September 2021, INCB convened in Vienna a second international expert group meeting to review new fentanyls and consider the growing misuse of synthetic non-fentanyl opioids with no known legitimate uses. Following the event, INCB circulated a list of 55 non-fentanyl opioids to all Governments and, through them, their private-sector partners in order to raise awareness and enhance efforts to counter trafficking in such substances.

430. The potency and toxicity of non-fentanyl opioids remain largely unknown, as scientific assessments have not kept pace with the emergence of such new substances. There are indications that, in some cases, the levels of potency and toxicity are significantly higher than those found in other known opioids, precipitating accidental overdoses and fatalities at increased rates. Non-fentanyl opioids appear to be custom-manufactured; they are marketed and sold online and then shipped via international postal services, courier services or air cargo, using a modus operandi similar to the one adopted for fentanyl-related substances.

431. Despite the successes achieved in identifying the emergence of non-fentanyl opioids, there is an increasing need for public- and private-sector partners to exchange operational information and take practical steps to address the growing problems related to trafficking in such substances. In January 2022, INCB issued a special notice under its OPIOIDS project for protonitazene, an emerging synthetic opioid with no known legitimate uses. The notice provided a targeting profile for use by law and regulatory enforcement focal points and private-sector partners based on real-time IONICS communications, government forensic profiles, photographs of seizures, monitoring of online discussion forums and a market analysis.

432. Since January 2022, seven notices have been circulated to law and regulatory enforcement focal points and through Governments to trusted private-sector partners for information and possible action on synthetic opioids. The notices include targeting profiles for protonitazene, etonitazepipne, etonitazepyne and etodesnitazene.

433. Information from special notices and alerts issued through the INCB GRIDS Programme has been incorporated into international and national training programmes for raising awareness about opioids and the safe handling of opioids, including training programmes for front-line law and regulatory enforcement officers and postal security officers, organized under the OPIOIDS project and through cooperative agreements with UPU. Such information has also been circulated through INCB training platforms for focal points and disseminated during global events such as the INCB global conference for operational officers on the interdiction of fentanyl, synthetic opioids and related dangerous substances, held in Vienna in August 2022.

434. The Board's intelligence-led operational projects have proved to be invaluable in supporting fast, timely and effective action taken on a voluntary basis by international partners, Governments and the private sector to prevent the marketing, sale and distribution of emerging dangerous substances. The projects have provided strategic and operational information enabling law and regulatory enforcement officers to take action at the national level to stem the flow of emerging dangerous opioids not yet under international control.

435. At the policy level, the Board's OPIOIDS project has contributed to the information base of discussions on international drug control. In October 2022, the WHO Expert Committee on Drug Dependence reviewed protonitazene, etonitazepyne and etodesnitazene to determine whether they should be recommended for scheduling by the Commission on Narcotic Drugs. Those non-fentanyl opioids had been the subject of OPIOIDS project special notices in early 2022.

3. Public-private partnerships in the area of drug precursors, non-scheduled chemicals and dangerous substances

436. Rapidly changing trends in trafficking, in particular the use of newly emerging designer precursors or other chemicals not under international control for illicit drug manufacture, together with new methods and routes of diversion, present a global challenge and require a rapid proactive response from authorities, and a regulatory

framework alone cannot provide such a response. Effective engagement with the private sector has proved to be an invaluable supplement to regulatory frameworks, given the flexibility of industry partners to adjust quickly to changing circumstances.

437. The concept of close cooperation between authorities and industry, especially with manufacturers, importers, exporters, wholesalers and retailers, to identify suspicious orders and transactions by monitoring international trade is an integral part of the provisions of the 1988 Convention, in particular, article 12, paragraph 9 (a). This cooperation can be mandatory, where actions are regulated as part of the licensing process, or voluntary, where, for example, mutually beneficial public-private partnerships are established. Over the years, such public-private partnerships have proved their merit, demonstrating their potential for addressing the challenges in international precursor control, and are now a key component of an effective, reliable and sustainable mechanism for addressing the diversion of controlled precursors, non-scheduled chemicals and dangerous substances and for preventing them from reaching illicit laboratories and markets.

438. Crucial to the success of these mechanisms is the identification of, as well as the timely sharing of information on, suspicious requests, orders and transactions between legitimate industry partners and competent national authorities. Furthermore, as diversion can and does happen at any stage of the supply chain, the Board has encouraged the expansion of such voluntary cooperation mechanisms to various sectors and levels of industries, such as the chemical and pharmaceutical manufacturing industries and those sectors engaged in any way with the supply of the substances, including legitimate e-commerce and business-to-business operators, marketing and social media, online financial service providers and shipping companies (express mail and courier services etc.). Such cooperation should be extended to all industries whose products or services may be misused in connection with illicit drug manufacture, including those industries which manufacture or distribute certain kinds of equipment.

439. A detailed overview of categories of industries that might be unwittingly involved in the manufacture of, trade in and distribution of chemicals used in the illicit manufacture of drugs is available on the Board's secure website. In this context, the Board has encouraged and guided Governments in mapping their national industry landscape with the aim of sensitizing the industries concerned.

440. A survey carried out by INCB in 2021 confirmed that the nature, format and scope of cooperation between

Governments and the private sector can vary significantly among countries (and regions), depending on the national context. A summary of the key findings of the survey, together with examples provided by Governments of various national practices and case studies illustrating how cooperation with the chemical industry has been established and implemented in different national contexts, is available on the Board's secure website.

441. The above-mentioned guidance material is the latest addition to the Board's box of tools to support Governments in their efforts to enhance their engagement with industry. As early as 1998, the Board established the limited international special surveillance list of non-scheduled substances, pursuant to Economic and Social Council resolution 1996/29. The list contains chemicals that are known to have been used in illicit drug manufacture but are not under international control. The aim of this and similar national or regional monitoring lists is to provide Governments and industries alike with a flexible tool to proactively address the problem of newly emerging substances used in illicit drug manufacture and prevent the diversion of such substances. In 2013, that list of non-scheduled substances was expanded to include, in addition to individual substances, generic definitions covering common derivatives and other closely related chemicals that can be converted into one of the controlled precursors; and since 2019, chemicals that do not have any known legitimate use have been highlighted. The list of non-scheduled substances is regularly updated and disseminated to Governments.

442. The guidance material developed by the Board, in particular the *Guidelines for a Voluntary Code of Practice for the Chemical Industry*, published in 2009 and complemented in 2015 by practical notes for implementing the Guidelines and by a template for a memorandum of understanding between Governments and the private sector, has been put in practice through "twinning", a concept whereby counterparts from the public and private sectors in countries that have well-established cooperation arrangements with industry assist the Governments of other countries that are interested in establishing and implementing such cooperation. Such "twinning" has led to tangible results, including the signing of a memorandum of understanding between the public and private sectors in the United Republic of Tanzania in 2021 and the adoption of a voluntary code of practice in that country in 2022.

443. Another area in which the Board has supported Governments is addressing the use of the Internet (surface web) for facilitating precursor trafficking. Specifically, during the reporting period, in the context of the Board's

Operation Acronym, the voluntary sharing of information by online trading platforms assisted the Governments concerned in identifying cases involving the illicit trade in and distribution of several internationally controlled and non-scheduled substances and in seizing the consignments in question in countries in Asia and Oceania.

444. The Board's GRIDS Programme promotes public-private partnerships in the context of preventing trafficking in new psychoactive substances and non-medical synthetic opioids. Public-private partnership under the GRIDS Programme is not limited to simply encouraging Governments to work more closely with private-sector partners; it provides a focus on the four key areas which are the most vulnerable to exploitation: the manufacture, marketing, movement and monetization of dangerous substances. By providing an analysis of trafficking methods, patterns and trends to Governments, their private-sector partners and relevant international organizations, voluntary activities involving relevant public- and private-sector partners are identified to prevent the exploitation of legitimate industries and their business by those engaged in trafficking in dangerous substances.

445. Since 2018, more than 20 expert group meetings covering the four key areas have been organized through the GRIDS Programme, adopting over 220 practical recommendations to Governments, international organizations and private-sector partners on how the exploitation of legitimate industries should be prevented and responded to. Through the expert group meetings and the sharing of information on attempts to misuse legitimate industries, the GRIDS Programme has reached research chemical manufacturers, e-commerce marketplaces, social media, domain name registrars, postal services, express courier services, freight forwarders, air cargo agents, e-wallet services and virtual asset service providers. These activities have produced operational outcomes, such as the removal of a substantial number of vendors of dangerous substances from leading e-commerce platforms, and enhanced the awareness of postal operators and express courier companies about synthetic opioids with no legitimate uses, thereby reducing the availability of dangerous substances.

446. The Board wishes to encourage Governments to continue their efforts to establish and implement industry-related initiatives with a view to addressing the diversion of chemicals, non-scheduled chemicals and dangerous substances and preventing them from reaching illicit laboratories and markets. The Board also wishes to encourage Governments to utilize the tools and resources available to competent national authorities on its secure website.

4. Mental health and the availability of and access to internationally controlled psychotropic substances

447. According to the definition of WHO, mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.¹³³ Examples of mental health conditions include depression, anxiety disorder, sleep disorder, bipolar disorder and substance use disorder.

448. Fifty years ago, the world recognized that the use of psychotropic substances for medical and scientific purposes was indispensable and that their availability should not be unduly restricted. The Convention on Psychotropic Substances of 1971 extended, for the first time in history, international regulation over the manufacture of and trade in such substances, some of which (buprenorphine, diazepam, lorazepam, midazolam and phenobarbital) are included in the WHO Model List of Essential Medicines.

449. More recently, as part of the 2030 Agenda for Sustainable Development, adopted by the General Assembly, Goal 3, on ensuring healthy lives and promoting well-being for all at all ages, was announced, including as targets reducing by one third premature mortality from non-communicable diseases through prevention and treatment and promoting mental health and well-being (target 3.4) and strengthening the prevention and treatment of substance abuse (target 3.5). While the inclusion of mental health in the Sustainable Development Goals has helped to increase global awareness about the issue in recent years, investments in the supply of the necessary services have not matched the demand of the population affected by mental health conditions.

450. Notwithstanding the universally recognized medical indispensability of psychotropic substances, millions of people continue to suffer. According to WHO, at least three quarters of the world's population with mental, neurological and substance use disorders live in low- and middle-income countries, where mental health services are scarce and often difficult to access and the availability of and access to prescribed medicines for the treatment of their conditions are mostly inadequate. Between 76 per cent and 85 per cent of people with severe mental disorders in low-income and middle-income countries receive no treatment for their disorder, including people living with epilepsy, with nearly

80 per cent of those living with that condition residing in such countries. In addition, the vast number of humanitarian crises, resulting from armed conflict, climate change or public health emergencies, have had a major impact on people's mental health in all parts of the world. Some groups, including health and other front-line workers, elderly people, women, children, people with drug use disorders and those with pre-existing mental health conditions, have been particularly affected.

451. Inadequate availability of and access to psychotropic substances in most parts of the world has been a matter of major concern to the international community for years. At the same time, there is growing concern among public health authorities in many countries about overprescription of and self-medication with psychotropic medicines.

452. In efforts aimed at addressing inadequate availability or over-prescription, monitoring of the availability of psychotropic substances for medical purposes is crucial to providing reliable information, and providing training to professionals is crucial to assist Governments in fulfilling their obligations under the 1971 Convention. At the moment, assessing global, regional and national consumption remains a challenge. Comprehensive national data are not available, nor are well-established methods for assessing appropriate levels of use based on demand. Therefore, the Board encourages Governments to assess their annual medical needs, to measure national consumption of psychotropic substances and to submit to it the assessments of their medical and scientific requirements and the annual consumption data, in line with the relevant resolutions of the Economic and Social Council and the Commission on Narcotic Drugs. Such data enable the Board to analyse consumption levels of psychotropic substances in an accurate manner and to promote the adequate availability of those substances in regions most in need or to flag potential over-prescription in other regions.

453. An efficient and successful regulatory system that ensures that medicines containing psychotropic substances are obtainable in adequate quantities requires the involvement of the entire community, as well as the commitment of Governments. An analysis of the various impediments to availability and information about the world situation is also contained in the supplement to this annual report, entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*, which also contains recommendations to assist Governments in designing comprehensive policies.

454. Improving mental health care for all is essential to achieving Sustainable Development Goal 3, on ensuring

¹³³WHO, *Promoting Mental Health: Concepts, Emerging Evidence, Practice – Summary Report* (Geneva, 2004), p. 12.

healthy lives and promoting well-being for all at all ages. Governments are reminded to ensure that those living with mental health challenges are provided with access to adequate treatment and medications required to alleviate their suffering and thus enable them to participate fully in society with no stigma or discrimination. The Board wishes to stress the importance of including mental health treatment and support services in national health-care systems and ensuring that those services continue to be provided to populations, including during emergency situations.

5. Promoting equality and non-discrimination towards people who use drugs and in the access to prevention, treatment and rehabilitation programmes

455. Respect for human rights is an essential condition for the implementation of the three international drug control conventions by States parties in a manner consistent with their international obligations. In the design and implementation of national drug control policies, States must adopt approaches fully consistent with internationally recognized human rights standards, including equality of treatment and protection against discrimination.

456. The promotion of equality before the law and of non-discrimination in the area of drug control is essential to the full realization of the right to health and Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), as well as target 16.3 of the Sustainable Development Goals (Promote the rule of law at the national and international levels and ensure equal access to justice for all).

457. The Board has noted that persons who use drugs continue to be subject to discrimination and stigmatization. In keeping with Commission on Narcotic Drugs resolution 61/11, the Board calls upon States parties to ensure that their national legislation, policies and implementing practices do not discriminate unjustly on the ground of drug use or dependence, in particular in the criminal justice system, and that they offer protection against discrimination by third parties.

458. The international drug control conventions require States parties to give special attention to, and take all practicable measures for, the prevention, treatment, rehabilitation and social reintegration of all persons affected by drug use disorders. The Board encourages Governments to take proactive measures to ensure equality of access in the design and implementation of prevention, treatment, rehabilitation

and social reintegration activities for such persons. In this respect, the Board also encourages Governments to take cognizance of the UNODC/WHO *International Standards on Drug Use Prevention* (2nd updated ed.) in order to guide their prevention efforts.

459. As the Board has repeatedly stated, prevention, treatment, rehabilitation and social reintegration services for persons affected by drug use disorders should be evidence-based, be developed with the input and participation of persons who use drugs, be culturally appropriate, accessible to all and administered in a manner free from discrimination and stigmatization and be adapted to cultural and socioeconomic realities.

460. To ensure the accessibility of such prevention and treatment services, the principle of non-discrimination requires Governments to take all practicable measures to provide to vulnerable or marginalized groups services that are suited to their needs. Within the context of such prevention and treatment, the Board notes that mandatory drug-testing should not result in acts of discrimination with respect to other rights, such as housing or public benefits.

461. The Board notes that in some countries, for example, access to treatment for drug dependence is possible only upon registering as a person who uses drugs, that such registration brings with it various limitations on the exercise of civil rights, career prospects, the ability to travel and the enjoyment of other rights and that the prospect of having such limitations imposed and the associated stigma often acts as a disincentive for persons seeking such treatment. The Board encourages Governments to abolish policies that contribute to the stigmatization of drug use and dependence.

462. With respect to criminal justice, the Board recognizes the fact that, in many countries, marginalized groups such as women, children, migrants, refugees and minority and indigenous communities continue to be disproportionately affected by overly punitive responses to drug-related conduct. The Board calls upon States parties to the international drug control conventions to avail themselves of the possibility, provided for in those conventions, of applying alternative measures to conviction or punishment for minor offences, particularly if those offences have been committed by persons who use drugs.

463. The Board encourages all States parties to the international drug control conventions to take all necessary measures to ensure that in the elaboration and implementation of national drug control policies and drug use prevention policies, due consideration is given to the need to develop inclusive policies that offer protection against stigmatization and inequality of treatment.

6. Use of electronic import and export authorizations for trade in internationally controlled narcotic drugs and psychotropic substances

464. A key pillar of the international drug control system is the use of import and export authorizations for trade in internationally controlled narcotic drugs and psychotropic substances. This system ensures proper oversight by competent national authorities, customs services and other authorities to prevent diversion from licit trade into illicit channels. The framework is laid out in article 31 of the 1961 Convention as amended and article 12 of the 1971 Convention and has evolved pursuant to several resolutions of the Economic and Social Council and the Commission on Narcotic Drugs.

465. When the 1961 Convention as amended and the 1971 Convention entered into force, nearly 50 years ago, Governments used the only reasonable means available for the issuance of import and export authorizations: guilloche pattern or some other security paper, authenticated using stamps and signatures. Those documents would then be sent via express mail using the national postal service or some other mail service to the respective counterpart authorities. It could take weeks before an import or export document was received by the counterpart authorities. This was the sole practice until well into the digital revolution of the late 20th and early 21st centuries.

466. Recognizing that exchanging paper documents using mail services was slow, cumbersome and prone to forgery, INCB proposed the development of an international electronic system to complement national systems and further facilitate licit trade in narcotic drugs and psychotropic substances. The Commission on Narcotic Drugs, in its resolution 55/6, requested UNODC to develop an international electronic import and export authorization system for narcotic drugs and psychotropic substances under international control. This led to the creation of I2ES, a web-based tool allowing Governments registered to use the system to securely exchange with other registered users import and export authorizations for trade in narcotic drugs and psychotropic substances. INCB was charged with administering the system. Since its launch in 2015, the system has been utilized by a growing number of Governments.

467. The present subsection focuses on the evolution of the use of such electronic import and export authorizations by Governments not registered to use I2ES and the impact of such activity on the implementation of provisions of the 1961 Convention as amended and the 1971 Convention; and it provides guidance by the Board on possible ways

forward. Further details on the implementation of I2ES are provided in chapter II, section D, of this publication (see paras. 381–387).

468. With the onset of the COVID-19 pandemic, in early 2020, many competent national authorities had to contend with lockdowns, telecommuting and other situations that threatened to disrupt daily operations. To overcome those challenges, some Governments turned to using electronic import and export authorizations for trade in narcotic drugs and psychotropic substances. While in some countries I2ES was rapidly implemented, a variety of other modalities were observed, including the use of digital documents with virtual signatures for all transactions, stand-alone national systems and hybrid approaches (using both digital and physical documents). Although many of the solutions were initially intended to be temporary, some have been made permanent.

469. The varying approaches and modalities used for electronic import and export authorizations for trade in narcotic drugs and psychotropic substances have the potential to increase the risk of error or miscommunication between national drug control authorities. This could lead to diversions when national authorities are engaged in trade in internationally controlled substances or it could lead to legitimate trade being hindered if, for example, the authorities in the exporting country are not familiar with the new modality being used in the importing country. Digital documents with virtual signatures can be vulnerable if not properly secured. National electronic import and export authorization systems may transmit documents in a manner that is not compatible with the systems in other countries. Some authorities may lack the capacity to validate a digital document or use some other new modality for electronic authorization. Such gaps in the implementation of electronic import and export authorization systems for trade in narcotic drugs and psychotropic substances could be exploited by criminal groups or delay legitimate trade, for example, if the authorities of the two countries involved do not recognize each other's systems. Several Governments have sought assistance and guidance from the Board in order to reconcile differences in modalities used for electronic import and export authorizations for trade in narcotic drugs and psychotropic substances and to understand the implications of using such electronic authorizations in the context of the international drug control treaties.

470. Over the past two years, Governments have communicated their views to the Board on the use of electronic import and export authorizations for trade in narcotic drugs and psychotropic substances, provided information regarding their implementation of I2ES and other electronic authorization systems and expressed their concerns

regarding recent developments in this area. With a view to furthering cooperation with and among Governments to meet the aims of the international drug control conventions and addressing the concerns communicated to it by Governments, the Board has prepared recommendations on the use of electronic import and export authorizations for trade in internationally controlled narcotic drugs and psychotropic substances. Those recommendations are set out in the paragraphs below.

471. The 1961 Convention as amended and the 1971 Convention do not specify a modality for the issuance and exchange of import and export authorizations for trade in internationally controlled substances. Governments must ensure that their authorization documents, regardless of how they are issued, are in conformity with article 31 of the 1961 Convention and article 12 of the 1971 Convention.

472. **The Board recommends that Governments wishing to use electronic import and export authorizations for trade in internationally controlled substances should adopt the I2ES system.** I2ES is the only system endorsed by the Commission on Narcotic Drugs for the issuance and exchange of electronic import and export authorizations for such trade.

473. **The Board wishes to emphasize that Governments implementing their own national systems for the issuance and exchange of electronic import and export authorizations for trade in internationally controlled substances must ensure that their systems are in conformity with the 1961 Convention as amended and the 1971 Convention, as well as the relevant resolutions of the Commission on Narcotic Drugs.** In addition, Governments implementing their own national systems should make every effort to communicate with their trading partners and make them aware of the validity and functions of those systems.

474. The system of issuing and exchanging (via express mail) paper documents for import and export authorizations for trade in internationally controlled narcotic drugs and psychotropic substances, which has been in place since the entry into force of the 1961 Convention as amended and the 1971 Convention, continues to be valid and acceptable.

7. Responsibilities of transit countries in the licit trade in internationally controlled substances

475. Rapid and efficient legitimate trade in internationally controlled substances is critical to ensuring that medicines reach patients in a timely manner and that chemicals are available for industrial uses. The international drug control

treaties have provisions to make sure that trade in internationally controlled substances is effectively regulated, ensuring the adequate availability of such substances while preventing their diversion for misuse or illicit drug manufacture. In this respect, authorities of countries that either import or export internationally controlled substances, as well as authorities of countries and territories that are used as transit points for the licit trade in such substances, have a role in ensuring the security of supply chains. The obligations that States must carry out when shipments of internationally controlled substances pass through their territory are laid out in various provisions of the international drug control treaties, in particular, article 31 of the 1961 Convention as amended, article 12, paragraph 3, of the 1971 Convention and article 12, paragraphs 9 and 10, of the 1988 Convention, as well as in the provisions of numerous resolutions of the General Assembly, in particular Assembly resolutions S-20/4 A to E of 1998, of the Economic and Social Council, in particular its resolutions 2003/39 and 2004/41, and of the Commission on Narcotic Drugs, in particular its resolutions 50/10 and 60/5. The present subsection is intended to clarify the requirements related to the role of authorities in securing shipments of internationally controlled substances in transit, as opposed to imports or exports of such substances.

476. Authorities in transit countries must verify that shipments of internationally controlled narcotic drugs or psychotropic substances are accompanied by supporting documents conforming to the requirements of the relevant international drug control convention. It is critical that a copy of the export authorization from the exporting country accompany the shipment so that the relevant authorities in transit countries can confirm that the contents and destination of the shipment match with the information on the relevant transport documents. The copy of the export authorization should be a physical, paper-based document, regardless of whether it was originally issued in paper form or electronically, to ensure that the relevant authorities can easily validate it when inspecting the shipment that is in transit.

477. If a shipment containing an internationally controlled narcotic drug or psychotropic substance has no accompanying export authorization, the authorities in the transit country must detain it. This is a temporary measure to allow the authorities in the transit country to confirm with authorities in the importing and exporting countries if the shipment is legitimate, in order to secure the appropriate export authorization before allowing the shipment to continue. If the shipment cannot be validated, the authorities in the transit country may seize it.

478. In addition to ensuring that shipments of internationally controlled narcotic drugs and psychotropic substances

in transit are accompanied by valid export authorizations, authorities in transit countries must also ensure that the packaging of such a shipment is not altered without the permission of the competent authorities. Furthermore, the authorities in transit countries must ensure that the substance being shipped has not been subjected to any process that has changed its nature, such as converting it to another substance or a preparation.

479. For chemicals controlled under the 1988 Convention, Governments must establish a system to monitor international trade in order to facilitate the identification of suspicious transactions. The authorities of transit countries, together with those of exporting and importing countries, share responsibility for the early notification of their counterparts if there is reason to believe that a shipment of a substance may be intended for use in the illicit manufacture of narcotic drugs or psychotropic substances; in such cases, the authorities should include in their notification the information about the means of payment and any other essential element that led them to that belief. Under the pre-export notification system established pursuant to article 12, paragraph 10 (a), of the 1988 Convention, the authorities of transit countries should be informed in advance by the authorities of the exporting country of any shipment of such substances that is to transit their territory. Some Governments also require transit authorizations to be issued, although such authorizations are not required by the 1988 Convention.

480. With regard to shipments in free zones and free ports, the provisions of the international drug control conventions require that States apply all the relevant control measures to substances under international control, including those applying to shipments of such substances transiting their territory. Free trade zones or free ports do not exempt shipments of internationally controlled substances from any control measures contained in the conventions.

481. Shipments of internationally controlled substances in transit are distinct from re-exports of such substances, as the former are simply using the logistical infrastructure of a country to move along a supply chain while remaining untouched. Shipments in transit may also enter a country under conditions of customs surveillance for departing from a port in that country without any change in the packaging.

482. By contrast, the re-export of an internationally controlled substance entails a series of authorized imports and exports among several countries along a supply chain where some or all of the substance is being either repackaged or processed along the way. A country re-exporting an internationally controlled substance is typically doing so to facilitate activities of its own chemical or pharmaceutical industry

to manufacture products for foreign markets or is allowing an entity to simply resell the substance in an arbitrage. Pursuant to article 12, paragraph 10 (a), of the 1988 Convention, any shipment of a precursor chemical in Table I that is destined for re-export requires a pre-export notification to be sent to the authorities of the next importing country.

483. The Board wishes to remind Governments of their obligations under the international drug control treaties and the relevant resolutions of the General Assembly, the Economic and Social Council and the Commission on Narcotic Drugs to ensure the safe and secure trade in internationally controlled substances when shipments of such substances transit their territory.

B. Africa

Available seizure data suggest that trafficking in cocaine remains a major challenge for countries in North and West Africa. Similarly, trafficking in and abuse of cannabis and tramadol remain a challenge for many countries in Africa.

The lack of official data on drug seizures and drug use prevalence hinders the ability of countries in the region to address their respective drug challenges and the ability of the international community to provide support.

Africa is among the regions with the lowest levels of availability of narcotic drugs and psychotropic substances for medical and scientific purposes.

1. Major developments

484. Despite a lack of official reporting data from many countries in the region, several countries in West Africa continue to report record-breaking seizures of cocaine being trafficked from South America to Europe. Exceptionally large seizures reported by Cabo Verde and Côte d'Ivoire, along with smaller seizures reported by other countries, suggest that North and West Africa continue to be used as a trans-shipment hub for cocaine trafficking. Trafficking in and abuse of tramadol continue to pose a major threat, in particular for countries in West and Central Africa.

485. Africa is among the regions of particular concern with regard to ensuring and monitoring the availability of narcotic drugs and psychotropic substances for medical and

scientific purposes. In particular, on the basis of reported consumption of narcotic drugs, the region is among those with the least availability of the most widely used opioid analgesics. Determining levels of consumption of psychotropic substances for Africa remains a challenge as only a quarter of the countries have provided to the Board consumption data on any psychotropic substance for the past several years. The Board stresses that there is insufficient availability of narcotic drugs and psychotropic substances in many countries of the region and emphasizes the importance of ensuring sufficient availability of and access to internationally controlled substances for medical purposes. Further information on recent developments is contained in the supplement to the annual report of the Board for 2022, entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Drugs for Medical and Scientific Purposes*.

486. The Board continues to provide capacity-building services to countries to assist them in meeting their obligations under the three international drug control conventions, as well as addressing their national drug control challenges. During the reporting period, INCB Learning and the INCB GRIDS Programme conducted several workshops and training sessions for countries in Africa. Additional information can be found in paragraphs 490 and 492–494.

2. Regional cooperation

487. In January 2022, the UNODC Regional Office for West and Central Africa organized a regional workshop entitled “Drug surveillance and information systems: improving drug surveillance and information systems to strengthen the implementation of the Lisbon Consensus in francophone West African countries”. The workshop brought together 34 participants from across those two subregions to collaborate on drug monitoring using indicators developed under the Lisbon Consensus, share information on regional and national efforts, develop coordination strategies to improve the quality of data on the drug situation in countries in those subregions and promote a regional community of specialists to improve drug monitoring and related information systems.

488. In March 2022, the ECOWAS Commission organized a two-day online workshop for experts in the treatment of substance use disorders. Fifty-eight officials from health ministries, hospitals and mental health services from ECOWAS countries participated in the workshop. The workshop raised awareness of the application of international standards of care for patients with substance use disorders and reviewed present resources available to experts to establish effective and coordinated systems for

patient-centred care to mitigate the harmful effects of substance use. At the conclusion of the workshop, participants agreed to establish the West African Network of Addiction Treatment Experts to address substance use disorders in the region.

489. In March 2022, the Nigeria-European Union Partnership project launched the Nigeria Cannabis Survey, the first systematic exercise of its kind in the country. The survey used remote sensing over an area of 4,500 km² in six states to capture 17,185 photos which, combined with data from aerial overflights and structured interviews in those states, provided a baseline assessment of the extent of illicit cannabis cultivation. The survey found that there was an estimated 8,900 ha of cannabis cultivated in those six states. It confirmed that cannabis fields were located deep inside dense forests and thus established a link between cannabis cultivation and deforestation. It was also found that cannabis was cultivated in combination with other crops, either to conceal the cannabis plants or to yield additional profits. Consumption of domestically cultivated cannabis was found to be predominantly for the domestic market, although there was some evidence of trafficking to other countries. There were also indications of the involvement of organized criminal groups in trafficking cannabis to other areas of the country or onward to foreign illicit markets.

490. In April 2022, six African countries participated in an INCB Learning seminar to strengthen their compliance with the three international drug control conventions. Officials from Burundi, Eswatini, Ethiopia, Ghana, Malawi and Zambia participated in the online capacity-building seminar. Government officials had an opportunity to further enhance their capacity in terms of monitoring and reporting on the licit trade in narcotic drugs, psychotropic substances and precursor chemicals, and further use I2ES. In total, 145 drug control officials from the competent national authorities of 39 countries in Africa¹³⁴ have registered to use INCB Learning e-modules. The e-modules support countries that are expanding their capacity for the control of narcotic drugs, psychotropic substances and precursor chemicals and gaining a deeper understanding of the international drug control framework.

491. In April 2022, the UNODC Regional Office for West and Central Africa, the United Nations Office for West Africa and the Sahel and the Embassy of Spain jointly organized a mini-Dublin Group meeting in West Africa at the

¹³⁴ Algeria, Angola, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Comoros, Côte d’Ivoire, Democratic Republic of the Congo, Djibouti, Egypt, Eritrea, Eswatini, Ethiopia, Gabon, Ghana, Guinea, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Morocco, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Sudan, United Republic of Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe.

Cervantes Institute in Dakar. Participants shared information and experiences in fighting transnational organized crime in the region, in particular drug trafficking.

492. On 14 and 15 April 2022, the INCB GRIDS Programme organized an online regional workshop for front-line officers in Nigeria to address issues related to challenges and responding to the threat of new psychoactive substances using the IONICS platform. A second workshop, conducted in person from 9 to 11 June 2022, provided training on the safe interdiction of synthetic opioids and related chemicals and updates on emerging drug trafficking trends.

493. From 27 to 29 April 2022, the INCB GRIDS Programme organized training in Benin for 15 law enforcement officers focused on awareness-raising and safe handling practices related to new psychoactive substances, synthetic opioids and other dangerous substances and on strengthening information exchange using the IONICS platform. Attendees from anti-narcotics departments, borders and residency departments and customs authorities participated in the events.

494. On 13 and 14 June 2022, the INCB GRIDS Programme delivered an awareness-raising and training workshop on the safe interdiction of synthetic opioids and related chemicals for 17 front-line officers from the Ghanaian Food and Drugs Authority and the Ghanaian Narcotics Control Commission, held in Accra. The training workshop was aimed at strengthening information exchange to counter the trafficking of opioids and new psychoactive substances using the IONICS communication platform.

495. In May 2022, the African Union launched the Global Dialogue on Drug Demand Reduction between Africa, Asia, Latin America and the Caribbean on the margins of the conference of the International Society of Substance Use Professionals, held in Abu Dhabi. The initiative coordinates and aligns collective efforts by Governments in those regions to address a number of drug issues, including demand reduction, dependency, treatment and care.

496. In June 2022, the African Union held the first ordinary session of the Conference of the States Parties to the African Medicines Agency Treaty, held in Addis Ababa. At the session, the Conference adopted its rules of procedure, considered the assessment report on the Agency's headquarters and selected Rwanda to host it. Representatives of the African Union Commission and the African Union Development Agency participated in the meeting.

497. The GRIDS Programme convened the first global conference for operational officers on the interdiction of fentanyl, synthetic opioids and related dangerous substances, held in Vienna from 1 to 5 August 2022. The event

brought together over 140 participants from around the world, including 14 participants from Cabo Verde, Ghana, Malawi, Morocco, Nigeria, Senegal and the United Republic of Tanzania, who engaged in practical awareness-raising and capacity-building related to synthetic opioids.

498. The GRIDS Programme convened the fifth annual operational meeting on countering trafficking of dangerous synthetic drugs and chemicals through postal, courier and air cargo services, held in Vienna from 6 to 9 September 2022. The event brought together nearly 60 officers from 30 Governments and international organizations, including an officer from Nigeria. Participating countries also conducted bilateral and multilateral meetings to enhance cooperation across borders, facilitated by INCB.

499. The GRIDS Programme hosted the interregional workshop on public-private partnerships for the prevention of trafficking of dangerous substances, held in Sharm el-Sheikh, Egypt, from 11 to 14 September 2022. The event was attended by more than 120 representatives from 30 Governments, 5 international organizations and 15 Internet-related service providers and their associations, including 24 participants from Algeria, Côte d'Ivoire, Egypt, Kenya, Morocco, Nigeria and South Africa. Participants exchanged best practices and case examples related to the exploitation of private sector agencies and online platforms for the trafficking of dangerous substances with the aim of strengthening international operational cooperation across borders to prevent future misuse of legitimate Internet-related services.

3. National legislation, policy and action

500. In April 2022, the Government of Mauritius established an online platform to strengthen the controls on licit trade in and use of controlled substances, following the 2021 amendment to its Dangerous Drugs Act of 2000. Under the country's drug control legislation, all entities engaging in trade in and use of substances are required to use the new online platform to register all transactional activity. The establishment of the online platform stems from the implementation of the recommendations issued by the country's Commission of Inquiry on Drug Trafficking in 2018.

501. In April 2022, the Government of Morocco issued decree No. 2.22.159, which implements some of the legal provisions of law No. 13.21 permitting the legal cultivation of cannabis for medical and scientific purposes in the country. The decree designates three provinces of Morocco where it will be legal to cultivate and harvest cannabis. The decree also established a national agency for the regulation of

cannabis-related activities, which will oversee licensing and other administrative procedures related to cannabis production in the country. Finally, the decree sets out specific regulatory requirements that cannabis producers must follow.

502. In March and April of 2022, the United Republic of Tanzania made several amendments to its drug control and criminal laws related to drug trafficking and drug use offences. An amendment to the Drug Control and Enforcement Act of 2015 further extends the powers of the Drug Control and Enforcement Authority to conduct drug searches. An amendment to the Criminal Procedure Act allows plea bargaining for those charged in drug trafficking cases. Additionally, minor drug use offences have been decriminalized, with a focus on health-based approaches for those persons suffering from drug use disorders. However, public use of drugs remains a punishable offence.

4. Cultivation, production, manufacture and trafficking

503. An analysis of the drug trafficking situation in Africa is hampered due to the lack of official data in the region. Nonetheless, the limited data available suggest that cocaine trafficking remains a major concern for countries in North and West Africa. Illicit cultivation and seizures of cannabis and cannabis resin occur across the region but are of greatest concern in North Africa. Trafficking in other drugs, including benzodiazepines and MDMA, are sporadic and have been reported by some countries. Determining the extent of trafficking in tramadol is difficult. However, several large seizures of tramadol took place in West Africa, in particular, in Nigeria.

504. The Board encourages all States in the region to strengthen their drug trafficking interdiction efforts and subsequently make available all information and data related to their efforts to counter drug trafficking, in particular seizure data, to United Nations bodies, including UNODC and INCB, as well as other relevant stakeholders. The Board also encourages donor States to include information collection and analysis programmes as part of their assistance programmes for countries in the region.

505. Countries in North and West Africa continue to report record seizures of cocaine, which indicates that trafficking of the drug continues to pose a major challenge in the region. Authorities of Cabo Verde, with the assistance of the United States Navy and INTERPOL, seized 6 tons of cocaine from a vessel in the country's territorial waters in April 2022, which was similar to an interdiction by the French Navy in the Gulf of Guinea, near Abidjan, Côte d'Ivoire, in March 2021. Further, in April 2022, authorities

in Côte d'Ivoire seized more than 2 tons of cocaine in Abidjan and San-Pédro in the course of a one-week operation. The National Drug Law Enforcement Agency of Nigeria reported multiple seizures of cocaine ranging from a few kilograms to dozens of kilograms, most of which took place at the country's airports. Authorities of Morocco reported seizing nearly 85 kg of cocaine in the first half of 2022, with no reports of large seizures of the kind seen in 2021, when a total of 1.8 tons were seized.

506. Trafficking in cannabis and cannabis resin continues to be heavily concentrated in North Africa, although cannabis seizures are reported across the region. Quantities reported in the first half of 2022 point to a drop in the quantity of seizures. In June 2022, authorities of Algeria reported seizing 724 kg of "kif" (dried material derived from cannabis) in the western part of its territory, along the country's border with Morocco. In the first half of 2022, Moroccan authorities seized approximately 1.1 tons of cannabis resin and 31.5 tons of cannabis. Additional data on cannabis seizures in 2022 are so far limited, which makes comparisons with previous years difficult. For 2021, many countries reported extensive seizures of cannabis and cannabis resin at levels higher than in previous years. Algeria reported seizing more than 71 tons of cannabis. Burkina Faso reported seizing 12 tons of cannabis. Senegal seized 16.7 tons of cannabis resin and 30 tons of cannabis. The Sudan seized more than 380 tons of cannabis, some of which was cultivated in forests that had been illegally logged.

507. Data regarding trafficking in heroin are limited, but seizures have been reported by several countries in the region. In July 2022, Nigeria reported a seizure of 23 kg of heroin, concealed in baby food, trafficked from Southern Africa. In May 2022, the United Republic of Tanzania conducted a major operation in which more than 174 kg of heroin was seized. Algeria, Burkina Faso, the Gambia, Ghana, Mauritius, Namibia, the Niger, Senegal and Togo all reported heroin seizures in 2021 ranging from several hundred grams to several kilograms, while South Africa reported seizing 158.2 kg of heroin in that same period.

508. Data regarding trafficking in other drugs in Africa are limited. However, several countries have reported some seizures during 2022. Morocco reported seizing small quantities of MDMA, the Niger reported seizing several kilograms of methamphetamine, Burkina Faso reported seizing half a kilogram of methamphetamine, and Nigeria reported seizing 350,000 codeine tablets. For 2021, Morocco reported seizing over 1.6 million tablets of various psychotropic substances, including several benzodiazepines.

509. For 2021, only a few countries in Africa have reported to the Board the mandatory information related to seizures

of substances in Tables I and II of the 1988 Convention and of substances not under international control. This has hindered the identification of emerging trends in illicit drug manufacture on the African continent. However, the information available suggests that Africa continues to be affected by trafficking of precursor chemicals and chemicals not scheduled at the international level. 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 Africa can be found in the report of the Board for 2022 on the implementation of article 12 of the 1988 Convention.¹³⁵

510. Non-medical use of tramadol remains a concern, in particular in West and Central Africa. In the first half of 2022, the National Drug Law Enforcement Agency of Nigeria and the Nigerian Customs Service reported several large seizures of tramadol, including 1.5 million tablets totalling 886 kg seized in March, 9.1 million tablets totalling 1.3 tons seized in April, 500,000 tablets totalling 407 kg seized in June, and 2.7 million tablets totalling 1.6 tons seized in July. Burkina Faso and the Niger also reported seizures of several thousand tramadol tablets during 2022. For 2021, seizures of tramadol were reported by Algeria, Côte d'Ivoire, Mali, the Niger, Nigeria, Senegal and Togo.

5. Prevention and treatment

511. Determining the extent of drug use in Africa continues to be impeded by the lack of available information and prevalence data. This lack of data hinders the region's ability to determine the scope and consequences of drug use. It also hinders Governments and the international community as they seek to respond effectively by adopting and implementing evidence-based drug use prevention and treatment programmes.

512. The Board reiterates its call to all States in the region to develop mechanisms to improve the collection of information on drug use prevalence with the aim of developing drug use prevention and treatment strategies that are based on evidence and tailored to each country's specific needs and realities.

513. According to the UNODC *World Drug Report 2022*, the estimated prevalence of cannabis consumption in Africa was 6.54 per cent of the population (approximately 49.2 million people). For opioids, including prescription opioids, the estimated prevalence of consumption of those drugs stood at 1.23 per cent (approximately 9.2 million people). For opiates, mostly heroin, the estimated prevalence of

consumption stood at 0.49 per cent (3.6 million people). The prevalence rates for the consumption of other drugs in Africa did not exceed more than 0.3 per cent of the population in 2020. For many substances, the prevalence data for some subregions of Africa were not available.

514. In 2021, Algeria established two centres offering opioid substitution therapy using methadone, with 100 patients receiving treatment. The Government plans to expand the programme to treat up to 320 patients in total by the end of 2023.

515. In February 2022, Mauritius published the report on a population survey of people who use drugs. The report builds on existing initiatives, such as the National Drug Control Master Plan for the period 2019–2023, to address the country's drug problem. The report contains a number of recommendations to reduce stigma for people who use drugs and discrimination related to drug use disorders, improve treatment services and promote a multisectoral integrated approach to addressing drug use in the country.

516. A 2021 study in Kenya assessing the trends in drug use in the country found that the misuse of prescription drugs is on the rise owing to lower perceptions of harm related to the use of those substances as legal medicines. The substances in question are several types of internationally controlled benzodiazepines, as well as codeine and tramadol, which are sourced from hospitals and pharmacies. Use of cannabis edibles, including cookies and sweets, is also on the rise. The study provides a set of recommendations to address drug misuse, including a recommendation to establish better controls at pharmacies and hospitals in order to prevent diversion of medicines, and a recommendation to sensitize the public to emerging drug trends in the country and the associated harms.

517. Over the course of 2021, the United Republic of Tanzania provided treatment services to more than 890,000 persons with varying drug use disorders. Services were provided in specialized treatment centres and regional and district hospitals that have mental health units. In addition, the country now runs 14 opioid substitution therapy sites that use methadone and buprenorphine, located across the country and which provide treatment services to approximately 11,500 people on a daily basis. In April 2022, the Government released a set of guidelines for trainers on how to raise awareness among children, youth and parents on drug use prevention and the effects of drug trafficking.

¹³⁵E/INCB/2022/4.

C. Americas

Central America and the Caribbean

Several countries in the region reported seizures of large amounts of cocaine, indicating increases in drug trafficking following mobility restrictions imposed during the COVID-19 pandemic.

The continued lack of recent estimates of the prevalence of drug use in most countries in Central America and the Caribbean makes it difficult to assess the nature, scope and extent of drug misuse in the region and hampers the tailoring of responses to the problem.

1. Major developments

518. Owing to its geographical location and to the fragility of its governing institutions, Central America and the Caribbean continues to be exploited by both local gangs and international organized criminal groups as a transit and trans-shipment route for illicit drugs originating in South America and destined for consumer markets in North America and Europe. Drug trafficking is increasingly linked to trafficking in persons, trafficking in firearms, money-laundering, corruption and cybercrime, and those criminal groups also take advantage of other destabilizing factors such as health and migratory crises.

519. The region suffers from violence and insecurity. In 2022, the Office of the United Nations High Commissioner for Human Rights reported on worsening violence and clashes in Haiti between rival armed gangs in the capital, Port-au-Prince, that have forced hundreds of people to flee their homes. In El Salvador, Guatemala and Honduras, the street gangs Mara Salvatrucha (also known as “MS-13”) and Barrio 18, supply domestic markets with illicit drugs to supplement their main source of income from extortion. However, these gangs are not significantly involved in international drug trafficking.¹³⁶

520. Although comprehensive information regarding total amounts of illicit drugs seized in the region in 2021 was not available at the time of writing, some media and unofficial government reports indicate that the total amounts of illicit drugs, including cocaine, seized in Central America in 2021 could be considerably larger than those reported in 2020. Some national experts have commented that while the illicit

manufacture of cocaine continued during the COVID-19 pandemic, criminal groups were unable to transport the drug due to mobility restrictions until 2021, when drugs were released from storage places as travel restrictions eased. According to preliminary figures, Panama seized 117 tons of cocaine in 2021, 48 tons more than in 2020. In 2021, Costa Rica seized a total of 44.3 tons of cocaine hydrochloride, the largest seizure of the drug in the last three decades. The Dominican Republic also reported record seizures of illicit drugs in 2021, amounting to 25.5 tons, including 19.1 tons of cocaine.

521. In December 2021, CICAD published 33 national evaluation reports on drug policies and measures of prevention, treatment and recovery support in the Americas, which evaluate the adherence of States members of OAS to the OAS Hemispheric Plan of Action on Drugs for the period 2021–2025 (see para. 531 below). Further, CICAD released the executive summary of the *Report on Drug Supply in the Americas 2021*, which analyses data in the western hemisphere and provides information on the trends, challenges and emerging issues for policymakers and the general public. CICAD also published a report entitled *Characteristics of Persons Seeking Drug Treatment in the Caribbean* (see para. 557 below). UNODC published a report entitled *Synthetic Drugs and New Psychoactive Substances in Latin America and the Caribbean 2021* (see paras. 532 and 547 below).

2. Regional cooperation

522. CICAD, INCB and UNODC continued to organize expert meetings and provide online training for the competent national authorities of the countries of Central America and the Caribbean. A total of 81 drug control officials from the competent national authorities of 16 countries in Central America and the Caribbean have registered to use INCB Learning e-modules. The e-modules support countries that are expanding their capacity for the control of narcotic drugs, psychotropic substances and precursor chemicals and gaining a deeper understanding of the international drug control framework. In December 2021, Cuba and Nicaragua, together with countries of South America, participated in an INCB Learning virtual seminar aimed at strengthening countries’ compliance with the international drug control conventions, including monitoring and reporting on the licit trade in narcotic drugs, psychotropic substances and precursor chemicals, as well as the use of the I2ES platform.

523. The GRIDS Programme convened the first global conference for operational officers on the interdiction of fentanyl, synthetic opioids and related dangerous substances, held in Vienna from 1 to 5 August 2022. The event brought together over 140 participants from around the world,

¹³⁶ *World Drug Report 2022*, booklet 2, *Global Overview of Drug Demand and Drug Supply* (United Nations publication, 2022), pp. 67–68.

including 4 participants from the Dominican Republic and Guatemala, who engaged in practical awareness-raising and capacity-building related to synthetic opioids.

524. The GRIDS Programme convened the fifth annual operational meeting on countering trafficking of dangerous synthetic drugs and chemicals through postal, courier and air cargo services, for nearly 60 officers from 30 Governments and international organizations, including the Implementation Agency for Crime and Security of the Caribbean Community. Participating countries also conducted bilateral and multilateral meetings to enhance cooperation across borders, facilitated by INCB.

525. In September 2022, the Board entered into an operational agreement with the Caribbean Community's Implementation Agency for Crime and Security to support information and intelligence exchange, training and collaborative strategic efforts to counter trafficking in dangerous opioids, new psychoactive substances and related chemicals.

526. CICAD provided technical assistance to OAS member States and their national drug observatories through online training events and round tables on various drug control-related topics, including early warning systems. In 2021, the early warning system for the Americas received alerts for the first time from El Salvador and Trinidad and Tobago. Training courses and workshops organized by UNODC addressed, among other topics, prevention of drug use in children and adolescents and psychotherapeutic care for substance users and HIV/AIDS patients. In October 2021, in cooperation with UNODC, Colombia, Costa Rica and El Salvador launched the subregional strategy to improve the interdiction of trafficking in drugs and chemical precursors.

527. In December 2021, PAHO launched a project entitled "Universal health care for substance use disorders in Latin America and the Caribbean". The project will run for 18 months and provide technical support to Costa Rica, Jamaica, and Panama and an additional three countries in South America to improve their national capacity to develop and implement health and social responses for substance use-related problems. In particular, the project will assist in improving the abilities of health and social workers to screen for substance use disorders, implement early interventions, better manage at-risk populations and formulate health policies. The project also aims to improve collaboration between national health agencies and drug control agencies.

528. In February 2022, the European Union and Latin American and the Caribbean countries launched a third phase of COPOLAD, which has supported biregional cooperation on drug policies for the past decade. With funding

amounting to 15 million euros, COPOLAD III is being implemented over a four-year period that commenced in February 2021. Countries participating in the programme include Antigua and Barbuda, the Bahamas, Barbados, Belize, Costa Rica, Cuba, Dominica, El Salvador, Grenada, Guatemala, Haiti, Honduras, Jamaica, Nicaragua, Panama, the Dominican Republic, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Saint Lucia and Trinidad and Tobago. The programme focuses on several areas, including drug-dependence treatment programmes and services to address the needs of women and vulnerable populations, the development of national systems for the reintegration of people with drug use problems, the review of proportionality in criminal law, and the use of confiscated goods and assets for social purposes.

529. The UNODC-WCO Container Control Programme continued to operate at seaports in nine countries of Central America and the Caribbean: the Bahamas, Costa Rica, Cuba, the Dominican Republic, El Salvador, Guatemala, Honduras, Jamaica and Panama. The Programme has assisted port authorities in using modern control techniques to detect illegal goods, including illicit drugs hidden in containers, without disrupting licit trade. In May 2022, WCO organized an online regional workshop on free zones for the Americas and the Caribbean, attended by experts from customs administrations, free zone authorities, the private sector and OAS. The workshop covered the key elements identified in WCO guidance for adequate customs procedures in free zones.

530. Antigua and Barbuda, Barbados, Belize, Costa Rica, Dominica, the Dominican Republic, El Salvador, Grenada, Guatemala, Honduras, Jamaica, Panama, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago were among 40 countries that participated in the international naval operations Orion VII and Orion VIII to combat drug trafficking in 2021. The operation resulted in seizures of a total of 471 tons of illicit drugs, including 145 tons of cocaine hydrochloride.

3. National legislation, policy and action

531. The focus of the eighth evaluation round of the Multilateral Evaluation Mechanism for countries in the Americas, published in 2021, was on measures of prevention, treatment, and recovery support. The evaluation reports indicate that several countries in the western hemisphere, including those in Central America and the Caribbean, need to make progress in areas such as addressing stigmatization and social marginalization and need to establish or implement regulatory measures including

criteria for the accreditation of prevention programmes and care and treatment services.

532. Information on legal responses to the emergence of new psychoactive substances in Central America and the Caribbean for the most part remains limited. At the time of writing, in the UNODC publication *Synthetic Drugs and New Psychoactive Substances in Latin America and the Caribbean 2021*, information on legal responses to the emergence of new psychoactive substances was available for only nine countries in Latin America and the Caribbean, including Costa Rica, Nicaragua and Trinidad and Tobago.

533. In 2021, the National Council on Substance Abuse of Barbados initiated a discussion on establishing a recreational cannabis sector. According to the Council, the discussions would focus on how to balance potential economic profits from the cultivation and sale of cannabis with the provision of support for programmes to prevent cannabis use, in particular among minors and adolescents. The National Council also encouraged debate on the non-medical consumption of cannabis, giving consideration to the issue of economic growth versus the social costs.

534. In March 2022, the Senate of Belize approved the Cannabis and Industrial Hemp Control and Licensing Bill of 2022, which in conjunction with the recently amended version of the Misuse of Drugs Act legalizes the non-medical use, commercial production and sale of cannabis in the country. The laws legalize non-medical cannabis use for adults only and put in place a framework for the roll-out of the industry in Belize, which is to be overseen by a cannabis control commission. While the law has received the support of the Government, the Cabinet suspended its signing into law in order to receive further recommendations and allow religious institutions an opportunity to present their petition for a referendum.

535. In May 2022, the Ministry of Youth of the Dominican Republic and the National Drug Council signed an inter-institutional cooperation agreement to address problems of drug use among young people. The institutions agreed to develop a strategy aimed at reducing the use and distribution of and trafficking in illicit drugs, through the development and monitoring of policies and actions for the health and well-being of Dominican youth.

536. In 2021, the National Anti-Drug Commission of El Salvador published a national report on the drug situation in the country covering the 18-month period from 2020 to mid-2021. Work also commenced on the drafting of a new national drug strategy for the period 2022–2027. In addition, the Board is aware of the Government’s initiative to regulate the sale and use of tableting machines with a view

to preventing their diversion and misuse in the illicit manufacture of drugs.

537. The Darién Gap of Panama, a dense strip of forest near the border with Colombia, is known to be exploited for trafficking in arms, drugs and persons. In 2022, the Government of Panama launched a campaign called “Wana humaradá”. The campaign, jointly carried out with the National Border Service, the National Aeronaval Service and the National Immigration Service, will address criminal activities, including human trafficking, drug trafficking and illegal mining in Darién Province.

538. In May 2022, the Institute of Interdisciplinary Studies and the National Commission for the Study and Prevention of Drug-Related Crimes (CONAPRED) of Panama launched the “Therapeutic community” project as a care programme for adolescent users of illicit substances seeking rehabilitation and reintegration into society. In 2022, the Government of Guatemala launched a campaign called “Enjoy a drug-free Guatemala” aimed at preventing drug consumption in the country.

539. In 2021, Trinidad and Tobago became the first country in the Caribbean to follow the case/care management model, which promotes cooperation between the justice system and the health system, as well as with social services, with a view to facilitating access to treatment and social integration programmes as an alternative to incarceration.

4. Cultivation, production, manufacture and trafficking

540. The amount of cannabis seized in the Americas is greater than for any other drug, followed by seizures of cocaine and cocaine derivatives. The overall share of the Americas in global cannabis herb seizures has declined, however, from 84 per cent of the global total in 2010 to 58 per cent in 2020.

541. An analysis of various indicators of cannabis cultivation in the region suggests that there was a sizable cultivation of cannabis in Costa Rica, Guatemala and Honduras in Central America and in Jamaica and Trinidad and Tobago in the Caribbean in the period 2010–2020. For the period 2016–2020, in Central America and the Caribbean, Guatemala, Honduras and Jamaica were among the most frequently mentioned countries of origin, departure and transit for cannabis herb in the region.

542. The authorities of Costa Rica reported record seizures of cannabis herb in 2021 amounting to 21.7 tons, the largest total seizures of the substance since 1990. In the first five

months of 2022, a further 10.6 tons of cannabis herb were seized in the country. Costa Rica and Guatemala reported eradication of 800,000 and 1.9 million cannabis plants, respectively, in 2021. In 2021, 34.8 tons of cannabis herb were seized in Jamaica.

543. Increases in global cocaine seizures, primarily in cocaine-manufacturing countries, have shown a clear upward trend over the past two decades, notably in the period 2015–2020. Available data also show that over the past two decades there has been a shift from the Caribbean to Central America in terms of the greater quantity of cocaine seized, due to increased trafficking of cocaine from Colombia along the Pacific route to Central America and North America, instead of being trafficked via the Atlantic Ocean and the Caribbean.

544. In 2020, Central America and the Caribbean accounted for 10 per cent and 1 per cent, respectively, of all cocaine seizures worldwide. According to the CICAD executive summary of the *Report on Drug Supply in the Americas 2021*, during the reporting period 2016–2019, the average amount of individual cocaine seizures in Central America was roughly 25 kg to 30 kg. In the Caribbean individual seizure amounts fluctuated, with annual averages for seizure weights ranging from 1.5 kg to 16 kg.

545. Most of the cocaine seized in the European Union or in transit to Europe is directly transported by sea, primarily in containers, from the main cocaine-manufacturing countries or their neighbouring countries in South America, Central America and the Caribbean. Some cocaine also enters the European Union by air, primarily by means of commercial passenger flights, cargo aircraft or general aviation (private civilian aircraft). The use of private business aircraft to traffic cocaine directly from South America and the Caribbean to western Europe is expected to increase in the future according to EMCDDA. Disruptions in global air passenger transport during the COVID-19 pandemic contributed to a significant decrease in cocaine trafficking by that means in 2020.

546. According to the CICAD executive summary of the *Report on Drug Supply in the Americas 2021*, Guatemala was the only country in the region that mentioned heroin or opium poppy as a drug of concern during the reporting period 2016–2019. Some countries in the region might, however, be indirectly associated with trafficking of synthetic opioids. In 2022, the United States Commission on Combating Synthetic Opioid Trafficking published a report examining the synthetic opioid threat in the United States, including illegal manufacturing of and trafficking in these substances, as well as deficiencies in countering their illicit manufacture and distribution. The report indicated that a

number of advertisements for fentanyl or its precursors were linked with email domains seeming to originate in China and the United States as well as other countries such as the Bahamas and Jamaica. In that regard, the Board notes that UNODC has continued to provide training focused on cybercrime investigations and prosecution in the region.

547. According to the UNODC report *Synthetic Drugs and New Psychoactive Substances in Latin America and the Caribbean 2021*, Latin America and the Caribbean have experienced an expansion and diversification of the synthetic drug market and the rapid emergence of a wide range of new psychoactive substances, in particular from 2013 onward. In particular, increasing MDMA manufacture in Europe has led to the emergence of “ecstasy” pills containing higher doses of MDMA and crystalline MDMA. From Europe, “ecstasy” was predominantly trafficked to the region using postal services and, prior to the COVID-19 pandemic, also by air passengers.

548. Since 2016, seizures of amphetamine and methamphetamine were reported by several countries in the region, including the Bahamas, Barbados, Belize, the Dominican Republic, El Salvador, Guatemala and Panama. Seizures of “ecstasy” were reported in Antigua and Barbuda, the Bahamas, Costa Rica, the Dominican Republic, El Salvador and Panama. Seizures of LSD were reported by two countries: Costa Rica and Honduras. Costa Rica and Panama have reported seizures of ketamine in recent years.

549. In the same period, the following countries were reported to be linked with the illicit manufacture and/or processing of synthetic drugs and new psychoactive substances: the Dominican Republic (“ecstasy” and fentanyl), Guatemala (amphetamines) and Panama (new psychoactive substances).

550. As of August 2022, new psychoactive substances were detected in the following countries and territories of the region: Cayman Islands, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica, Panama and Trinidad and Tobago; the highest number of different new psychoactive substances was reported by Costa Rica.

5. Prevention and treatment

551. Central America and the Caribbean is among the regions of particular concern with regard to ensuring and monitoring the availability of narcotic drugs and psychotropic substances for medical and scientific purposes. In particular, on the basis of reported consumption of narcotic

drugs, the region is among those with the least availability of the most widely used opioid analgesics. Determining levels of consumption of psychotropic substances for Central America and the Caribbean remains a challenge, as only a third of countries and territories have provided consumption data to the Board on any psychotropic substance for the past several years. The Board stresses that there is insufficient availability of narcotic drugs and psychotropic substances in many countries of the region and emphasizes the importance of ensuring sufficient availability of and access to internationally controlled substances for medical purposes. Further information on recent developments is contained in the supplement to the present annual report, entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*.

552. The Board notes with concern the continued lack of recent epidemiological surveys on the prevalence of drug abuse in most countries in Central America and the Caribbean. The latest estimates of the annual prevalence of use of cocaine among the general population aged 15–64 are more than 10 years old in a number of countries in the region, including Barbados, Belize, the Dominican Republic, Honduras, Jamaica, Nicaragua, Saint Lucia and Trinidad and Tobago. Recent estimates are not available to enable the production of estimates of the extent of opioid use in the region. **The Board recommends that the countries concerned prioritize the collection of data on drug use trends and treatment demand in order to inform the development of evidence-based drug control policy and encourages bilateral partners and regional and international organizations to provide support to this end.**

553. Although the past-year prevalence of cannabis use among the adult population in Central America (3.1 per cent) and in the Caribbean (3.8 per cent) is lower than the global average (4.1 per cent), the gradual increases in the prevalence of cannabis use is considered to be a problem for the health-care systems of some countries in the Caribbean. According to the latest data available, the past-year prevalence of cannabis use among the adult population in Jamaica in 2016 was 18 per cent.

554. According to the *World Drug Report 2022*, the annual prevalence of the use of cocaine in Central America and the Caribbean is estimated at 0.96 per cent and 0.35 per cent, respectively, of persons aged 15–64 years. Central America and the Caribbean are among the subregions of the world with the highest proportion of people in drug treatment due to the use of cocaine-type substances. For example, according to the statistical bulletin of the Costa Rican Drug Institute, the number of people that entered residential drug treatment in non-governmental entities from January to

May 2022 due to the use of cocaine and “crack” cocaine was four times higher than that due to the use of cannabis.

555. The annual prevalence of amphetamine and prescription stimulants use among adults in Central America was estimated to be 0.98 per cent in 2020, unchanged from 2019. The annual prevalence of amphetamine and prescription stimulant use in the Caribbean was not reported in the *World Drug Report 2022*. The consumption of “ecstasy”, which has traditionally been concentrated among young people in nightlife settings, has apparently shifted to more mainstream use over the past decade in various regions. In 2020, the annual prevalence of the use of “ecstasy” was the lowest among reported controlled stimulants, and was estimated at 0.17 per cent in Central America and 0.23 per cent in the Caribbean.

556. Concerned about the number of persons seeking treatment for drug dependence, the National Council on Substance Abuse of Barbados launched a workplace safety survey in December 2021. Employees of the Ministry of Home Affairs and private sector organizations that the Council has worked with participated in the survey. The survey, together with other ongoing and planned surveys including the national household survey, the “Barriers to treatment: factors hindering women’s access to treatment in Barbados” survey, the National Secondary School Survey and the tertiary level school survey will further assist the Council to develop evidence-based drug education prevention programmes for Barbados.

557. CICAD published a report entitled *Characteristics of Persons Seeking Drug Treatment in the Caribbean*. The report was based on an analysis of intake assessments of 4,500 persons referred to be assessed for treatment in Antigua and Barbuda, the Bahamas, Barbados, Belize, Grenada, Haiti, Jamaica, Saint Lucia and Trinidad and Tobago, as well as for Guyana and Suriname, for the period 2015 to 2017. Ninety per cent of the assessed persons, who were clients of treatment centres, were male, and 10 per cent were female. Most males, as well as most females, were single. Some 44 per cent of clients were working/self-employed or working and studying. Overall, 49 per cent of clients had been arrested. Half of all clients (51 per cent) reported that they had never received treatment, while about 36 per cent had been treated one to four times in their lives. St Lucia (78 per cent), Suriname (75 per cent), Antigua and Barbuda (66 per cent), and Jamaica (59 per cent) reported the highest proportion of first-time clients. The main substance for which treatment was sought was cannabis (39 per cent), followed by alcohol (27 per cent), “crack” cocaine (27 per cent) and cocaine powder (4.5 per cent). Forty-two per cent of clients in the three-year period had been tested for HIV/AIDS, of whom 2.4 per cent indicated that they had tested positive for HIV.

North America

The drug overdose epidemic in North America worsened in 2022 owing to increased production and trafficking of synthetic opioids, especially illicit fentanyl.

The regulation in North American jurisdictions of cannabis use for non-medical purposes continues to evolve in a manner inconsistent with provisions of the drug control conventions.

1. Major developments

558. The illicit manufacture of and trafficking in synthetic opioids in North America have exacerbated the region's opioid epidemic and drug overdose crisis, resulting in an increase in deaths. More overdose deaths were recorded in Canada and the United States despite the adoption of heightened measures to mitigate the negative consequences of drug use, such as increasing the availability and accessibility of naloxone and the use of fentanyl test strips.

559. In the United States, provisional data from the National Center for Health Statistics indicate there were an estimated 107,622 total drug overdose deaths during 2021, an increase of nearly 15 per cent from the estimated 93,655 deaths in 2020. Overdose deaths specifically involving synthetic opioids increased from an estimated 57,834 in 2020 to 71,238 in 2021. Fewer data are available concerning non-fatal overdoses and the consequences of drug use, underlining the fact that there is an ongoing need to build a comprehensive real-time data system to record non-fatal overdoses in the United States.

560. In Canada, from January 2016 through December 2021, at least 29,052 people died from opioid-related overdoses. The Public Health Agency of Canada has reported that during the first year of the COVID-19 pandemic, there was a 96 per cent increase in apparent drug toxicity deaths, rising to 7,362 deaths in the period from April 2020 to March 2021, compared with 3,747 deaths in the preceding year. A total of 7,560 apparent opioid toxicity deaths occurred in 2021. The Public Health Agency of Canada has explained that the increasingly toxic drug supply has contributed to the worsening of the overdose crisis, with more deaths caused by the higher level of intoxication/toxicity or poisoning resulting from opioid or stimulant use.

561. Drug trafficking organizations have increasingly infiltrated commercial and economic activity in North America. Criminal drug networks are using social media platforms

to traffic drugs and fake prescription medicines that contain deadly amounts of fentanyl. Governments in the region have established a clear nexus between drug trafficking and associated violence, fuelled by criminal organizations.

2. Regional cooperation

562. Representatives of Canada, Mexico and the United States met virtually in November 2022 for the sixth meeting of the North American Drug Dialogue. The countries reviewed the progress made and actions undertaken to address the production and trafficking of illegal drugs, with particular attention on addressing the ways in which criminals exploit the legitimate commercial supply chain. The three countries agreed on a path forward that expands cooperation and updates strategic objectives to address illegal drugs and related public health and safety concerns. The three countries will enhance their work on addressing the illegal supply chain of illegal synthetic drugs and their precursor chemicals and related equipment affecting North America.

563. At the North American Leaders' Summit held on 18 November 2021, the three countries of the region issued a statement recognizing their close integration at a time of complex global challenges. According to the statement, during the COVID-19 pandemic, the opioid crisis worsened, including an 88 per cent increase in opioid toxicity deaths in Canada from April 2020 to March 2021.

564. The United States and Mexico developed the Bicentennial Framework for Security, Public Health and Safe Communities, as the two countries enter their two hundredth year of diplomatic relations. In a meeting held on 31 January 2022, the two Governments discussed a common approach to joint objectives, including a focus on evidence-based public health policy; providing comprehensive, community-based care for people with substance use disorders; and stopping criminal groups that traffic illicit drugs and weapons. Included in the goals and objectives of their bilateral cooperation is the prevention of transborder crime and the expansion of regulatory and law enforcement capacity to address the trafficking of synthetic drugs and precursors. As part of the Bicentennial Framework, Mexico and the United States launched the Binational Group against Arms Trafficking, stressing that a reduction in the illicit flow of weapons and ammunition from the United States to Mexico is necessary for building peace and combating organized crime.

565. Within the framework of the Commission on Combating Synthetic Opioid Trafficking, government officials of Mexico and the United States discussed ongoing efforts to jointly prevent the production and trafficking of

synthetic opioids. The United States Administration reconfirmed its commitment to working with its partners, including Mexico, to address the overdose epidemic and reduce the trafficking of opioids that is driving overdoses.

566. On 5 May 2022, Canada and Mexico held a dialogue on human rights and multilateral issues to discuss areas of mutual interest in international forums, good practices and the challenges faced by both countries. The two countries committed to strengthening their strategic partnership and to promoting and protecting human rights. Within this forum, both Governments addressed challenges and opportunities for collaboration on drug policy, exchanging experiences on the regulation of the drug market and on multilateral efforts to curb arms trafficking.

567. A total of 228 drug control officials from the competent national authorities of Canada, Mexico and the United States have registered to use INCB Learning e-modules. The e-modules support countries in expanding their capacity for the control of narcotic drugs, psychotropic substances and precursor chemicals, and in gaining a deeper understanding of the international drug control framework.

3. National legislation, policy and action

568. In its drug control efforts, the United States continues to prioritize combating the opioid epidemic and responding to increasing drug overdose deaths. On 1 March 2022, the President of the United States described in his State of the Union address a national agenda that calls for increased funding for prevention, treatment, harm reduction and recovery in response to the 23 million people in drug-related recovery. In 2021, the United States Congress passed, and President Biden signed into law, the American Rescue Plan, which included \$4 billion for mental health and substance use disorders.

569. On 21 April 2022, the United States Administration transmitted to Congress the 2022 National Drug Control Strategy, focusing on untreated addiction and drug trafficking as drivers of the overdose epidemic. The strategy calls for actions to help save lives in the drug overdose epidemic and addresses both drug demand and supply reduction, including by building a stronger substance use disorder treatment infrastructure, reducing the supply of illicit substances through targeted law enforcement actions and disrupting the economic activities of criminal organizations.

570. Further, the National Drug Control Strategy of the United States is focused on improving racial equity and evidence-based harm reduction measures in drug policy,

with collaboration between its public health and public safety sectors. Overdose deaths, while increasing among all racial and ethnic groups, are increasing most rapidly among minority groups. With respect to reducing illicit substance use, the strategy aims to reduce the number of drug overdose deaths by 13 per cent by 2025. A second, related objective is to reduce by 25 per cent by 2025 the percentage of people considered to have, according to established criteria, cocaine use disorders, opioid use disorders and methamphetamine use disorders.

571. In October 2021, the United States Department of Health and Human Services announced a four-part overdose prevention strategy based on primary prevention, harm reduction, evidence-based treatment and recovery support. The strategy, which addresses the overdose crisis in the United States, makes use of public health, health care and human services to provide diverse treatment approaches. The strategy reflects the intention of the United States Administration to maximize health equity for historically underserved populations. The Department of Health and Human Services, in partnership with the White House Office of National Drug Control Policy, convened the first-ever federal Harm Reduction Summit in December 2021.

572. The President of the United States signed two executive orders in December 2021 to address the core causes and sources of transnational criminal activities fuelling drug overdoses. The orders aim to disrupt those transnational criminal organizations trafficking synthetic opioids. As a result, the United States Administration formally established the Council on Transnational Organized Crime, bringing together six key departments and agencies involved in efforts to combat transnational organized crime. The Department of State will run the Narcotics Rewards Program to assist in identifying and bringing to justice major violators of United States narcotics laws. Since the executive orders on transnational criminal organizations and illicit drug trafficking were issued, the Department of the Treasury's Office of Foreign Assets Control has designated 26 individuals and 17 entities as narcotics traffickers or enablers.

573. In April 2022, a special temporary scheduling order of the United States Drug Enforcement Administration was issued to schedule seven non-fentanyl synthetic opioids of the benzimidazole class in Schedule I of the Controlled Substances Act. The OPIOIDS project of the INCB GRIDS Programme communicated the change to nearly 2,000 law and regulatory enforcement focal points around the world by special notice. In addition, the United States Congress passed, and the United States President signed into law, a temporary extension of class-wide scheduling of fentanyl-related substances until 31 December 2022.

574. As at 1 November 2022, 37 states of the United States had enacted regulations to permit cannabis use for medical purposes. On 2 February 2022, the Governor of Mississippi signed into law the Mississippi Medical Cannabis Act, making it the thirty-seventh state to allow patients to purchase medical cannabis products.

575. On 24 March 2022, the United States Senate passed legislation that expands scientific and medical research on cannabis and its compounds, including CBD. The Cannabidiol and Marihuana Research Expansion Act authorizes the United States Food and Drug Administration to research and analyse CBD and medical cannabis products, changing the stringency of regulations for medical research on cannabis. The legislation aims to ensure that research on CBD is science-based while also reducing the regulatory barriers associated with conducting research. The legislation requires the Department of Health and Human Services and the National Institutes of Health to submit to Congress a report on the potential harms and benefits of cannabis use.

576. On 26 July 2022, the United States House of Representatives passed the corresponding legislation to encourage cannabis research by streamlining the application process for researchers and removing barriers with the Food and Drug Administration. The justification for the legislative changes was based on data indicating that there are 4 million registered medical cannabis patients in the United States and many more individuals who self-medicate. The legislation was therefore designed to promote new research to better understand the cannabis plant and its potential benefits and hazards.

577. In the United States, 21 states, 2 territories and the District of Columbia have enacted measures to regulate cannabis for adult non-medical purposes. On 8 November 2022, voters approved ballot measures in the States of Maryland and Missouri approving the non-medical use of cannabis for adults over the age of 21 through constitutional amendments. Ballot measures to permit and regulate non-medical cannabis use were rejected in the states of Arkansas, North Dakota and South Dakota. On 6 October 2022, the President of the United States pardoned all individuals with prior federal cannabis possession convictions and called on state governors to pardon state-level cannabis possession offences. The President has also requested the Attorney General to initiate the process of reviewing how cannabis is scheduled under federal law.

578. On 25 May 2022, the Governor of the State of Rhode Island signed a new Cannabis Act, which regulates cannabis for non-medical purposes. Under the law, possession and home cultivation of cannabis is permitted for adults

aged 21 and over. Retail sales of cannabis will be permitted starting 1 December 2022. The Act includes automatic expungement of prior civil or criminal cannabis possession charges. The sponsor of the legislation explained that state-level prohibition of cannabis does not stop use of the substance because cannabis can be accessed across state borders or on the illicit market.

579. While cannabis remains a Schedule I substance at the federal level in the United States, the gap with state-level regulations of cannabis for non-medical purposes continues to grow. There is inadequate information available on prevalence rates of cannabis use after the introduction of state-level legalization measures, in particular among youth. There is also a need to examine the potential increase in trafficking between the states that have legalized the sale of cannabis and neighbouring states where cannabis remains controlled, as well as trafficking across international borders.

580. In the United States, there is a growing movement to create new legal frameworks for the administration and use of psilocybin at the state level, predominantly for research and medical purposes. On 8 November 2022, voters in the State of Colorado approved proposition 122, a ballot measure to permit the possession and use of psilocybin for adults over the age of 21 and also allowing home cultivation. As a result, the state will create regulations for the distribution and administration of psilocybin through licensed “healing centers” and not through retail sales. In Oregon, after the ballot measure of 2020 was approved, the state began development of a regulatory scheme for the manufacture, transportation, delivery, sale and purchase of psilocybin products and the provision of psilocybin services starting in January 2023. Some states have started funding research into the medical use of psilocybin. For example, in Maryland, on 1 July 2022, a law established a fund to support the study of the effectiveness of and improving access to alternative therapies for post-traumatic brain injuries in veterans. The alternative therapies to be studied will include use of MDMA, psilocybin and ketamine.

581. With the stated aim of mitigating the negative consequences of drug use, New York City authorized two supervised injection sites run by a non-profit group, OnPoint NYC. New York City was the first city in the United States to authorize injection sites, which it did after more than 2,000 people died from overdoses in 2020. According to the city’s health commissioner, arrangements were made with the police to avoid arrests related to the operation of the sites, where people would be able to inject heroin and other drugs under the care of medical professionals. On 21 December 2021, the Health Department of New York City reported that in the first three weeks of

operation, staff at the two centres averted at least 59 overdoses to prevent injury and death.

582. In Canada, the province of British Columbia has received an exemption from Health Canada under subsection 56(1) of the Controlled Drugs and Substances Act. The exemption permits adults in the province to possess opioids (including fentanyl), cocaine, methamphetamine and MDMA in quantities not exceeding 2.5 grams. The exemption will be in effect from 31 January 2023 to 31 January 2026 and will be monitored with respect to intended outcomes as well as any potential unintended impacts. Adults possessing an amount under the threshold amount will not be subject to criminal charges, although the substances will remain controlled. Health Canada granted the exemption in consideration of the lives lost in the drug overdose crisis in the province of British Columbia. The Government's exemption was accompanied by the explanation that stigma associated with substance use can lead people to hide drug use and prevent access to services and support. To implement the policy change, public health and safety indicators will be developed to monitor and evaluate the outcomes. The Government of Canada has explained that it has no intention of legalizing drugs and remains committed to preventing the illegal production and trafficking of controlled substances.

583. On 22 December 2021, Health Canada issued a public advisory of the risk of serious harm if children accidentally consume edible cannabis. The advisory states that Health Canada is aware of several cases of children being hospitalized after consuming products that are illegal and unregulated and which sometimes resemble popular brands of candies, snacks or other food products that are typically sold at grocery stores, gas stations and corner stores. Under the Cannabis Act of 2018, such products are illegal. According to the legislation, edible cannabis products sold in Canada must be wrapped in plain packaging to reduce any appeal to children and avoid confusion with other products. The regulated edible cannabis products must have a health warning message in a yellow box, a red cannabis symbol, an excise stamp and be in child-resistant packaging. Illegal cannabis products may contain high amounts of *delta-9-THC*, which increases the risk of poisoning and other adverse effects. Edible cannabis products in Canada can contain a maximum of 10 milligrams of THC per package.

584. On 5 January 2022, Health Canada issued regulations under the Controlled Drugs and Substances Act and the Food and Drugs Act to allow doctors to request special access to controlled substances, such as psilocybin and MDMA, for eligible patients for the purpose of dispensing or delivering a restricted drug for the emergency treatment

of a patient and for treating patients with serious or life-threatening conditions when conventional treatments have failed or were unsuitable or unavailable. The Special Access Programme may be used for emergency treatment only, although it allows for the import of drugs that are not legally available in Canada.

585. In its statement in the general debate of the sixty-fifth session of the Commission on Narcotic Drugs, Mexico pointed to changes in drug policy since the thirtieth special session of the General Assembly, on the world drug problem, held in 2016. Mexico indicated that its drug policy had three pillars: attention to social causes; comprehensive prevention; and eliminating elements that increase the power of criminal organizations engaged in the illicit drug market. Mexico is further examining the relationship between criminal organizations and drug traffickers with arms trafficking and illicit finance.

586. In Mexico, legislative and policy changes concerning cannabis use for non-medical purposes continue to be in flux despite the Supreme Court ruling of 2018 which required that personal cannabis use be permitted in the country. The Congress of Mexico has, to date, not passed legislative changes reflecting the Supreme Court ruling requiring the regulation of adult possession and use of cannabis for non-medical purposes.

587. During the reporting period, on 1 December 2021, the Supreme Court of Mexico granted an injunction to a cannabis company by declaring unconstitutional the system of prohibitions for the planting, cultivating and harvesting of cannabis for purposes other than medical and scientific purposes, as provided for in the General Health Law and Federal Criminal Code. The Supreme Court issued the injunction in response to the refusal of the Federal Commission for Protection against Health Risks to grant authorization to the cannabis company to prepare products that would contain THC concentrations equal to or less than 1 per cent. The Supreme Court authorization would require that the company operate under the monitoring, control and security provisions of the competent national authority. The result of the ruling will be the commercialization in Mexico of low-THC content cannabis products. In addition, in May 2022, the Supreme Court of Justice of Mexico ruled that criminal prosecution for cannabis possession was unconstitutional unless the drug was not for personal use. The court ruled that defining personal use of cannabis as the possession of 5 grams or less was not justified. Instead, prosecutors should prove whether an individual was in possession of cannabis for personal consumption.

4. Cultivation, production, manufacture and trafficking

588. The United States Department of State Bureau of International Narcotics and Law Enforcement Affairs issued on 1 March 2022 its annual report on drug and chemical control. The report's overview of the drug control situation in the United States explains that the COVID-19 pandemic had impacted efforts to curb drug trafficking and had led to altered trafficking routes. Drug overdoses in the United States have reached record highs, with over 100,000 deaths in the 12-month period ending in April 2021. The report highlights that INCB has expanded its activities to disrupt illicit synthetic drug trafficking networks by providing training, increasing private sector coordination, and enhancing global participation in its data-sharing platforms and multilateral operations.

589. In February 2022, the United States Commission on Combating Synthetic Opioid Trafficking, established by the National Defense Authorization Act of 2020, released its final report. The Commission outlined a strategic approach to combating the illegal flow of synthetic opioids, in particular fentanyl, into the United States and to reducing the number of overdose deaths. The proposals to create a coordinated approach to the opioid crisis included an examination of foreign policy, homeland security, intelligence and legal and regulatory dimensions of the problem, including the development of an understanding of the demand for the illicit substances.

590. The United States Drug Enforcement Administration has reported that social media platforms are being harnessed to traffic drugs containing fentanyl. A public safety initiative of the entity, which lasted from 29 September 2021 to 14 December 2021, targeted criminal networks that were using the anonymity and accessibility of social media to traffic drugs, leading to an unprecedented level of fentanyl in United States communities, often in the form of counterfeit prescription pills. In 2021, the Drug Enforcement Administration seized 20.4 million counterfeit prescription pills. During the public safety initiative period, 8 million counterfeit prescription pills and more than 680 kg of fentanyl were seized. In 2022, the Drug Enforcement Administration announced the One Pill Can Kill enforcement operation targeting the manufacture, importation, transportation and distribution of counterfeit fentanyl tablets. The subsequent phase of the operation will target the distribution of methamphetamine tablets.

591. In Canada, illicit drug toxicity deaths increased in 2021 and in 2022. According to the Canadian Centre on Substance Use and Addiction, polysubstance use is common and is becoming a primary driver of poisoning deaths in Canada, including frequently used drugs of classes such as

fentanyl and methamphetamine. In British Columbia, for example, 17 per cent of cases of drug toxicity deaths in the period November 2021–April 2022 involved extreme concentrations of fentanyl compared with 13 per cent in the period April 2020–October 2021 and 8 per cent in the period January 2019–March 2020. According to information from the Ministry of Public Safety and Solicitor General of British Columbia, there has been a shifting trend that began in 2022 of a greater percentage of women dying from toxic illicit drugs. Men had in the past typically accounted for nearly 80 per cent of the deaths in the province due to illicit drugs, but in April 2022 more than 26 per cent of such deaths were of women.

592. The Canadian Centre on Substance Use and Addiction released in 2022 a report analysing the preliminary impacts of Canada's Cannabis Act of 2018 on how people living in Canada consume and acquire cannabis. According to the report, people who consume cannabis are shifting away from higher-risk, inhalation-based methods of consumption and towards oral ingestion. The number of people buying cannabis through the country's regulated channels has significantly increased year after year. By 2020, the most common avenues for cannabis purchase were State-regulated physical and online dispensaries.

593. In August 2022, Statistics Canada reported on police-reported crime statistics for 2021, in which there were 5,996 opioid-related offences in Canada, a 13 per cent increase from 2020. Opioid-related drug violations, which include possession, trafficking, production and importation or exportation, all increased in 2021. Cannabis offences also increased for the first time in nine years, rising 5 per cent in 2021. The increase in cannabis offences was reported to be due to importation and exportation offences, mainly in British Columbia and Quebec. Overall, however, the rate of police-reported drug offences under Canada's Controlled Drugs and Substances Act and the Cannabis Act decreased 9 per cent in 2021.

594. The Canadian Community Epidemiology Network on Drug Use issued an alert in July 2022 about xylazine, a non-controlled substance, in the unregulated drug supply. There are indications that people add xylazine to fentanyl to prolong some of its effects. It has therefore become an increasingly common cutting agent in Canada and the United States. Xylazine has been identified alongside cocaine and methamphetamine, increasing the negative and unintentional consequences of drug use. According to the alert, naloxone can reverse opioid effects but has no effect on xylazine.

595. The INCB GRIDS Programme has provided awareness-raising on the threat of non-medical synthetic opioids, emerging benzodiazepine analogues and other new psychoactive

substances found in falsified medicines. The Programme provided a briefing on this threat at the United States Patent and Trademark Office workshop on the investigation and handling of counterfeit medicine cases held from 7 to 9 June 2022. The event, hosted at the Global Intellectual Property Academy, brought together 28 officers from Bulgaria and Romania and experts from the United States National Intellectual Property Rights Coordination Center, the United States Postal Inspection Service, the Food and Drug Administration Office of Criminal Investigations, the INCB secretariat, INTERPOL and UPU. The workshop addressed transnational threats posed by overseas consignments trafficked through postal and courier channels and provided awareness-raising materials and training guides on the safe handling and interdiction of synthetic opioids and their related chemicals. Following that event, the OPIOIDS Project circulated information to focal points in Bulgaria, who in cooperation with the United States Drug Enforcement Administration, identified and dismantled a criminal organization trafficking opioids to the United States.

596. Analysis of the reported data of the IONICS platform of the INCB GRIDS Programme shows an increased number of communications from law enforcement focal points for North America on opioids interdictions. In 2022, there were 2,175 incidents communicated concerning opioids interdictions and seizures.

597. In September 2022, UNODC and the Government of Mexico published the fifth technical monitoring report on illicit opium poppy cultivation, related to a study conducted between July 2019 and June 2020. The study estimated that the area under opium poppy cultivation in Mexico during that period was 24,100 ha, which was a 23 per cent increase from the previous period of 2018–2019. The national average yield of opium gum was estimated at 20.8 kg/ha, indicating that yield has remained stable since the study of 2018–2019 was conducted. The potential national production of dry opium gum was estimated at 504 tons, a 14 per cent increase from the previous monitoring period of 2018–2019.

598. The GRIDS Programme convened two two-day training courses in Mexico in October 2021 to combat the trafficking of new psychoactive substances, emerging synthetic opioids and other dangerous substances for 51 front-line officers belonging to the law and regulatory enforcement agencies of Mexico. The training emphasized capacity-building to enhance communications by authorities of Mexico concerning safe handling and interdiction approaches for opioids and fentanyl-related substances.

599. The GRIDS Programme convened the first global conference for operational officers on the interdiction of

fentanyls, synthetic opioids and related dangerous substances, held in Vienna from 1 to 5 August 2022. The event brought together over 140 participants from around the world, including 18 participants from Canada, Mexico and the United States, who engaged in practical awareness-raising and capacity-building related to synthetic opioids.

600. The GRIDS Programme convened the fifth annual operational meeting on countering trafficking of dangerous synthetic drugs and chemicals through postal, courier and air cargo services, held in Vienna from 6 to 9 September 2022. The event brought together nearly 60 officers from 30 Governments and international organizations, including 9 participants from Canada, Mexico and the United States. Participating countries also conducted bilateral and multi-lateral meetings to enhance cooperation across borders, facilitated by INCB.

601. The GRIDS Programme hosted the interregional workshop on public-private partnerships for the prevention of the trafficking of dangerous substances, held in Sharm el-Sheikh, Egypt, from 11 to 14 September 2022. The event was attended by more than 120 representatives from 30 Governments, 5 international organizations and 15 Internet-related service providers and their associations, including 13 participants from Canada and the United States. Participants exchanged best practices and case examples related to the exploitation of private sector agencies and online platforms for the trafficking of dangerous substances with the aim of strengthening international operational cooperation across borders to prevent future misuse of legitimate Internet-related services.

5. Prevention and treatment

602. In the United States, the Drug Enforcement Administration launched the second year of Operation Engage, a community-level approach to addressing the drug overdose epidemic through prevention strategies, facilitating conversations and collaboration with local partners. The goals of the nationwide expansion of the operation in 2022 are to identify local drug threat enforcement priorities and substance use trends; support and contribute to local substance use prevention efforts; and interconnect local public safety and public health efforts. The Administration's objectives include connecting field offices with local communities and leveraging intelligence to build awareness of local drug threats. Additional aims include changing attitudes to reduce substance use and supporting local drug-free community coalitions and public health and prevention leaders.

603. The United States Drug Enforcement Administration has lifted a decade-long moratorium on opioid treatment

programmes that include a mobile component, permitting methadone administration and delivery of other services through specially equipped vehicles. The regulation has expanded access to mobile narcotic treatment programmes to dispense narcotic drugs at remote locations for the purpose of maintenance or detoxification treatment and expands access to medications for opioid use disorder in rural and underserved communities and in prisons. The expansion of evidence-based treatment in federal prisons is a priority of the current United States Administration.

604. According to the United States 2021 Monitoring the Future study, funded by the National Institute on Drug Abuse, the percentage of adolescents reporting substance use decreased significantly in 2021. The findings indicate the largest one-year decrease in overall illicit drug use reported since the survey began in 1975. From February through June 2021, the Monitoring the Future study collected 32,260 survey responses from students across the United States, showing a decrease in 2021 in vaping of cannabis, following previous sharp increases between 2017 and 2019. One noted limitation of the study was that 60 per cent of the students took the survey at home during virtual schooling and may not have been as truthful or as comfortable reporting substance use as were those surveyed in school. The survey findings also noted that students with less engagement in school, which is a known risk factor for drug use, may have been less likely to participate in the survey, whether in person or online.

605. The Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services extended the measures for flexibility in its methadone take-home services for one year, to be in effect until the end of the COVID-19 public health emergency. The administration had put into place the mechanisms to protect public health by reducing the risk of COVID-19 infections among patients and health-care providers. The main purpose is to allow opioid treatment programmes to dispense 28 days of take-home methadone doses to stable patients for the treatment of opioid use disorder, and up to 14 doses of take-home methadone for less stable patients.

606. The United States Department of Health and Human Services announced new “State Opioid Response” funding for the fiscal year 2022 in the amount of nearly \$1.5 billion for states and territories to help them address opioid addiction and the overdose epidemic. Additional funding is provided through the Tribal Opioid Response programme, which addresses the overdose crisis in tribal communities by increasing access to medications for the treatment of opioid use disorder and supports prevention, harm reduction, treatment and recovery support services. In 2021, the

Department of Health and Human Services introduced new initiatives and expanded existing programmes to further address the evolving drug overdose crisis, including an effort to exempt eligible medical professionals from federal certification requirements related to training, counselling and other ancillary services that are part of the process for obtaining a waiver to treat up to 30 patients with buprenorphine.

607. On 17 November 2021, the United States Office of National Drug Control Policy released a model law for states of the United States to help expand access to naloxone. The model law provides states with a framework to make naloxone accessible to reduce opioid-related overdose deaths. The model law includes a template of suggested legislative provisions that can be enacted across the country and aims to protect individuals administering naloxone from criminal prosecution. It will require health insurance coverage for opioid antagonists and prohibit discriminatory insurance practices related to the possession of naloxone. The model law provides increased access to opioid antagonists in educational institutions and correctional settings and establishes a pilot programme for public naloxone access for administration by bystanders.

608. The Centers for Disease Control and Prevention in the United States has released new data showing that less than a third of people diagnosed with hepatitis C receive timely treatment. Overall, less than one in three people with health insurance get treatment within a year of diagnosis. Annual data on hepatitis C in the United States show that the highest rates of new infection are among adults under 40. Within this age group, hepatitis C is most commonly spread through drug use.

609. With respect to prevention and treatment in Canada, on 2 August 2022, the Canadian Centre on Substance Use and Addiction released a report on cannabis legalization. The report documents the impacts since legalization on the country’s cannabis market; for example, fewer people in Canada are reportedly using cannabis. The study found that 46 per cent of youth aged 16 to 19 years and 40 per cent of youth aged 20 to 24 years reported increased cannabis use. Some key points of the report were that the public health sector of Canada should monitor the potential public health implications of the increase in vaping, in particular among youth and young adults; the demand for cannabis edibles and extracts was growing; and cannabis-related emergency department visits and admissions to intensive care units have risen since legalization in 2018.

610. In April 2022, the Canadian Centre on Substance Use and Addiction published a Canada-wide study on the use of drugs from the unregulated supply during the period

2019–2021. The information collected was from the community urinalysis and self-reporting project to uncover trends in reported and detected use of substances. The study found that the contents of drugs in the unregulated supply are unpredictable in type, potency and quality. The Centre explains that standardized information about drug contents is urgently needed to identify potential risks and inform efforts in Canada to reduce the negative consequences of drug use, such as contamination and accidental drug poisoning. In addition, benzodiazepine use was detected in at least one in three participants, consistent with the finding that benzodiazepines use has increased in the unregulated drug supply since the COVID-19 pandemic began.

611. The Government of Canada has renewed its investment in research to address the health and safety harms of substance use through the Canadian Research Initiative in Substance Misuse. The initiative provides funding to inform health policies and practices, including on concerns over the substantial rise in methamphetamine use in many parts of Canada. The funding will address the lack of high-quality data to inform clinical practice and substance use policy related to methamphetamine use disorder.

612. A 2021 report from the Mental Health Commission of Canada and the Canadian Centre on Substance Use and Addiction provides survey results showing that youth across Canada are experiencing higher levels of anxiety and substance use concerns. According to the poll of 10,000 people across Canada, there has been a disproportionately negative impact of the COVID-19 pandemic among youth. Almost 45 per cent of youth aged 16–24 report moderate to severe anxiety symptoms. The key findings show that the level of mental health and substance use concerns across Canada remains high, in particular for people with past and current substance use concerns. Stigma remains a significant factor leading people not to access treatment for substance use disorders.

613. In Canada, public health control measures instituted in 2020 as a response to the COVID-19 pandemic resulted in a decrease in direct services, such as drug checking, homeless shelters, community health centres, needle exchange programmes, outreach services and community residential treatment. When services were reopened, there were reports of capacity issues, staff shortages and limited hours, which posed challenges for people seeking treatment and prevented people who use drugs from having access to harm reduction equipment to prevent drug poisoning and infection transmission.

614. The Government of Canada has taken steps to provide access to a range of medications for the treatment of substance use disorder, including injectable opioid agonist

treatments. On 16 February 2022, Health Canada authorized diacetylmorphine (heroin) hydrochloride as a supervised injectable opioid agonist treatment for adult patients with severe opioid use disorder who use injectable opioids.

615. In 2021, the National Commission against Addictions of Mexico released a report on mental health and the consumption of psychoactive substances, providing information regarding the demand for treatment in Mexico. According to the report, use of amphetamine-type stimulants, in particular methamphetamine, has increased from 14.5 per cent of cases in 2017 to 30.3 per cent in 2020. Although the demand for care for opioid use remains at relatively low levels in Mexico, there was an increase from 24 cases in 2013 to 73 cases in 2020.

616. The Liaison and Partnership Office in Mexico of UNODC and the National Commission against Addictions of Mexico presented on 4 November 2021 a road map to advance the development of a national system for quality assurance in health services, relating to drug treatment in Mexico. A primary component of the road map is the development of a technical assistance framework to strengthen treatment services and rehabilitation in line with the WHO and UNODC International Standards for the Treatment of Drug Use Disorders. The road map is expected to improve care and achieve accessible, professional, evidence-based services that incorporate gender and human rights, based on the wide network of both outpatient and residential addiction treatment centres in Mexico.

South America

Drug trafficking organizations in the Amazon region in Brazil and Peru were observed to be expanding their influence and diversifying their activities into environmental crimes, which has been linked to an increase in murder rates targeting Indigenous populations and environmentalists.

Rising violence was reported in Ecuador as a result of the country's emergence as a storage and distribution centre along cocaine trafficking routes, leading to increased transatlantic trafficking of cocaine.

Coca cultivation and potential cocaine manufacture reached a historical high in Colombia in 2021, with 204,000 ha of cultivation and a potential yield of 1,400 tons of cocaine.

1. Major developments

617. Drug trafficking can lead directly and indirectly to deforestation, either to make space for illicit crops or when

the proceeds of the crime are laundered through cattle ranching and other activities that require vast amounts of land.¹³⁷ That is clearly the case in Brazil, one of the world's leading consumer and transit countries for cocaine, where national and international criminal organizations such as the Comando Vermelho and the Primeiro Comando da Capital are present in the Amazon region, fighting for control of trafficking routes. Most recently, as criminal groups seem to have expanded their influence beyond drug trafficking corridors and diversified into other criminal ventures, the murder rate in rural areas has risen. In this regard, a growing body of evidence from researchers and the Federal Police of Brazil shows a connection between drug trafficking and illegal deforestation: between 2017 and 2021, law enforcement agencies carried out at least 16 major seizures of cocaine in which the drugs were concealed within shipments of timber. In total, the quantity seized amounted to nearly 9 tons of drugs destined for countries across Europe. The link between illegal timber and drug trafficking has also been addressed in a report by the Basel Institute on Governance.¹³⁸ Through its Law Enforcement Assistance Programme to Reduce Tropical Deforestation, UNODC provided authorities with training and technical assistance on addressing financial crimes related to forest crime.

618. In Peru, the National Commission for Development and Life Without Drugs reported in 2022 that drug trafficking organizations had expanded their operations into Indigenous territories and other protected lands, including in the area of the Amazon Trapeze and in the Puno and Ucayali regions, where illegal mining, smuggling and illegal logging also occur. According to the report entitled “Informe de evaluación de resultados 2021: política nacional contra las drogas al 2030”, drug trafficking organizations perpetrated 10 murders in the territory of Peru in 2020 and 2021, mostly targeting Indigenous leaders. During the same period, the scale of drug trafficking in the country increased at an alarming rate, gaining territory and deepening its roots in societal and economic structures, as reflected in the increased area under illicit coca cultivation. Owing to factors such as the COVID-19 pandemic, protests from organizations of coca bush cultivators and a reduced number of helicopters supporting operations, Peru eradicated less than half of its target for 2021. The total area of cultivation eradicated came to 5,774.68 ha, corresponding to 62.2 tons of cocaine production; the original target was to prevent 196 tons of production.

¹³⁷ *World Drug Report 2022*, booklet 5, Drugs and the Environment (United Nations publication, 2020), p. 17.

¹³⁸ Basel Institute on Governance, *Wildlife Crime: A Learning Resource*, part 3, “Forest crime and the illegal timber trade” (May 2021).

619. Ecuador is increasingly used by drug trafficking organizations to store cocaine produced in neighbouring Colombia and Peru for onward distribution, mainly to Europe and the United States. That development has resulted in increasing levels of violence perpetrated upon local populations. In August 2022, the Mayor of Guayaquil, the country's most populous city, published an open letter to the President of Ecuador following an explosion in a public square that killed 5 people and left 17 injured. The Minister of the Interior interpreted the act as a declaration of war against the State by criminal gangs, and the Ministry of Government issued a statement referring to the incident as an act of terrorism. Previous episodes of drug-related violence in the city have included decapitations and the public display of dead bodies. In mid-August, drug-related violence resulted in the declaration of a one-month state of emergency in Guayaquil. Earlier, a 60-day state of emergency had been declared for the entire Province of Guayas, of which Guayaquil is the capital, and for the Provinces of Esmeraldas and Manabí.

620. Research published by UNODC in March 2022 shows that women take on a wide range of roles at all stages of the cocaine supply chain, from cultivation and production to international trafficking. Activities may vary from support to managerial roles, but low-ranking positions prevail, with the exception of some women who play prominent roles in the illicit coca leaf economy in parts of the Plurinational State of Bolivia. The UNODC report entitled “Cocaine insights 3: women in the cocaine supply chain” highlights risk factors for the involvement of women in criminal activities, such as economic dependence, fewer opportunities to enter the labour market and the need to provide for their families. The data show that cocaine is smuggled into prisons almost exclusively by women and that they are just as involved as men in the international smuggling of cocaine inside their bodies.

621. In July 2022, the Office of the United Nations High Commissioner for Human Rights published a report on territorial violence in Colombia that contained a set of recommendations for the new Government. In the report, the Office highlighted the impact that drug-related violence was having in Colombia, in particular on women and children, Indigenous Peoples, people of African descent, community leaders and human rights defenders. The report contained three main recommendations for the new Government: (a) significantly reduce and finally eliminate the presence of non-State armed groups in the territories affected by violence; (b) prioritize the territorial implementation of the peace agreement, in particular integral land reform, consolidate the implementation of development programmes with a territorial focus and reactivate the national illicit crop substitution programme with the participation of the

affected communities; and (c) consolidate the rule of law in the areas most affected by violence and internal armed conflict, reinforcing the presence and capacity of the justice system and law enforcement institutions in the territories. The Government of Colombia issued a response with its own observations, including a response to the first recommendation, noting that in March 2022 the Office of the High Commissioner for Peace of Colombia had been tasked with developing and implementing policies for the dismantling of armed groups, in collaboration with representatives of civil society.

2. Regional cooperation

622. In December 2021, CICAD published a series of country reports on all member States in South America except for the Bolivarian Republic of Venezuela. The reports, entitled “Evaluation report on drug policies: measures of prevention, treatment, and recovery support”, were prepared in the context of the eighth round of the Multilateral Evaluation Mechanism, based on the Hemispheric Plan of Action on Drugs for the period 2021–2025 under the OAS Hemispheric Drug Strategy 2020. In addition, a series of publications will be prepared on the following subjects: (a) measures to control and counter the illicit cultivation, production, trafficking and distribution of drugs and to address their causes and consequences, in 2022; (b) institutional strengthening; (c) research, information, monitoring and evaluation; (d) international cooperation, in 2023; and (e) a comprehensive evaluation based on updated information from all thematic areas, in 2024. Compared with previous rounds, those evaluations are considered more rigorous by CICAD, with countries being requested to present evidence to support the information provided on their compliance under each priority action.

623. In July 2022, the first Intra-regional Dialogue Forum on Alternative Development was held in Colombia in the context of COPOLAD III. The meeting was organized by the German Agency for International Cooperation and was attended by representatives of Colombia, Ecuador, El Salvador, Guatemala, Guyana, Jamaica, Mexico, Panama, Paraguay, Peru, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago and Uruguay. The meeting focused on good practices in integrated and sustainable alternative development, as well as on the environmental and conservationist aspects of the development of “green” anti-drug policies, such as agroforestry, reforestation and ecotourism, especially in ethnic jurisdictions and protected natural areas.

624. On 23 June 2022, representatives from Bolivia (Plurinational State of), Brazil, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname and Uruguay signed a declaration in Brasilia on strengthening coordination in

the fight against transnational organized crime in South America. The declaration was signed during the first ministerial meeting against transnational organized crime, chaired by Brazil, at which that country also signed bilateral cooperation agreements with Ecuador and Guyana and a joint declaration with Colombia. Those agreements cover the exchange of good practices and technical cooperation between police institutions to combat trafficking in drugs and firearms, money-laundering, counterfeiting, smuggling and cybercrime. The meeting included visits by participants to Brazilian institutions of public security, with the aim of promoting the proposal put forward by Brazil to provide training for security agents of South American countries. The next ministerial meeting will take place in Paraguay in the second half of 2022.

625. On 28 and 29 July 2022, Ecuador hosted the forty-fifth plenary meeting of the Financial Action Task Force of Latin America, during which the mutual evaluation report on Paraguay was approved. At its previous meeting, in December 2021, the Task Force had approved the sixth enhanced follow-up report and first technical compliance reporting report on Colombia, which contained a re-evaluation of the country’s compliance with certain recommendations contained in the mutual evaluation report adopted in July 2018. The report approved in December 2021 included recommendations on correspondent banking, wire transfers and higher-risk countries, and the rating of Colombia was revised from “partially compliant” to “compliant”. As the regional arm of the Financial Action Task Force, the aim of the Financial Action Task Force of Latin America is to support member States in preventing and combating money-laundering and the financing of terrorism.

626. The twenty-ninth Specialized Meeting of Drug Enforcement Authorities of MERCOSUR was held on 26 May 2022. The virtual meeting was chaired by Paraguay, which held the pro tempore presidency of MERCOSUR in the first half of 2022. Delegations discussed bilateral cooperation issues, including joint anti-narcotics operations, as well as public health programmes on drug prevention and treatment.

627. In December 2021, officials from Bolivia (Plurinational State of) and Venezuela (Bolivarian Republic of) participated in an online INCB Learning seminar with the aim of strengthening their countries’ compliance with the three international drug control conventions. Together with officials from Cuba and Nicaragua, the participants further enhanced their capacity to monitor and report on the licit cultivation, manufacture and consumption of and trade in controlled substances, including narcotic drugs, psychotropic substances and precursor chemicals, and enhanced their skills in the use of I2ES.

628. In total, 388 drug control officials from the competent national authorities of all 12 countries of the region, namely, Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay and Venezuela (Bolivarian Republic of), have registered to use INCB Learning e-modules. The e-modules support countries in expanding their capacity for the control of narcotic drugs, psychotropic substances and precursor chemicals, and in gaining a deeper understanding of the international drug control framework.

629. In July 2022, the INCB GRIDS Programme delivered four separate training courses for over 200 law enforcement and regulatory officers in Argentina, Chile and Colombia, both in person and online. Participants received instruction on the appropriate utilization of INCB operational tools and targeting platforms for the interdiction of new psychoactive substances and dangerous synthetic substances. All courses were aimed at enhancing reporting and interdiction activities across Latin America to address this growing challenge at both the regional and global levels. In addition, from 1 to 5 August 2022, several law enforcement officers from Latin American countries, including Argentina, Brazil, Chile and Colombia, participated in a global conference for operational officers on the interdiction of fentanyl, other synthetic opioids and related dangerous substances organized by the INCB GRIDS Programme in Vienna.

630. In 2022, UNODC provided training for Colombian officials and delegates from the Government of Germany on the integrated approach of drug trafficking organizations to cocaine production. In Colombia, UNODC is also working with experts from INTERPOL on drug-related challenges for forensic chemistry laboratories. In addition, the Office delivered an institutional strengthening workshop in Colombia for members of the security forces of Argentina, Costa Rica, Ecuador and Panama to assist them in addressing cocaine production and trafficking.

631. The GRIDS Programme convened the first global conference for operational officers on the interdiction of fentanyl, synthetic opioids and related dangerous substances, held in Vienna from 1 to 5 August 2022. The event brought together over 140 participants from around the world, including 8 participants from Argentina, Brazil, Chile and Colombia, who engaged in practical awareness-raising and capacity-building related to synthetic opioids.

632. The GRIDS Programme convened the fifth annual operational meeting on countering trafficking of dangerous synthetic drugs and chemicals through postal, courier and air cargo services, held in Vienna from 6 to 9 September 2022. The event brought together nearly 60 officers from 30 Governments and international organizations, including

4 participants from Chile and Uruguay and the Postal Union of the Americas, Spain and Portugal. Participating countries also conducted bilateral and multilateral meetings to enhance cooperation across borders, facilitated by INCB.

633. The GRIDS Programme hosted the interregional workshop on public-private partnerships for the prevention of the trafficking of dangerous substances, held in Sharm el-Sheikh, Egypt, from 11 to 14 September 2022. The event was attended by more than 120 representatives from 30 Governments, 5 international organizations and 15 Internet-related service providers and their associations, including 4 participants from Argentina and Chile. Participants exchanged best practices and case examples related to the exploitation of private sector agencies and online platforms for the trafficking of dangerous substances with the aim of strengthening international operational cooperation across borders to prevent future misuse of legitimate Internet-related services.

3. National legislation, policy and action

634. In May 2022, Argentina published Law 27669, on the regulatory framework for the development of the medicinal cannabis and industrial hemp industry. The new legislation created a regulatory agency for that industry within the Ministry of Productive Development, which in the meantime has been dissolved and its functions absorbed by the Ministry of Economy. The agency will be responsible for regulating the import, export, cultivation, industrial production, manufacture and purchase of and trade in cannabis seeds, cannabis plants and their products for medical and industrial purposes. It will also regulate and monitor the storage, transportation, distribution, traceability and use of cannabis seeds, cannabis plants and their products. In addition, the agency has the authority to issue permits and licences, as well as to conduct audits and inspections of licensed actors in the cannabis industry in Argentina. In the legislation, it is recommended that a simplified and differentiated licensing regime be developed in relation to industrial and/or horticultural hemp, defined as seeds, parts of the cannabis plant and its products in which the content of tetrahydrocannabinol is lower than the threshold established by law in Argentina.

635. In Colombia, during a meeting with mayors from cities on the Pacific coast in August 2022, the newly elected President mentioned the possibility of allowing the cultivation of cannabis without the need for licences to be issued, comparing cannabis crops to others, such as corn and potatoes. Those statements were made as part of the President's arguments in favour of ensuring that the profits of a licit

cannabis industry go to Colombian farmers instead of foreign companies. The mayors requested that such measures be included in the upcoming national development plan.

636. In view of the developments in the cannabis industry in the region, the Board wishes to remind Governments that, while the cultivation, production and use of cannabis for medical and scientific purposes are permitted under 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. Moreover, the Board reiterates that the 1961 Convention as amended does not apply to the cultivation of cannabis plant exclusively for industrial purposes (fibre and seed) or horticultural purposes.

637. In 2022, Uruguay made organizational changes in its National Police to strengthen the fight against both micro-trafficking and higher-level drug-related criminal activities. Under Service Order 13/2022, anti-drug brigades were created for the Departments of Montevideo and Canelones. Those measures are expected to allow the Directorate General for Combating Illicit Traffic in Drugs to focus more on criminal organizations supplying illicit drugs in the country instead of street distribution.

638. In June 2022, the Government of Brazil established a five-year national drug policy plan that focuses on addressing the central problems of drug policy and their causes, dividing the intervention into five areas: (a) prevention; (b) treatment, care and reintegration; (c) supply reduction; (d) management, governance and integration; and (e) research and evaluation. The plan establishes strategic objectives, goals and commitments, with defined deadlines for their implementation. In 2022, Brazil published the first two reports of its rapid alert system on drugs through the Centre of Excellence for Illicit Drug Supply Reduction, a partnership between the country's National Secretariat for Drug Policies and Asset Management, UNODC and the United Nations Development Programme. The reports present data and analyses on new psychoactive substances in Brazil.

639. In Colombia, UNODC has supported the implementation of strategies aimed at addressing the problem of illicit drugs within the framework of the peace agreement signed with FARC-EP. Those strategies include the comprehensive national programme for the substitution of illicit crops, through which 46,008 ha of illicit crops have been eradicated voluntarily by rural families with a view to promoting licit economies in 56 municipalities in the country. Between 2017 and 2022, 99,097 families enrolled in the programme, of which 77,002 have received technical assistance and 69,878 have received food security provisions. In addition, 7,353 former coca leaf collectors are

working in community activities, such as road repair and infrastructure maintenance.

640. On 26 July 2022, the National Commission for Development and Life Without Drugs of Peru signed an agreement with the Regional Association of Indigenous Peoples of Selva Central. The objective of the agreement is to promote sustainable development projects and to provide technical assistance to Indigenous communities in support of the prevention and mitigation of damage caused by illicit coca bush cultivation on Indigenous lands.

4. Cultivation, production, manufacture and trafficking

641. Cocaine and cannabis continue to be the main controlled crops that are illicitly cultivated, produced and trafficked in and from South America. Coca leaves are illicitly produced mostly in Colombia and Peru, and to some extent in the Plurinational State of Bolivia, while cannabis is illicitly produced in several countries in the region, including Brazil, Chile and Paraguay. Drugs trafficked from the region are destined mainly for Europe and the United States. Traditional *modi operandi* include the trafficking of cocaine by passenger aircraft and by sea using containers on large commercial vessels and using smaller vessels destined for North America through Central America and the Caribbean.

642. In December 2021, the Centre of Excellence for Illicit Drug Supply Reduction of Brazil published a study entitled "COVID-19 and drug trafficking in Brazil: the adaptation of organized crime and the actions of police forces during the pandemic", in which it was pointed out that, while Brazil remained a strategic transit country for cocaine bound for many parts of the world, new trafficking routes may have been created or intensified during the COVID-19 pandemic. The research was carried out by the Centre of Excellence using data gathered by the Federal Police, the Federal Highway Police, the Federal Tax Authority and selected State security forces of Brazil. Quantities seized in the period 2018–2020 were destined predominantly for Europe, followed by Africa and Asia. A change in the pattern of cocaine trafficking destinations in 2020 indicated a diversification of routes to include the east coast of Africa, West Asia, South-East Asia and, to a lesser extent, North America, although Europe remained the predominant destination.

643. Paraguay has been increasingly utilized as a transit country for the transit of cocaine to Europe. In January 2022, the National Anti-Drug Secretariat and the Office of the Public Prosecutor of Paraguay dismantled a criminal

organization that had been shipping cocaine across the Atlantic Ocean to Europe, arresting its leader and seizing 947 kg of cocaine.

644. With regard to illicit crops, Bolivia (Plurinational State of) and Peru have not published data validated by the international community for 2021. Both countries had previously worked with UNODC to conduct periodic surveys on the areas covered by illicit crops, as well as on eradication. According to reports by the Bolivian and Peruvian authorities, the two countries eradicated 9,458 ha and 5,775 ha of illicit coca bush cultivation, respectively, in 2021.

645. The Plurinational State of Bolivia reported seizures of 19.7 tons of cocaine in 2021, an increase of 26 per cent in relation to 2020 (15.7 tons). Most of the cocaine seized originated in Peru. According to the Bolivian authorities, drug seizures in the country in 2021 resulted in a loss of \$66 million in total for criminal organizations. In addition, the country reported the destruction of 800 coca leaf processing sites and 26 crystallization laboratories, as well as the seizure of 520 tons of solid precursor chemicals and 799 cubic metres of liquid precursor chemicals.

646. In September 2022, the National Commission for Development and Life Without Drugs of Peru published a report on the coca bush cultivation area monitored in 2021. The report included monitoring results for 19 zones in which coca bush is cultivated illicitly, covering 13 departments, 45 provinces and 169 districts, meaning that five monitored zones were added in comparison with 2020. The total area under illicit coca bush cultivation in 2021 came to 80,681 ha in total, including the five new monitored zones, and 76,158 ha in the 14 zones that were monitored up until 2020, when the area under cultivation was 61,777 ha. The report points to a rising trend in the area under illicit coca bush cultivation in Peru since 2017, when the total area was 49,900 ha. The valley of the Rivers Apurímac, Ene y Mantaro was the zone with the largest area under cultivation throughout the five-year period, with 32,106 ha in 2021, while the largest increases in relation to 2020 were observed in the Contamana (168.4 per cent) and Callería (144.8 per cent) zones. A decrease of 28.9 per cent, to 4,841 ha, in 2021 was reported for the La Convención-Lares zone, which reached its lowest area under cultivation since 2017. The overall area of eradication in Peru also reached a five-year low in 2021, with only 5,775 ha of crops eradicated nationwide, compared with 6,273 ha in 2020 and 25,526 ha in 2019. In the report, the particularly low levels of eradication in 2020 and 2021 are attributed to difficulties related to the COVID-19 pandemic.

647. **The Board reiterates its recommendation to the Governments of Bolivia (Plurinational State of) and Peru**

to resume the studies and monitoring reports on territories affected by illicit crops that are fully prepared with and validated by UNODC. This will allow adequate comparative monitoring among these Andean countries, in addition to ensuring support for the efforts of the Governments of Bolivia (Plurinational State of) and Peru in their fight against drug trafficking.¹³⁹

648. During the reporting period, UNODC released its 2021 coca cultivation survey for Colombia, which reported that coca cultivation and potential cocaine manufacture reached a historical high point in the country. In 2021, the area occupied by illicit crops reached 204,000 ha (0.4 per cent of the total agricultural land), an increase of 43 per cent in relation to 2020, while potential cocaine manufacture reached 1,400 tons, an increase of 14 per cent. Of the area where the increased illicit cultivation took place, 32 per cent was inside areas known as “production enclaves” or “coca hotspots”, which are more efficient for drug trafficking organizations. The areas accounting for the rest of that increase were on the periphery of hotspots (33 per cent of the total), in new areas (10 per cent) and other areas (25 per cent). Of the total area of illicit cultivation in 2021, 13 per cent was located close to municipal capitals, where it is easier for drug-related income to enter the legal economy. Coca cultivation and cocaine manufacture are threatening the environment and cultural diversity in Colombia, as 52 per cent of the coca cultivation is located in special management zones, including Afrodescendant communities, forest reserves, Indigenous reserves and national parks. According to UNODC, the following factors have contributed to this situation: increased global demand for cocaine; persistent poverty and lack of market access in areas where coca is produced; expectations raised by the peace agreement; an increased number of illegal drug trafficking groups; and continuing high economic incentives for cocaine production.

649. Countries in South America continue to seize increasing amounts of drugs, chemical substances and precursors used for illicit drug manufacture and are facing serious challenges relating to their temporary storage and eventual final disposal. Large amounts of stored chemicals can pose a severe risk to both the environment and populations living near storage facilities. Safe and efficient disposal is therefore key, not least to prevent the reintegration of seized materials into illicit channels. UNODC, through its Solutions, Training and Advice for Narcotics Disposal regional programme, has developed a national assessment for the safe handling and disposal of seized drugs and chemical precursors and is currently developing national disposal plans for Colombia, Ecuador, Guatemala and Peru. The Office is working closely with the authorities in those countries to

¹³⁹E/INCB/2021/1, para. 616.

build capacity in the management and safe handling of seized goods and sustainable mechanisms for their final disposal.

650. Ecuador reported three operations conducted by the country's National Police between January and July 2022, which resulted in the seizure of 15.5 tons of cocaine, the dismantling of two storage sites and the arrest of four Ecuadorian citizens. Criminal organizations used containers of bananas to traffic cocaine to countries in Europe, including Belgium and the Netherlands.

651. In 2021, the Bolivarian Republic of Venezuela effected its largest drug seizures in the past 10 years, with an overall amount of 51.5 tons seized. Cocaine accounted for the largest share of those seizures, reaching a 15-year high of 45.4 tons, followed by cannabis (6 tons). The operations resulting in the largest seizures were conducted in the area along the border to Colombia. Also in 2021, the country dismantled 60 cocaine crystallization laboratories near the border, neutralized 55 aircraft and destroyed 24 clandestine airstrips. During the first half of 2022, the country conducted military operations in the States of Amazonas, Apure, Falcón, Guárico, Sucre and Zulia and seized 17.7 tons of cocaine, destroyed 37 cocaine crystallization laboratories, neutralized 18 aircraft and destroyed 55 airstrips. According to a statement by the United Nations High Commissioner for Human Rights in March 2022, the presence of criminal groups and armed non-State actors in Venezuelan territory has generated increased violence, in particular along the border with Colombia, a region used by drug trafficking organizations as a transit corridor, as well as in mining regions and urban centres. The High Commissioner for Human Rights made reference to the conflicts in Apure State, which have provoked the displacement of hundreds of Venezuelans, including members of Indigenous populations. Finally, the High Commissioner called for the investigation of all reports of human rights violations and abuses, with special attention to Indigenous Peoples.

652. Uruguay effected a major seizure of methamphetamine in August 2022, with a total of 42,880 kg of the drug found in a container that originated in Antwerp, Belgium, with a final destination of Paraguay. Before stopping in Uruguay, the ship carrying the container had also made stops in Brazil and Argentina.

653. In 2021 and 2022, Paraguay continued its bilateral cooperation with the Federal Police of Brazil, which included the eradication of illicit cannabis cultivation along the border between those two countries. That joint effort resulted in a record level of eradication, reaching 2,100 ha in 2021, corresponding to around 6,300 kg of cannabis.

5. Prevention and treatment

654. According to the *World Drug Report 2022*, up to 2020 the drug groups most frequently reported by people in drug treatment in South America were cocaine- and cannabis-type drugs. The only exception was Ecuador, where opioids, including opiates and synthetic opioids, were the most frequently reported drug group.¹⁴⁰ This is consistent with the types of drugs that are produced and trafficked most heavily in the region.

655. Recent data from the UNODC annual report questionnaire show that other drugs are increasingly being used in the region. Chile reported that the most frequently used drugs in 2021 were cannabis herb, benzodiazepines, pharmaceutical opioids (non-medical use), synthetic cannabinoids, cannabis resin and cocaine.

656. In 2022, Brazil held municipal and State-level conferences on mental health policy and treatment and care services for health problems associated with drug use, in preparation for its fifth national mental health conference, scheduled to take place in November 2022. The conference serves as an instrument for reviewing and improving public policies with the participation of civil society. The previous national mental health conference was held in 2010. Brazil is also preparing the third edition of its national survey on the use of alcohol and other drugs, conducted by the Federal University of São Paulo through an agreement with the Ministry of Citizenship. The national survey will serve to update data and information on drug demand in Brazil.

657. In Colombia, the following national drug demand reduction policies were implemented: (a) a comprehensive policy to address the drug problem; and (b) a comprehensive policy for prevention and care for the consumption of psychoactive substances. As a result of the assistance provided by UNODC, more than 6,400 people have strengthened their capacities to improve prevention strategies in community, institutional, school and family settings. With regard to enhancing treatment and care services in Colombia, training sessions on quality assurance in the treatment of disorders associated with drug use and on the Treatnet Family programme were launched.

658. In the CICAD report entitled "Evaluation report on drug policies: measures of prevention, treatment and recovery support – Guyana", published in December 2021 in the context of the eighth round of the Multilateral Evaluation Mechanism, it was noted that Guyana had conducted an assessment of the need for care, treatment and reintegration

¹⁴⁰ *World Drug Report 2022*, booklet 2, map 2.

services at the national level. The action was taken by the country under objective 5 of the Multilateral Evaluation Mechanism, namely, to establish and/or strengthen government institutional capacities to regulate, enable, accredit and supervise prevention programmes and care, treatment, rehabilitation and reintegration services. Regarding specific at-risk populations, it was noted that situational assessments on the specific needs, risks or protective factors for each target population had not been carried out and that the country had not developed or implemented specific drug use prevention strategies or programmes for preschool students, families, LGBTQI+ persons, migrants and refugees, or individuals in the workplace.

659. In the CICAD evaluation report issued for Suriname, it is acknowledged that the country promotes treatment, care, recovery, rehabilitation and social reintegration measures and programmes, but it is also noted that Suriname does not promote national standards for those programmes or the use of the UNODC-WHO *International Standards on Drug Use Prevention* and *International Standards for the Treatment of Drug Use Disorders*. The report also found that no situational assessments focusing on specific at-risk populations had been strengthened or carried out, and that Suriname did not promote the exchange of research findings and best practices to improve the effectiveness of drug prevention programmes.

660. The Board wishes to encourage the international community, including OAS, UNODC, WHO and PAHO and partner countries, to work or continue to work with Governments to strengthen their regulatory frameworks and their provision of public health services in drug use prevention, treatment, rehabilitation and social reintegration, in line with the findings of the CICAD reports issued under the Multilateral Evaluation Mechanism, in particular with countries in the region with lower institutional capacities and financial resources.

661. In November 2021, Chile published its fourteenth national study on drugs in the general population, based on a survey conducted in 2020 and 2021 on a representative sample of 16,662 participants aged 12 to 65 years. Chile has been conducting biennial drug surveys since 1994, and the report contains an analysis of trends relating to all drugs, with data disaggregated by age, sex and socioeconomic criteria. The most heavily consumed controlled substance was cannabis, for which the lifetime prevalence in 2020 was the highest in the series (38.2 per cent), but with past-year prevalence (11.4 per cent) decreasing since 2018. Past-year prevalence also decreased for cocaine, reaching 0.5 per cent in 2020, the lowest point in the entire time series. After cannabis, participants reported the highest past-year prevalence for tranquillizers without a prescription (2 per cent),

analgesics without a prescription (1.2 per cent), hallucinogens (0.8 per cent) and synthetic cannabis (0.6 per cent).

662. In July 2022, Uruguay published the results of its substance use survey among schoolchildren aged 13–17 years. The survey involved a representative sample of 5,096 students from 104 public and private schools and technical institutes. Cannabis was the substance most frequently used by students, with a past-year prevalence of 19 per cent, coming in third place overall after alcohol and energy drinks. That figure represents a decrease since the peak in cannabis use by students at 19.8 per cent past-year prevalence in 2016, but points to a long-term increase since 2011, when past-year prevalence was reported at 12 per cent. The proportion of students reporting that they found it easy to gain access to cannabis increased from 53.3 per cent in 2014 to 59.6 per cent in 2021. The non-medical use of cannabis was regulated in Uruguay in 2013. In the latest survey, students also reported a past-year prevalence of 7 per cent for tranquillizers (with and without a prescription), 1.8 per cent for hallucinogens and 1.4 per cent for cocaine. Lower levels of prevalence were reported for “ecstasy”, cannabis resin, stimulants and coca paste.

663. The national drug report of the Bolivarian Republic of Venezuela for 2022 included data from the country’s 2021 report on risk perception and access to drugs, based on a 2020 survey with a representative sample of 2,762 interviewees aged 12–65 years. According to the study, cannabis was the most frequently consumed controlled substance and the fourth most frequently consumed substance overall, after alcohol, cigarettes and chewing tobacco. The past-year prevalence for cannabis was 4.63 per cent, while lifetime prevalence came to 8.4 per cent, and 22.19 per cent of participants stated that they found it easy to gain access to cannabis. Past-year prevalence for cocaine, coca paste and/or crack cocaine came to 2.64 per cent, while lifetime prevalence was 5.03 per cent.

664. In South America, as in other regions, it is difficult to establish adequate levels of opioid analgesics without reliable measurements of medical needs related to palliative care and other health conditions. Data reported by Governments in the region show a general improvement in the availability of internationally controlled opioids for medical purposes in recent years. The consumption of opioids for pain management has been rising since 2017; however, availability remains considerably below the average reported by higher-income regions. On the other hand, determining levels of consumption of psychotropic substances for medical purposes in South America remains a challenge, as not all of the countries in the region have regularly provided consumption data on any psychotropic substances in the past several years. More details are available in the supplement

to the annual report on availability and in the technical publications of the Board on narcotic drugs and psychotropic substances.

665. **The Board recalls that there is insufficient availability of narcotic drugs and psychotropic substances in some countries of the region for rational medical use and emphasizes the importance of ensuring sufficient availability of and access to internationally controlled substances for medical purposes. Special attention should be paid to availability in rural areas and for vulnerable populations in the region.**¹⁴¹

D. Asia

East and South-East Asia

Illicit manufacture and use of and trafficking in methamphetamine in the region continue to pose a serious threat to peace, stability and public health in the countries of East and South-East Asia. With illicit markets continuing to expand, record amounts of the substance are being seized, especially in tablet form, throughout the region.

While record seizures of methamphetamine were reported, very small amounts of the precursors required for its illicit manufacture have been seized in the region. Organized criminal groups appear to be increasingly using non-scheduled chemicals as alternatives for the manufacture of methamphetamine and other synthetic drugs.

The Board stresses that there is insufficient availability of narcotic drugs and psychotropic substances in many countries of the region and emphasizes the importance of ensuring the sufficient availability of and access to internationally controlled substances for medical purposes. A comprehensive overview of the world situation with respect to availability is contained in the supplement to the annual report of INCB for 2022 entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*.

The Board notes with concern public reports on the continued use of the death penalty for drug offences in a number of countries of the region.

1. Major developments

666. Illicit manufacture and use of and trafficking in methamphetamine continue to pose a serious threat to peace, stability and public health in the countries of East and South-East Asia. The illicit market has expanded, as demonstrated by the record seizures of the substance, especially in tablet form, throughout the region. According to UNODC, those seizures, mostly originating in Shan State, Myanmar, reached over 170 tons in 2021, with the countries of South-East Asia accounting for nearly 89 per cent of the total.

667. The increases in methamphetamine supply over the past years have kept prices on the illicit market low, while purity has remained high, as shown by analysis of the seized amounts. That combination of continuing low prices and high purity has created a situation of greater risk for communities in the region.

668. Despite record seizures of methamphetamine, very small amounts of the precursors used in its illicit manufacture have been seized in the region. Organized criminal groups appear to be increasingly using non-scheduled chemicals as alternatives for the illicit manufacture of methamphetamine and other synthetic drugs. It remains crucial for countries of the region to enhance the capacities of forensic laboratories to ensure the rapid and accurate detection of synthetic drugs for the purpose of issuing an early warning at the national and regional levels, and there is a need for impurity analysis to determine the synthesis routes used. An in-depth analysis of the recent trends and developments observed can be found in the Board's report for 2022 on the implementation of article 12 of the 1988 Convention.¹⁴²

669. In 2021, 16 unique new psychoactive substances were reported to the UNODC early warning systems by China, Indonesia and Singapore. The majority of those new psychoactive substances were synthetic cannabinoid receptor agonists, possibly developed to circumvent new controls introduced in China. Effective July 2021, China placed synthetic cannabinoids under national control using a generic definition in order to address the growing threat of these substances in the country. To date, China has placed under national control more than 180 new psychoactive substances and the entire fentanyl class, in addition to the synthetic cannabinoids.

2. Regional cooperation

670. While COVID-19-related limitations on travel persisted in various parts of the region, countries continued to

¹⁴¹E/INCB/2021/1, para. 640.

¹⁴²E/INCB/2022/4.

cooperate at the bilateral and regional levels. Governments continued to implement common strategies and activities, including within the framework of the ASEAN Workplan on Securing Communities against Illicit Drugs for the period 2016–2025 and the ASEAN Cooperation Plan to Tackle Illicit Drug Production and Trafficking in the Golden Triangle for the period 2020–2022.

671. A total of 165 drug control officials from the competent national authorities of countries of Asia, including 15 countries of East and South-East Asia, namely Brunei Darussalam, Cambodia, China, Indonesia, Japan, the Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, the Philippines, the Republic of Korea, Singapore, Thailand, Timor-Leste and Viet Nam, have registered to use INCB Learning e-modules. The e-modules support countries that are expanding their capacity for the control of narcotic drugs, psychotropic substances and precursor chemicals and gaining a deeper understanding of the international drug control framework.

672. In September 2021, the 42nd ASEAN Senior Officials on Drug Matters meeting took place, as well as meetings of airport and seaport interdiction task forces and meetings of the ASEAN Narcotics Cooperation Centre. The fifth meeting of the Advisory Council on Dangerous Drugs of the ASEAN Inter-Parliamentary Assembly was hosted by Cambodia in June 2022.

673. The report entitled *The Mid-Term Review: ASEAN Work Plan on Securing Communities against Illicit Drugs 2016–2025*, published in September 2021, evaluated progress made in implementation of the workplan. In the report, it was recommended, inter alia, that ASEAN member States enhance multisectoral involvement in drug prevention educational activities, improve access to equitable justice for all individuals while respecting the sovereignty, national legislation and policies of each country, and adopt a transparent approach in the enforcement of drug laws. The report also recommended that countries strengthen access to treatment, rehabilitation and aftercare services, conduct community-based surveys on drug use at least every five years and publish the results on the ASEAN digital platform for regional drug-related information exchange at the Narcotics Cooperation Centre.

674. In October 2021, Cambodia hosted the seventh ASEAN Ministerial Meeting on Drug Matters. Meeting participants expressed concern at emerging trends in the region, including the continued expansion of the synthetic drug market, the smuggling of new psychoactive substances, non-controlled chemicals, the diversion of precursors, the increasing use of the Internet for drug trafficking and the high proportion of drug use among the youth. Participants

reaffirmed the strong commitment of ASEAN to use a holistic approach in addressing the drug issue in the region, including by strengthening inter-agency coordination among ministries, public institutions, the private sector and development partners.

675. Between October 2021 and July 2022, the UNODC Regional Office for South-East Asia and the Pacific organized a series of meetings with various countries in the region, focusing on recent developments in trafficking of chemicals, illicit synthetic drug markets, drug consumption patterns and newly detected new psychoactive substances, with a view to identifying challenges encountered by competent national authorities as well as their technical assistance needs, while also providing an opportunity to explore possible areas of future cooperation. In addition, in cooperation with the Regional Intelligence Liaison Office for Asia and the Pacific, UNODC coordinated Operation Mekong Dragon phase IV, from 15 April to 15 September 2022. The operation, in which 24 law enforcement authorities participated, resulted in seizures of drugs from intraregional and interregional drug trafficking groups.

676. In January 2022, UNODC held a virtual meeting with the focal points of the signatories of the Mekong Memorandum of Understanding on drug control in the Greater Mekong subregion. The objective of the meeting was to review the subregional action plan and its achievements over the previous year and organize the ministerial-level meeting of the Mekong Memorandum of Understanding to be hosted by China in May 2023.

677. The GRIDS Programme hosted its first twinning event in Vienna from 14 to 17 June 2022 for 10 front-line officers from Thailand and Viet Nam, facilitated by GRIDS regional technical officers for South-East Asia and the Pacific. The enforcement officers developed cross-border communication and practical skills for international operational cooperation and took part in capacity-building workshops to increase their use of the IONICS secure communication system and the GRIDS Intelligence targeting platform. The event also provided practical training by experts on the identification of opioids, their safe handling and interdiction approaches using personal protective equipment and presumptive field testing for opioids.

678. The GRIDS Programme convened the first global conference for operational officers on the interdiction of fentanyl, synthetic opioids and related dangerous substances, held in Vienna from 1 to 5 August 2022. The event brought together over 140 participants from around the world, including 15 participants from seven countries in the region, namely Indonesia, Japan, Malaysia, the Republic of Korea, Singapore, Thailand and Viet Nam, who engaged in

practical awareness-raising and capacity-building related to synthetic opioids.

679. The GRIDS Programme convened the fifth annual operational meeting on countering trafficking of dangerous synthetic drugs and chemicals through postal, courier and air cargo services, held in Vienna from 6 to 9 September 2022. The event brought together nearly 60 officers from 30 countries and international organizations, including 4 participants from Indonesia, Singapore, Thailand and Viet Nam. Participating countries also conducted bilateral and multilateral meetings to enhance cooperation across borders, facilitated by INCB.

680. The GRIDS Programme hosted the interregional workshop on public-private partnerships for the prevention of the trafficking of dangerous substances, held in Sharm el-Sheikh, Egypt, from 11 to 14 September 2022. The event was attended by more than 120 representatives from 30 Governments, 5 international organizations and 15 Internet-related service providers and their associations including 42 participants from China, Indonesia, Japan, Malaysia, the Philippines, the Republic of Korea, Singapore, Thailand and Viet Nam. Participants exchanged best practices and case examples related to the exploitation of private sector agencies and online platforms for the trafficking of dangerous substances with the aim of strengthening international operational cooperation across borders to prevent future misuse of legitimate Internet-related services.

681. In July 2022, a joint operation of the Republic of Korea and Viet Nam, supported by information provided by INTERPOL, conducted in Ho Chi Minh City, led to the arrest and extradition of a suspected drug trafficker believed to be the head of a methamphetamine and synthetic cannabinoids trafficking ring. Two other ring members were arrested earlier in Cambodia and the Philippines.

3. National legislation, policy and action

682. The city of Shanghai, China, revised its anti-drug legislation and, for the first time, specified the obligation of online platforms to report trade in medicines covered by national special administrative rules, such as narcotic drugs and psychotropic substances, as well as other substances placed under control. The operators of online trading platforms are required to take measures such as keeping records and reporting suspicious activities to regulators and police. The revised legislation came into effect on 1 March 2022.

683. In June 2022, the Government of Malaysia announced it had reached an agreement to abolish the mandatory

imposition of the death penalty for certain categories of offences and encouraged the Parliament to take concrete steps to incorporate that agreement into adopted law. A total of 11 offences carry a mandatory death penalty in the country, including drug-related offences, which make up the majority of death penalty cases.

684. The Board notes with concern public reports of the continued use of the death penalty for drug-related offences in a number of countries of the region, including China, Indonesia, the Lao People's Democratic Republic, the Philippines, Singapore, Thailand and Viet Nam. The Board notes the step taken by the Government of Malaysia on this matter. **While recalling that, according to the international drug control conventions, the determination of penalties applicable to drug-related behaviours remains the exclusive prerogative of States parties, the Board encourages all States that retain the death penalty for drug-related offences to commute death sentences that have already been handed down and to consider the abolition of the death penalty for drug-related offences in view of the relevant international conventions and protocols and relevant resolutions of the General Assembly, the Economic and Social Council and other United Nations bodies on the application of the death penalty for the category of drug-related offences.**

685. In April 2022, the Ministry of Justice and the Ministry of Public Health of Thailand held a high-level meeting with UNODC on the new Narcotics Code of Thailand, which entered into force in December 2021. According to UNODC, Thailand is the first country in South-East Asia to update its drug control legislation in line with recommendations contained in the outcome document of the special session of the General Assembly on the world drug problem, held in 2016, including proportionate sentencing for drug crimes and alternatives to imprisonment. According to the Ministry of Justice, the aims of the new legislation are to focus more on large-scale illicit drug trade and to provide better treatment to individuals with drug use disorders and reduce overcrowding in prisons.

686. The new legislation of Thailand establishes procedures related to classification of drugs, including cannabis. INCB remains in contact with Thai authorities on this matter and continues to monitor relevant developments.

687. As reported by Thailand in its annual estimates of required narcotic drugs for 2023, the country intends to start authorizing the cultivation of cannabis and the manufacture of cannabinoids in line with amendments to the country's laws, with an estimated 65,000 patients to be prescribed cannabis-based medications. Thailand further reported that, under the country's legislation, CBD is not

considered a controlled substance pursuant to the 1961 Convention as amended or the 1971 Convention, and its use in non-medical and non-scientific industries, such as cosmetics and food, will not be reported to INCB. The Board reiterates that the 1961 Convention as amended limits the cultivation of cannabis to medical and scientific purposes. The cultivation of cannabis plant when intended for the production of cannabis and cannabis resin is subject to international control regardless of the type and concentration of cannabinoids contained in the plant, the intended use of the cannabis and cannabis resin to be produced, and the specific cannabinoids to be extracted; the only exemption is the cultivation of cannabis for industrial (fibre and seed) or horticultural purposes.

688. The International Criminal Court opened an investigation into alleged crimes against humanity committed on the territory of the Philippines between 1 November 2011 and 16 March 2019 in the context of the so-called “war on drugs” of the Government of the Philippines. In November 2021, the Government of the Philippines requested, pursuant to article 18, paragraph 2, of the Rome Statute, a deferral of that investigation on the grounds that national authorities were investigating, or had already investigated, alleged murders falling within the parameters of the authorization decision. In June 2022, the Court Prosecutor concluded that most of the information provided by the Government of the Philippines related to administrative and other non-penal processes and proceedings which did not seek to establish criminal responsibility, and that therefore it could not warrant deferral of the Court criminal investigation. The Prosecutor added that various proceedings referenced by the Philippines failed to sufficiently mirror the authorized Court investigation, as required by the Rome Statute, and that the Government had failed to provide any documentation to substantiate the statement that the investigations were ongoing or complete or any details regarding concrete investigative or prosecutorial steps that had been taken.

689. **The Board reiterates its view that extrajudicial killings as a response to drug-related activities violate the international drug control conventions, which require that drug-related crime be addressed through formal criminal justice responses with internationally recognized due process of law.**

4. Cultivation, production, manufacture and trafficking

690. Illicit drug manufacture and trafficking remain a major concern for the countries of the region, despite mobility restrictions and the adoption of public health

measures such as lockdowns introduced in response to the COVID-19 pandemic.

691. According to the Office of the National Narcotics Control Commission of China, continuous advancement of operation Border Clearing resulted in a reduction of drug trafficking activities in the country in comparison with previous years. Overall, in 2021, 75,000 people suspected of drug-related activity were arrested, and more than 25 tons of drugs were seized. While trafficking using the traditional channels was greatly reduced, potentially due to the COVID-19-related restrictions in place, trafficking by means of postal services and waterways increased.

692. Data from the Government of China indicate that more than 120 clandestine laboratories were dismantled in the country in 2021, with a total of more than 1 ton of drugs seized; in 2021, there were 26 per cent fewer laboratories dismantled and 89 per cent less drugs seized than in 2020. Cambodia reported seizures of two clandestine laboratories and large storage facilities, with a total of more than 200 tons of chemicals being seized in those two locations.

693. Partially as a result of the COVID-19 restrictions in place in many countries over the past two years, drug trafficking using the Internet and social media platforms has increased. In China, there were 5,000 detected cases of online drug trafficking in 2021, with 8,000 suspects arrested, accounting for a little over 10 per cent of drug-related arrests in the country. According to the Office of the National Narcotics Control Commission, the online drug market shifted from mass chat applications to niche social media applications, second-hand trading platforms, gaming websites and the darknet. Drug-related capital transfers expanded from the online banking system to use of virtual and game currencies.

694. Methamphetamine has for some years been the main substance of concern for countries in the region. While Myanmar continues to be the epicentre, methamphetamine manufacture seems to be expanding into other countries such as Cambodia, Indonesia, Malaysia and the Philippines. The Lao People’s Democratic Republic reported an increasing inflow of methamphetamine and other drugs from Myanmar, as well as an increase in outflow across its border with Thailand. In the Pacific region, New Zealand has reported seizures of methamphetamine originating in the Lao People’s Democratic Republic.

695. In 2021, ephedrine and pseudoephedrine remained the primary precursors used in methamphetamine manufacture in the region, although other precursors, including P-2-P, continue to be identified. Only small amounts of the above-mentioned controlled precursors have been seized in

the region, suggesting the increased use of non-controlled chemicals in the illicit manufacture of methamphetamine.

696. Indonesia reported the seizure of 1.7 tons of crystalline methamphetamine, nearly 40,000 “ecstasy” tablets and more than 15,000 piperazine tablets in several law enforcement operations conducted in 2022. Record amounts of methamphetamine have been seized in the Lao People’s Democratic Republic, which is considered to be one of the countries most impacted by methamphetamine trafficked from Shan State, Myanmar. In 2021, the authorities of the Lao People’s Democratic Republic seized a record 143 million tablets, a 669 per cent increase over the amount seized in 2020.

697. Cultivation of opium poppy and the production of opium in Myanmar in 2021 increased slightly compared with 2020 (30,200 ha and 423 tons in 2021 compared with 29,500 ha and 405 tons in 2020), ending the downward trend that began in 2014. According to the UNODC *Myanmar Opium Survey 2021: Cultivation, Production and Implications*, the increase is due to rising opium prices and the economic downturn caused by the COVID-19 pandemic. Shan and Kachin States continue to have the most extensive cultivation. UNODC has warned of a potential reversal of the decreasing trend in opium cultivation in Myanmar and of an increase in both the availability and trafficking of synthetic drugs and heroin, as evidenced by the increasing number of seizures reported in the region. These developments have been linked to factors such as poverty exacerbated by the effects of the COVID-19 pandemic and a surge in synthetic drug manufacture.

698. According to the Royal Malaysia Police, transnational criminal groups involved in drug trafficking quickly adapted to the situation and, despite border and travel restrictions, continued to stockpile illicit inventories to meet demand. While historically, methamphetamine and heroin have been mostly trafficked by land, cannabis by sea and synthetic drugs by air, the supply of drugs by air was nearly completely disrupted. In contrast, trafficking by sea and through courier services increased. From January to September 2021, Malaysian authorities seized nearly 7 tons of methamphetamine, 1.2 tons of heroin, more than 400 kg of ketamine and nearly 250 kg of MDMA.

699. In 2020, customs officers in Japan made over 700 seizures, totalling approximately 2 tons of illicit drugs. While the total quantity decreased by 40 per cent in comparison with 2019, the seized amount nevertheless exceeded 1 ton for the fifth consecutive year. Methamphetamine was the substance most seized in the country in terms of quantity. However, the amount seized in 2020, 800 kg, was a decrease of more than 60 per cent from the previous year. The amount seized in 2020 was

considered to be the equivalent of over 26 million doses, with an estimated illicit market value of nearly \$400 million. In Cambodia, seizures of methamphetamine averaged approximately 100 kg per year in the period 2015–2017. However, in the period 2018–2019, the average amount seized increased to 350 kg per year, and in 2020 seizures reached a record high of over 860 kg.

700. While some countries have noted increased seizures of illicit substances in 2021, others have reported significant decreases. According to UNODC, while the “ecstasy” market in the region is small, there has been continued manufacture of the drug in Cambodia and Malaysia. Nearly a quarter of the samples analysed were found to contain a mixture of substances other than MDMA, in particular methamphetamine and ketamine. Customs officers in Japan seized approximately 90,000 MDMA tablets in 2021, an increase of 48 per cent from the year prior. Increased seizures were also observed in Myanmar, the Philippines, the Republic of Korea and Thailand. Overall, seizures of “ecstasy” in the region in 2021 fell to just over half the total for 2020, including in the countries previously reporting the largest amounts of seizures, such as Indonesia and Malaysia, as well as China.

701. In its annual report for 2021, the Central Narcotics Bureau of Singapore reported increases in total seizures of some substances and decreases for others. The greatest increase was of new psychoactive substances, primarily synthetic cannabinoids and synthetic cathinones, both with a nearly tenfold increase in seizures over 2020. There was a 150 per cent increase in total seizures of cannabis, an increase of about 30 per cent in seizures of heroin, and a small increase in seizures of crystalline methamphetamine. There was a 174 per cent increase in seizures of “ecstasy” by weight. Cocaine seizures decreased by 95 per cent, and there were significant decreases in the seizures of commonly sold synthetic drugs such as ketamine, methamphetamine tablets with the street name “yaba”, and “Erimin-5” (containing nimetazepam, a benzodiazepine-derivative depressant, and also known as “lavo1”). Singapore reported that in 2021, 25 drug syndicates were dismantled, more than 2,700 drug traffickers were arrested, and the street value of the drugs seized was estimated to be approximately \$13 million.

702. While the number of seizures of cocaine by customs authorities of Japan in 2020 fell to just over half the number of 2019, the quantities of drugs in individual seizures and the total amount of seizures have increased notably, including 722 kg seized in April 2020, the largest single seizure ever reported. In total, Japan seized nearly 820 kg of cocaine in 2020, an increase of approximately 30 per cent compared with 2019.

5. Prevention and treatment

703. East and South-East Asia is among the regions that are of particular concern with regard to ensuring and monitoring the availability of narcotic drugs and psychotropic substances for medical and scientific purposes. In particular, on the basis of reported consumption of narcotic drugs, the region is among those with the least availability of the most widely used opioid analgesics. It remains challenging to determine the levels of consumption of psychotropic substances in East and South-East Asia because fewer than half of the region's countries have provided to the Board consumption data on any psychotropic substance for the past several years. **The Board stresses that there is insufficient availability of narcotic drugs and psychotropic substances in many countries of the region and emphasizes the importance of ensuring sufficient availability of and access to internationally controlled substances for medical purposes.** Further information on recent developments is contained in the supplement to the annual report of the Board, entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*.

704. Many countries in the region still lack mechanisms for gathering information on the scope and nature of drug use and treatment demand. **The Board encourages the countries of the region to prioritize the collection of data on drug use trends and treatment demand in order to inform the development of evidence-based approaches in the area of prevention and treatment and encourages bilateral partners and regional and international organizations to provide support to that end.**

705. Indonesia has reported the ongoing development of a national integrated information system related to data on rehabilitation services from multiple government sources that will aid decision-making and is aimed at increasing the efficiency of public services in the area of rehabilitation.

706. Prevention activities in the region include various outreach activities and awareness-raising campaigns, including by means of television, social media platforms, sports events and the entertainment industry. In 2020, Brunei Darussalam concentrated on conducting activities for its indigenous communities and disseminated prevention material in local dialects.

707. According to the Office of the National Narcotics Control Commission of China, extensive drug prevention education as well as the campaign "Care for drug users" reduced drug use in the country. At the end of 2021, there were 1.49 million registered people who use drugs

nationwide, 17.5 per cent fewer than the previous year. Of those, nearly 800,000 were using methamphetamine, more than 550,000 used heroin, and the remainder used ketamine (37,000) and cannabis (18,000). Wastewater analysis confirmed the substantial reduction in consumption of the three most widely used drugs.

708. The number of people who use drugs in ASEAN countries remained relatively stable, estimated at 64, 77 and 66 per 100,000 inhabitants in 2015, 2018 and 2019, respectively. In 2020, drug treatment admissions in the region increased by 24.8 per cent, amounting to 81.9 per 100,000 inhabitants. Among ASEAN member States, Thailand and Viet Nam had the highest rate of drug treatment admissions in the period 2016–2018, while in the period 2019–2020, it was Thailand with 263 admissions per 100,000 inhabitants in 2020 and Malaysia with 251 admissions per 100,000.

709. Amphetamine-type stimulants have been the most commonly used drugs in the region, followed by opiates/opioids and cannabis. By the end of 2020, amphetamine-type stimulants accounted for more than 80 per cent of all drug treatment admissions in all ASEAN countries. In ASEAN countries as a whole, the number of opiates/opioids admissions have continuously increased. While fewer than 6,000 people were admitted for opiate/opioids use in ASEAN countries in 2017, more than 40,000 received treatment in 2020. Nearly 92 per cent of those treated were people who use heroin, followed by those who use opium, methadone, codeine and morphine.

710. As part of its prevention strategy, Singapore continued to undertake official campaigns aimed at its younger population, such as a dedicated virtual reality video game and an augmented reality mobile game, multimedia competitions and film-making workshops, and online and print resources targeting different age groups. Institutions in Singapore have been using social media to communicate on this issue, and the country's Central Narcotics Bureau released a short film about legislation in Singapore to fight drug trafficking.

711. In terms of treatment and rehabilitation, Singapore has informed the Board that its approach is based on the risk of "recidivism" and the beneficiary's needs and responsiveness to change. Singapore also informed the Board that it has developed a resilience approach (called a "desistance" approach in the country), whereby the focus is on assisting people in recovery to build social support systems, rebuild relationships and set goals for recovery. Singapore also allows individuals incarcerated for drug-related offences to serve part of their sentence in community-based programmes which provide case management support, as well as employment, financial and housing assistance.

712. Over the past decade, the international community has highlighted the need for the voluntary treatment of people who use drugs, adopting health- and people-centred approaches that incorporate human rights concerns. According to the 2022 joint UNODC/UNAIDS report entitled *Compulsory Drug Treatment and Rehabilitation in East and South-East Asia*, the number of compulsory facilities has increased in many countries. The report also notes, however, positive examples of evidence-based treatment in China, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam. Those examples include partnerships between law enforcement agencies, government agencies and community-based organizations to provide access to flexible-dose methadone in China, a new treatment model in the Lao People's Democratic Republic, a programme to divert people charged with drug use offences to outpatient counselling instead of incarceration in Thailand, and a pilot programme providing take-home methadone in Viet Nam. **INCB welcomes the implementation by countries of the region of initiatives based on voluntary, evidence-based treatment services that give due respect to patients' rights, and recalls that the Board discourages the use of compulsory detention and rehabilitation for people who use drugs.**

713. Myanmar has provided medication-assisted treatment, drug detox services and opioid substitution therapy at public hospitals. Owing to COVID-19-related restrictions, the number of therapy centres decreased in 2021, from 89 to 79 centres. The number of patients in the programme stood at 25,000 in September 2021. A new buprenorphine maintenance programme has been planned for the future.

714. In the period 2017–2020, the Philippines started a pilot programme to establish voluntary drug treatment and rehabilitation centres offering outpatient services, operating under the Government or non-governmental organizations, and funded through donations and grants from private entities and foreign Governments. By May 2022, in total, there were 76 accredited drug treatment centres, of which 31 were government-run and 45 were operated by non-governmental organizations.

715. In Japan, the number of people arrested for cannabis-related offences has been continuously increasing and reached a record high in 2021. Approximately 70 per cent of those arrested were under the age of 30. According to the Ministry of Health, Labour and Welfare, the number of persons arrested under the age of 20 reached 1,000 for the first time. In response, the Ministry has focused on effective public relations and prevention activities for youth, on the possible revision of related laws and regulations and on the promotion of appropriate treatment and rehabilitation.

716. Increased use of new psychoactive substances has also been recorded, with Thailand having the highest number of people using new psychoactive substances, according to available data. Treatment for new psychoactive substances use has been made available in Malaysia, the Philippines, Singapore and Thailand.

717. Cambodia reported having nearly 21,000 people with drug use disorders, of which nearly 85 per cent are between the ages of 18 and 35. Over 91 per cent were people who used methamphetamine. The statistics have remained relatively stable over the past five years. In Malaysia, the reported number of people with drug use disorders has been decreasing over the past five years, with nearly 26,000 identified in 2019 and nearly 20,500 in 2020.

718. According to the National Narcotics Board of Indonesia, nearly 11,000 people received either inpatient or outpatient rehabilitation services provided by authorities. In addition, over 22,000 people received treatment in community-based centres, and 1,500 people received post-rehabilitation services. Authorities have been working to bring rehabilitation services to rural areas and develop long-distance support through online psychiatric and counselling services and have provided training to counsellors. Authorities have also launched a community-based intervention programme that encouraged the community to actively participate in the rehabilitation of people who use drugs, with over 10,000 people benefiting from treatment within the community and approximately 1,500 people receiving inpatient services. In addition, owing to the COVID-19 pandemic, Indonesia has introduced e-therapy services, which included screening, assessment, primary care and aftercare through the use of electronic media and information technology.

719. Indonesia has also launched a new programme of technical guidance for targeted rehabilitation institutions with a view to standardizing approaches through use of a national standard. Almost 40 rehabilitation institutions have gone through the programme, with an additional 20 to undertake it in the future.

720. The Lao People's Democratic Republic had available 14 standard and non-standard treatment, rehabilitation and vocational training centres, and an additional three are under construction. The Philippines established two new treatment and rehabilitation centres in 2021, launched several public awareness campaigns and created a national framework to increase care for persons who use drugs, including through community-based drug rehabilitation, outpatient centres and advanced services rehabilitation centres.

721. **The Board encourages countries of the region to continue to adopt measures to prevent drug use and to provide evidence-based treatment, rehabilitation and social reintegration programmes.**

South Asia

During the reporting period, countries in South Asia made significant seizures of methamphetamine, in both tablet and crystalline form, that had been trafficked from South-East Asia.

Countries in South Asia continue to report high levels of non-medical use of opioids and a large affected population, and South Asia has a higher estimated number of people use opioids than any other region.

Reported total seizures of tramadol, a substance not under international control, increased in 2020, rising from the previous year, with India accounting for almost the entire quantity intercepted in the region.

The Board stresses that there is insufficient availability of narcotic drugs and psychotropic substances in the region and emphasizes the importance of ensuring the sufficient availability of and access to internationally controlled substances for medical purposes. A comprehensive overview of the world situation with respect to availability is contained in the supplement to the annual report of INCB for 2022 entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*.

1. Major developments

722. In South Asia, COVID-19-related restrictions do not seem to have affected seizures of heroin. Initial data reported by countries to UNODC on individual drug seizures indicate an upward trend in the quantities of heroin and morphine seized, a trend which appears to have continued throughout 2020 and 2021. Pharmaceutical opioids were also seized, including codeine and codeine-based cough syrups, followed by tramadol, an opioid not under international control, fentanyl and buprenorphine, which are the most frequently encountered. The largest quantities of pharmaceutical opioids seized in the region in 2020 were reported by Bangladesh and India.

723. Countries in South Asia continued to report seizures of methamphetamine, in both tablet and crystalline form, originating in South-East Asia, which suggests that there has been further integration of the methamphetamine trafficking networks of the two regions.

724. South Asia remains an important transit area for traffickers smuggling illicitly produced opiates from Afghanistan to Europe and North America. In addition, the five coastal States in South Asia, namely Bangladesh, India, Maldives, Pakistan and Sri Lanka, are exposed to trafficking because of maritime trafficking routes that cross the Indian Ocean. India, in particular, has noted an intensification of trafficking in opiates originating in Afghanistan and trafficked eastward, along the southern route.¹⁴³

725. According to UNODC, an estimated 61 million people worldwide used opioids in 2020 – approximately 1.2 per cent of the global population – of which an estimated 31 million used opiates, mainly heroin.¹⁴⁴ Approximately half of the 61 million people worldwide with opioid use problems live in South Asia (21.5 million) and South-West Asia (10.5 million).

726. In 2020, nine countries in Asia reported the seizure of a total of 1.2 tons of tramadol, a substance not under international control, of which India accounted for almost the entire amount intercepted. That was a significant increase over 2019, when India seized 144 kg of tramadol and other countries in South Asia reported combined seizures of 70 kg. The seizure operations in India led to the dismantling of a major international criminal network trafficking tramadol and other psychoactive substances that exploited the darknet.

727. In 2021, intensified international cooperation led to the identification of a global network trafficking tapentadol, a newly emerging opioid analgesic not under international control, which appears to have partly displaced tramadol in some markets.

728. The illicit cultivation of cannabis for domestic consumption and trafficking continues in South Asia. Bangladesh, India and Nepal were the countries most frequently mentioned as countries of origin, departure and transit for cannabis herb originating in South Asia in the period 2016–2020.

¹⁴³The southern route includes trafficking from South-West Asia, notably Pakistan, to South Asia, the Gulf countries and other countries in the Near and Middle East and Africa.

¹⁴⁴*World Drug Report 2022*, booklet 1, *Executive Summary: Policy Implications* (United Nations publication, 2022), p. 26.

2. Regional cooperation

729. A total of 49 drug control officials from the competent authorities of all six countries in South Asia (Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka) have registered to use INCB Learning e-modules. The e-modules support countries that are expanding their capacity for the control of narcotic drugs, psychotropic substances and precursor chemicals and gaining a deeper understanding of the international drug control framework.

730. The GRIDS Programme convened the first global conference for operational officers on the interdiction of fentanyl, synthetic opioids and related dangerous substances, held in Vienna from 1 to 5 August 2022. The event brought together over 140 participants from around the world, including 9 participants from three countries in the region (India, Maldives and Sri Lanka), who engaged in practical awareness-raising and capacity-building related to synthetic opioids.

731. The GRIDS Programme convened the fifth annual operational meeting on countering trafficking of dangerous synthetic drugs and chemicals through postal, courier and air cargo services, held in Vienna from 6 to 9 September 2022. The event brought together nearly 60 officers from 30 Governments and international organizations, including four participants from India. Participating countries also conducted bilateral and multilateral meetings to enhance cooperation across borders, facilitated by INCB.

732. The GRIDS Programme hosted the interregional workshop on public-private partnerships for the prevention of trafficking of dangerous substances, held in Sharm el-Sheikh, Egypt, from 11 to 14 September 2022. The event was attended by more than 120 representatives from 30 Governments, 5 international organizations and 15 Internet-related service providers and their associations, including 5 participants from India. Participants exchanged best practices and case examples related to the exploitation of private sector agencies and online platforms for the trafficking of dangerous substances with the aim of strengthening international operational cooperation across borders to prevent future misuse of legitimate Internet-related services.

733. On 30 March 2022, the Fifth Summit of the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation took place in an online format, hosted by the Government of Sri Lanka. The primary focus of the summit was to increase cooperation among member countries to combat organized criminal activity, including drug

trafficking, in the region.¹⁴⁵ To date, six meetings of the Bay of Bengal Initiative subgroup on the prevention of illicit trafficking in narcotic drugs, psychotropic substances and precursors have been held.

734. In June 2022, the UNODC Regional Office for South Asia co-organized the second discussion forum for strengthening multidisciplinary approaches to countering organized crime, which took place in Sri Lanka. More than 75 senior officials participated in the event aimed at strengthening information exchange related to prosecuting, sentencing, seizures and reporting crimes including drug trafficking and identifying key challenges and opportunities for enhancing law enforcement and criminal justice responses.

735. In October 2022, the Forty-fourth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, took place in Bangkok. The Meeting adopted a set of recommendations to increase international and regional cooperation with the aim of preventing and dismantling supply chains for precursor chemicals, reducing the illicit cultivation and production of drugs and their trafficking, dismantling clandestine laboratories and promoting best practices in alternative development.

736. In 2021, the UNODC Container Control Programme contributed to the establishment in Bangladesh of the air cargo control unit at the Dhaka Custom House and the port control unit at Customs House Chattogram. An assessment mission to the Tribhuvan International Airport in Kathmandu was conducted by Container Control Programme experts with a view to establishing an air cargo control unit in Nepal.

737. In 2021, Maldives joined the UNODC South-East Asia Justice Network, a judicial cooperation network facilitating direct contact and communication between central authorities on mutual legal assistance in criminal matters. The network is implemented with the support of the secretariat of the Treaty on Mutual Legal Assistance in Criminal Matters of ASEAN.

738. The UNODC global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) programme held national meetings in Bangladesh and Sri Lanka in 2021 and one national meeting in Maldives in 2022 to improve understanding of the growing problem of synthetic drugs in the

¹⁴⁵The 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 are in South Asia (Bangladesh, Bhutan, India, Nepal and Sri Lanka) and two in South-East Asia (Myanmar and Thailand). Leadership of the organization rotates among the member States by alphabetical order of country names. The permanent secretariat of the Bay of Bengal Initiative is in Dhaka.

region and to identify information gaps in each country in order to strengthen national capacities.

3. National legislation, policy and action

739. In 2022, India introduced steps for its licit opium industry to transition from the traditional route of extracting opium gum from poppy capsules to utilizing concentrate of poppy straw. Both methods will continue in parallel under government licence for a five-year period.

740. In July 2022, the Ministry of Health of Maldives issued the “Guideline for rational use of controlled drugs”, which provides updated guidance on reporting to INCB, as well as on procedures, including import, storage, distribution and reporting by pharmacies and health service providers, for promoting the rational use of controlled substances in the country.

4. Cultivation, production, manufacture and trafficking

741. UNODC estimates that 4 per cent of all heroin and morphine seizures worldwide in 2020 were effected in South Asia.¹⁴⁶ Some seized drug shipments were destined for domestic consumption, while others were being trafficked along the southern route, in particular to India.¹⁴⁷ Sri Lanka reported seizures of 1.6 tons of heroin in 2020.¹⁴⁸

742. In South Asia, seizures of cannabis herb increased sharply despite the COVID-19 pandemic and related restrictions, with 86 tons seized in 2021 compared with 32 tons in 2019.

743. During the decade 2012–2021, law enforcement authorities in the coastal States of the region reported over 340 maritime seizures. Among those seizures, a total of 10,600 kg of methamphetamine was seized, a drug that first appeared in the region in 2013 and has been increasingly present since 2017. Trafficking of methamphetamine, in both tablet and crystalline form, from South-East Asia to South Asia continued in 2021. Seizures of crystalline methamphetamine have been reported by India, including the seizure of 154 kg of the drug in December 2021, which originated in Myanmar, as well as 10.5 kg in the State of Nagaland and 12 kg in the city of Guwahati in March 2021. In other countries in South Asia, in 2021, a total of more than 33.6 kg

of crystalline methamphetamine was seized, as well as more than 56 million methamphetamine tablets.

744. In 2021, Bangladesh reported seizing over 53 million methamphetamine tablets (“yaba”), a considerable increase from the 36.4 million tablets seized in 2020. Seizures of methamphetamine, in both tablet and crystalline form, were also reported along the border between India and Myanmar in 2021, with 241,900 tablets being seized in March 2021, a seizure of 1.5 kg of crystalline methamphetamine in October 2021 and three seizures each of 1 kg of crystalline methamphetamine in November 2021.

745. In Bhutan, cannabis continues to be the most commonly trafficked and misused drug in the country, followed by tramadol capsules (brand name Spasmo-Proxyvon Plus). The Royal Bhutan Police reported a decrease in the number of drug-related cases in 2020. In 2019, there were 304 registered cases with 660 arrests, while in 2020 there were 244 cases with 567 arrests, a decrease of 60 cases. Seizures of substances not under international control, such as ketamine and khat (*Catha edulis*), were also reported.

746. As global demand for synthetic drugs such as pharmaceutical opioids and illicitly produced methamphetamine, MDMA and ketamine continues to grow, illicit manufacturing and trafficking organizations are expected to increase their global activities. India, which is home to a large chemical and pharmaceutical industry, has witnessed the rise of commercial chemical factories that have been adapted to illicitly manufacture large quantities of synthetic drugs and their precursors. This development has been driven by the availability of highly qualified but underemployed chemists, who are susceptible to recruitment by criminal organizations. To address that situation, more proactive regulations are being developed and coordination among government agencies is being improved in order to facilitate the early detection and scheduling of new psychoactive substances. In addition, the regulation of online drug sales is being improved, and both traditional and digital investigative capacities are being enhanced. INCB is conducting an exercise for mapping the chemical industry in selected countries. Details of the project are available in the Board’s report for 2022 on the implementation of article 12 of the 1988 Convention.¹⁴⁹

747. In India, there has been a significant increase in seizures of drugs over the past five years, with the darknet and maritime routes emerging as the preferred modes of trafficking. In the period 2017–2022, heroin seizures increased from 2,146 kg in 2017 to 7,282 kg in 2021. There has also been an increase of more than 70 per cent in seizures

¹⁴⁶ *World Drug Report 2022*, booklet 3, p. 85.

¹⁴⁷ *Ibid.*, p. 89.

¹⁴⁸ *Ibid.*, p. 87.

¹⁴⁹ E/INCB/2022/4.

of opium, from 2,551 kg in 2017 to 4,386 kg in 2021, and a more than 90 per cent increase in seizures of cannabis, from 352,539 kg in 2017 to 675,631 kg in 2021, according to the information reported by the Narcotics Control Board of India.

748. Port officials in India have reported seizures of large quantities of heroin detected in shipping containers, including almost 3 tons detected in the State of Gujarat, on the western coast, in September 2021, which suggests there has been an expansion of drug trafficking along the southern route and through the Arabian Sea. In May 2022, the Directorate of Revenue Intelligence seized 56 kg of cocaine from a container near Mundra port in the Kutch district of Gujarat. In May 2022, 62 kg of heroin was seized at the Air Cargo Complex of New Delhi, preceded by a seizure of 218 kg of heroin seized by the Directorate of Revenue Intelligence and the Indian Coast Guard from two fishing boats off the coast of Lakshadweep, as well as the seizure of a consignment of 206 kg at Kandla and one of 396 kg at the port of Pipavav.

749. In June 2021, the Narcotics Control Board of India arrested members of a drug trafficking organization using online pharmacies as a front to sell pharmaceutical products and illicit drugs such as amphetamines, cocaine, codeine-based cough syrup, MDMA and tramadol. Additionally, there was an increase in seizures of “ecstasy” in Hyderabad, Karnataka and Kerala in 2022.

750. In 2021, authorities of Sri Lanka reported seizures of 1,594 kg of heroin and more than 348 kg of synthetic drugs, as the country’s sea routes were increasingly being used by local and international drug traffickers. Maritime seizures were mainly effected on the open sea, more than in ports, and the drugs were mostly found on small vessels or untraceable small fishing boats. In February 2021, the Sri Lankan Navy seized 400 kg of heroin and 100 kg of crystalline methamphetamine in international waters. Investigations indicate that in most recent cases, the heroin originated in Afghanistan and was further trafficked through Pakistan and other countries and into Sri Lanka.

751. In Maldives, heroin and cannabis oil are the most common drugs, but “ecstasy”, LSD and other synthetic drugs have been detected and seized in greater quantities in recent years. In December 2021, the Maldives Police Service seized 119 kg of heroin in an operation in Malé and on the adjacent island of Hulhumalé. In May 2022, Maldives Customs Service seized over 4 kg of cocaine found in a passenger’s luggage in transit at Velana International Airport. In July 2022, the Maldives Customs Service reported seizures of over 2 kg of cocaine from two foreign passengers.

5. Prevention and treatment

752. South Asia is among the regions of particular concern with regard to ensuring and monitoring the availability of narcotic drugs and psychotropic substances for medical and scientific purposes. In particular, on the basis of reported consumption of narcotic drugs for medical purposes, the region is among those with limited availability (in terms of per capita consumption) of the most widely used opioid analgesics. Determining the level of consumption of those substances in South Asia remains a challenge because only a few countries have provided consumption data to the Board over the past several years. The Board stresses that there is insufficient availability of narcotic drugs and psychotropic substances in many countries of the region and emphasizes the importance of ensuring sufficient availability of and access to internationally controlled substances for medical purposes. Further information on recent developments is contained in the supplement to the annual report of the Board for 2022, entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*.

753. According to UNODC, it is estimated that there is a high prevalence of non-medical use of opioids in South Asia. In terms of the size of the affected population, the region with the largest estimated number of people who use opioids is South Asia, with an estimated 21.5 million users.

754. In India, according to the *Annual Report 2021–2022* of the Ministry of Social Justice and Empowerment, approximately 23 million people aged 10–75 have used opioids, mainly heroin and pharmaceutical opioids. An estimated 8 million people were registered for opioid use disorders. The Ministry of Social Justice and Empowerment is responsible for implementing the National Action Plan for Drug Demand Reduction for the period 2018–2024 and funds over 400 non-governmental organizations that operate integrated drug use disorder awareness, treatment, and rehabilitation centres.

755. India and Nepal were foremost among the countries that reported increased flexibility and relaxed rules on supervision of services for opioid agonist treatment medication.¹⁵⁰ As reported by UNODC, there was a decline in drug treatment delivery in Sri Lanka although the Government reported that it had expanded residential treatment services and built a national-level treatment programme with an additional treatment capacity of 1,000 places.¹⁵¹

¹⁵⁰ *World Drug Report 2022*, booklet 2, p. 47.

¹⁵¹ *Ibid.*, p. 45.

756. In Bangladesh, the reported number of people in treatment for methamphetamine use disorders increased significantly from 2016 to 2019.¹⁵² Nevertheless, access to treatment services for people affected by substance use disorders remains inadequate in the region.

757. The Board reiterates its call to all Governments in South Asia to develop mechanisms to improve the collection of information on drug use prevalence with the aim of developing drug use prevention strategies and providing treatment facilities to the entire affected population that are based on evidence and tailored to each country's specific needs and capacities.

West Asia

Afghanistan remains by far the largest source of illicit opium globally, accounting for an estimated 86 per cent of production in 2021. Opium produced in Afghanistan continued to supply markets in neighbouring countries and in Africa, Europe, the Middle East and South Asia, while a smaller proportion was destined for markets in North America and Oceania.

Another major cause of concern is the continued substantial increase in methamphetamine manufacture in Afghanistan, a trend that has been observed since 2012 and that continued in 2021.

The Board stresses the importance of strengthening the capacity of Afghanistan to provide treatment and rehabilitation services to people who use drugs, in particular women.

Central Asian States continued to face major challenges relating to the increased use of and trafficking in psychotropic substances, including synthetic drugs, as well as new psychoactive substances. Countries in West Asia also observed an increase in the use of postal and parcel services, the Internet, social networking accounts and messaging platforms for the marketing of illicit drugs.

The Board notes with concern the insufficient availability of narcotic drugs and psychotropic substances in most countries of West Asia and stresses the importance of ensuring sufficient availability of and access to internationally controlled substances for medical purposes.

1. Major developments

758. According to the UNODC publication "Opium cultivation in Afghanistan: latest findings and emerging threats", released on 1 November 2022, illicit opium cultivation in Afghanistan in 2022 increased by 32 per cent over the previous year, reaching 233,000 ha. That makes 2022 the year with the third largest area under opium cultivation ever since monitoring began in 1994. At the same time, opium prices were observed to increase, possibly as a result of the announcement of the cultivation ban by the country's de facto authorities in April 2022. While the resulting income earned by farmers from opium sales tripled in 2022 compared with 2021, that did not necessarily translate into an increase in purchasing power due to rising inflation in the country.

759. The Board remains extremely concerned over reports of ongoing large-scale opium poppy cultivation and opium production in Afghanistan despite the announcement by the de facto authorities of a ban on the cultivation of opium poppy, as well as on the production, use, transportation, export and import of and trade in other narcotic drugs in the country. The Board acknowledges that, in order for any prohibition of the cultivation of narcotic drugs to have a meaningful impact on the drug situation in the country, comprehensive efforts must be undertaken to support alternative livelihoods for those involved in cultivation and production, and a range of other measures must be taken to improve prevention and treatment for all groups, including for women, as well as strengthening control and enforcement capacities. The Board also notes that the current political and socioeconomic challenges faced by the people of Afghanistan, exacerbated by the environmental and humanitarian emergencies in the country, create further obstacles to effective drug control. In this regard, the Board calls upon the international community to continue to support drug control efforts in the country to protect public health and as an important component of development assistance to Afghanistan.

760. All three major routes for trafficking opiates from Afghanistan, namely, the Balkan route and the southern and the northern routes supplying markets in neighbouring countries, Europe, Africa, the Middle East, South Asia and, to a limited extent, North America and Oceania, rebounded in 2021 to reach and in some cases surpass pre-pandemic levels of trafficking.

761. A major cause of concern for the countries in West Asia is the continued substantial increase in methamphetamine manufacture in Afghanistan, a trend that has been observed since 2012 and that continued in 2021. Methamphetamine originating in Afghanistan continues to be seized in Iran (Islamic Republic of) and Pakistan, as well

¹⁵²Ibid., booklet 4, p. 52.

as Central Asian States and the southern Caucasus, Europe, South-East Asia, South Asia and Oceania. In addition, there is a high risk of heroin trafficking routes being used for methamphetamine trafficking, which could result in a supply-driven market for methamphetamine in countries where demand currently remains limited. Iran (Islamic Republic of) and Türkiye have both reported significant increases in methamphetamine trafficking in their territories.

762. Central Asian States reported challenges relating to increased trafficking, including local illicit manufacture in some countries, and the misuse of psychotropic substances and new psychoactive substances. Those countries, as well as Armenia, identified an increase in the use of postal and parcel services, the Internet, social networking accounts and messaging platforms for the marketing of those drugs, and they continued to take measures to address those developments, although the capacities to do so in the region remain limited.

763. Most Central Asian States, as well as Armenia and Iran (Islamic Republic of), observed an increase in the trafficking of cannabis resin, either originating in Afghanistan or illicitly produced domestically.

764. Trafficking in and use of the counterfeit substance “captagon” continued to seriously affect countries in the Middle East, a problem that was exacerbated by continued political instability, economic challenges and ongoing conflicts in some parts of that subregion.

2. Regional cooperation

765. Thirty-eight drug control officials from the competent national authorities of 14 countries in West Asia, namely, Afghanistan, Armenia, Azerbaijan, Georgia, Iraq, Jordan, Lebanon, Pakistan, Qatar, Saudi Arabia, Tajikistan, Türkiye, the United Arab Emirates and Yemen, have registered to use INCB Learning e-modules. The e-modules cover the licit control mechanisms relating to narcotic drugs, psychotropic substances and precursors, and the international drug control framework. A new e-module on ensuring the adequate availability of controlled substances for medical and scientific purposes was launched in August 2022. The modules are available upon registration to officials of competent national authorities at no cost.

766. On 15 and 16 December 2021, a meeting of the Expert Working Group on Cross-Border Cooperation of the Paris Pact Initiative was held in Moscow in a hybrid format. The meeting was attended by delegations from Central Asian States, France, Iran (Islamic Republic of), Pakistan and Türkiye, as well as by experts from CARICC, the Collective

Security Treaty Organization, the Executive Committee of the Commonwealth of Independent States, the Eurasian Group on Combating Money Laundering and Financing of Terrorism, UNODC and other international organizations. The participants discussed combating the illicit trafficking of opiates from Afghanistan, practical experience in and methods of suppressing international drug trafficking, issues of coordination among law enforcement agencies and the role of international and regional organizations in the area of drug control.

767. On 7 March 2022, a memorandum of understanding was signed in Doha between CARICC and the Secretariat General of the Cooperation Council for the Arab States of the Gulf, represented by the Criminal Information Centre to Combat Drugs. Under the memorandum, the parties agreed to exchange relevant information, to assist in organizing, conducting and coordinating activities to combat organized cross-border drug crime, and to participate in joint working meetings, consultations and training courses.

768. On 11 April 2022, CARICC, together with the UNODC regional programme for Afghanistan and neighbouring countries, held a debriefing on the results of a regional operation called “Reflex 2021”. The event was attended by representatives of the Central Asian States, Azerbaijan, Iran (Islamic Republic of), Pakistan, Mongolia and the Russian Federation, as well as Belarus as an observer. The operation had been conducted in those States from 4 October to 30 November 2021, with a view to combating the spread of new psychoactive substances, psychotropic substances and other synthetic drugs. As a result, the competent national authorities of the participating States seized 6.5 tons of new psychoactive substances, other synthetic narcotic drugs and psychotropic substances. Arrests and prosecutions of persons suspected of drug crimes were also initiated.

769. On 20 April 2022, Uzbekistan chaired the twelfth meeting of the heads of the counter-narcotics agencies of the countries of SCO, held in Tashkent and also attended by representatives of the SCO secretariat. Participants exchanged opinions on the drug situation in SCO member States and discussed the prospects of developing counter-narcotics cooperation. Delegations expressed concern about the global drug problem, in particular the steady increase in the illicit production of narcotic drugs and psychotropic substances in Afghanistan and the rapid spread and misuse of synthetic drugs and new psychoactive substances. The delegations supported the initiative proposed by the President of Uzbekistan to draft a joint counter-narcotics action plan covering South and Central Asia.

770. From 23 to 27 June 2022, within the framework of the Collective Security Treaty Organization, the regional

anti-drug operation known as “Channel – Granite Bastion” was organized, with the coordination headquarters located in Dushanbe. Under the operation, a number of measures were carried out with a view to identifying and blocking the smuggling of narcotics and psychotropic substances along the northern route from Afghanistan to Europe and combating money-laundering associated with drug offences.

771. On 19 July 2022, a debriefing was held in Almaty, Kazakhstan, to review the results of a number of international operations held between 2020 and 2022, including controlled deliveries from Afghanistan through Kazakhstan to European countries, as well as controlled deliveries of synthetic drugs from Kazakhstan to Uzbekistan. The debriefing was attended by the competent authorities of CARICC member States and observers and by representatives of international organizations.

772. In cooperation with their foreign counterparts, the Armenian authorities successfully carried out several controlled delivery operations in 2021. One such operation, conducted jointly with the Georgian authorities, resulted in the seizure of a parcel containing 137 grams of the synthetic stimulant *alpha*-pyrrolidinovalerophenone (*alpha*-PVP) that was being smuggled between the two countries. In another operation, 368 kg of heroin was seized, and an international organized criminal network was identified and dismantled, leading to the arrest of suspects of various nationalities.

3. National legislation, policy and action

773. On 17 November 2021, the Government of Azerbaijan adopted a decree on matters related to the deprivation of liberty for drug offences and on treatment and rehabilitation in lieu of criminal sanctions.

774. On 1 December 2021, amendments to the law of Georgia on narcotic drugs, psychotropic substances, precursors and drug treatment services of 2021 entered into force. Under the amended law, the thresholds for small, large and particularly large amounts of eight substances (amphetamine, desomorphine, LSD, MDMA, methadone, methcathinone, methamphetamine and heroin) were revised.

775. On 2 January 2022, the new Federal Decree Law No. 30 of 2021 of the United Arab Emirates on combating narcotic drugs and psychotropic substances entered into force. The new law brought about key policy changes in addressing drug trafficking and use in the Emirates, replacing punishment with treatment for first-time offences relating to drug possession and use. The courts have also been granted the

prerogative to send offenders to specialized rehabilitation and treatment centres to be established throughout the country under the law. The new law also provides for stricter penalties for repeat offences and introduces three degrees of penalties for drug use and possession. At the same time, the law maintains the death penalty or life imprisonment for serious offences, including crimes resulting in the death of a victim and serious offences committed by holders of licences to trade in controlled substances.

776. The Board notes with concern public reports of the continued use of the death penalty for drug-related offences in a number of countries of the region, in particular Iran (Islamic Republic of) and Saudi Arabia. **In this regard, the Board wishes to reiterate its position that, although the determination of sanctions applicable to drug-related crime remains the prerogative of the States parties to the conventions, the Board encourages States that have abolished capital punishment for drug-related offences not to reintroduce it and encourages those 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.**

777. In February 2022, the “EMCDDA for Georgia” (EMCDDA4GE) bilateral technical cooperation project began to adapt the EMCDDA European Prevention Curriculum to the Georgian context, including its translation and integration into the national system. The aim of those activities is to enhance national responses to drug-related health and security threats.

778. Also in February 2022, a service was introduced in Abu Dhabi to provide confidential treatment for people who use drugs. The service, which is provided in coordination with the National Rehabilitation Centre, gives people who use drugs the opportunity to apply for treatment services online. According to the authorities, people who use drugs can apply anonymously to enter rehabilitation as part of the initiative called “A chance for hope”, undertaken by regional authorities.

779. The INCB GRIDS Programme conducted a training course for officers from Jordan on the threat of new psychoactive substances, synthetic opioids and other dangerous substances and on the use of various INCB tools to enhance regional and global information exchange and improve targeting skills for interdicting new psychoactive substances, synthetic opioids and fentanyl-related substances. The three-day training course, held in March 2022, was organized in collaboration with the UNODC Regional Office for the Middle East and North Africa and the Development Border Management and Security Programme of the International

Centre for Migration Policy and brought together 20 front-line officers from the country's Anti-Narcotics Department, Borders and Residence Department and General Intelligence Department, as well as Jordan Customs.

780. The GRIDS Programme convened the first global conference for operational officers on the interdiction of fentanyl, synthetic opioids and related dangerous substances, held in Vienna from 1 to 5 August 2022. The event brought together over 140 participants from around the world, including 13 participants from Jordan, Pakistan, Qatar, Saudi Arabia, Türkiye and the United Arab Emirates, who engaged in practical awareness-raising and capacity-building related to synthetic opioids.

781. The GRIDS Programme convened the fifth annual operational meeting on countering trafficking of dangerous synthetic drugs and chemicals through postal, courier and air cargo services, held in Vienna from 6 to 9 September 2022. The event brought together nearly 60 officers from 30 Governments and international organizations, including 5 participants from Türkiye and the United Arab Emirates and the Gulf Cooperation Council Criminal Information Centre to Combat Drugs. Participating countries also conducted bilateral and multilateral meetings to enhance cooperation across borders, facilitated by INCB.

782. The GRIDS Programme hosted the interregional workshop on public-private partnerships for the prevention of the trafficking of dangerous substances, held in Sharm el-Sheikh, Egypt, from 11 to 14 September 2022. The event was attended by more than 120 representatives from 30 Governments, 5 international organizations and 15 Internet-related service providers and their associations, including 17 participants from Jordan, Qatar, Saudi Arabia and the United Arab Emirates and the Gulf Cooperation Council Criminal Information Centre to Combat Drugs. Participants exchanged best practices and case examples related to the exploitation of private sector agencies and online platforms for the trafficking of dangerous substances with the aim of strengthening international operational cooperation across borders to prevent future misuse of legitimate Internet-related services.

783. On 9 March 2022, the Minister of Justice of Israel signed an order decriminalizing cannabis possession and limiting the punishment to the administrative measure of a fine. Under the new regulations, the fine for cannabis possession will be up to 500 Israeli shekels (approximately \$160), supplanting previously applicable criminal sanctions.

784. On 3 April 2022, two months before the illicit opium harvest was to begin, the de facto authorities of Afghanistan

issued a decree prohibiting the cultivation of poppy and other types of narcotic drugs. Under the decree, the use, transportation, export and import of and trade in all types of narcotic drugs and intoxicants, including alcohol, heroin, MDMA tablets and cannabis, were strictly prohibited. The de facto Ministry of the Interior informed the public that a two-month grace period would be granted to enable farmers to harvest opium poppy and sell their 2022 harvest, but noted that during that period, the sale and trafficking of processed heroin and synthetic drugs would be prohibited. It was also announced that selective eradication efforts had already started.¹⁵³

785. Acting upon directives from the Prime Minister of Pakistan, UNODC, in collaboration with the country's Ministry of Narcotics Control and Ministry of National Health Services Regulations and Coordination, as well as UNAIDS, WHO and UNDP, conducted a study on the feasibility of opioid agonist therapy in Islamabad and the four provinces. Following that study, plans are under way to roll out opioid agonist therapy in Pakistan.

4. Cultivation, production, manufacture and trafficking

786. Afghanistan, Mexico and Myanmar together accounted for 97 per cent of estimated global illicit opium production in the period 2017–2021. Afghanistan remained the largest source of opium by far, accounting for an estimated 86 per cent of global illicit production in 2021. Opium produced in Afghanistan continued to supply markets in neighbouring countries and in Africa, Europe, the Middle East and South Asia, with a smaller proportion destined for markets in North America and Oceania.¹⁵⁴

787. Opium cultivation in Afghanistan increased by 32 per cent in 2022, or 56,000 ha, compared with the previous year. The area under opium poppy cultivation in 2022 was estimated to be 233,000 ha, compared with 177,000 ha in 2021.

788. Following the drought in early 2022, opium yields declined from an average of 38.5 kg/ha in 2021 to an estimated 26.7 kg/ha in 2022, resulting in a potential opium harvest of 6,200 tons, which is 10 per cent less than the 6,800 tons produced in 2021. UNODC noted that despite this reduction, Afghanistan still supplies 80 per cent of global opiate demand.

789. Opium poppy cultivation occupied a substantial proportion of the overall agricultural land in some provinces

¹⁵³ A/76/862-S/2022/485, para. 60.

¹⁵⁴ *World Drug Report 2022*, booklet 3, p. 74.

of Afghanistan, accounting for 20 per cent or more in some districts in 2021, which has led to reduced production of important food crops, including wheat. Coupled with unfavourable weather conditions, that has further exacerbated food insecurity in the country. Opium poppy cultivation remained the main source of income for many people in Afghanistan, in particular in rural areas. In 2019, for example, about a third of rural villages were cultivating the plant, which generated roughly 190,700 full-time jobs. Moreover, the contraction of the legal economy in Afghanistan has made households even more vulnerable to engaging in illicit activities such as opium cultivation and heroin manufacture and trafficking.¹⁵⁵

790. Following the announcement by the Taliban of the ban on narcotic drugs in April 2022, prices increased significantly, in particular for opium.¹⁵⁶ That was the second major spike in drug prices resulting from political and policy developments since the takeover of Afghanistan by the Taliban in August 2021.

791. The production of opiates represents the largest illegal economic activity in Afghanistan and was estimated by UNODC to be worth \$1.8 billion to \$2.7 billion in 2021. The total value of opiates, including domestic consumption and exports, was equal to 9 to 14 per cent of the country's GDP, exceeding the value of its officially recorded licit exports of goods and services, which were estimated at 9 per cent of GDP in 2020. However, the estimated revenue from the market for domestic use (\$43 million in 2021) and the income generated by farmers (\$425 million in 2021) were far smaller than the income received by traffickers.

792. After experiencing limited impact from the restrictions imposed in response to the COVID-19 pandemic in 2020, the Balkan route appeared to have returned to pre-pandemic levels of opiate trafficking in 2021 and maintained its status as the main route from Afghanistan to destination markets in Central and Western Europe, which runs through the Islamic Republic of Iran, Türkiye and the Balkan countries.¹⁵⁷ Trafficking also appears to have intensified along the southern route, which runs through the Islamic Republic of Iran and Pakistan and then by sea or air to Europe, either directly or through South Asia, Africa and/or the Gulf States.

793. Türkiye seized a record 22.2 tons of heroin in 2021, representing a considerable increase of almost 70 per cent compared with the 13.2 tons seized in 2019. The Islamic

Republic of Iran observed a decrease of about 8 per cent in the quantities of opiates seized in 2021 compared with 2020; opium was the most commonly seized drug, accounting for 80 per cent of all drugs seized in the country in 2021. The quantity of heroin seized in the country decreased by 18 per cent from 2020 to 2021, while seizures of morphine increased substantially, by 36 per cent, and seizures of opium decreased by 9 per cent.

794. Armenia, which is located along the branch of the Balkan route that runs through the southern Caucasus, reported significant increases in seizures of heroin, which rose from 13 kg in 2020 to 447 kg in 2021. At the same time, seizures of opium in Armenia declined in 2021 compared with the preceding year, dropping from 19 kg in 2020 to 5.2 kg in 2021. Azerbaijan, another country located on that branch of the Balkan route, also reported significant increases in heroin trafficking through its territory, with 3,236 kg of the substance seized in 2021, compared with 2,341 kg in 2020. Azerbaijan also reported an increase in seizures of opium from 278 kg in 2020 to 697 kg in 2021.

795. The northern route, which is used for trafficking opiates from Afghanistan mainly to illicit drug markets in the Russian Federation via Central Asian States, saw a surge in seizures in 2021, after a somewhat stable drug situation due to COVID-19-related disruptions in the previous year.

796. In particular, the volumes of heroin and opium seized by CARICC member States increased by 82.1 per cent and 41.5 per cent, respectively. That development indicates a significant increase in the trafficking of opiates from Afghanistan in 2021, possibly owing to the presence of substantial stocks of illicit opiates in the northern provinces of the country. Compared with the quantities reported for 2020, the volumes of seized heroin increased significantly in all CARICC member States, rising from 16.5 kg to 449.1 kg in Kyrgyzstan, from 28.3 kg to 103 kg in Uzbekistan, from 486.4 kg to 1,431 kg in the Russian Federation, from 118.5 kg to 251.9 kg in Tajikistan and from 70.1 kg to 76.5 kg in Kazakhstan. The quantities of opium seized in 2021 also increased substantially, rising from 58 grams to 53 kg in Kazakhstan, from 9.2 kg to 31 kg in Kyrgyzstan and from 124.1 kg to 342.7 kg in Uzbekistan. The latest data available on Tajikistan and Uzbekistan for the period January–March 2022 point to a continued increase in the amounts of opiates seized, with Tajikistan reporting a fifteenfold increase in quantities of heroin seized and a twofold increase in quantities of opium seized, while Uzbekistan reported a sixteenfold increase for heroin and a sixfold increase for opium compared with the same period in 2021.

797. Another issue of major concern relating to the drug situation in Afghanistan is the continuous increase in

¹⁵⁵ UNODC, *Afghanistan Opium Survey 2021: Cultivation and Production* (March 2022).

¹⁵⁶ A/76/862-S/2022/485, para. 60.

¹⁵⁷ *World Drug Report 2022*, booklet 3, p. 89.

methamphetamine manufacture that has been observed since 2012 and that continued into 2021, as evidenced by seizures reported both inside and outside the country. The problem has been exacerbated in Afghanistan, where traffickers are able to avoid using difficult-to-obtain imported ephedrine or pseudoephedrine, or over-the-counter pharmaceutical preparations containing those substances, and can instead rely on the ephedra plant, which grows wild in the country.

798. During the period 2019–2021, methamphetamine originating in Afghanistan was seized in Iran (Islamic Republic of) and Pakistan, as well as in Central Asian States and the southern Caucasus, Europe, South-East Asia, South Asia and Oceania. UNODC reported that recent concurrent seizures of methamphetamine and heroin in some of the provinces of Afghanistan suggest that the same networks may be involved in the trafficking of both drugs. That poses a high risk of methamphetamine being smuggled along heroin trafficking routes, which may result in a supply-driven market for methamphetamine in countries where demand for the substance is currently limited.

799. An analysis of *modi operandi* in drug trafficking from Afghanistan conducted through the UNODC Drugs Monitoring Platform revealed marked increases in the number of seizures of heroin and methamphetamine concealed in land vehicles starting in 2021; both trends continued throughout the year. Seizures carried out in residences increased substantially from 2020 to 2021, possibly as a result of measures related to the COVID-19 pandemic. Moreover, data on traffickers from other countries who were arrested in the proximity of Afghanistan indicate a diversification of the nationalities involved in drug trafficking since late 2020, including a broader range of traffickers from African countries, which coincided with an increase in the number of heroin and methamphetamine seizures in and around East and Southern Africa. In addition, an increase in the use of postal and parcel services for the smuggling of heroin and methamphetamine was observed in the first three quarters of 2021.

800. The number of methamphetamine seizures at sea grew in late 2020 and in 2021, as did the number of seizures in the Middle East. Seizure events point to an eastward and southward intensification of trafficking from Afghanistan, in addition to the traditional westward movement through the Balkan route. Data on seizures also suggest increased trafficking of both heroin and methamphetamine to India, Sri Lanka and East and Southern Africa in the period from 2018 to 2021, as well as an increase in maritime seizures of heroin on the Indian Ocean and Arabian Sea from 2021 onward.

801. A significant development in CARICC member States was the increase in the trafficking of psychotropic substances, including synthetic drugs. In 2021, 5 tons of psychotropic substances were seized in those countries, a full 4.8 times (4.451 tons) more than in 2020. In addition, the number of tablets containing psychotropic substances seized in 2021 increased by 60.9 per cent, to a total of 25,853 (2020: 15,767 tablets). That trend continued into the period January–March 2022, with Central Asian States reporting a twofold increase in the quantities of synthetic drugs seized during that period compared with the same period in 2021. Some of the psychotropic substances seized were stimulants of the amphetamine series, the bulk of which were seized in the Russian Federation. Overall, the data indicate an increase in the volumes of methamphetamine seized in most CARICC member States.

802. CARICC member States expressed serious concern over the increase of trafficking in new psychoactive substances, including synthetic cannabinoids, synthetic cathinones, phenethylamines and various other synthetic drugs, in the subregion. The spread of synthetic drugs has been facilitated by lower prices and limited prohibitions in the countries of the subregion. Central Asian States continued to see increased use of the Internet, social networking accounts and messaging platforms for the marketing of illicit drugs, and they continued to undertake measures to address those developments by monitoring and blocking websites, although the capacities to do so in most of those countries are still limited.

803. In that regard, Armenia reported that it had undertaken efforts throughout 2021 to address the extensive use of the Internet for drug trafficking, noting that the Police and Investigative Committee of Armenia had disrupted many complex cases of drug trafficking through the Internet and social media. Another major challenge encountered in Armenia was the increase in drug trafficking through international postal delivery services. In response, the country's State Revenue Committee reinforced its control operations over postal deliveries by introducing more checks with special equipment and detection dogs and by engaging its intelligence and analytical unit.

804. Kazakhstan again observed an increase in the domestic manufacture of synthetic drugs in the country and dismantled a total of 36 laboratories in 2021, compared with 24 in 2020. The country's law enforcement officers noted increased sophistication, including the use of professional laboratory equipment to manufacture mephedrone and *alpha*-PVP in those clandestine laboratories. For the first time, Uzbekistan reported the dismantling of illicit drug laboratories – five in total – on its territory in 2021. Kyrgyzstan detected three drug laboratories in 2021.

805. The total amount of methamphetamine seized in the Islamic Republic of Iran increased by 23 per cent, from 20.5 tons in 2020 to 25.1 tons of the substance in 2021, in line with an ongoing trend since 2016.

806. Türkiye continued to see major increases in methamphetamine trafficking in 2021, a trend that continued from the previous year. In 2019, the country seized about 1 ton of the substance, after which seizures reached 4.1 tons in 2020 and 5.5 tons in 2021. In August 2021, a total of 4.3 tons of methamphetamine in shipments from Hong Kong, China, had been seized at a transit cargo terminal at Istanbul Airport. In the first five months of 2022, the country recorded three more major seizures of methamphetamine. In two consecutive seizures, customs enforcement teams operating at border crossing points intercepted 1.018 tons and 622 kg of liquid methamphetamine concealed in trucks. In May 2022, after a lengthy surveillance operation, the police in Türkiye reported the largest-ever seizure of the substance in a single operation, with 1,117 kg of methamphetamine in liquid and crystal form seized in Istanbul. The operation led to the arrest of members of a criminal group, including its leader.

807. An analysis of seizures undertaken by Tajikistan and Uzbekistan since the Taliban came to power in Afghanistan in August 2021 shows an increase in the amounts of opiates and cannabis resin trafficked in each consignment. The overall quantity of opiates and cannabis resin seized by those two countries between August 2021 and May 2022 was reported in seven large batches ranging from 80 kg to 480 kg and amounted to 1.3 tons in total.

808. South-West Asia remains one of the major production, trafficking and consumption areas for cannabis resin, accounting for about one third of the total quantity of seizures reported worldwide in 2016–2020. Most trafficking of cannabis resin from Afghanistan is destined for neighbouring countries in West Asia.¹⁵⁸ According to UNODC, on the basis of the latest available prices (from 2021), the production of cannabis resin remains highly profitable in Afghanistan, as income from cannabis resin was as high as \$7,400 per ha. In comparison, income from illicit opium in the country amounted to \$2,200 per ha, although opium cultivation remains the dominant economic activity by far, possibly as a result of supply and demand or land management factors. Cannabis resin originating in Afghanistan is mainly trafficked to neighbouring countries. Other trafficking routes pass through Central Asia to destinations within the subregion and in the Russian Federation. Another trafficking route for cannabis resin in the wider region is

from production areas in Lebanon to other countries in the Middle East and Europe.

809. In West Asia, Afghanistan, Kazakhstan, Kyrgyzstan and Lebanon were the countries of origin, departure and transit for cannabis mentioned most frequently by other countries worldwide in the period 2016–2020.¹⁵⁹

810. CARICC member States observed an increase of 21.9 per cent (59.4 tons) in the total volume of drugs seized in 2021. Cannabis and cannabis resin accounted for the majority of those seizures, amounting to 37.4 tons. A closer look at that information reveals that seizures of cannabis resin increased to 7 tons, an increase of 94.4 per cent over 2020. Those increases were reported by Kazakhstan, the Russian Federation, Tajikistan and Uzbekistan. Increased quantities of cannabis seized were also reported by CARICC member States, with the exception of Tajikistan.

811. Central Asian States continued to observe illicit cannabis cultivation and large areas of wild cannabis growth on their territories. Cannabis is mainly produced illicitly for domestic consumption, with a smaller portion trafficked to markets in Europe and the Russian Federation. Each year, those countries take measures to detect and eradicate cannabis fields through air- and land-based surveillance, vehicles and specialized forces. Kazakhstan has reported significant challenges in addressing illicit cannabis cultivation and wild cannabis growth in its southern regions. In 2021, 8 tons of illicitly cultivated cannabis plant and 16 tons of cannabis and cannabis resin were seized. Similarly, the Uzbek authorities eradicated 4,174 square metres of illicitly cultivated cannabis crops in 2021, almost double the area eradicated in 2020. The authorities also eradicated wild cannabis growth in an area of 873 square metres in 2021, compared with 680 square metres in 2020. Kyrgyzstan completed the first stage of its annual eradication campaign in July 2022 in Batken, eradicating some 4.5 tons of wild cannabis over 3.5 ha in the province. Cannabis grows wild in other parts of the country, including the Issyk Kul and Chui provinces, where eradication campaigns continued.

812. The Islamic Republic of Iran witnessed an increase in the trafficking of cannabis resin for the third year in a row, as evidenced by the 15 per cent increase in the quantity seized in 2021. In total, the country's law enforcement authorities seized 124.3 tons of the substance in 2021, up from 108 tons in 2020.

813. Armenia observed an increase in seizures of cannabis and cannabis resin in 2021 in comparison with the previous year. The Armenian authorities seized 107.3 kg of cannabis

¹⁵⁸Ibid., pp. 21–22.

¹⁵⁹Ibid.

in 2021, up from 50 kg in 2020, and 838 kg of cannabis resin in 2021, compared with 96 kg in 2020. Armenia also carried out an eradication campaign in August 2021 to address illicit cannabis and opium poppy cultivation in its territory.

814. The manufacture and trafficking of counterfeit “captagon”¹⁶⁰ continued to seriously affect countries in the Middle East, where traffickers are taking advantage of continued political instability, economic challenges and ongoing conflicts in that subregion. While “captagon” was reported to be mainly destined for markets in the Middle East,¹⁶¹ the seizures reported in the subregion in 2021 and 2022 show a diversification of routes and the ability of drug traffickers to adapt quickly in order to reduce the risk of detection. Lebanon and the Syrian Arab Republic continued to be reported as the source countries for “captagon” tablets in the subregion. At the same time, both Jordan and Iraq reported an increasing number of seizures near the border with the Syrian Arab Republic.

815. As observed in 2021, traffickers continued to explore new routes for trafficking “captagon” to potential markets in Europe. Two major seizures of several hundred thousand “captagon” tablets on the Greek island of Rhodes, in January and February 2022, indicate that the trend continued in 2022.

816. Although official data remain scarce, the media continued to report significant quantities of “captagon” seized on a daily basis. Those seizures ranged from several hundred to several million tablets, as well as smaller quantities of amphetamine and cannabis resin. In most cases, the modus operandi appeared to be trafficking of the substance using trucks that are heavily modified to avoid detection. Such incidents were reported across the borders between Iraq and Kuwait and between the Syrian Arab Republic and Jordan, and were destined for local markets or for those in Saudi Arabia, the United Arab Emirates, Kuwait and other Gulf countries.

817. The Syrian Arab Republic reported that some 50 million “captagon” tablets and thousands of kilograms of cannabis had been seized in 2020 and 2021. On 29 June 2022, counter-narcotics units in the country seized 2.3 tons of “captagon”, which, according to those authorities, was the largest seizure recorded to date in 2022, bringing the total number of tablets seized in the country in the first half of the year to more than 145 million. Despite those results, the

¹⁶⁰ Captagon 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.

¹⁶¹ *World Drug Report 2022*, booklet 4, p. 66.

Syrian authorities emphasized the limited technical capacity that they have for detecting and dismantling the trafficking networks and places of manufacture of the substance in the country. Lebanon reported the destruction of a “captagon” factory in the eastern part of the country in February 2022.

818. Significant quantities of cocaine trafficked from South America to Türkiye have been seized, potentially indicating the increasing use of Türkiye as a transit point for that drug to Middle Eastern and European markets. In June 2022, at the port of Guayaquil, the Ecuadorian authorities seized 850 kg of cocaine in a container of bananas bound for Türkiye. A similar shipment containing over 250 kg of cocaine and originating from the same port in Ecuador was intercepted by Turkish authorities at the port of Mersin, Türkiye, in April 2022. Several other cocaine shipments were seized by authorities in Türkiye, and further shipments destined for the country were seized in Ecuador and Malta, as well as in countries in West Africa, in 2022. According to recent assessments, it appears that organized criminal groups in Türkiye are increasingly turning to cocaine to compensate for falling opiate prices. In 2021, the total amount of cocaine seized in the country amounted to 2.8 tons, breaking the previous year’s record of 1.96 tons.

5. Prevention and treatment

819. Türkiye reported that the misuse of methamphetamine was becoming a major threat to public health. Along with increased trafficking in the substance in recent years, the percentage of methamphetamine-related deaths out of all deaths caused by drug misuse in Türkiye increased from 6.2 per cent (41 out of 657 cases) in 2018 to 31.2 per cent (98 out of 314 cases) in 2020.

820. According to a study published in Türkiye on 11 February 2022, which compared analyses of biological samples from suspected users before and during the COVID-19 pandemic, the use of drugs such as MDMA, cocaine and cannabis significantly decreased during the complete lockdown and followed the same trend once that lockdown was over. In contrast, methamphetamine use increased significantly during that lockdown period and continued to rise thereafter. The number of positive tests for the licit drug pregabalin was noted to have increased, a development that continued after the lockdown. The results showed a significant increase in cases of drug misuse and changes in the associated trends, with the market shifting towards more easily obtainable and lower-priced drugs.

821. Uzbekistan reported that, owing to a continued shortage of traditional plant-based drugs, such as cannabis,

heroin and opium, an increase had been observed in the use of significantly less expensive and more readily available psychoactive substances, illicitly manufactured injectable opioids, such as “krokodil” prepared from medicines containing codeine, and acetylated opium produced from poppy straw.

822. A range of drug treatment and prevention measures were carried out by the Central Asian States and Azerbaijan in 2021. Activities were aimed at improving the capacities of health-care services through the provision of training to those institutions, as well as through public awareness-raising campaigns on drug use, with the involvement of non-governmental organizations, health-care institutions, law enforcement, media and local communities, and through the introduction of measures to improve employment opportunities for young people and for people who use drugs.

823. In Georgia, as a result of restrictions related to the COVID-19 pandemic, the use of cannabis and benzodiazepines increased in 2021, while the use of MDMA, cocaine and amphetamines fell compared with pre-pandemic levels.

824. Available information based on surveys conducted in Afghanistan in 2009, 2015 and most recently in 2020 suggests that cannabis and opiates are the two most misused substances in the country. The 2020 drug use survey, conducted among people aged 13–18 years, showed considerable use of different drugs among secondary school students. Twelve per cent reported that they had used at least one substance (including alcohol) once or more in the past 12 months. The use of cannabis, heroin and opium was reported more frequently by boys than girls, whereas the use of tranquilizers and pharmaceutical opioids was at comparable levels. Past-year use of methamphetamine and “tablet K”¹⁶² was at the same level as heroin among adolescents. Overall, 1.3 per cent of the students reported using heroin, the same percentage had used methamphetamine, and 1.8 per cent had used “tablet K”. There was no significant difference between urban and rural areas in terms of the extent of drug use among people aged 13–18 years.

825. There is a considerable lack of availability of treatment services for people who use drugs in Afghanistan, especially women. The Board stresses the need to continue to strengthen the country’s capacities in providing treatment and rehabilitation services to people who use drugs, with particular attention to women, and the need to conduct

¹⁶² “Tablet K” is the street name for a drug with (perceived) stimulant effects sold in Afghanistan. The name seems to be used for a range of tablet products sold on the illicit drug market. Tablets sold under the street name “tablet K” may contain methamphetamine, MDMA or a range of other substances.

further assessments of the drug misuse situation in the country in order to enable evidence-based approaches to drug treatment policies and efforts.

826. According to a study published in March 2021 on the prevalence of amphetamine-type stimulant use in the Islamic Republic of Iran, the use of those substances has become a health concern in the country. The pooled lifetime prevalence and 12-month prevalence of amphetamine-type stimulant misuse in the country came to 5.4 per cent and 2.4 per cent, respectively, while the global average for past-year use of amphetamines was 0.7 per cent in 2022. The pooled lifetime prevalence of use of methamphetamine, MDMA and non-prescribed methylphenidate in the Islamic Republic of Iran amounted to 6.7 per cent, 5.9 per cent and 16.4 per cent, respectively.

827. UNODC, in cooperation with the Drug Control Headquarters of the Islamic Republic of Iran, initiated Treatnet Family Therapy as a pilot programme in January 2022 to support family-based treatment for youths with drug use disorders. The country also reported several activities carried out in 2021 to address the drug use situation, including the admission of 1.4 million people to 9,000 treatment and harm reduction centres in the country that year. Those activities were supported by 562 projects carried out by non-governmental organizations in which community-based training for drug use prevention and treatment was implemented. The authorities also strengthened the health insurance system for people who use drugs and introduced job creation schemes.

828. It remains a challenge to obtain comparable and systematically collected data on the prevalence of “captagon” misuse in the Middle East. According to the qualitative data reported to UNODC, some countries in the subregion noted that “captagon” remained the most prevalent drug or was among the most prevalent drugs encountered in their countries. In Saudi Arabia, it appears that amphetamine-type stimulants are the most misused group of drugs and the most commonly occurring group in primary drug treatment. The United Arab Emirates reported that those substances were the second most misused drug group after pharmaceutical products containing such stimulants. Qatar reported that amphetamines were the second most commonly used drug after cannabis. Iraq reported a large increase in the use of methamphetamine and “captagon” across all age groups and for both men and women.¹⁶³

829. According to a study published in February 2020, the most commonly used drug at two of the main civil prisons in the Syrian Arab Republic was cannabis resin, followed by

¹⁶³ *World Drug Report 2022*, booklet 4, p. 70.

“captagon”. The misuse of diazepam and heroin was also recorded.

830. West Asia is among the regions of particular concern with regard to ensuring and monitoring the availability of narcotic drugs and psychotropic substances for medical and scientific purposes. Consumption of opioid analgesics for pain management is relatively low compared with some regions. The levels of consumption of opioid analgesics in countries in the region, after increasing somewhat in 2020 compared with previous years, decreased in 2021. The number of countries in West Asia providing consumption data on psychotropic substances has been improving over the past several years, with nearly two thirds of those countries providing such data in 2021. Nonetheless, there is a significant disparity in the levels of consumption of narcotic drugs and psychotropic substances among countries in West Asia. **The Board stresses that there is insufficient availability of narcotic drugs and psychotropic substances in most countries of the region and emphasizes the importance of ensuring sufficient availability of and access to internationally controlled substances for medical and scientific purposes.** Further information on recent developments is contained in the supplement to the annual report of the Board, entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*.

E. Europe

Most drug-related illicit activities in the region rebounded to pre-pandemic levels, resulting in even greater availability and lower prices for illicit drugs. The potency of illicit drugs has also increased.

Increasingly complex drug consumption patterns, an ageing population and growing economic and mental distress call for closer monitoring and more targeted drug prevention and treatment, especially for vulnerable groups.

The Board is concerned by the humanitarian crisis in Ukraine and calls for unimpeded access to medications, including those containing internationally controlled substances.

1. Major developments

831. Europe remains an important region for illicit drug manufacture, trafficking and consumption, with most drug-related illicit activities rebounding from temporary changes

caused by mobility restrictions and lockdowns due to the COVID-19 pandemic. In addition, innovation and adaption to the changing demand in illicit drug markets seem to have resulted in the increased availability of most drugs and lower prices. Drug potency has likewise been increasing.

832. In the European Union, over 350 illicit drug manufacturing sites were dismantled in 2020, according to EMCDDA. Among these were medium- and large-scale laboratories for the illicit manufacture of methamphetamine and sophisticated secondary cocaine-processing laboratories, as well as a growing number of illicit cathinone laboratories and some heroin laboratories.

833. Cocaine trafficking has been increasing each year since 2017; cocaine is mainly trafficked to the region, using maritime shipping containers, from South America to European ports, but trafficking by air seems to have rebounded after being heavily affected by the COVID-19 pandemic restrictions. The European Union is reportedly becoming a transit region for the smuggling of cocaine onward to countries outside the Union, to Eastern Europe, Oceania and likely Asia, according to EMCDDA.

834. Alongside the increased availability of most drugs, the region continues to exhibit increasingly complex drug consumption patterns, with more drug problems associated with medicinal products, non-controlled new psychoactive substances and substances like ketamine and GHB and GBL in some countries. The spread of cocaine use, in particular use of “crack” cocaine among marginalized populations in some cities and countries, has become a growing concern, as has the use of illicit opioids in combination with benzodiazepines and other polydrug use.

835. The Board notes that, faced with the changes in drug consumption patterns, an ageing population of people who use opioids and the growing economic and mental distress experienced by marginalized groups, authorities need to implement more effective monitoring systems and more targeted drug prevention and treatment programmes to reduce the adverse health and social consequences of drug use. Closer collaboration and better coordination among relevant stakeholders, both domestically and with international partners, has the potential to facilitate experience-sharing and generate greater synergies in addressing these concerns.

836. The conflict in Ukraine may result in changes in how people use drugs and in the drug trafficking situation inside and around the country. The Board has expressed its deep concern at the humanitarian crisis in Ukraine and called for unimpeded access to medications, including those containing internationally controlled narcotic drugs and psychotropic substances and has reminded Governments of the

possibility of applying simplified control procedures for the export and transportation of such medicines to affected areas during emergency situations. Instability may also have an impact on the drug trafficking situation in terms of both potential illicit drug manufacture trends and changes to trafficking routes. Furthermore, EMCDDA cautions that the conflict in Ukraine may exacerbate substance use due to heightened psychological stress, which persons fleeing the conflict are likely to experience, in the absence of adequate health and support services.

2. Regional cooperation

837. A total of 170 drug control officials from the competent national authorities of 32 countries in Europe (Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Denmark, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine and United Kingdom) have registered to use INCB Learning e-modules. The e-modules support countries in expanding their capacity for the control of narcotic drugs, psychotropic substances and precursor chemicals and in gaining a deeper understanding of the international drug control framework.

838. In January 2022, the Croatian Police and the Drug Enforcement Administration of the United States signed a memorandum of understanding to enhance cooperation between the two countries to combat transnational drug trafficking. The memorandum includes provisions concerning technological and information exchange, collaboration on operations targeting drug trafficking and close communication in the prosecution of perpetrators of drug-related offences.

839. In January 2022, the European Commission proposed to strengthen the mandate of EMCDDA, which, if the proposal is adopted, would become the European Union Drugs Agency. The proposed reform would allow the body to improve its monitoring capacities, issue alerts on newly emerging and dangerous substances, develop threat assessments in relation to illicit drugs, establish a network of forensic and toxicological laboratories to enhance information exchange, and develop information and awareness-raising campaigns across the European Union.

840. In March 2022, the INCB GRIDS Programme convened a case meeting in Madrid with 20 investigators from the Spanish National Police, Spanish counter-terrorism authorities, Spanish customs authorities, the United Kingdom National Crime Agency, the United States Drug Enforcement

Administration, the United States Customs and Border Protection agency and the United States Postal Inspection Service to take coordinated actions on a global new psychoactive substance trafficking organization identified by the OPIOIDS project via IONICS communications.

841. The GRIDS Programme convened the first global conference for operational officers on the interdiction of fentanyl, synthetic opioids and related dangerous substances, held in Vienna from 1 to 5 August 2022. The event brought together over 140 participants from around the world, including 22 participants from Austria, Belgium, Czechia, France, Germany, Italy, Luxembourg, Poland, Serbia, Spain, the United Kingdom, UNODC, UPU and WCO, which engaged in practical awareness-raising and capacity-building related to synthetic opioids.

842. The GRIDS Programme convened the fifth annual operational meeting on countering trafficking of dangerous synthetic drugs and chemicals through postal, courier, and air cargo services, held in Vienna from 6 to 9 September 2022. The event brought together nearly 60 officers from 30 Governments and international organizations, including 21 participants from Austria, Belgium, France, Germany, Luxembourg, the Netherlands, Spain, Sweden, Switzerland, the United Kingdom, UNODC, UPU and WCO. Participating countries also conducted bilateral and multilateral meetings to enhance cooperation across borders, facilitated by INCB.

843. The GRIDS Programme hosted the interregional workshop on public-private partnerships for the prevention of the trafficking of dangerous substances, held in Sharm el-Sheikh from 11 to 14 September 2022. The event was attended by more than 120 representatives from 30 Governments, 5 international organizations and 15 Internet-related service providers and their associations, including 7 participants from Belgium, France, the Netherlands and the United Kingdom. Participants exchanged best practices and case examples related to the exploitation of private sector agencies and online platforms for the trafficking of dangerous substances with the aim of strengthening international operational cooperation across borders to prevent future misuse of legitimate Internet-related services.

844. In June 2022, the authorities of Italy and Montenegro discussed new ways to strengthen and cooperate in their law enforcement activities to prevent drug smuggling. The areas of cooperation will include capacity-building of the police forces of Montenegro and, as part of a European Border and Coast Guard Agency (Frontex) mission, the use of Italian helicopters and aircraft to carry out monitoring activities in the coastal area of Montenegro and the Adriatic Sea.

845. In July 2022, EMCDDA signed an agreement to become a partner of the COPOLAD III, which seeks to strengthen cooperation on drug policy between the European Union and countries of Latin America and the Caribbean. The contributions of EMCDDA to the programme will target capacity- and institution-building of national drug observatories, cooperation on drug trafficking investigations, and support for drug demand reduction policies in Latin America and the Caribbean.

846. A joint statement was issued by the Governments of Germany, Luxembourg and Malta in July 2022 at the first high-level consultation on the regulation of cannabis for non-medical and non-scientific uses. It expressed the support of those Governments for new approaches concerning policies on cannabis and called for special attention to the use of cannabis for non-medical purposes and its possession in small quantities for personal use, including through a review of regulations and policies and a continuing multi-lateral dialogue.

847. In 2022, Europol coordinated parallel investigations involving law enforcement agencies from various countries (Belgium, Brazil, Germany, the Netherlands, Paraguay, Spain and the United States), which resulted in the dismantling of a criminal organization responsible for trafficking multi-ton shipments of cocaine to Europe. The investigation found that the criminal group trafficked shipments of cocaine from Latin America to Europe every few months, with distribution networks based in Spain. The criminal group was also found to have coordinated its illicit activities through encrypted communications platforms, including the messaging application Sky ECC, which was dismantled in 2021.

3. National legislation, policy and action

848. In December 2021, the European Council adopted reforms of the common agricultural policy, which stipulated that European Union subsidies would be available for farmers cultivating hemp varieties with a THC content of less than 0.3 per cent. The new common agricultural policy will be in effect from 1 January 2023 until the end of 2027.

849. In June 2022, amendments to the Europol Regulation (Regulation (EU) 2016/794) entered into force, strengthening the capacity of Europol to support European Union member States in tackling organized crime and terrorism. The amendments enhance the legal basis for processing large and complex data sets, introduce changes to how personal data can be handled by Europol, allow the organization to receive data from private parties for the purposes of criminal

investigations and have increased focus on new technologies and innovation.

850. Following the risk assessments conducted by EMCDDA in November 2021, the European Commission adopted measures to control two new psychoactive substances, 3-methyl-*N*-methylcathinone (3-MMC) and 3-chloromethylcathinone (3-CMC), on 18 March 2022. All European Union member States have six months to reflect those changes in their national implementing legislation. The legislation entered into force on 18 August 2022.

851. The new European Union Regulation (EU) 2019/6 on veterinary medicinal products, together with related implementing acts and delegated acts, entered into force on 28 January 2022. Aiming to safeguard animal health and reduce administrative burdens for both marketing authorization holders and the authorities, the new legislation encourages innovation enabling more new products to come onto the market and the availability of medicines for veterinary use, including those that contain controlled substances, will be increased.

852. The Government of Luxembourg announced further details of its planned “recreational cannabis” project in June 2022. Individuals aged 18 or older are to be allowed to grow up to four cannabis plants from seeds, per household, for private non-medical use. Outdoor cultivation will be allowed but the plants must not be visible to anyone passing on public roads. It would also be possible to acquire cannabis seeds, with no limits imposed on THC content, in stores in Luxembourg, imported from abroad or purchased online. The Government plans to maintain the ban on cannabis use in public. Criminal proceedings will apply, in case of non-compliance with the place of cultivation, or when the limit on the number of plants grown at home is exceeded. The consumption, possession, acquisition or transport in public of up to three grams of cannabis will be considered a misdemeanour instead of a criminal offence.

853. Following its publication of a white paper on cannabis aimed at strengthening the legal framework on the “responsible use of cannabis” in 2021, the Government of Malta passed the Responsible Use of Cannabis Act (Act No. LXVI) on 18 December 2021. The Act establishes the national authority which will regulate the use of cannabis for non-medical purposes and implement related harm reduction measures to reduce the adverse health and social consequences of drug use in the country. Under the new law, personal cultivation of up to four plants per household for private consumption is to be permitted. Possession of cannabis not exceeding 7 grams for personal use will not constitute an offence. Possession of 7 to 28 grams for personal use, irrespective of purity, will be liable to a penalty of 50 to 100 euros.

854. Following the enactment of the Controlled Cannabis Supply Chain Experiment Act in July 2020, the Government of the Netherlands continued with the preparatory phase of its experimental cannabis programme. Under the experiment, a maximum of 10 growers will produce cannabis, and those who have been selected must set up their businesses in accordance with the Experiment Act and related regulations. The next phase of the experiment, which will last six weeks to allow participating coffee shops to transition their businesses, is expected to start in 2023.

855. The Board reminds all parties to the 1961 Convention as amended that, under article 4, paragraph (c), of the Convention, and subject to the provisions of the Convention, the production, manufacture, export, import and distribution of, trade in, and use and possession of drugs are limited exclusively to medical and scientific purposes and that any measures allowing for the use of cannabis for non-medical purposes are in violation of the legal obligation incumbent upon parties to the Convention.

856. In order to facilitate access to cannabis for medical use, the Government of Switzerland lifted the ban on cannabis for such use as of 1 August 2022. Patients who are medically prescribed cannabis no longer need to seek exceptional permission from the Federal Office of Public Health. The legislative change also means that the cultivation, processing, manufacture and trade of cannabis for medical use will be under the authority of Swissmedic, the governmental agency for drugs and medical products.

857. In December 2021, the Government of the United Kingdom adopted a new long-term drug strategy entitled “From harm to hope: a 10-year drugs plan to cut crime and save lives”. The plan will involve both national and local partners on three strategic priorities: (a) break drug supply chains, (b) deliver a world-class treatment and recovery system, and (c) achieve a generational shift in demand for drugs. The strategy is underpinned by a record investment of over 3 billion pounds (\$3.6 billion) in the next 3 years.

858. In January 2021, the Minister of State for Public Health, Wellbeing and the National Drugs Strategy of Ireland announced 850,000 euros (roughly \$850,000) in recurring funding for an initiative to reduce the health-related harms associated with the use of cocaine and “crack” cocaine. The funding will support the development and implementation of better treatment for cocaine use, a training programme for addiction service staff and targeted interventions in disadvantaged communities affected by consumption.

859. In the Russian Federation, the narcotic drug etorphine, a semi-synthetic opioid for veterinary use, was transferred from the list of narcotic drugs, psychotropic substances and their precursors prohibited from circulation in the country (list I) to the list of drugs and substances whose trade is limited (list II) in early 2022, thus broadening access to the substance.

860. In March 2022, the Government of Sweden adopted a new strategy for alcohol, drugs, doping, tobacco and gambling for the period 2022–2025. The new strategy included measures related to controlled medicinal products and strengthened drug prevention, including crime prevention and law enforcement efforts. Availability of syringe exchange programmes in the country is expected to grow following the decision of Parliament to remove, as of 1 August 2022, the residency requirement for a person’s participation in such programmes.

4. Cultivation, production, manufacture and trafficking

861. *The European Drug Report 2022* published by EMCDDA, based on information provided to the agency by the European Union member States, Türkiye and Norway, finds that drug availability remained high and the illicit drug markets rebounded from the temporary changes associated with mobility restrictions and lockdowns due to the COVID-19 pandemic. Notably, cocaine availability has increased compared with pre-pandemic levels. The cocaine price in the European Union has also become more affordable, dropping by 40 per cent between 2015 and 2020. Potency and purity levels have seen an increasing trend; in the case of cocaine, purity increased by 40 per cent between 2010 and 2020. The average THC content of both cannabis resin and herbal cannabis has seen a similar upward trend. Unlike in the past, when the THC content of herbal cannabis was higher than that of resin, the THC content of cannabis resin is now reported to be nearly twice as high as that of herbal cannabis.

862. The European Union remains an important region for illicit drug manufacture. EMCDDA notes that over 350 illicit drug manufacturing facilities were dismantled in the European Union in 2020. The agency highlighted the increasing number of sophisticated secondary cocaine-processing laboratories that have been dismantled by the authorities of Belgium, the Netherlands and Spain. Latin American and European criminal groups are believed to be operating these clandestine cocaine laboratories. Although the illicit manufacture of synthetic cathinones has been limited in the region, EMCDDA cautions that, based on the number of dismantled illicit laboratories and the amount of

precursors seized since 2020, illicit manufacture of this drug group may be increasing. As concerns clandestine heroin laboratories, four sites were dismantled in the European Union in 2020, specifically in Belgium and Czechia.

863. Illicit methamphetamine manufacture has become more sophisticated and large-scale in Europe, affecting global supply and regional consumption. Illicit laboratories using different manufacturing methods that are capable of manufacturing large amounts of methamphetamine continue to be discovered in Belgium and the Netherlands. A total of 35 medium- and large-scale laboratories were dismantled in 2020 according to EMCDDA. This is a departure from traditional, small-scale “kitchen-type” laboratories found in Czechia and neighbouring countries, which relied on precursors diverted from controlled medicines. The region is now becoming more important both for the global supply of the drug, which is then trafficked outside the region, as well as for consumption inside the European Union, with more European Union member States reporting the Netherlands as the source of seized methamphetamine. As occurs with illicit cocaine-processing laboratories, Latin American and European criminal operators often collaborate in operating illicit methamphetamine manufacturing sites in Europe.

864. Europe continues to be an important transit and destination region for different drug classes. Commercial infrastructure and intermodal container shipments are frequently exploited for drug smuggling.

865. A trend analysis of seizures based on EMCDDA data shows that between 2010 and 2020, methamphetamine and amphetamine had the largest percentage increase of seizures in the European Union, increasing nearly fivefold and fourfold, respectively. This was followed by seizures of cannabis herb, which nearly tripled, whereas seizures of cocaine and MDMA in the European Union doubled.

866. Cocaine trafficking has been increasing year-on-year since 2017, with cocaine mainly being trafficked using maritime shipping containers sent from South America to Europe through ports in Belgium and the Netherlands, although seizures have also been reported in other European ports. Apart from trafficking by sea, smuggling to Europe by air seems to have rebounded after a sharp decline due to the COVID-19 pandemic restrictions affecting commercial air travel. According to EMCDDA, the use of private business aircraft to traffic cocaine directly from South America and the Caribbean to western Europe is expected to increase in the future. According to UNODC, large amounts of cocaine are now also found to be trafficked from South America to Europe through West and North Africa. Another trend reported by EMCDDA and Europol is that the

European Union is used as a transit point for smuggling cocaine to countries outside the Union, namely to Eastern Europe, Oceania and likely Asia.

867. The illicit market for “crack” cocaine is growing and expanding beyond Western Europe, according to EMCDDA and Europol. This is believed to be due to increased accessibility and the different methods for sourcing the product, including through the Internet as well as encrypted communications tools.

868. The Balkan route, which goes from Afghanistan, through the Islamic Republic of Iran, Türkiye and the Balkan countries to Central and Western Europe remains the most significant trafficking route for heroin. However, although half of worldwide seizures of heroin and morphine are effected along this route, seizures in 2020 decreased in the Balkan countries and countries of Western and Central Europe.¹⁶⁴ In this regard, Bulgaria noted the increasing trend of using maritime containers for heroin trafficking in 2021, whereas until then heroin was exclusively trafficked by land. The established heroin trafficking routes to Europe may also be being exploited for smuggling of methamphetamine to the region.

869. Cannabis was the most frequently seized drug, with European Union member States seizing 2.8 million cannabis plants in 2020. According to EMCDDA, a new trend is that cannabis illicitly produced within the region constitutes a more prominent source for the European market. For cannabis sourced outside the region, Spain is the main entry point for the rest of Western and Central Europe.¹⁶⁵ Elaborate trafficking methods were noted when, at the end of 2021, Spanish authorities seized 2.4 tons of cannabis resin and 112 kg of cannabis, and dismantled the criminal network responsible for smuggling the cannabis and cannabis resin from Morocco to Spain on modified helicopters, then smuggled by truck to France.

870. In July 2022, the Spanish National Police also dismantled two large-scale illicit laboratories for processing cannabis resin in the province of Barcelona, the first time such laboratories were found. Also in July 2022, another investigation resulted in the seizure of over 5 tons of cannabis resin and the dismantling of a trafficking organization with arrests in the provinces of Cádiz, Ciudad Real, Huelva, Málaga and Sevilla. The cannabis resin was hidden in cargoes of fish and fruit transported in trucks and was destined for other European countries. According to the Spanish police, the criminal group also used technology to obstruct radio signals to hinder any possible police investigation.

¹⁶⁴ *World Drug Report 2022*, booklet 3, p. 89.

¹⁶⁵ *World Drug Report 2022*, booklet 3, p. 21.

871. There is some evidence that the expanding market for cannabis products for medical and industrial purposes is being used for illicit purposes, as another incident in Spain demonstrated, when, in July 2022, 6 tons of cannabis plants and 3.5 tons of cannabis buds were seized. The plantation did not have appropriate permits for licit cultivation, but logos of various Spanish authorities, as well as signs declaring “industrial hemp cultivation” had been posted on the premises to make the plantation appear legal. An advanced security system of over 100 video cameras had been placed in the plantation allowing non-stop surveillance of the plantation by the criminals responsible.

872. More European Union countries are detecting cannabis adulterated with synthetic cannabinoids in seized samples. According to EMCDDA, the most frequently detected synthetic cannabinoid reported in 2021 was ADB-BUTINACA. The agency notes that eight European Union member States have detected such adulterated samples since mid-2020 but that the identification of synthetic cannabinoids in cannabis samples remains difficult because their detection requires more complex forensic analysis.

873. The *European Drug Report 2022*, furthermore, warns that on average one new psychoactive substance is identified every week. The European Union warning system issued notifications for 52 new drugs in 2021, bringing to 880 the total number of new psychoactive substances detected in Europe and monitored by EMCDDA. This is nevertheless a considerable decrease from the peak years of 2014 and 2015, when some 100 new psychoactive substances were identified each year.¹⁶⁶ Those newly notified substances include six new synthetic opioids, six new synthetic cathinones and 15 new synthetic cannabinoids. Of particular concern is the rising availability of synthetic cathinones, currently the second largest category of psychoactive substances monitored by the European Union warning system, after synthetic cannabinoids. UNODC warns that Eastern Europe is particularly affected by the proliferation of new psychoactive substances, suggesting that this may be due to an increased online supply, especially with regard to cathinones.

874. Bulgaria reported that new psychoactive substances continued to enter the country in postal and express courier shipments. A total of 8.5 kg of 10 different new psychoactive substances, mostly belonging to the group of synthetic cannabinoids, were seized in 16 cases during the reporting period.

875. The digitalization of drug markets used to facilitate drug distribution has become a well-known, long-term challenge for law enforcement entities. In this regard, and as

previously reported by INCB, the use of the Internet (clear web), including social media, to facilitate street-level sales and supply of drugs, continues to grow. However, the use of the darknet for illicit drug purposes may have slowed. EMCDDA analysis found that estimated darknet revenues sharply declined from 2020 to 2021, falling from approximately 1 million euros per day (roughly \$1 million) to less than 30,000 euros (roughly \$30,000). This may be due to increased law enforcement activity and decreased consumer confidence. UNODC points out that darknet sites are temporary in nature and disappear regularly. The decline in sales may also be due to the emergence of new darknet markets that are not yet effectively monitored.¹⁶⁷

5. Prevention and treatment

876. Most European countries have robust monitoring capabilities for the timely collection and dissemination of prevalence and treatment data. Although such systems were still in place during the COVID-19 pandemic, given the disruptions to prevention and treatment services during the lockdown periods, recent data should be interpreted with caution. For instance, treatment data on clients entering specialized drug treatment facilities were more affected by the pandemic than were other epidemiological indicators. On the other hand, the rapid introduction of telemedicine and innovative treatment approaches, while continuing to satisfy treatment demand during the lockdown periods, might not be captured and reflected in pre-pandemic indicator data.

877. Bearing in mind these caveats, data gathered by EMCDDA show that the total number of first-time treatment entrants in the region dropped by 14 per cent in 2020 compared with the previous year. Adversely, the latest preliminary national treatment data point towards increases in 2021 (compared with 2020), reflecting the return of services to pre-pandemic levels.

878. According to the *World Drug Report 2022*, cannabis remains the most widely used substance in Europe, followed by cocaine, opioids and “ecstasy”. Notable differences, however, were registered between Eastern and South-Eastern Europe and Western and Central Europe. Opioids and opiates were much more widely used in Eastern and Central Europe; cocaine and “ecstasy” were used more in Western and Central Europe.

879. According to the *European Drug Report 2022*, about 29 per cent of adults (ages 15–64) in the European Union (83.4 million people) are estimated to have used an illicit

¹⁶⁶E/INCB/2021/1, chap. III.

¹⁶⁷*World Drug Report 2022*, booklet 2, p. 60.

drug in their lifetime, with more males (50.5 million) than females. Cannabis remains the most widely used substance, with over 22 million (7.7 per cent of adults) reporting its use in the past year. National estimates for the use of cannabis in the past year, however, exhibit considerable disparity and range from 3.4 per cent to 22.9 per cent. An estimated 3.5 million (1.2 per cent of adults) reported using cocaine in the past year, 2.6 million (0.9 per cent of adults) used MDMA, and 2 million (0.7 per cent of adults) amphetamines. Approximately 1 million adults are estimated to have used heroin or another illicit opioid.

880. Cannabis remains the most used drug among young adults (ages 15–34) in the region, with 15.8 million (15.5 per cent of young adults) reporting its use in the past year, which is a much higher percentage than for other substances (2.2 per cent for cocaine, 1.9 per cent for MDMA and 1.4 per cent for amphetamines).

881. Treatment demand for cannabis-related problems is more requested than for any other type of drug. Cannabis was the drug most frequently cited by new treatment clients and accounted for 45 per cent of all first-time treatment entrants in 2020, as noted by EMCDDA. Data from 25 countries indicate that some 80,000 people entered specialized drug treatment for cannabis use, with more than half (43,000) entering treatment for the first time.

882. The use of cocaine, in particular the spread of “crack” cocaine among vulnerable populations, is a major concern in Southern and Western Europe. Recent data from wastewater analysis conducted by EMCDDA suggest that cocaine use in Europe has returned to its pre-pandemic levels. Approximately 15 per cent of all first-time drug treatment requests in 2020 were related to cocaine, alongside the growing use of “crack” cocaine by marginalized groups in more cities and countries. EMCDDA notes that about 7,000 clients received drug treatment for “crack” cocaine in 2020, three times the number in 2016, with Belgium, France, Ireland, Italy, Portugal and Spain reporting considerable increases in treatment cases. Further, a rising trend in use of “crack” cocaine has been reported in France and Germany. The latest data of municipal wastewater analysis in 13 European cities found “crack” cocaine residues in all cities, with the highest amounts in Amsterdam and Antwerp. In Ireland, a report investigating the scope of substance misuse in Tallaght (the largest satellite town of Dublin), concluded that the town had some of the highest rates of substance misuse in 2020; cocaine was reported as the second most used drug, and the number of referrals to services for cocaine use increased by 18 per cent from 2019 to 2020 in the town.

883. Often associated with various health and social problems, the spread of cocaine and “crack” cocaine use calls for

closer monitoring of the situation and more targeted interventions. People who use “crack” cocaine who have made it soluble for injection face higher risks of HIV and hepatitis C virus infection and are more exposed to criminal prosecution as a consequence of violent behaviour and mental health problems, which are often linked to high-frequency consumption of the substance. Greater investment in specialist service responses is therefore required for those experiencing health problems related to “crack” cocaine use, along with measures targeting violence and societal problems related to “crack” cocaine.

884. EMCDDA also notes an increasing complexity in drug consumption patterns within the region, with more drug problems associated with medicinal products, non-controlled new psychoactive substances and substances such as ketamine and GHB and GBL in some countries. The use of opioids, often in combination with other substances, constitutes the greatest share of harm caused by illicit drug use.

885. With an estimated 5,800 overdose deaths involving illicit drugs in 2020, the European Union had an estimated rate of mortality due to drug overdose of 17.4 deaths per million for the adult population. Opioids are present in about three quarters of these deaths, with Austria and Norway reporting an increase in the number of heroin- and morphine-related deaths in 2020. Benzodiazepines are also commonly found in toxicological reports on drug-related deaths, although it is unclear if they were prescribed for therapeutic purposes. Given the considerable increase in the number of overdose deaths in the 50–64 age group (82 per cent increase between 2012 and 2020), greater efforts are required to understand opioid use in that age group and cater to the needs of those with chronic drug and health problems.

886. To reduce the number of deaths due to opioids, the Government of Sweden has commissioned the National Board of Health and Welfare to propose, develop and implement initiatives supporting increased availability of naloxone. In conjunction, the Swedish Medical Products Agency is also leading an ongoing investigation into the possibility of classifying naloxone for over-the-counter availability.

887. Owing to the associated health problems caused by injecting drug use, the relatively limited information available on the latest patterns remain an area of concern, despite the declining trend of injecting drug use in the region over the past decade. Although heroin has long been associated with injecting use in many countries, the latest treatment data indicate that only 22 per cent of first-time clients with heroin as their primary drug reported injecting as their main route of administration, down from 35 per cent in 2013. However, little information is available regarding the patterns of other

drugs being injected, and hence the harm associated with such behaviour. Closer monitoring of the trend in injecting drug use and earlier diagnosis of blood-borne infections, if any, remain an important focus for intervention.

888. Following the disruption of nightlife activity since the onset of the COVID-19 pandemic, the level of MDMA use in Europe continued to drop in 2020, as evidenced by the considerable reduction in the number of MDMA-related emergency hospital visits. MDMA use in 2021 seemed lower than its pre-pandemic levels, although it remains to be seen whether its use will rise again as countries lift COVID-19 restrictions.

889. Most countries reported the increased use of online platforms for drug treatment and harm reduction services to reduce the adverse health and social consequences of drug use during the pandemic and since then have opted for greater use of telemedicine, appointment-only visits and online outreach and education webinars. Some difficulties in delivering such treatment services were observed, including the need for clients to access digital services as well as reaching out to first-time clients. The long-term effectiveness of online drug treatment and harm reduction services requires further monitoring and evaluation.

890. Since treatment service is a major component of the United Kingdom drug strategy “From harm to hope: a 10-year drugs plan to cut crime and save lives”, additional funding of 15.5 million pounds (\$18.75 million) has been pledged to local councils responsible for commissioning drug and alcohol treatment and recovery services for the period 2022–2023. A corresponding strategy for those working in drug treatment services is being prepared by Health Education England in order to strengthen and complement the implementation of the 10-year plan.

891. In Sweden, the Institute for Health and Medical Care Economics estimated that drug use cost the society of Sweden a total of 38.5 million kronor (\$3.41 million) in 2020. The figure includes the direct, indirect and intangible costs of drug use. In June 2021, the National Board of Health and Welfare published a study about young people who commit drug crimes, the penalties they receive, subsequent care and support provided by the social services. In June 2022, another report focusing on drug-related mortality for different drug types and different population groups, based on 2019 data, was also published.

892. In Croatia, the latest treatment data suggest that about one third of those receiving drug treatment are women, who often face specific challenges including the absence of primary family support, scarce social networks, higher unemployment and lack of housing. Since 2021, a

greater focus has thus been placed on developing treatment services for women with drug use problems and strengthening cooperation among government agencies in the delivery of those services. Meanwhile, a multisectoral commission has also been established to evaluate the effectiveness of various psychosocial rehabilitation and social reintegration programmes, including programmes for women with drug use problems.

893. Iceland experienced a considerable drop in smoking, drinking and drug use among its teenagers through State-funded initiatives that promote healthier alternatives including sports, family-orientated activities and cultural provisions. At the Planet Youth Annual Conference 2022, held in Reykjavik in September 2022, experts were invited to discuss the substance use prevention based on the Icelandic prevention model.

F. Oceania

Increasing use of drugs, in particular methamphetamine, and the activity of organized criminal groups are challenging many communities in the Pacific region, as a spillover effect of increasing trafficking in cocaine and methamphetamine through Pacific island States.

Information on the extent of drug use and treatment demand in Pacific island States remains unavailable. Governments in the region are urged, with the support of bilateral partners and regional and international organizations, to prioritize the collection of such data and the provision of evidence-based prevention and treatment services.

1. Major developments

894. Trafficking in cocaine, heroin and methamphetamine is increasing in the Pacific region, and the methods used to traffic the substances are evolving. The Pacific island States and territories continue to be used as transit areas for cocaine trafficked between Latin America and Australia and New Zealand. In addition, the Pacific islands have become sites of illicit production and consumption, in particular of methamphetamine, and local drug trafficking networks are reported to be working with transnational groups.

895. Trafficking in fentanyl and other dangerous opioids is expanding to markets in Oceania, representing an escalating global challenge. For example, a record seizure of fentanyl was made in Australia in February 2022 and

New Zealand continues to report encounters with emerging non-medical synthetic opioids, as highlighted below.

896. Oceania is characterized by vast and porous maritime borders and remains highly vulnerable to large-scale drug and precursor trafficking and related risks such as money-laundering, domestic drug use and local illicit production of drugs. Moreover, non-parties to the three international drug control conventions remain concentrated in this region. **INCB again calls upon non-parties to take steps towards accession to, and full implementation of, the conventions. The Board also encourages regional and bilateral partners to provide support to this end, so that these States can benefit from adherence to the conventions, particularly in improving the availability of controlled medicines, preventing and addressing drug trafficking, and providing evidence-based prevention, treatment and rehabilitation services.** The Board remains committed to supporting countries in Oceania, including through the implementation of the memorandum of understanding between the Oceania Customs Organization and the Board and activities carried out through the GRIDS Programme and INCB Learning.

897. Oceania is among the regions of particular concern with regard to ensuring and monitoring the availability of narcotic drugs and psychotropic substances for medical and scientific purposes. In particular, on the basis of the reported consumption of narcotic drugs, there is a wide disparity between countries in the region regarding the consumption of opioid analgesics. Australia and New Zealand reported much higher levels of consumption than other Pacific island countries. Determining the levels of consumption of psychotropic substances in Oceania remains a challenge, as only a third of the countries and territories in the region have provided consumption data to the Board on any psychotropic substance for the past several years. The Board stresses that there is insufficient availability of narcotic drugs and psychotropic substances in some countries of the region and emphasizes the importance of ensuring sufficient availability of and access to internationally controlled substances for medical purposes while ensuring the rational use of these substances in countries reporting high levels of consumption. **The Board encourages the international community, relevant regional organizations and bilateral partners to support small island developing States in Oceania and other regions in improving the availability of internationally controlled substances for medical purposes.** Further information on recent developments is contained in the supplement to this annual report, entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*.¹⁶⁸

¹⁶⁸ E/INCB/2022/1/Supp.1.

2. Regional cooperation

898. To help address the expansion of trafficking in fentanyl and other dangerous opioids to markets in Oceania, Australia, New Zealand and, in coordination with the Oceania Customs Organization, the Cook Islands, Fiji, Kiribati, Samoa and Solomon Islands participated in the INCB Operation GAPZ in the period from November 2021 to January 2022. Participating agencies exchanged intelligence to identify and dismantle illicit manufacturing and distribution points involving non-medical gabapentin, pregabalin, xylazine and zopiclone trafficked through international post, express mail and courier services and related modalities.

899. In March 2022, under the framework of the INCB GRIDS Programme, INCB and partner organizations conducted an interregional stakeholder consultation on public-private partnerships for the prevention of dangerous substance trafficking through the Internet. Front-line officers from Fiji, Samoa, Solomon Islands and the Oceania Customs Organization participated in the event, which was aimed at strengthening the efforts of Governments and, through them, private sector partners, to cooperate in the prevention of the misuse of legitimate Internet-related services for trafficking in dangerous non-medical synthetic opioids.

900. In May 2022, the Oceania Customs Organization, supported by the Australian Border Force, provided training for border enforcement officials of member agencies in maritime border security, including on drug trafficking and use of the Oceania Customs Organization Pacific Small Craft Application, which assists members in the collection of information on the movement of yachts in the region. Officers from the Cook Islands, Fiji, Nauru, Palau, Papua New Guinea, Solomon Islands and the Northern Mariana Islands participated. The Oceania Customs Organization highlighted the increase in drug trafficking in the Pacific and also noted that a significant quantity of information was being shared between States in the tracking of yachts around the region. In November 2021, law enforcement officials from Fiji and Tonga received UNODC training on the investigation of maritime crime, including drug trafficking cases.

901. The GRIDS Programme convened the first global conference for operational officers on the interdiction of fentanyls, synthetic opioids and related dangerous substances, held in Vienna from 1 to 5 August 2022. The event brought together over 140 participants from around the world, including five participants from Australia, Fiji, New Zealand and the Oceania Customs Organization, who engaged in practical awareness-raising and capacity-building related to synthetic opioids.

902. The first Pacific Regional Law Enforcement Conference, on the theme “Partnering to disrupt crime in the Pacific”, was held in August 2022 in Denarau, Fiji, in partnership with the Pacific Islands Chiefs of Police, the Oceania Customs Organization and the Pacific Immigration Development Community. The main aim of the conference was to establish a network of researchers and law enforcement practitioners and develop a body of research on law enforcement issues and practices in the Pacific in view of the growing criminal networks in the region. UNODC participated in the conference, highlighting challenges posed by the expansion of the illicit synthetic drug market to regions neighbouring the Pacific region, its spillover effects, and recommendations to address the situation.

903. The GRIDS Programme convened the fifth annual operational meeting on countering trafficking of dangerous synthetic drugs and chemicals through postal, courier and air cargo services, held in Vienna from 6 to 9 September 2022. The event brought together nearly 60 officers from 30 Governments and international organizations, including 3 participants from Australia, the Federated States of Micronesia and the Oceania Customs Organization. Participating countries also conducted bilateral and multi-lateral meetings to enhance cooperation across borders, facilitated by INCB.

904. The GRIDS Programme hosted the interregional workshop on public-private partnerships for the prevention of the trafficking of dangerous substances, held in Sharm el-Sheikh, Egypt, from 11 to 14 September 2022. The event was attended by more than 120 representatives from 30 Governments, 5 international organizations and 15 Internet-related service providers and their associations, including 4 participants from Australia and the Oceania Customs Organization. Participants exchanged best practices and case examples related to the exploitation of private sector agencies and online platforms for the trafficking of dangerous substances with the aim of strengthening international operational cooperation across borders to prevent future misuse of legitimate Internet-related services.

905. A total of 22 drug control officials from the competent national authorities of five countries in the region, namely, Australia, Fiji, Kiribati, New Zealand and Papua New Guinea, have registered to use INCB Learning e-modules. The e-modules support countries in expanding their capacity for the control of narcotic drugs, psychotropic substances and precursor chemicals and in gaining a deeper understanding of the international drug control framework.

3. National legislation, policy and action

906. In Australia, reforms relating to pharmaceutical opioids continue to be implemented, including smaller pack sizes for immediate-release prescription opioid products and updated product indications, warning statements in text boxes and warning statements regarding the substance class on packaging and inserts. Regulations are now in place to limit the use of fentanyl patches for the treatment of pain in patients with cancer, patients receiving palliative care and in exceptional circumstances, as well as where other analgesics are not suitable or have been proved not to be effective and where the pain has been found to be opioid-responsive. The indication for fentanyl patches was also updated to reflect that they are not for use in patients who are not already tolerant to opioids.

907. The Fiji Revenue and Customs Service established the Air Cargo Control Unit in Nadi, Fiji, in January 2022 under the framework of the UNODC-WCO Container Control Programme and funded by the Australian Border Force. The Unit will profile air cargo consignments in order to prevent, inter alia, drug and precursor trafficking.

908. The Drug and Substance Checking Legislation Act (No. 2) 2021 was adopted in New Zealand in November 2021. The legislation provides a permanent legal framework for drug-checking services that conduct scientific tests on unidentified substances in order to determine their likely identity and composition, interpret results and provide information to persons providing samples, with the aim of reducing risk and harm by helping people to make informed decisions about the use of particular drugs, without promoting their use or claiming that their use is safe. The Act was enacted following the expiration of temporary legislation on drug- and substance-checking services that had been in force in the period from December 2020 to December 2021.

909. The New Zealand Parliament enacted the Land Transport (Drug Driving) Amendment Act in March 2022, establishing a roadside oral fluid testing system to test drivers for recent drug use. Random roadside drug testing is expected to come into force as of 2023 to deter drug-impaired driving, and will follow an approach similar to that of breath alcohol testing, with the establishment of criminal limits and infringement thresholds for 25 drugs. Approximately 30 per cent of all road deaths in the country in 2019 were related to the use of substances other than alcohol.

910. The Misuse of Drugs (Classification and Presumption of Supply) Order 2022 was approved by the Parliament of New Zealand in May 2022, changing the classification of

49 substances in the schedules of the Misuse of Drugs Act 1975, including the scheduling of a number of fentanyl analogues, synthetic cannabinoids, synthetic opioids, prescription medicines and precursor chemicals. A temporary drug classification order for the benzodiazepine derivate etizolam was issued in New Zealand, effective as of 17 February 2022. The order was due to expire on 16 February 2023, with the possibility of a one-year extension.

911. In December 2021, the Parliament of Papua New Guinea adopted the Controlled Substance Act 2021, and the Dangerous Drugs (Amendment No. 1) Act 2021 amending the Dangerous Drugs Act 1952, providing for the regulation of controlled substances and establishing criminal offences relating to the use of illicit drugs, precursor chemicals and related implements.

912. Following the amendment in November 2020 of the Illicit Drugs Control Act of Tonga, which was aimed at addressing illicit manufacture, trafficking and use of methamphetamine, the Illicit Drugs Control (Amendment) Act 2021 entered into force in November 2021, introducing, inter alia, a section on offences relating to the supply of drugs to children and the involvement of children in drug trafficking.

913. The Parliament of Vanuatu enacted the Industrial Hemp and Medical Cannabis Act in November 2021 to regulate and control the import and cultivation of hemp and cannabis seeds and the manufacture and export of industrial hemp and medical cannabis. Consequently, the Parliament adopted legislation amending the Dangerous Drugs Act to allow for the cultivation of cannabis for the purpose of producing industrial hemp and medical cannabis.

914. A number of countries and territories in Oceania are taking steps to participate in international organizations and initiatives. In November 2021, the Federated States of Micronesia joined INTERPOL. In March 2022, the Papua New Guinea Customs Service joined the UNODC-WCO Container Control Programme in order to train and equip customs and other law enforcement personnel in the identification and prevention of the cross-border movement of illicit goods. In June 2022, the Government of Solomon Islands announced that the country would join WCO.

4. Cultivation, production, manufacture and trafficking

915. While Australia and New Zealand continue to account for most of the drugs seized in Oceania, trafficking in cocaine, heroin and methamphetamine is increasing in

Pacific island States, where the illicit manufacture of methamphetamine is emerging alongside the continuing illicit cultivation of cannabis.

916. Between 1 July 2021 and 30 June 2022, the Australian Federal Police seized 18,789 kg of illicit drugs and precursors, comprising 8,139 kg of methamphetamine, 2,564 kg of khat, 2,044 kg of cocaine, 1,371 kg of precursors, 1,155 kg of cannabis, 857 kg of heroin and 440 kg of GBL. Major operations in the period from July 2021 to June 2022 resulted in large seizures of cocaine, methamphetamine and heroin that had been trafficked to and within various parts of Australia. Australian authorities reported a record seizure of more than 11 kg of pure fentanyl concealed in a sea container that had arrived at the port of Melbourne, Australia, in February 2022. All previous seizures of fentanyl in the country had been of quantities smaller than 30 grams. Police made a record seizure of more than 1,800 kg of methamphetamine concealed in two shipments of marble stone in sea containers arriving in Port Botany, Australia.

917. Cocaine and methamphetamine trafficking increased in New Zealand in 2022. A record seizure of more than 700 kg of cocaine was effected in February 2022, in a shipping container that had departed from South America and arrived in Tauranga, New Zealand. In the same month, authorities made a record seizure of 613 kg of methamphetamine that had arrived at Auckland Airport in an air consignment. The Government of New Zealand reported decreased trafficking in cannabis resin, plants and oil, opium, heroin, morphine, diverted or counterfeit pharmaceutical opioids and MDMA.

918. New Zealand reported a significant decrease in seizures of synthetic cannabinoids, eutylone and etizolam in 2021. However, customs and police authorities in New Zealand communicated incidents through the INCB IONICS platform related to numerous seizures of the non-controlled substances GBL and eutylone during Phase 2 of Operation Skipjack.

919. In Fiji, there was a reported increase in drug-related offences related to domestic cannabis cultivation and the use of the country by drug trafficking networks as a transshipment point for drug trafficking to other countries in Oceania. An increase was also seen in drug trafficking within the country. A joint operation between the customs and police services resulted in the detection of methamphetamine at the airport in Nadi, Fiji.

920. In March 2022, the customs authorities of the Northern Mariana Islands seized 2.2 kg of methamphetamine, representing the largest seizure of the substance made by customs authorities in the territory in the last five

years. A further seizure of 1.8 kg of methamphetamine was made in the territory in June 2022.

921. The law enforcement authorities of Samoa reported the seizure of over 1,100 cannabis plants and the eradication of an illicit cannabis cultivation site in November 2021.

922. Information on 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 2022 on the implementation of article 12 of the 1988 Convention.¹⁶⁹

5. Prevention and treatment

923. There are indications of increased levels of drug use and treatment demand in Pacific island States. However, there continues to be a lack of data on the situation. **The Board reiterates its recommendation that these States prioritize the collection of data on drug use prevalence and treatment demand. This will aid the development of evidence-based drug control policies and drug prevention and treatment services. The Board continues to encourage bilateral partners and regional and international organizations to provide support to these States in this regard.**

924. Wastewater analysis covering about 56 per cent of the population of Australia showed an increase in consumption of methamphetamine over the period from December 2021 to April 2022. Consumption of cocaine, MDMA, tenamfetamine (MDA), oxycodone, fentanyl, cannabis and ketamine decreased, with record lows seen in the consumption of MDMA, tenamfetamine (MDA), oxycodone and fentanyl. While consumption of heroin in capital cities remained relatively stable over that period, consumption of heroin increased outside of capital cities.

925. Among a sample of adults who had injected drugs at least once monthly in the preceding six months and who resided in capital cities in Australia, methamphetamine surpassed heroin as the preferred drug in 2021 for the first time since monitoring began. Reported cocaine use among the sample remained stable compared with 2020, and recent cannabis use was at the lowest level since monitoring began. Six per cent of the people sampled reported recent use of non-prescribed fentanyl, the same level as in 2020. Surveys in 2021 of a sample of people who regularly used MDMA (“ecstasy”) and other illicit stimulants indicated that recent use of “ecstasy” had declined significantly in 2021 but that use of methamphetamine had remained stable between 2020

and 2021. Recent use of cocaine and ketamine had increased significantly over the same period.

926. Among a sample of adults detained by police in Australia in 2021, 77 per cent had tested positive for at least one type of drug, less than the proportion that had done so in 2020 (82 per cent). About half of the people in the sample had tested positive for methamphetamine (50 per cent) or cannabis (45 per cent). Self-reported past-month use of methamphetamine was stable for most of 2021 until declining in October and November, while past-month cannabis use increased in July and August of that year.

927. Restrictions related to the COVID-19 pandemic led many treatment services to adapt their practices by offering online services and telehealth appointments. In Australia, following a consistent increase in the number of treatment episodes relating to amphetamines between the 12-month reporting period 2011/12 and the 12-month reporting period 2019/20, the number of such treatment episodes declined in the 12-month reporting period 2020/21. A total of 79 per cent of such treatment episodes in the period 2020/21 were for methamphetamine. Treatment for heroin use continued to decline.

928. The Alcohol and Drug Foundation of Australia developed an evidence-based toolkit, Path2Help, to provide advice and additional support for families and friends of people experiencing harm from alcohol and illicit drugs. The toolkit comprises a national online directory linking to locally available support and information services. Through additional resources to support activities aimed at reducing drug and alcohol use and harms during the COVID-19 pandemic, a number of new prevention initiatives were supported, including the development of a new digital and online support programme entitled “become”, for people who have experienced trauma and who may be experiencing problems with alcohol and drugs, and new factsheets for the Positive Choices online portal to support families, students and teachers in dealing with alcohol and other drug issues during the pandemic. Also under the Positive Choices programme, the “Illicit Project”, for the prevention of drug and alcohol use among older adolescents, was launched. In addition, as part of the “Cracks in the Ice” online toolkit, new factsheets were developed, providing information on COVID-19 and crystal methamphetamine use and harms.

929. Preliminary estimates indicate that there were 1,842 drug-induced deaths in Australia in 2020, with the rate of drug overdose deaths involving amphetamines reaching the highest level since monitoring began. The rate of drug overdose deaths involving cocaine increased fivefold in the period 2014–2020. Heroin was the most commonly identified opioid in opioid-induced deaths in 2020. According to the National

¹⁶⁹E/INCB/2022/4.

Coronial Information System covering Australia and New Zealand, opioid-related deaths reported to a coroner in Australia more than doubled over the period from 2001 – a year in which drug-related deaths were exceptionally low owing to the low availability of heroin – to 2018, to 1,393 deaths. The most commonly identified opioid drugs contributing to death were morphine, codeine, heroin, methadone, oxycodone, tramadol and fentanyl, and opioid-related deaths frequently involved other types of drugs. Between 2001 and 2019, the number of benzodiazepine-related deaths reported to coroners in Australia more than tripled, to 1,238 deaths in 2019. A total of 307 drug-related deaths were recorded in New Zealand in 2019, representing 8 per cent of all reported deaths that year.

930. The research report entitled “The New Zealand illicit drug harm index 2020” was published in 2022 and estimated the total cost of personal and community harm resulting from the use of illicit drugs in New Zealand at \$1,904.3 million New Zealand dollars, with the largest proportion of personal harm attributed to the use of methamphetamine and the largest proportion of community harm attributed to the use of cannabis.

931. According to the New Zealand Health Survey for the period September 2020 to August 2021, the prevalence of past-year cannabis use among people aged 15 years and above was 15.3 per cent. The prevalence of cannabis use at least weekly among the same age group was estimated at 4.5 per cent. The prevalence of past-year use of amphetamine-type stimulants was estimated at 1 per cent among people aged 15 years and above, and at 1.2 per cent among people between 16 and 64 years of age.

932. Wastewater monitoring covering up to 75 per cent of the population of New Zealand found that the quantity of methamphetamine consumed in the second quarter of 2022 was greater than the average quantity detected over the

previous four quarters and that the methamphetamine consumption detected over the period from July 2021 to June 2022 had settled at a higher level than in previous years. Consumption of “ecstasy” continued to increase in most districts after a period of low consumption and availability in 2021. The quantity of cocaine consumption in the second quarter of 2022 was greater than the average for the previous four quarters.

933. The methamphetamine reduction initiative “Te Ara Oranga”, which had been successfully trialled in the Northland region of New Zealand, was expanded to the eastern Bay of Plenty. The initiative links evidence-based health services with police prevention and enforcement activities and involves community organizations. It is aimed at reducing methamphetamine demand through projects that align the resources of the police, district health boards, non-governmental organizations and the community.

934. In 2022, the early warning system of New Zealand, High Alert, which is aimed at reducing drug-related harm in communities, issued an alert about fentanyl found in white powder sold as cocaine or methamphetamine and linked to instances of serious harm. It also issued an alert about the detection, for the first time in the country, of the opioid metonitazene, which has a greater potency than fentanyl. The service also issued notifications about a new synthetic cathinone detected for the first time in the country, dimethylpentylone; the toxic chemical diethylene glycol being marketed as 1,4-butanediol (1,4-BD); a highly potent opioid, *N*-pyrrolidino etonitazene (also known as etonitazepyne), found in fake oxycodone tablets; potential adulteration of GBL and GBL-type substances; and misrepresented MDMA.

935. In Fiji, the use of drugs was seen to be increasing as a spillover effect of the use of the country as a trans-shipment point for drug trafficking to other countries in Oceania.

Chapter IV.

Conclusions and recommendations to Governments, the United Nations and other relevant international and national organizations

936. 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, which are set out below.

Analysis of the trend of legalizing the use of cannabis for non-medical purposes

937. Over the last decade, a growing number of States have pursued policies that allow and regulate the use of drugs, in particular cannabis, for non-medical and non-scientific purposes. Permitting and regulating the production, manufacture and distribution of, trade in and use and possession of drugs for purposes other than medical or scientific purposes is commonly referred to as “legalization” and the creation of a “regulated market”.

938. The trend of allowing the use of drugs for non-medical and non-scientific purposes constitutes a significant challenge for the international community, namely for the States parties to the international drug control conventions. The apparent tension between the provision contained in article 4 (c) of the 1961 Convention as amended and the growing trend towards legalization must be addressed by the signatories to the three drug control conventions.

939. Instead of legalizing the use of drugs for non-medical purposes, Governments may make more effective use of the

flexibilities contained in the conventions. They should, in order to protect public health and youth, establish better education, prevention and treatment programmes. They should fight organized crime through effective social crime prevention and law enforcement action. Governments may choose the alternative sanctions to conviction and punishment provided for in the three conventions in order to avoid or reduce stigmatization caused by criminalization and incarceration. By applying alternative sanctions and the principle of proportionality, Governments can also reduce the burden on their criminal justice systems.

940. It is difficult to measure the impact of legalization on public health, public safety and the economy. It can be observed that, in the relatively short time since implementation, legalization has not succeeded in overcoming the most pressing problems, such as increased consumption rates, the criminalization of too many people using drugs, the growing illicit market and expanding organized crime. In jurisdictions that have legalized cannabis, consumption remains higher than in those jurisdictions that have not, and prevalence seems to increase more rapidly than in communities that have not legalized cannabis, with noticeable health and social consequences. Legalization has not been able to dissuade youth from consuming cannabis. Illicit markets have been partly reduced, but they persist and flourish. Drug trafficking by organized criminal groups has been partially replaced by an expanding legal cannabis industry that aims to make profits by increasing sales. In general terms, one can ascertain that the legalizing jurisdictions did not achieve all the goals they had pursued through legalization.

941. Legalization also raises concerns with respect to public health, in particular when cannabis products are advertised in a way that appeals to children or attracts youth. This is linked to a decreasing perception of the risks of cannabis use. The high potency of cannabis products such as concentrates and edibles also raises public health concerns.

942. **INCB underscores that measures to permit the use of controlled substances including cannabis for non-medical and non-scientific purposes are inconsistent with 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, subject to the provisions of the 1961 Convention as amended, to limit the use of narcotic drugs exclusively to medical and scientific purposes. Article 3, paragraph 1 (a)(i), of the 1988 Convention requires the criminalization of 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 any psychotropic substance contrary to the provisions of the 1961 Convention as amended or the 1971 Convention. Article 3, paragraph 1 (a)(ii), of the 1988 Convention requires the criminalization of the cultivation of cannabis plant for the purpose of the production of narcotic drugs contrary to the provisions of the 1961 Convention as amended.**

Universal adherence to the international drug control conventions

943. 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 the availability of controlled substances for legitimate medical and scientific purposes. By becoming parties to the international drug control conventions, States commit themselves to taking the legislative, regulatory and policy measures necessary to ensure the full implementation of their legal obligations in their national systems. The conventions also 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.

Recommendation 1: Recognizing that concerted action in the spirit of common and shared responsibility is essential to the success of the international community's drug control efforts, the Board reiterates its call to all States that have not yet become parties to one or more of the

international drug control conventions to do so at the earliest opportunity and to take all legislative and policy action necessary to ensure the comprehensive implementation of the conventions at the national level.

International drug control conventions and human rights

944. The fundamental goal of the international drug control conventions, to safeguard the health and welfare of humanity, requires fully respecting and protecting human rights. All drug control policies and actions should be adopted in line with international human rights obligations, including promoting equality and non-discrimination towards people who use drugs. Any actions that violate human rights in the name of drug control policy are inconsistent with the international drug control conventions.

Recommendation 2: The Board continues to reiterate that any extrajudicial action purportedly taken in pursuit of drug control objectives is fundamentally contrary to the provisions and objectives of the three international drug control conventions, as well as to human rights norms to which all countries are bound; that all drug control actions by States should be undertaken in full respect of the rule of law and due process of law; and that violations by law enforcement personnel should be impartially and independently investigated and prosecuted and punished as appropriate.

945. The Board notes with concern public reports of the continued use of the death penalty for drug-related offences in a number of countries.

Recommendation 3: While recalling that according to the international drug control conventions, the determination of penalties applicable to drug-related behaviours remains the exclusive prerogative of States parties, the Board encourages all States that retain the death penalty for drug-related offences to commute death sentences that have already been handed down and to consider the abolition of the death penalty for drug-related offences in view of the relevant international conventions and protocols and relevant resolutions of the General Assembly, the Economic and Social Council and other United Nations bodies on the application of the death penalty for the category of drug-related offences.

Prevention and treatment

946. Over the past decade, the international community has highlighted the need for the voluntary treatment of

people who use drugs, adopting health- and people-centred approaches that incorporate human rights concerns. However, many countries still lack mechanisms for gathering information on the scope and nature of drug use and treatment demand. That hinders the ability to determine the scope and consequences of drug use. It also hinders Governments and the international community as they seek to respond effectively through evidence-based drug use prevention and treatment programmes.

Recommendation 4: The Board encourages countries to develop and strengthen systems for the collection of data on drug use trends and treatment demand in order to inform the development of evidence-based approaches in the area of prevention and treatment and encourages bilateral partners and regional and international organizations to provide support to that end.

Recommendation 5: The Board encourages countries to reduce the stigma associated with drug use disorders and to continue to implement programmes to prevent drug use and to provide evidence-based treatment, rehabilitation and social reintegration programmes.

Recommendation 6: The Board wishes to encourage the international community, including OAS, UNODC, WHO and PAHO and partner countries, to work or continue to work with Governments to strengthen their regulatory frameworks and their provision of public health services in drug use prevention, treatment, rehabilitation and social reintegration, in particular for countries with lower institutional capacities and financial resources.

Promoting equality and non-discrimination towards people who use drugs in access to prevention, treatment and rehabilitation programmes

947. Given that persons who use drugs continue to be subject to discrimination and stigmatization, the Board calls upon States parties to ensure that their national legislation, policies and implementing practices do not discriminate unjustly on the grounds of drug use or drug dependence, in particular in the criminal justice system, and that they offer protection against discrimination by third parties. The Board calls upon States parties to the international drug control conventions to avail themselves of the possibility, provided for in those conventions, of applying alternative measures to conviction or punishment for minor offences, in particular if those offences have been committed by persons who use drugs.

Recommendation 7: The Board encourages all States parties to the international drug control conventions to take all necessary measures to ensure that in the elaboration and implementation of national drug control policies and drug use prevention policies, due consideration is given to the need to develop policies that are evidence-based, developed with the input and participation of persons who use drugs, culturally appropriate, accessible to all, administered in a manner free from discrimination and stigmatization and adapted to cultural and socioeconomic realities.

Ongoing large-scale opium poppy cultivation and opium production in Afghanistan

948. The Board remains extremely concerned about reports of ongoing large-scale opium poppy cultivation and opium production in Afghanistan despite the announcement by the de facto authorities of a ban on the cultivation of opium poppy as well as the banning of the production, usage, transportation, trade, export and import of all other drugs in the country. The Board acknowledges that for such a ban to have meaningful impact on the drug situation in the country, comprehensive efforts must be undertaken to support alternative livelihoods for those involved in cultivation and production, as well as a range of other measures to strengthen drug use prevention actions for all sectors of society and control and enforcement capacities. The Board also notes that the current political and socioeconomic challenges faced by the people of Afghanistan, further exacerbated by the environmental and humanitarian emergencies in the country, create further obstacles to effective drug control.

Recommendation 8: The Board calls upon the international community to continue to support drug control efforts in Afghanistan to protect public health, including for women, as an important component of delivering development assistance to the country.

The growing threat posed by a surge in illicit cocaine manufacture and trafficking

949. The Board is concerned about the growing threat posed by a surge in coca bush cultivation and illicit cocaine manufacture and trafficking. Recent developments in the criminal landscape in the major regions associated with coca bush cultivation and illicit cocaine manufacture have

resulted in specialization in the cocaine supply chain and the forging of new alliances among drug trafficking operators. This has led to an increase in coca bush cultivation, the manufacture of an increased quantity of cocaine with high purity using specific precursor chemicals, and the use of new trafficking routes and methods. All this has resulted in the availability of larger quantities of a purer product at cheaper prices for consumers.

Recommendation 9: The Board wishes to encourage Governments to further develop a coordinated response at the international level that targets each element of the cocaine supply chain – cultivation, manufacture, trafficking and distribution – in addition to disrupting the related financial flows. Governments are encouraged to make use of various INCB tools and guidance documents, including those related to precursor chemicals, containing recommendations for action at the national and international levels, to disrupt the burgeoning manufacture and trafficking of cocaine.

Public-private partnerships in the area of drug precursors, non-scheduled chemicals and dangerous substances

950. Rapidly changing trends in trafficking, including the use of newly emerging designer precursors or other chemicals not under international control for illicit drug manufacture, together with new methods and routes of diversion, pose a global challenge and require rapid proactive responses from authorities. This is where the engagement with the private sector has proved to be an invaluable supplement to regulatory frameworks, given the flexibility of industry partners in adjusting quickly to changing circumstances. The concept as such is an integral part of the provisions of the 1988 Convention, in particular, article 12, paragraph 9 (a). Over the years, public-private partnerships have demonstrated their potential in addressing the challenges in international precursor control and are now a key component of an effective, reliable and sustainable mechanism for addressing the diversion of controlled precursors, non-scheduled chemicals and dangerous substances and for preventing them from reaching illicit laboratories and markets.

Recommendation 10: The Board wishes to encourage Governments to continue their efforts to establish and implement industry-related initiatives with a view to addressing the diversion of chemicals, non-scheduled chemicals and dangerous substances and preventing them from reaching illicit laboratories and markets. The Board also wishes to encourage Governments to utilize the tools and resources available to competent national authorities.

Use of electronic import and export authorizations for trade in internationally controlled narcotic drugs and psychotropic substances

951. The use of import and export authorizations for trade in internationally controlled narcotic drugs and psychotropic substances is a key pillar of the international drug control system. This system ensures proper oversight by competent national authorities, customs services and other authorities to prevent the diversion of those substances from licit trade into illicit channels. The framework, laid out in article 31 of the 1961 Convention as amended and article 12 of the 1971 Convention, has evolved pursuant to several resolutions of the Economic and Social Council and the Commission on Narcotic Drugs. This has led to the creation of I2ES, a web-based tool allowing Governments to securely exchange import and export authorizations for trade in narcotic drugs and psychotropic substances.

Recommendation 11: The Board recommends that Governments wishing to use electronic import and export authorizations for trade in internationally controlled substances should adopt the I2ES system, the only system endorsed by the Commission on Narcotic Drugs for the issuance and exchange of electronic import and export authorizations for such trade.

Recommendation 12: The Board wishes to emphasize that Governments implementing their own national systems for the issuance and exchange of electronic import and export authorizations for trade in internationally controlled substances must ensure that their systems are in conformity with the 1961 Convention as amended and the 1971 Convention, as well as the relevant resolutions of the Commission on Narcotic Drugs. In addition, Governments implementing their own national systems should make every effort to communicate with their trading partners and make them aware of the validity and functions of those systems.

Responsibilities of transit countries in the licit trade in internationally controlled substances

952. Cooperation between the authorities of the importing, exporting and transit countries is critical to ensuring rapid and efficient legitimate trade in internationally controlled substances and ensuring that medicines reach patients in a timely manner and that chemicals are available for industrial uses.

Recommendation 13: The Board wishes to remind Governments of their obligations under the international drug control treaties and the relevant resolutions of the General Assembly, the Economic and Social Council and the Commission on Narcotic Drugs to ensure the safe and secure trade in internationally controlled substances when shipments of such substances transit their territory.

Collecting and reporting of data

953. Accurate, complete and timely reporting by Governments to INCB is vital for the monitoring system as stipulated by the international drug control treaties. Collecting quality data is crucial for the reliable analysis of trends, in particular in the most affected countries.

Recommendation 14: The Board urges Governments to continue to strengthen their national mechanisms to monitor the cultivation, production and manufacture of and trade in controlled substances and to provide comprehensive accurate data required under the three drug control conventions to the Board in a timely manner.

Recommendation 15: The Board urges Governments to develop national systems for the collection of data on drug use patterns.

Recommendation 16: The Board encourages all States to strengthen their drug trafficking interdiction efforts and subsequently make available all information and data related to their efforts to counter drug trafficking, in particular seizure data, to United Nations bodies, including INCB and UNODC, as well as other relevant stakeholders.

Recommendation 17: The Board also encourages donor States to include information collection and analysis programmes as part of their assistance programmes.

Recommendation 18: The Board reiterates the critical importance of the quality, comprehensiveness and timeliness of data on narcotic drugs, psychotropic substances and precursors for meaningful analyses, the identification of new developments and action to address weaknesses in control systems.

Narcotic drugs

954. The Board, having reviewed the latest information and data on the supply of opiate raw materials and demand for opiates for medical and scientific purposes, points out that although data from producing and manufacturing countries indicate that the supply of both morphine-rich

and thebaine-rich opiate raw material is calculated to be sufficient to cover the demand for medical and scientific purposes as expressed by countries, there are significant disparities between countries in the availability of narcotic drugs because many countries do not accurately estimate their medical needs for opiate analgesics or have only limited access to them.

Recommendation 19: The Board emphasizes the importance of ensuring sufficient availability at the global level and urges opioid manufacturing countries to devote an increasing amount of morphine to be utilized for the production of immediate release oral morphine preparations to be used for the treatment of pain, in particular in low- and middle-income countries.

Recommendation 20: The Board also reiterates that there is an urgent need to increase the availability of and access to opioids analgesics and to improve their prescription and use in all countries reporting inadequate or very inadequate levels of consumption, and calls for targeted public policies supported by Governments, health systems and health professionals, civil society, the pharmaceutical industry and the international community.

Recommendation 21: Also, on the basis of its analysis of the global situation of the supply of opiate raw materials and demand for opiates for medical and scientific purposes, the Board urges major cultivating countries to ensure that there are no shortages on the global markets of the opiate raw materials rich in thebaine, codeine and oripavine.

Recommendation 22: The Board also reminds countries that cultivate opium poppy rich in noscapine to provide information in a consistent and regular manner about the cultivation of noscapine-rich opium poppy, its intended use and any extraction and use of the internationally controlled alkaloids in spite of the fact that noscapine itself is not an internationally controlled substance, given that significant amounts of internationally controlled alkaloids can be extracted from opium poppy rich in noscapine.

Psychotropic substances

955. The 1971 Convention does not require Governments to provide directly to the Board information on diversions or seizures of psychotropic substances from licit channels, although a number of Governments do provide such information to the Board on a voluntary basis. The Board is grateful to countries that provide voluntary reports or other information regarding seizures or other interdiction

efforts with regard to trafficking in or diversion of psychotropic substances.

Recommendation 23: The Board calls upon Governments to furnish directly to the Board any information on diversions or attempted diversions of psychotropic substances and to keep the Board apprised of developments in the trafficking of psychotropic substances.

Recommendation 24: Furthermore, and pursuant to Commission on Narcotic Drugs resolution 50/11, the Boards calls upon all Governments to notify it, in a regular and standardized manner, of seizures of internationally controlled licit substances ordered through the Internet and delivered through the mail.

Mental health and the availability of and access to internationally controlled psychotropic substances

956. Improving mental health care for all is essential to achieving Sustainable Development Goal 3, on ensuring healthy lives and promoting well-being for all at all ages. Governments are reminded to ensure that those living with mental health challenges are provided with appropriate access to the treatment and medications required to alleviate their suffering and thus enable them to participate fully in society without stigma or discrimination. The Board wishes to stress the importance of including mental health treatment and support services in national health-care systems and ensuring that those services continue to be provided to populations, including during emergency situations.

Recommendation 25: The Board reminds Governments to ensure that those living with mental health conditions are provided with access to the adequate treatment and the medications required to alleviate their suffering, thus enabling them to participate fully in society without stigma or discrimination. The Board wishes to stress the importance of including mental health treatment and support services in national health-care systems and ensuring that those services continue to be provided to populations, including during emergency situations.

Availability of internationally controlled substances for medical and scientific purposes

957. Over half a century ago, in adopting the Single Convention on Narcotic Drugs of 1961, and later the 1972

Protocol amending the 1961 Convention, and the Convention on Psychotropic Substances of 1971, the international community made a commitment to ensure – and not unduly restrict – the availability of drugs considered indispensable for medical and scientific purposes. Despite that commitment, there remains a significant imbalance in the availability of controlled substances globally, an imbalance which not only goes against the aim of the international drug control conventions to promote the health and welfare of humankind but also contradicts numerous human rights instruments that contain the right to health or medical care, which also encompasses palliative care.

958. The data available confirm the persistent disparities between regions in the consumption of opioid analgesics for the treatment of pain. Almost all such consumption is concentrated in Western Europe, North America, Australia and New Zealand, while the large majority of the world population still has limited access or no access to proper pain relief treatment. The supplement to the present report, *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*,¹⁷⁰ demonstrates that the availability of internationally controlled drugs can be – and has been – improved within the framework of the international conventions.

Recommendation 26: Some progress has been made since 2016 in realizing the goal of ensuring adequate availability of and access to controlled medication, which is key to achieving Sustainable Development Goal 3, on ensuring healthy lives and promoting well-being for all. However, it is necessary to continue working to ensure that this goal is enshrined in all national drug control policies and practices. Adequate access to narcotic drugs and psychotropic substances for medical purposes can be improved through corrective action by States that should address the regulatory, attitudinal, knowledge-related, economic and procurement-related aspects identified as the causes of inadequate availability. The Board is committed to working and assisting the international community for the greater availability of and access to controlled substances for medical and scientific purposes. The Board urges Member States to implement the recommendations made in the above-mentioned supplementary report on the availability of internationally controlled drugs.

¹⁷⁰E/INCB/2022/1/Supp.1.

Precursor chemicals

959. Chemicals not in Table I or Table II of the 1988 Convention that can be used to illicitly manufacture, or substitute for, precursors under international control have been encountered in all regions of the world. To support Governments in exchanging information about international trade in such chemicals, the Board has launched PEN Online Light, a new system allowing exporting countries to notify planned shipments on a voluntary basis. In addition, at the sixty-fifth session of the Commission on Narcotic Drugs, in March 2022, Governments endorsed a set of recommendations to intensify efforts to address the diversion of non-scheduled chemicals frequently used in the illicit manufacture of drugs and the proliferation of designer precursors. Importantly, those recommendations included calls on INCB and Governments to consider groups of related substances when proposing chemicals for international control or placing domestic controls on such substances.

Recommendation 27: The Board encourages Governments to intensify their efforts to address the diversion of non-scheduled chemicals and the proliferation of designer precursors by considering implementing the recommendations contained in Commission on Narcotic Drugs resolution 65/3, including by voluntarily sharing information on planned exports involving non-scheduled chemicals. Governments may draw on a number of resources, tools and guidance materials, available on the website of the Board and discussed in greater depth in the report of the Board for 2022 on the implementation of article 12 of the 1988 Convention.

Proliferation of highly potent synthetic non-fentanyl opioids

960. In addition to the substantial proportion of overdose deaths resulting from illicit fentanyl manufacture, newly emerging highly potent synthetic non-fentanyl opioids are being encountered in drug markets around the world. Similar to fentanyl and its analogues, the potency of many of these non-fentanyl opioids, such as analogues of the nitazene group, allows for the trafficking of smaller end-use quantities through express logistics and postal services worldwide. Online platforms and services, including e-commerce, social media and search and financial services, are exploited by vendors marketing these dangerous opioids with no known legitimate uses. INCB maintains a list of 152 fentanyl-related substances and 55 non-fentanyl opioids with no known medical, industrial or other legitimate use.

Recommendation 28: The Board encourages Governments to direct more domestic attention towards the monitoring of trafficking and the toxicity of emerging synthetic non-fentanyl opioids and to exchange information and develop actionable intelligence to interdict those and other dangerous psychoactive substances not under international control.

Recommendation 29: The Board invites all Governments and, through them, industry partners to voluntarily refrain from any manufacture, marketing, export, import or distribution of the 55 synthetic non-fentanyl opioids on the Board's list.

Recommendation 30: The Board encourages Governments to make regular use of the bulk communication feature in IONICS to provide comprehensive real-time information in bulk on all new psychoactive substances and non-medical synthetic opioids seized and stopped and otherwise suspicious shipments, and to facilitate potential backtracking investigations involving, in particular, dangerous synthetic opioids.

Recommendation 31: The Board calls upon all Governments to nominate active law and regulatory enforcement focal points and increase use of the new GRIDS Intelligence HD targeting platform and the ELITE training environment to increase the capacity of focal points to identify, target and interdict consignments of new psychoactive substances and emerging synthetic opioids.

Recommendation 32: The Board encourages Governments to engage its relevant private sector partners with the goal of voluntarily identifying, preventing and eliminating exploitation of industry by traffickers of dangerous synthetic opioids not under international control with no known legitimate use, with support from the GRIDS Programme when requested.

Recommendation 33: The Board reminds Governments of capacity-building tools and expertise available as part of the INCB GRIDS Programme and encourages authorities to avail themselves of the support of the regional technical officers of the GRIDS Programme located in Egypt, India, Mexico, Nigeria and Thailand.

Article 13 of the 1988 Convention and illicit drug manufacturing equipment

961. Since 2019, the Board has raised awareness about the importance of article 13 of the 1988 Convention as a complementary tool in addressing illicit manufacture, ranging from narcotic drugs, psychotropic substances and

precursors under international control to new psychoactive substances and emerging non-medical synthetic opioids. The Board has developed guidance materials and practical tools for use by Governments and has encouraged information-sharing and cooperation to prevent and investigate cases of diversion and trafficking. In October 2022, the Board convened a consultation with Member States on the subject, during which the Board's first technical report on equipment and article 13 was launched.

Recommendation 34: The Board invites Governments to review the recommendations in the technical report, available on the Board's website and to improve implementation of article 13 of the 1988 Convention by making full use of the available resources, enhancing knowledge related to the licit and illicit uses of equipment within national territories, sharing approaches and experiences and cooperating with one another and the Board.

INCB Learning

962. INCB Learning has developed five e-modules to support Governments in key areas of their treaty compliance. Three e-modules focus on the following systems: (a) the system of estimates of annual legitimate medical and scientific requirements for narcotic drugs; (b) the system of assessments of annual legitimate medical and scientific requirements for psychotropic substances; and (c) the system of estimates of annual legitimate requirements for imports of precursors of amphetamine-type stimulants. One e-module highlights the international drug control

framework and the role of INCB. The fifth e-module, which was developed and launched in 2022, supports Governments in their efforts to ensure the adequate availability of narcotic drugs and psychotropic substances. All e-modules offer interactive, self-paced training.

Recommendation 35: The Board encourages Governments to register officials of their competent national authorities for the e-modules and to provide feedback and suggestions for areas in which the development of further training is needed.

963. To keep stakeholders abreast of developments, INCB Learning newsletters are published regularly on the INCB Learning website and disseminated to competent national authorities at their request.

Recommendation 36: The Board invites national drug control officials interested in INCB Learning activities and learning tools to subscribe to the newsletter by sending an email to incb.learning@un.org.

964. The Board is grateful for the contributions that it has received from the Governments of Australia, Belgium, France, the Russian Federation, Thailand and the United States since the INCB Learning programme was established in 2016.

Recommendation 37: The Board invites Governments to consider actively supporting INCB Learning by participating in its activities.

(Signed)
Jagjit Pavadia, President

(Signed)
H. H. Sevil Atasoy, Rapporteur

(Signed)
Mark Colhoun, Secretary

Vienna, 18 November 2022

Annex I

Regional and subregional groupings used in the report of the International Narcotics Control Board for 2022

The regional and subregional groupings used in the report of INCB for 2022, 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	Guatemala
Bahamas	Haiti
Barbados	Honduras
Belize	Jamaica
Costa Rica	Nicaragua
Cuba	Panama
Dominica	Saint Kitts and Nevis
Dominican Republic	Saint Lucia
El Salvador	Saint Vincent and the Grenadines
Grenada	Trinidad and Tobago

North America

Canada	United States of America
Mexico	

South America

Argentina	Guyana
Bolivia (Plurinational State of)	Paraguay
Brazil	Peru
Chile	Suriname
Colombia	Uruguay
Ecuador	Venezuela (Bolivarian Republic of)

East and South-East Asia

Brunei Darussalam	Mongolia
Cambodia	Myanmar
China	Philippines
Democratic People's Republic of Korea	Republic of Korea
Indonesia	Singapore
Japan	Thailand
Lao People's Democratic Republic	Timor-Leste
Malaysia	Viet Nam

South Asia

Bangladesh	Maldives
Bhutan	Nepal
India	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	Türkiye
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	Ireland

Oceania

Australia	Niue
Cook Islands	Palau
Fiji	Papua New Guinea
Kiribati	Samoa
Marshall Islands	Solomon Islands
Micronesia (Federated States of)	Tonga
Nauru	Tuvalu
New Zealand	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, MERCOSUR, held in Buenos Aires (2017); preparatory meeting for 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); tenth, fifteenth, sixteenth and seventeenth 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). Member of the Standing Committee on Estimates (2020–2021). Second Vice-President and Chair of the Standing Committee on Estimates (2022).

Sevil Atasoy

Born in 1949. National of Türkiye. 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 Türkiye (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 2021) and member (2007, 2020 and 2022) of the Standing Committee on Estimates. Rapporteur (2007, 2019 and 2022). First Vice-President of the Board (2008). President of the Board (2009).

Cornelis 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, 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, 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 and 2021–2022). Member (2017–2018 and 2021) and Chair (2022) of the Committee on Finance and Administration. President of the Board (2019–2020).

David T. Johnson

Born in 1954. National of the United States. President, SwanJohnson LLC; adjunct faculty member, Arizona State University; 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 the Organization for Security and Cooperation in Europe (1998–2001). Deputy Press Secretary at the White House and Spokesman for the National Security Council (1995–1997). Deputy Spokesman at the State Department (1995) and Director of the State Department Press Office (1993–1995). United States Consul General, Vancouver (1990–1993). Assistant National Trust Examiner, Office of the Comptroller of the Currency, United States Treasury (1976–1977).

Member of INCB (since 2012). Member (2012–2017 and 2022) and Chair (2014 and 2018) of the Committee on Finance and Administration. Second Vice-President and Chair (2019), Vice-Chair (2022) and member (2020–2021) 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, St. 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, St. 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, St. 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 St. 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, St. 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 St. Petersburg; WHO alcohol action plan, realization on the basis of the city treatment centre, St. 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 and 2022) of the Standing Committee on Estimates. Member of the Committee on Finance and Administration (2020). First Vice-President of the Board (2013 and 2021).

Bernard Leroy

Born in 1948. National of France. Honorary Deputy Prosecutor General.

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 Director of the International Institute of Research against Counterfeit Medicines (non-governmental organization, 2013–2020). 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) that 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 XIII (1984–1988). Lecturer for second-year master’s courses in Security and Public International Law, Jean Moulin Lyon 3 University (2005–2013).

Member of the Executive Board of the international section of the National Association of Drug Court Professionals (2006). External member of the Management Board of the

French Monitoring Centre for Drugs and Drug Addiction (2013). Member of the committee of the Reynaud report (2013). Honours: Chevalier of the Legion of Honour.

Selected publications include “Le travail au profit de la communauté, substitut aux courtes peines d’emprisonnement”, *Revue de science criminelle et de droit comparé*, No. 1 (Sirey, 1983); *Drogues et drogués* (École nationale de la magistrature, 1983); *Étude comparative des législations et des pratiques judiciaires européennes face à la drogue* (Commission of the European Communities, 1991); *Ecstasy*, Inserm Collective Expertise series (Editions Inserm, 1997); *The International Drug Control System*, in cooperation with Cherif Bassiouni and J. F. Thony, in *International Criminal Law: Sources, Subjects and Contents* (Martinus Nijhoff Publishers, 2007); *Routledge Handbook of Transnational Criminal Law*, Neil Boister and Robert Curie, eds. (Routledge, 2014).

Member of 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 and 2021–2022).

Lu Lin

Born in 1966. National of China. Professor/Director, National Institute on Drug Dependence, Peking University; Professor/Director, Peking University Sixth Hospital/Institute of Mental Health; Professor/Director, National Clinical Research Center for Mental Disorders, China; Chair, Expert Committee on Drug Abuse Prevention and Control, National Narcotics Control Committee, China; Vice-President, Asian Association for Substance Abuse Research; Committee member, WHO Expert Committee on Drug Dependence; Associate Editor, *Drug and Alcohol Dependence*; Associate Editor, *American Journal on Addictions*.

Doctor of Medicine and Doctor of Philosophy (PhD) in Psychiatry, West China Medical Center, Sichuan University, China.

Previously held positions as Research Scientist, National Institute on Drug Abuse of the National Institutes of Health, United States (2003–2006); Postdoctoral Fellow, National Institute on Drug Abuse of the National Institutes of Health of the United States (2001–2003).

Author of and contributor to numerous publications including: “2019-nCoV epidemic: address mental health care to empower society”, *The Lancet*, vol. 395, No. 10224

(February 2020), pp. 37–38; “Control of fentanyl-related substances in China”, *The Lancet Psychiatry*, vol. 6, No. 7 (July 2019), p. 15; “Effect of selective inhibition of reactivated nicotine-associated memories with propranolol on nicotine craving”, *JAMA Psychiatry*, vol. 74, No. 3 (March 2017), pp. 224–232; “Selective inhibition of amygdala neuronal ensembles encoding nicotine-associated memories inhibits nicotine preference and relapse”, *Biological Psychiatry*, vol. 82, No. 11 (December 2017), pp. 781–793; “A novel UCS memory retrieval-extinction procedure to inhibit relapse to drug seeking”, *Nature Communications*, vol. 6, No. 7675 (July 2015); “A memory retrieval-extinction procedure to prevent drug craving and relapse”, *Science*, vol. 336, No. 6078 (April 2013), pp. 241–245.

Honours include: National Innovation Award (2020); Academician, Chinese Academy of Sciences (2017); Chinese Medical Science and Technology Award (2008 and 2015); Natural Science Award of the Ministry of Education (2008 and 2013); National Natural Science Award (2002).

Member of the International Narcotics Control Board (since 2022).¹⁷¹ Member of the Standing Committee on Estimates (2022).

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 Department of Health of Australia; 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 National Health and Medical Research Council of Australia.

Member of INCB (since 2015). Member of the Standing Committee on Estimates (2015–2016).

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.

¹⁷¹ Elected by the Economic and Social Council on 20 April 2021.

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 Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East at its forty-first session, held in Amman (2006); Chair of the Subcommission at its forty-second session, 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 Drug Enforcement Agency of the United States, held in Istanbul, Türkiye (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). President of the Board (2021–2022).

N. Larissa Razanadimby

Born in 1988. National of Madagascar. Head of the Division for the importation of products under international control and customs clearance of donated health products, Department of Health Products Management, Directorate of Pharmacy, Laboratories and Traditional Medicine of the Ministry of Public Health (2014–2021).

Pharmacist, Graduate of the Faculty of Medicine, Specialization in Pharmacy, University of Antananarivo, Madagascar.

Previously, manager of the medical products storage warehouse of the Department of Pharmacy, Laboratories and Traditional Medicine, Ministry of Public Health (2014–2015); consulting positions in the Biorama cosmetics laboratory in Antananarivo, Madagascar (2014), acting pharmacist at the Ankadifotsy Pharmacy, Antananarivo, Madagascar (2013).

Appointed Permanent Secretary of the Technical Unit in Logistics Management of the Ministry of Public Health (2016).

Member of the Council of the National Order of Pharmacists of Madagascar, Member of the Board of Directors of the Solid Solutes Supply Unit in Madagascar (2019), Member of the Commission for the opening and closing of drug depots intended for human use of the Ministry of Public Health, Member of the Logistics Commission of the Ministry of Public Health of Madagascar, Member of the Drafting Committee of the National Pharmaceutical Policy and the National Pharmaceutical Master Plan of Madagascar (2016).

Lecturer on pharmacology and therapeutics, Nursing Sciences, Interregional Training Institute for Paramedics.

Consultant for the implementation of the Accredited Drug Dispensing Outlet project (2022) within USAID, Madagascar (2022).

Participant in the subregional workshop for the strengthening of national skills and the improvement of procedures for the selection of essential medicines, including those for mothers and children, by experts from WHO, held in Cotonou, Benin (2018), training on supportive supervision, by USAID, Antananarivo, Madagascar (2018), training of quantifier pools on the need for health inputs, by USAID, Antsirabe, Madagascar (2018), training on supply chain management by Pamela Steele Associates, Nairobi (2017), seminar on pharmaceutical investment and cooperation by the Government of China, Beijing and Shanghai, China

(2017), management training, monitoring and evaluation of the input supply chain, by USAID Deliver Project, Antananarivo, Madagascar (2016).

Publications include the scientific communication presented at the Biomad III conference in Mahajanga, Madagascar, on the theme “Health and biodiversity”.

Member of the International Narcotics Control Board (since 2022).¹⁷² Member of the Standing Committee on Estimates (2022).

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); 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); 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). Chair (2021) and member (2016) of the Committee on Finance and Administration. First Vice-President of the Board (2018).

Zukiswa Zingela

Born in 1969. National of South Africa. Associate Professor and Executive Dean, Faculty of Health Sciences, Nelson Mandela University (since 2021).

Master of Medicine, Psychiatry (University of Pretoria); Fellow of the College of Psychiatrists of South Africa.

Previously held positions as Head, Department of Psychiatry and Behavioural Sciences, Walter Sisulu University and Nelson Mandela Academic Hospital, Eastern Cape Department of Health (2015–2021); 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 of Great Britain and Northern Ireland (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

¹⁷² Elected by the Economic and Social Council on 20 April 2021.

(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); “Personality and personality disorder” (co-authors: Nagdee, Grobler and 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 (since 2016); 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 (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; Seventh African Population Conference, Johannesburg, South Africa, 2015 (presented paper on school-based substance abuse awareness programmes, (authors: Zingela, Bronkhorst and Ngwetsheni); and paper on the integration of the South African Master Drug Plan Policy and Mental Health Policy Framework and Strategic Plan (author: 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). Vice-Chair (2021) and member (2020) of the Standing Committee on Estimates. First Vice-President of the Board (2022).

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, in particular 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 1954 as amended by the 1972 Protocol; Convention on Psychotropic Substances of 1971; and United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Broadly speaking, INCB deals with the following:

(a) As regards the licit manufacture of, trade in and use of drugs, INCB endeavours, in cooperation with Governments, to ensure that adequate supplies of drugs are available for medical and scientific uses and that the diversion of drugs from licit sources to illicit channels does not occur. INCB also monitors Governments' control over chemicals used in

the illicit manufacture of drugs and assists them in preventing the diversion of those chemicals into the illicit traffic;

(b) As regards the illicit manufacture of, trafficking in and use of drugs, INCB identifies weaknesses in national and international control systems and contributes to correcting such situations. INCB is also responsible for assessing chemicals used in the illicit manufacture of drugs, in order to determine whether they should be placed under international control.

In the discharge of its responsibilities, INCB:

(a) Administers a system of estimates for narcotic drugs and a voluntary assessment system for psychotropic substances and monitors licit activities involving drugs through a statistical returns system, with a view to assisting Governments in achieving, inter alia, a balance between supply and demand;

(b) Monitors and promotes measures taken by Governments to prevent the diversion of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances and assesses such substances to determine whether there is a need for changes in the scope of control of Tables I and II of the 1988 Convention;

(c) Analyses information provided by Governments, United Nations bodies, specialized agencies or other competent international organizations, with a view to ensuring that the provisions of the international drug control treaties are adequately carried out by Governments, and recommends remedial measures;

(d) Maintains a permanent dialogue with Governments to assist them in complying with their obligations under the international drug control treaties and, to that end, recommends, where appropriate, technical or financial assistance to be provided.

INCB is called upon to ask for explanations in the event of apparent violations of the treaties, to propose appropriate remedial measures to Governments that are not fully applying the provisions of the treaties or are encountering difficulties in applying them and, where necessary, to assist Governments in overcoming such difficulties. If, however, INCB notes that the measures necessary to remedy a serious situation have not been taken, it may call the matter to the attention of the parties concerned, the Commission on Narcotic Drugs and the Economic and Social Council. As a last resort, the treaties empower INCB to recommend to parties that they stop importing drugs from a defaulting country, exporting drugs to it or both. In all cases, INCB acts in close cooperation with Governments.

INCB assists national administrations in meeting their obligations under the conventions. To that end, it proposes and participates in regional training seminars and programmes for drug control administrators.

Reports

The international drug control treaties require INCB to prepare an annual report on its work. The annual report contains an analysis of the drug control situation worldwide so that Governments are kept aware of existing and potential situations that may endanger the objectives of the international drug control treaties. INCB draws the attention of Governments to gaps and weaknesses in national control and in treaty compliance; it also makes suggestions and recommendations for improvements at both the national and international levels. The annual report is based on information provided by Governments to INCB, United Nations entities and other organizations. It also uses information provided through other international organizations, such as INTERPOL and 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
- 2020: A hidden epidemic: the use of drugs among older persons
- 2021: Illicit financial flows related to drug trafficking and their impact on development and security

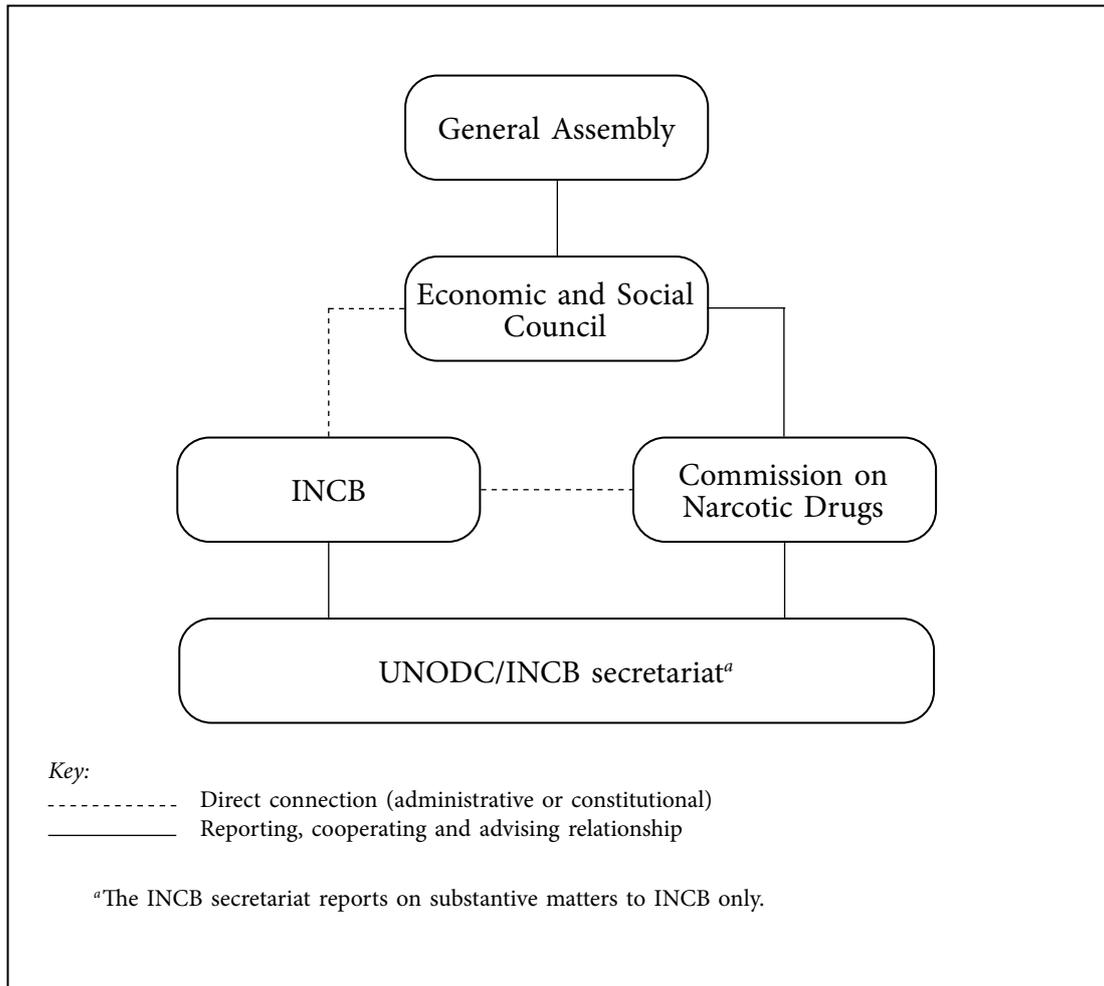
Chapter I of the report of the Board for 2022 is entitled “Analysis of the trend to legalize the non-medical use of cannabis”.

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 major developments in drug abuse and trafficking and measures by Governments to implement the international drug control treaties by addressing those problems.

Chapter IV presents the main recommendations addressed by INCB to Governments, UNODC, WHO and other relevant international and regional organizations.

United Nations system and drug control organs and their secretariat





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.

