## ANNEXURE TO POLICY – PLAN OF ACTION

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<tr>
<td>1.1</td>
<td>The Board commends the Government of India for its strong commitment to the objectives of the international drug control treaties and appreciates its endeavour to achieve a balance between demand and supply reduction measures. The Board encourages India to continue to strengthen the national drug control system and further improve the coordination and cooperation among the drug control bodies, where necessary.</td>
<td>(ii) Improve chemical analysis facilities for NDPS:</td>
<td>b. Ministry of Home Affairs (MHA)</td>
<td>(i) c: Dec. 2012</td>
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<td></td>
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<td>a. Enhance capacity of CRCL</td>
<td>c. Ministry of Health (DCGI)</td>
<td>(i) d: March 2012</td>
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<td></td>
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<td>b. Set up Committee to assess capacity of existing State Forensic Laboratories and suggest improvement</td>
<td>d. Ministry of Social Justice &amp; Empowerment (MSJE)</td>
<td>(i) e: March 2012</td>
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<td></td>
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<td>(iii) MHA will hold Narcotics Coordination Committee meeting of Secretaries every Quarter</td>
<td>e. CBN</td>
<td>(ii) a: March 2012</td>
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<td></td>
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<td>f. NCB</td>
<td>(ii) b: Constituted in September 2011</td>
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<td>(iii) Every</td>
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<td>2</td>
<td>National Survey on Drug Abuse:</td>
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<td>Quarter</td>
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<td>2.1</td>
<td>The extent and patterns of drug abuse in India have been changing. The Board appreciates the decision by the Ministry of Social Justice and Empowerment to conduct a new national survey on drug abuse, for which the pilot survey had already taken place. The Board recommends that India implement the planned national survey as soon as possible.</td>
<td>(i) Finalize report of Pilot survey (ii) Extended Pilot survey (iii) Plan National Survey, involving UNODC (iv) Carry out National Survey</td>
<td>MSJE</td>
<td>(i) June 2011 (ii) March 2012 (iii) April – June 2012 (iv) July – Dec. 2012</td>
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<td>2.2</td>
<td>India may wish to seek the support from the United Nations Office on Drug and Crime (UNODC) in carrying out this survey, as necessary.</td>
<td>Involve UNODC</td>
<td>MSJE</td>
<td>April – June 2012</td>
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<td>3</td>
<td>Demand Reduction Activities:</td>
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<td>3.1</td>
<td>The Board would like to request India to further expand the demand reduction activities in the country.</td>
<td>(i) Support 25-30 NGOs every year through NFCDA, for awareness generation, treatment and rehabilitation of victims of drug abuse (ii) Train 500 doctors in Government hospitals in de-addiction through NFCDA (iii) Support other hospitals in setting up de-addiction and treatment facilities</td>
<td>DoR, MSJE, MoH&amp; FW, NCB</td>
<td>(i) Every year (ii) Through several training programmes till March 2014 (iii) Every year</td>
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<td>(iv) Set up inter-Ministerial Committee comprising DoR, MSJE, MoH&amp; FW, NCB etc. to suggest further measures for strengthening demand reduction activities.</td>
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<td>(iv) March 2012</td>
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<td>3.2</td>
<td>India is invited to strengthen the primary prevention of drug abuse as well as ensure sufficient availability of facilities for the treatment of drug abusers.</td>
<td>(i) Same as in paras 3.1, 3.3, 3.4 &amp; 3.5</td>
<td>(i) DoR (ii) MSJE, (iii) Ministry of Health, (iv) State Governments</td>
<td>Same as in paras 3.1, 3.3, 3.4 &amp; 3.5</td>
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<td>(i) NDDTC to start separate services for female patients. (ii) Revitalize Lady Hardinge Medical College (De-addiction Centre), New Delhi exclusively for treatment of female subjects (iii) NIMHANS, Bangalore to start separate Division for treatment of female subjects (iv) The Psychiatry/ De-addiction department of all Government run Medical Colleges in the country to have separate facilities for treatment of female patients.</td>
<td>(i) Ministry of Health &amp; Family Welfare (ii) MSJE (iii) State Governments</td>
<td>(i) September 2012 (ii) March 2012 (iii) March 2012 (iv) March 2013</td>
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<td>(ii) India also to increase attention to specific</td>
<td>(i) Ministry of Health</td>
<td>(i) March 2012</td>
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(ii) Assess specific treatment needs of

(i) Ministry of Health
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<td>treatment requirements, such as those evolving from the increasing abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances.</td>
<td>abusers of pharmaceutical preparation (ii) Fill gaps, if any, across major Government run hospitals/ medical colleges</td>
<td>&amp; Family Welfare</td>
<td>(ii) January 2012 to September 2012</td>
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<td>3.4</td>
<td>It is important that treatment provided in all treatment centers in the country meet the respective minimal standards.</td>
<td>(i) Develop minimum standards of care to be followed by de-addiction treatment centres (ii) Distribute the standards to all Government centres (iii) Persuade all State Governments/ UTs to adopt these standards and then implement them (iv) Monitor that standards are being met</td>
<td>(i) Ministry of Health &amp; Family Welfare (ii) State Governments</td>
<td>(i) March 2012 (ii) April to June 2012 (iii) July 2012 onwards (iv) Ongoing</td>
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<td>3.5</td>
<td>India should also make efforts to ensure that treatment programmes are complemented by rehabilitation and social re-integration programmes.</td>
<td>(i) Include rehabilitation and social reintegration programmes for victims of drug abuse in all Government run treatment centres (ii) Include such programmes in all centres run by NGOs supported by Government of India</td>
<td>(i) Ministry of Health, (ii) MSJE (iii) State Governments (iv) DoR</td>
<td>(i) March 2012 (ii) September 2012</td>
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<td></td>
<td><strong>Supply Reduction activities:</strong></td>
<td>Same as in para 1.1</td>
<td>Same as in para 1.1</td>
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|       | by the Narcotics Control Bureau (NCB). The Board recommends to India to further strengthen these activities. | (i) Use satellite imageries for effective identification  
(ii) Procure latest digital maps of affected areas  
(iii) Review experience of 2010-11 and hold meeting with all State Governments concerned  
(iv) Create ‘Special Task Forces’ for carrying out destruction operation  
(v) Initiate awareness programmes on ill-effects of drug abuse, in pockets of ‘traditional’ illicit cultivation  
(vi) Develop proper healthcare facilities, including de-addiction & treatment facilities in such areas.  
(vii) Develop alternative means of livelihood for ‘traditional’ illicit cultivators | (i) DoR,  
(ii) CBN,  
(iii) NCB,  
(iv) CEIB  
(v) ADRIN  
(vi) Concerned State Governments  
(vii) MoH&FW | (i) Every year, till illicit poppy cultivation is completely eradicated  
(ii) December 2011  
(iii) December 2011  
(iv) December 2012  
(v) March 2012  
(vi) March 2012  
(vii) June 2013 |
| 4.2   | As a country licitly producing opiate raw materials, India should eliminate the illicit cultivation of the opium poppy. | (i) Identify areas prone to illicit cannabis cultivation  
(ii) Hold meeting with concerned State Govt. officials  
(iii) Identify further steps for illicit | (i) NCB  
(ii) State Governments | (i) December 2011  
(ii) March 2012  
(iii) April 2012 |
<p>| 4.3   | Similarly, measures should continue to be taken to eliminate the illicit cultivation of the cannabis plant. | | | |</p>
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| 4.4  | India should also address new trends in the illicit manufacture of synthetic drugs, such as the issue of clandestine laboratories manufacturing amphetamine-type stimulants. | (i) Strengthen control over domestic manufacture, transport use etc. of ATS precursors  
(ii) Involve manufacturers of ATS precursors in adopting a voluntary code of conduct  
(iii) Develop specific intelligence regarding clandestine ATS labs | (i) NCB  
(ii) DCGI  
(iii) All enforcement agencies under NDPS Act | (i) March 2012  
(ii) March 2012  
(iii) Ongoing |
| 4.5  | The law enforcement authorities should strengthen their action against the diversion of, and illicit traffic in, pharmaceutical preparations containing narcotic drugs or psychotropic substances. | (i) Strengthen State Drug Control Agencies for stringent enforcement of D&C Act  
(ii) Monitor sales of pharmaceutical preparation containing narcotic drugs, specially codeine, to areas close to international borders.  
(iii) Allot quotas of narcotic drugs after thorough verification of requirement. | (i) NCB,  
(ii) DoR (CBEC, DRI, CBN),  
(iii) Ministry of Health,  
(iv) State Governments (Drug Controllers) | Ongoing |
| 4.6  | Several large illicit Internet pharmacies have been detected by the Indian authorities in recent years. The Board recommends that India further enhance the measures against the illicit Internet pharmacies and call centers, which are illegally supplying pharmaceutical preparations containing narcotic drugs or | Set up a Committee to look into the whole gamut of issues pertaining to internet pharmacies and give recommendations to:  
(i) Put in place, regulatory, administrative and legislative measures to control internet | NCB | March 2012 |
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<td>psychotropic substances to persons in India and other countries, and continue cooperating with the authorities of countries to which pharmaceutical preparations containing narcotic drugs or psychotropic substances are illegally exported from India by traffickers operating these facilities. In this connection, India may wish to draw on the recommendations contained in the INCB “Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet”, published by the Board in 2009, which include:</td>
<td>pharmacies (i) General legislation to provide for action against illegal internet pharmacies and designated routing and inspection of international mail (ii) Specific Legislation providing for registration of internet pharmacies selling controlled substances and establishing of standards for pharmaceutical service via internet (iii) Assessing adequacy of existing regulations on manufacture and trade</td>
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<td>control including reporting and inspecting systems.</td>
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<td>(iv) Establishing mechanism for information exchange with other countries and INCB on suspicious transactions and detections</td>
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<td>(v) Establishing relations with Internet Service providers, postal and courier service, financial services, etc.</td>
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<td>(vi) Gathering information on drug trafficking through the internet and consider establishing ‘cyberpatrol units’</td>
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<td>(vii) Strengthening of cooperation mechanism between different agencies.</td>
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<td>(viii) International cooperation</td>
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5. **Control of licit cultivation of opium poppy and production of opium:**

5.1 The Board notes with appreciation that controls over the licit cultivation of the opium poppy and the production of opium are vigorously implemented by the Central Bureau of Narcotics (CBN) and recommends to India to continue to strictly control these

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<td>Continue existing measures of control over licit opium production</td>
<td>CBN</td>
<td>Continuous</td>
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|      | activities in order to prevent diversion of opium for illicit use. | (i) Arrive at provisional estimates of area of land to be brought under opium cultivation and approximate quantity of opium to be produced  
(ii) Communicate the same to INCB | (i) CBN  
(ii) DoR  
(iii) NCB | (i) June every year  
(ii) June every year |
| 5.2  | The Board appreciates that statistical information related to the production of opiate raw materials is regularly reported to INCB by India. However, the estimates of the area of land to be used for the cultivation of the opium poppy and the estimates of the approximate quantity of opium to be produced were submitted to the Board very late in recent years. The Board would like to encourage India to ensure the timely submission to INCB of the estimates regarding the cultivation of the opium poppy and the production of opium. | (i) Draft revised ‘Regulation of Controlled Substances’ order to extend control over all Table I & II substances  
(ii) Consultation with all stakeholders regarding the revised order  
(iii) Notify the revised order | (i) DoR  
(ii) CBN  
(iii) NCB | (i) September 2011  
(ii) January 2012  
(iii) March 2012 |
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<td>establish a mechanism to facilitate the provision of pre-export notifications for shipments of precursors to all countries that have requested such information pursuant to article 12, paragraph 10 (a), of the 1988 Convention.</td>
<td>Same as in para 6.1</td>
<td>Same as in para 6.1</td>
<td>Same as in para 6.1</td>
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<td>6.2</td>
<td>India should also consider enacting effective measures to control ephedrine and pseudoephedrine in the form of pharmaceutical preparations and natural products, in the same manner as it controls the substances themselves.</td>
<td>Same as in para 6.1</td>
<td>Same as in para 6.1</td>
<td>Same as in para 6.1</td>
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<td>7</td>
<td><strong>Control of licit activities with narcotic drugs and psychotropic substances:</strong></td>
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<td>7.1</td>
<td>The controls applied in India to the international trade in narcotic drugs and psychotropic substances are functioning well and the Board has been receiving reliable reports on international trade in those drugs and substances from India.</td>
<td>Continue existing control measures over international trade of narcotic drugs and psychotropic substances</td>
<td>DoR, CBN</td>
<td>Ongoing</td>
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<td>7.2</td>
<td>However, the Board has been concerned about the quality of reporting by India to INCB on the domestic licit activities related to narcotic drugs and psychotropic substances. With respect to narcotic drugs, the Board notes the improvement of the quality of estimates and statistical reports submitted by India to INCB</td>
<td>(i) Develop on-line software for filing of returns by manufacturers and dealers in respect of narcotic drugs (ii) Develop dedicated team of officers in CBN for monitoring such on-line returns</td>
<td>(i) DoR, (ii) CBN</td>
<td>(i) September 2012 (ii) December 2012</td>
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<td>in 2010. However, India has had difficulties in providing the mandatory reports on consumption of narcotic drugs to INCB. The Board would like to recommend that India further improves the quality of estimates and statistical reports on narcotic drugs and ensure that these reports are submitted in a timely manner, including the reports on consumption of narcotic drugs, in conformity with the definition of “consumption” in the <em>Single Convention on Narcotic Drugs, 1961</em>, as amended by the 1972 Protocol.</td>
<td>(i) Develop ‘On-line software’ for monitoring of manufacture, trade etc. of psychotropic substances, in conformity with the information required in Form ‘P’.&lt;br&gt;(ii) Effect regulatory changes for allocation of quota and mandatory filing of ‘on-line’ returns for psychotropic substances&lt;br&gt;(iii) Conduct training workshops/awareness campaigns regarding the ‘On-line software’&lt;br&gt;(iv) Launch ‘On-line software’.</td>
<td>(i) CBN&lt;br&gt;(ii) DoR&lt;br&gt;(iii) DCGI</td>
<td>(i) March 2012&lt;br&gt;(ii) March 2012&lt;br&gt;(iii) January to June 2012, and on need basis thereafter.&lt;br&gt;(iv) June 2012</td>
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<td>7.3</td>
<td>A main concern of the Board are the difficulties experienced by India in complying with the mandatory reporting obligations under the <em>Convention on Psychotropic Substances, 1971</em>. India has been a Party to this treaty since 1975, and the matter of non-satisfactory reporting on domestic licit activities with psychotropic substances, such as their manufacture and stocks, has been raised by the Board with India on a number of occasions, including in a letter sent to India following the previous mission of the Board to India in 2003. Failure to adequately report on psychotropic substances appears to reflect</td>
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|      | general deficiencies in the control of psychotropic substances in India. Such situation has a negative impact on the Board’s ability to monitor licit activities with psychotropic substances worldwide and also has a negative impact on the countries to which psychotropic substances diverted in India are smuggled from India. The Board requests India to ensure adequate reporting on domestic activities with psychotropic substances to INCB, in accordance with its obligations under the 1971 Convention. | (i) Build capacity of State Drug Controllers in terms of manpower, infrastructure, etc. for effective enforcement of provisions of Drugs & Cosmetics Act  
(ii) Initiate awareness campaigns about strict implementation of such provisions  
(iii) Online transparent system for issue of prescriptions and sale of such drugs | (i) DCGI  
(ii) State Drug Controllers | (i) June 2012  
(ii) January 2012 onwards  
(iii) March 2013 |
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<td>7.5</td>
<td>In addition, the mission noted that some pharmaceutical preparations, for which no prescription is required, containing low dosages of narcotic drugs, such as codeine and dextropropoxyphene, are purchased by abusers in large quantities in pharmacies. The abuse of those preparations appears to represent an increasing problem. The Board requests India to implement effective measures to prevent the abuse of those pharmaceutical preparations, including the adequate training of pharmacists and the provision of relevant information to the general population, while ensuring the availability of those preparations for legitimate medical use.</td>
<td>Apart from action proposed in para 4.5, (i) Training of pharmacists regarding such abuse (ii) Public awareness about such abuse</td>
<td>(i) CBN (ii) DCGI (iii) Ministry of Health (iv) State Drug Controllers</td>
<td>(i) and (ii), Continuous</td>
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<td>8.</td>
<td><strong>Availability of controlled substances, including opioid analgesics, for medical purposes:</strong></td>
<td>(i) As in paras 8.2 to 8.4</td>
<td>(i) DoR (ii) Ministry of Health (iii) State Governments</td>
<td>Continuous</td>
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<td>8.1</td>
<td>India is a country with a very low consumption of opioid analgesics. The mission noted that Indian authorities are well aware of the impediments to availability but that the implementation of corrective measures had been slow. The Board would like to request India to improve the availability of controlled substances, including opioid analgesics, for medical purposes in</td>
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| 8.2   | India may wish to address this matter in a comprehensive manner and deal with all types of impediments to adequate availability, including regulatory, attitudinal, knowledge-related and economic impediments. | (i) Identify impediments to adequate availability  
(ii) Identify impediments to adequate availability  
(iii) State Governments | (i) DoR  
(ii) Ministry of Health  
(iii) State Governments | Continuous |
| 8.3   | In this connection, the Board encourages India to ensure that simplified rules are implemented in all States and Union Territories of India to facilitate the availability of opioid analgesics. | (i) Modify ‘model regulations’  
(ii) Devise SOP to be followed by States  
(iii) Pursue adoption by 10 States  
(iv) Pursue adoption by another 10 States  
(v) Pursue adoption by remaining States | (i) DoR  
(ii) Ministry of Health  
(iii) State Governments | (i) March 2012  
(ii) March 2012  
(iii) December 2012  
(iv) June 2013  
(v) December 2013 |
| 8.4   | In this connection, the Board also invites India to examine and implement, as appropriate, the recommendations contained in the supplement to the INCB Annual Report for 2010, entitled “Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes”. | (i) Education and training of medical professionals – allay concerns about addiction, training in palliative care  
(ii) Ensure adequate stocks of morphine and other opioid analgesics | (i) Ministry of Health  
(ii) Department of Medical Education  
(iii) CCF  
(iv) State Governments | Continuous |

9. **Licit production and sale of preparations made from cannabis leaves:**

<p>| 9.1   | The mission was informed that the production and sale of preparations made from cannabis leaves obtained from cannabis plants growing in the wild is permitted under license in many | As in para 9.2 and 9.3 | As in para 9.2 and 9.3 | As in para 9.2 and 9.3 |</p>
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<td><strong>States in India.</strong> Although the leaves of the cannabis plant, when not accompanied by the tops, are not under international control, the Parties to the 1961 Single Convention do have an obligation to adopt measures to prevent the misuse of, and illicit traffic in, the leaves of the cannabis plant.</td>
<td>(i) Gather information from the State Governments regarding licensing requirements of “Bhang”, the regulatory and administrative measures put in place to ensure that the same does not contain flowering or fruiting tops of Cannabis plant (ii) Identify gaps if any and initiate measures to address them</td>
<td>(i) DoR, (ii) State Governments licensing the preparation of “bhang” (iii) CBN (iv) NCB</td>
<td>(i) December 2011 (ii) March 2012</td>
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<td>9.2</td>
<td>Furthermore, the Board is aware that there are cannabis products on the illicit drug market called “Bhang” containing the flowering or fruiting tops of the cannabis plant, in addition to the leaves. The Board is concerned that some of the legally produced preparations made from cannabis leaves could, in fact, contain cannabis as defined by the 1961 Single Convention. The Board requests India to take the necessary steps against the illicit use of any preparations containing cannabis. The Board also requests India to ensure that no misuse of, and illicit traffic in, the leaves of the cannabis plant occurs in India in connection with the licit production and sale of preparations made from cannabis leaves.</td>
<td>(i) Inform INCB about: a. Preparations made out of Cannabis leaves</td>
<td>DoR, after collecting information from State Governments, NCB</td>
<td>March 2012</td>
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<td>9.3</td>
<td>The Board would appreciate being provided with information on the type of preparations made from cannabis leaves legally produced</td>
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<td>S.No.</td>
<td>INCB Recommendation</td>
<td>Action Point</td>
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|       | in India, the extent of their production and the measures adopted by India to prevent the misuse of, and illicit traffic in, the leaves of the cannabis plant, in accordance with the provisions of article 28, paragraph 3, of the 1961 Single Convention, as well as on scientific studies examining the health consequences of the consumption of those preparations. The Board would also appreciate being informed of the measures adopted in India to prevent the use of cannabis as defined by the 1961 Single Convention in the production of such preparations. | b. Measures put in place to prevent illicit traffic in cannabis leaves  
c. Studies regarding health consequences of consumption of preparation of cannabis leaves | and CBN |