



INTERNATIONAL NARCOTICS CONTROL BOARD

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Report



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Psychotropic Substances: Statistics for 2005; 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/2006/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2006 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2006/4)

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

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



INTERNATIONAL NARCOTICS CONTROL BOARD

Report

of the International Narcotics Control Board for 2006



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Foreword

For many generations, attempts have been made to combat the adverse effects of illicit drug trafficking and abuse, and institutions have been set up at the national and international levels to address those issues. Significant progress has been made in reducing illicit drug trafficking and abuse, though a lot more remains to be done.

Many countries are being targeted by drug traffickers, as evidenced by the shipment of large consignments of illicit narcotic drugs, psychotropic substances and precursor chemicals to those countries. Larger seizures of cocaine and heroin suggest the existence of well-organized criminal syndicates that are moving drugs around the globe with impunity; those syndicates must be dismantled. The seizures also suggest that there is a need to improve the effectiveness of interdiction efforts and intelligence-sharing.

Although the phenomenon of the unregulated market is not new, it is of particular concern to the Board that, in recent years, the variety of internationally controlled substances available on the unregulated market have been increasing. In addition, drug traffickers are turning to innovative ways of diverting and smuggling such substances, such as the transnational distribution of counterfeit drugs and the use of the Internet and postal and courier services.

By making available medicines that are often poorly documented, unsafe, ineffective or of low quality, the unregulated market exposes patients to serious health risks. Moreover, this serious development, if it remains unchecked, may undermine progress made over the years in international drug control. The root causes of the problem need to be identified and remedial measures taken as a matter of urgency. The measures require a concerted response from relevant parties, including Governments, professional organizations and regional and international organizations.

The national and international organizations established for the purpose of curtailing illicit drug trafficking and abuse need to cooperate more closely with one another in order to effectively address this important issue. All Governments need to show greater commitment to the ideals of the Single Convention on Narcotic Drugs of 1961 and the Convention on Psychotropic Substances of 1971, in particular to limit the possession, use, distribution, import, export, manufacture and production of, and trade in, drugs exclusively to medical and scientific purposes and to address drug trafficking through international cooperation aimed at deterring such activity.

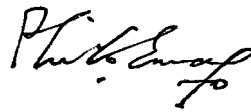
In an age where technological developments are being used for sinister purposes, persons engaged in drug law enforcement and drug regulation need to be better trained and equipped to seize illicit drugs that are being trafficked and counterfeit or substandard drugs that appear in national and international distribution channels.

Law enforcement authorities should use their expertise for the good of all by improving cooperation while fulfilling their mandates. States should share intelligence to facilitate the interception of illicit drug consignments.

Governments should recognize the importance of drug demand reduction activities in alleviating the drug problem. Governments should also introduce drug demand reduction programmes, including programmes for the treatment, rehabilitation and social reintegration of drug abusers, that are effective, accessible, affordable and sustainable.

The success of efforts aimed at tackling the world drug problem depends not only on effective implementation of the appropriate legislation, but also on well-designed demand reduction programmes that are conducted by well-motivated personnel, as the personnel of such programmes play a significant role in successful drug control efforts. There is a need for more circumspection in designating men and women to lead drug control agencies.

At the international level, organizations involved in international drug control should work more closely together. Let us put an end to unilateral efforts in the field of drug control. Ultimately, resolving the world drug problem depends on responsible action by all of us – parents, children, civil society and Governments. Let us join hands to rid the world of its drug problem. This is a wonderful opportunity to make a difference in the lives of the peoples of the world. Let us make that difference.

A handwritten signature in black ink, appearing to read 'Philip O. Emafo', with a stylized flourish at the end.

Philip O. **Emafo**
President of the International Narcotics Control Board

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Explanatory notes

The following abbreviations have been used in this report:

ACCORD	ASEAN and China Cooperative Operations in Response to Dangerous Drugs
ADD	attention deficit disorder
ADHD	attention deficit/hyperactivity disorder
AIDS	acquired immunodeficiency syndrome
ASEAN	Association of Southeast Asian Nations
ATS	amphetamine-type stimulant
BKA	Federal Criminal Police Office (Germany)
CICAD	Inter-American Drug Abuse Control Commission
CIS	Commonwealth of Independent States
CNCN	National Council against Drug Trafficking (Honduras)
CONSEP	National Narcotic and Psychotropic Substances Control Board (Ecuador)
CSTO	Collective Security Treaty Organization
ECOWAS	Economic Community of West African States
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
Europol	European Police Office
GBL	<i>gamma</i> -butyrolactone
GHB	<i>gamma</i> -hydroxybutyric acid
GIABA	Groupe intergouvernemental d'action contre le blanchiment d'argent en Afrique de l'Ouest
HIV	human immunodeficiency virus
IMPACT	International Medical Products Anti-Counterfeiting Taskforce
Interpol	International Criminal Police Organization
LSD	lysergic acid diethylamide
MDA	methylenedioxyamphetamine
MDMA	methylenedioxymethamphetamine
NATO	North Atlantic Treaty Organization
OAS	Organization of American States
SAARC	South Asian Association for Regional Cooperation
SADC	Southern African Development Community
SENAD	National Anti-Drug Secretariat (Paraguay)
THC	tetrahydrocannabinol
UNODC	United Nations Office on Drugs and Crime
UPU	Universal Postal Union
WHO	World Health Organization

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.

Data reported later than 1 November 2006 could not be taken into consideration in preparing this report.
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I. Internationally controlled drugs and the unregulated market

A. Background

1. The international drug control treaties, particularly the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol¹ and the Convention on Psychotropic Substances of 1971,² seek to ensure a delicate balance between making narcotic drugs and psychotropic substances available for medical and scientific purposes and preventing their abuse or non-medical use. That delicate balance can be achieved through a carefully worked out international and national system of controls with regard to the manufacture, importation, exportation, distribution, prescribing, dispensing and use of narcotic drugs and psychotropic substances.

2. Obligations imposed by the international drug control treaties must be translated into national legislation, and most States have enacted domestic legislation for that purpose. Some States have also introduced control systems that are in line with what is prescribed by the treaties, but with modifications to suit local conditions.

3. The international drug control treaties were conceived as a response to widespread drug abuse and as an attempt to reduce to a minimum the medical, public health and other problems emerging in the wake of the misuse of drugs while, at the same time, not reducing the availability of drugs for medical and scientific purposes. The drafters of the treaties were conscious that there would be attempts to defeat whatever control systems that would be in place. Accordingly, the drafters introduced several measures to minimize the possibility of the treaty objectives being undermined.

4. Notwithstanding the drug control regime prescribed by the international drug control treaties and related national laws and regulations, there have been reports of the diversion, misuse or abuse of drugs. The problem has assumed more significant dimensions with regard to psychotropic substances under international control. In more recent times, however, there have been growing concerns that the unregulated market – in general, for medicinal products, and in particular,

for some narcotic drugs and psychotropic substances – may be becoming too ubiquitous in certain parts of the world and that the underlying contributory factors need to be identified and remedial measures taken.

5. The concerns of the International Narcotics Control Board stem from reported incidences of the availability of internationally controlled drugs in the unregulated market. For example, benzodiazepines, amphetamines and other internationally controlled drugs can be easily obtained in street markets in several developing countries. Even in developed countries, there are reports of the abuse or misuse of controlled drugs originating in the unregulated market. Through Internet pharmacies, internationally controlled drugs such as benzodiazepines, opioids, stimulants and barbiturates can be obtained without a prescription. According to estimates of the World Health Organization (WHO),³ at least 10 per cent of the world's drugs are counterfeit.

6. The Board therefore decided that it would be timely to have the unregulated market as the special theme of its report for 2006. The unregulated market is examined in the present chapter primarily in relation to narcotic drugs and psychotropic substances under international control.

B. Selected features of the unregulated market for drugs

7. The unregulated market for drugs has evolved and exists in different forms in different parts of the world. Given the wide variation in the forms of unregulated markets and in the ways they operate, the phrase “unregulated market for drugs” is commonly used in a generic sense. From a more technical perspective, an unregulated market for drugs can be considered to exist where:

(a) Unlicensed individuals and/or entities⁴ trade in drugs that they are not authorized or entitled to deal

¹ United Nations, *Treaty Series*, vol. 976, No. 14152.

² *Ibid.*, vol. 1019, No. 14956.

³ World Health Organization, “Counterfeit medicines”, *Fact Sheet No. 275*, February 2006.

⁴ The term “entities” covers manufacturing establishments, pharmacies, clinics etc.

with or in contravention of the applicable laws, regulations and norms; or

(b) Licensed individuals and/or entities trade in drugs that they are not authorized or entitled to deal with or in contravention of the applicable laws, regulations and norms.

8. The situation described in subparagraph 7 (a) above would include, for instance, the case of a person who is not a registered pharmacist selling a controlled drug at a village fair. The situation described in subparagraph 7 (b) above would include, for example, the case of a registered pharmacist selling a controlled drug in a pharmacy but without a prescription as required by law. Both situations cover legally manufactured or imported drugs, as well as counterfeit⁵ or substandard drugs, which cannot be the subject of legitimate commerce. They also cover unauthorized Internet sales. The phrase “trade in” is intended to apply to all commercial transactions in relation to such drugs.

9. The unregulated market ranges from ad hoc or makeshift outlets in village fairs or markets where drugs are sold along with other commodities, such as balms, tonics and creams, to more organized systems operated by unscrupulous manufacturers, importers, retailers, wholesalers and health-care professionals.

10. Any activity on the unregulated market is unlawful; in some countries such activity may be part of a much larger criminal operation transcending national frontiers, particularly where counterfeit or banned or substandard drugs are manufactured or imported or exported. The possibility of making a substantial profit drives such markets. Such profits are particularly enhanced where the quality of drugs is compromised; where customs or import duties are avoided; where taxes are not paid on the turnover; or where price control systems are undermined.

⁵ “A counterfeit medicine is one which is deliberately and fraudulently mislabelled with respect to identity and/or source. Counterfeiting can apply to both branded and generic products and counterfeit products may include products with the correct ingredients, wrong ingredients, without active ingredients, with insufficient quantity of active ingredient or with fake packaging” (“Counterfeit drugs: report of a WHO/IFPMA workshop, 1-3 April 1992” (WHO/DMP/CFD/92), p. 1).

11. Drugs enter the unregulated market through a number of channels. These vary from one country to another and sometimes even from one geographical area within a country to another. For its supplies the unregulated market depends on two principal sources: official sources (regulated channels) and “other sources”:

(a) Official sources (regulated channels):

(i) Drugs may be stolen from licensed manufacturers, wholesalers or retail distributors. Unscrupulous manufacturers may manufacture and sell products for which they have no licence or may sell products in contravention of the conditions of their licence. Drugs that are substandard or recalled by the manufacturer because they have expired or have quality defects may be sold and find their way into the unregulated market;

(ii) Imported drugs or drugs for export may find a way into the unregulated market through theft or unauthorized sales;

(iii) Drugs may be diverted from health-care institutions and/or health service providers, again through theft or unauthorized sales;

(iv) Controlled drugs obtained legitimately by retailers or by health-care institutions, for example, may be stolen and diverted to the unregulated market; in some cases, individuals who have obtained such drugs using prescriptions may sell them for profit;

(b) Other sources:

(i) Counterfeit drugs may be manufactured or imported or distributed and supplied to the unregulated market, as well as to the regulated market. Unscrupulous manufacturers, importers, exporters, pharmacists, distributors and brokers have been implicated in such operations;

(ii) Drugs that are stolen from prescription holders may find their way into the unregulated market;

(iii) Through the Internet, even drugs for which prescriptions are required can be obtained relatively easily.

C. The demand for the unregulated market

12. The unregulated market is driven by several factors; the underlying dynamics vary from situation to situation. Some of the more common factors that have created demand for an unregulated market or responded to demand from an unregulated market are described below.

Limited access to health-care facilities

13. In countries with limited access to health-care professionals, hospitals, clinics or pharmacies, unauthorized or unregulated outlets are more likely to exist. Such a situation is particularly common where a person may have to travel a long distance to consult a health-care professional or where drugs are in short supply in established or formal health-care outlets, such as hospital or community pharmacies, or where there is a long waiting period to consult a service provider.

Cost of drugs

14. The price of most medicinal products found on the unregulated market is likely to be lower than the price of those products in regulated pharmacies. In the case of counterfeit drugs, there are significant profits for the illicit manufacturer, as counterfeit drugs cost much less to manufacture and distribute than genuine drugs. Drugs smuggled into a country or diverted from licit channels may be cheaper, as customs or import duties and other applicable taxes are usually evaded.

15. On the other hand, the price of certain internationally controlled drugs available through the Internet may in fact be higher than the price of those products in regulated pharmacies, and the consumer might not be aware of this. However, the price may not necessarily deter some individuals from obtaining such drugs.

Privacy

16. The ability to obtain controlled drugs through the Internet offers a degree of privacy, as there are no medical records indicating that the person has been taking a course of treatment for an ailment or illness, which might pose problems regarding that person's current or prospective employment or health insurance.

Lack of public awareness

17. Unscrupulous individuals or entities may exploit individuals who are not aware of the dangers of buying drugs on the unregulated market or who are not able to distinguish between registered and unregistered sales outlets or practitioners. Where law enforcement is weak because of poor planning, a shortage of inspectors or corrupt practices, such individuals or entities will be able to carry out their illegal activities with impunity.

18. Aggressive promotion and advertising to the general public, in contravention of the treaty obligations, may influence public perception about the availability of drugs on the unregulated market.

Drug control regulations and enforcement

19. Some countries have drug control laws and regulations with provisions that go beyond treaty requirements without necessarily preventing abuse or misuse. Overly stringent prescription requirements is one such example. This may lead to a situation where certain controlled drugs are more readily available on the unregulated market. In the absence of effective law enforcement, particularly through inspections and reporting systems, outlets selling such drugs will be able to operate outside the regime of legal controls.

Consumer demand for illicit drugs

20. The unregulated market caters to individuals, including persons who are dependent on drugs of abuse and who are unable to obtain them without a prescription. In addition to recreational use, some individuals may seek access to performance-enhancing drugs that are available only with a prescription.

D. Some emerging issues

Counterfeit drugs

21. Though the existence of counterfeit drugs is not new, their availability was first formally acknowledged as a problem only in the mid-1980s and has since assumed alarming proportions, not only in developing but also in developed countries. According to WHO, an estimated 25-50 per cent of the medicines consumed in developing countries are believed to be counterfeit. The use of certain counterfeit medicines can be fatal: a

counterfeit vaccine used in the Niger in 1995 resulted in 2,500 deaths.⁶

22. Some counterfeit drugs are easy to manufacture. Such drugs may closely resemble genuine products in terms of their packaging and labelling. Controlled narcotic drugs and psychotropic substances may be present in products without any mention of such drugs or substances on the labels or package inserts. This has been a problem in some countries with herbal or traditional medicines.

23. The manufacture and distribution of counterfeit drugs on a larger scale often involve unscrupulous manufacturers, pharmacists, wholesalers, retailers and brokers. In many countries, brokers facilitate international trade in drugs and remain largely invisible to the authorities. Contrary to treaty requirements, brokers in some countries are not regulated by national drug control legislation.

Internet orders

24. Internet pharmacies that are properly regulated serve a useful purpose, especially in underserved areas, making drugs available to the population. However, in many countries, Internet pharmacies have not been regulated yet.

25. A recent survey of 185 Internet pharmacies in one Member State revealed that 84 per cent of them sold benzodiazepines, 68 per cent sold opioids, 8 per cent sold stimulants and 1 per cent sold barbiturates. Eighty-nine per cent of the Internet pharmacies did not require a prescription, and 8 per cent of them accepted a prescription sent by telefax (allowing customers to easily use forged prescriptions or to obtain medicine from several Internet pharmacies with a single prescription). Only 3 per cent of the Internet pharmacies indicated that, before dispensing medicine requiring a prescription, they would request for the original prescription to be mailed or would contact the prescribing doctor.⁷

26. The risks involved in buying a medicinal product through an illegal Internet pharmacy are high: (a) the

medicinal product may be marketed on a website using incorrect or fraudulent health claims; (b) the medicinal product may be issued without a valid prescription or the proper supervision of a pharmacist or medical professional; (c) the product may be counterfeit or of substandard quality or the expiration date of the product may have elapsed; (d) the price of the medicinal product may be higher than in legal pharmacies; and (e) the buyer's privacy or the security of the buyer's credit card or medical data may be compromised.

27. Internet pharmacies are dependent on postal services to deliver drugs, some of which are of an illicit nature, to end-users. The huge numbers of parcels pose challenges in scanning, identifying and intercepting parcels with illicit drugs. In one country, the law enforcement authority examined 1,153 imported parcels containing medicinal products during a three-day operation in 2003. The overwhelming majority of the products (88 per cent) were illegal imports – drugs not registered or supplied without the required prescription. The products included over 25 different internationally controlled substances, including narcotic drugs such as codeine and psychotropic substances such as diazepam.⁸

28. Websites that provide advice and consultations with so-called “cyberdoctors”, recommending medicinal products for use and facilitating access to the “prescribed drugs”, are a matter of increasing concern, particularly in cases where there are no proper clinical consultations. The costs of using such websites vary; in fact, there are hidden costs, such as fees for consultations with “cyberdoctors”, and handling and packaging fees.

E. Requirements of a regulatory system

29. Drugs must be effective, safe and of good quality. Every country should therefore have a drug regulatory authority to assess the efficacy, safety and quality of drugs before allowing them to be imported, manufactured or marketed. Countries that do not have the resources to assess all products on their markets

⁶ World Health Organization, “Counterfeit medicines”, *Fact Sheet No. 275*, February 2006.

⁷ National Center on Addiction and Substance Abuse at Columbia University, “‘You’ve got drugs!’ Prescription drug pushers on the Internet: 2006 update”, CASA White Paper, June 2006.

⁸ United States of America, Food and Drug Administration, “FDA/U.S. Customs import blitz exams reveal hundreds of potentially dangerous imported drug shipments”, *FDA News*, 29 September 2003.

can rely on the decisions of drug regulatory authorities in other countries with advanced regulatory systems in place. However, there should at least be a provisional authorization process, in order to identify the drugs that can be marketed.

30. To effectively regulate the drug market, national drug regulatory authorities require political will, relevant legislation, appropriate organizational capacity and skilled professionals. They also need to have adequate financial resources, as well as well-structured and motivated drug inspectorate services and international cooperation.

31. The training of health-care professionals should include guidance on how to promote the rational use of drugs in the context of the applicable regulatory requirements. Codes of conduct for associations of health-care professionals, industry and trade chambers should address the issue of the incorrect or improper handling of drugs.

32. The premises on which medicines are stored also need to be controlled. The procurement, storage, distribution and dispensing of medicines must be done according to specific technical standards and guidelines. Most States require such premises to be inspected and licensed by the national drug regulatory authority. Internationally controlled drugs need even more care and require special storage conditions and administrative procedures, in order to reduce the risk of such drugs being diverted into illicit channels.

33. Professional organizations have a responsibility to promote, monitor and ensure ethical behaviour of health-care professionals. In countries with weak regulatory control of medicines, that responsibility is even more important. Ethical conduct is expected of all health-care professionals.

34. In some countries, inadequate legal frameworks and lax law enforcement are areas of concern. In countries where drug control legislation is lacking or obsolete, the regulation of trade in medicinal products, including internationally controlled drugs, is hampered. According to a 2003 study conducted by WHO,⁹ in 30 per cent of countries, drug regulation is either non-existent or very limited. In such countries,

Governments are unable to ensure the safety, efficacy and quality of medicines on their markets. That makes it very difficult to implement the controls required under the international drug control treaties. As a result, patients may be at serious risk. In half of the countries in the world, drug regulation exists but is less than optimal. In such countries, the implementation, supervision and/or enforcement of drug legislation is compromised. This may lead to any of the following undesirable situations: (a) uncontrolled imports, leading to medicines with doubtful efficacy, safety or quality being available on the market; (b) smuggling of medicines; (c) illicit manufacture of internationally controlled drugs; (d) counterfeit medicines infiltrating the licit market; (e) poor storage conditions and administrative controls in the wholesale or retail sector, allowing pilferage or diversion of internationally controlled drugs; (f) repetitive trading of medicines to obscure their source, storage conditions or previous ownership; (g) poor enforcement of the "prescription only" requirement in pharmacies, allowing patients to use potent and even internationally controlled drugs without professional supervision; and (h) sale of controlled drugs to consumers without a prescription at places such as street markets or bus stops. Even the 20 per cent of countries with well-developed drug regulatory systems may experience occasional problems, especially when new technologies are not yet fully understood by drug regulators or adequately regulated in new legislation on, for example, Internet pharmacies.

F. Conclusions

35. The unregulated market exposes patients to serious health risks by providing access to poorly or incorrectly labelled medicines that are ineffective, substandard and, in some cases, even lethal. The problem is compounded when professional supervision is virtually absent and consumers are not able to assess or avoid the risks. This is a serious situation that requires action from all those concerned, including Governments, professional organizations, the pharmaceutical industry and international organizations.

⁹ "Effective medicines regulation: ensuring safety, efficacy and quality", *WHO Policy Perspectives on Medicines* (Geneva), No. 7, November 2003, p. 1.

36. While there is no precise figure on the amount of internationally controlled substances reaching patients through the unregulated market, it is believed to be increasing rapidly. In some regions, people abuse licitly produced prescription medicines in quantities similar to or greater than the quantities of illicitly manufactured heroin, cocaine, amphetamine and opioids that are abused. The Internet allows easy access to internationally controlled substances but is inadequately regulated at the national and international levels. The widespread availability of counterfeit drugs has further compounded the problems associated with the unregulated market. The progress made over the last 40 years in the control of illicit drugs is now being undermined. The Board is greatly concerned about these developments.

G. Recommendations

37. The Board recognizes that the elimination of the unregulated market must be done through a concerted effort involving Governments and relevant parties such as the pharmaceutical industry, wholesalers, retailers, professional associations, consumer and patient groups and international organizations.

Recommendations to Member States in the context of treaty obligations

38. The Board is of the view that much can be achieved to prevent internationally controlled drugs from being diverted to the unregulated market if all the parties concerned strictly enforce the applicable control requirements. In that connection, the Board recommends the effective implementation of the following control requirements and related measures:

(a) Member States need to enforce existing legislation to ensure that narcotic drugs and psychotropic substances are not illegally manufactured, imported or exported and are not diverted to the unregulated market;

(b) In compliance with article 15 of the 1971 Convention, Member States need to conduct inspections of manufacturers, exporters, importers and wholesale and retail distributors, as well as of stocks and records, and to take appropriate action against those who fail to comply with applicable legal requirements and professional codes of conduct.

Activities of market intermediaries such as brokers must be regulated as appropriate;

(c) Member States need to assess their requirements of narcotic drugs and psychotropic substances on a systematic basis to ensure that supplies are sufficient to meet legitimate demand. Records of operations involving manufacture, import, export and distribution must be verified and any discrepancies resolved;

(d) Member States need to take appropriate measures to increase the availability of drugs through legitimate channels, particularly in areas where there is little or no access;

(e) Member States need to take prompt and effective action to implement previous recommendations of the Board¹⁰ on Internet trading and inform it of the actions taken;

(f) Member States need to address the issue of the unregulated market for drugs in national drug control policies and legislation; strengthen the drug regulatory authority and its inspectorate; enlist the assistance of customs, law enforcement and postal services to intercept illegal or unauthorized consignments; and prevent the illegal sale of drugs through effective law enforcement;

(g) Member States need to build the capacity of staff attached to the drug regulatory authority and other agencies concerned;

(h) Member States need to implement effective policies to combat counterfeit drugs and provide a comprehensive legal framework to make trading in counterfeit products a serious criminal offence. Exporting countries must regulate the export of drugs with a view to preventing the export of drugs that are counterfeit or of poor quality. The Declaration of Rome adopted at the WHO International Conference "Combating Counterfeit Drugs: Building Effective International Collaboration", held in Rome in February 2006, should be supported by Member States, and they should actively participate in the work of the new International Medical Products Anti-Counterfeiting Taskforce (IMPACT), as well as other regional initiatives.

¹⁰ *Report of the International Narcotics Control Board for 2005* (United Nations publication, Sales No. E.06.XI.2), paras. 219-236.

**Recommendations to international and
intergovernmental organizations**

39. The Board recommends the following to intergovernmental organizations:

(a) WHO should consider studies to be undertaken at the national, regional and international levels to develop a better understanding of the dynamics underlying the operations of the unregulated market and formulate relevant guidelines;

(b) WHO should consider the development of a guide on best practices in dealing with the unregulated market, to be compiled and widely distributed;

(c) The United Nations Office on Drugs and Crime (UNODC) and WHO should consider providing technical assistance to Member States that require such assistance for building capacity and for updating drug control laws in order to be able to deal more effectively with problems emerging in the wake of the unregulated market;

(d) The pharmaceutical industry and relevant associations need to notify the relevant national and international authorities of any consignments that are being diverted to the unregulated market or of any attempts to manufacture and distribute counterfeit drugs.

II. Operation of the international drug control system

A. Narcotic drugs

Status of adherence to the Single Convention on Narcotic Drugs of 1961

40. As at 1 November 2006, the number of States parties to the Single Convention on Narcotic Drugs of 1961¹¹ stood at 184. Of those States, 181 were parties to that Convention as amended by the 1972 Protocol. Since the publication of the report of the Board for 2005, Montenegro¹² has become a party to the 1961 Convention as amended by the 1972 Protocol. Afghanistan, Chad and the Lao People's Democratic Republic continue to be parties to the 1961 Convention in its unamended form only. A total of nine States have not yet become parties to the 1961 Convention: one State in Africa (Equatorial Guinea), two in Asia (the Democratic People's Republic of Korea and Timor-Leste), one in Europe (Andorra) and five in Oceania (Kiribati, Nauru, Samoa, Tuvalu and Vanuatu).

Cooperation with Governments

Submission of annual and quarterly statistical reports on narcotic drugs

41. The majority of States regularly submit the mandatory annual and quarterly statistical reports. As at 1 November 2006, a total of 171 States and territories had submitted annual statistics on narcotic drugs for 2005, in conformity with the provisions of article 20 of the 1961 Convention. That accounts for 81 per cent of the 210 States and territories required to furnish such statistics. A total of 187 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2005; that figure represents 89 per cent of the 210 States and territories requested to furnish those data. The rates of submission are similar to those of previous years.

42. In 2006, an improvement was noted in the furnishing of statistical data by Cuba, the Democratic People's Republic of Korea, Djibouti, the Gambia, Kiribati and Luxembourg. The Board encourages the

Governments of those countries to continue to submit the required reports on a regular basis and is ready to assist all Governments with a view to facilitating their compliance with their reporting obligations under the 1961 Convention.

43. Parties to the 1961 Convention have an obligation to furnish annual statistical reports on narcotic drugs not later than on 30 June following the year to which they relate. The Board notes with concern that several States, including some that are major manufacturers, importers, exporters or users of narcotic drugs, did not comply with that requirement in 2006. The delays in submission of reports make it more difficult to monitor the manufacture of, trade in and consumption of narcotic drugs and hinder the analysis of statistical data. The Board reiterates its request to all States that experience difficulties in complying in a timely manner with their reporting obligations to take all measures necessary to ensure the observance of the deadline set in the 1961 Convention for the submission of annual reports.

Estimates of requirements for narcotic drugs

44. The universal application of the system of estimates is indispensable for the functioning of the control system for narcotic drugs. Lack of adequate national estimates is often an indication of deficiencies in the national control mechanism and/or health system of a country. Without proper monitoring and knowledge of the actual requirements for narcotic drugs, there is a risk, if estimates are too low, that there will not be sufficient narcotic drugs available for medical treatment. In case estimates are too high, drugs traded in a country may be in excess of medical needs and may be diverted into illicit channels or used inappropriately. A well-functioning health system is necessary to assess the actual requirements of narcotic drugs in every country.

45. As at 1 November 2006, annual estimates of narcotic drug requirements for 2007 had been furnished by 164 States and territories, or 78 per cent of the States and territories required to furnish such estimates. Several States and territories failed to provide their estimates in time for examination and confirmation. The Board had to establish estimates for

¹¹ United Nations, *Treaty Series*, vol. 520, No. 7515.

¹² By its resolution 60/264 of 28 June 2006, the General Assembly decided to admit Montenegro to membership in the United Nations.

them in accordance with article 12, paragraph 3, of the 1961 Convention.

46. The estimates established by the Board are based on the estimates and statistics reported in the past by the respective Governments. Estimates for countries that had not submitted statistics and estimates for several years were in some cases lowered considerably, as a precaution in view of the risk of diversion. Consequently, the States and territories concerned may experience difficulties in importing in a timely manner the quantities of narcotic drugs required to meet their medical needs. The States and territories concerned should take all necessary measures to establish their own estimates of narcotic drug requirements and furnish those estimates for confirmation as soon as possible. The Board is ready to assist those States and territories by providing clarifications on the provisions of the 1961 Convention relating to the system of estimates.

47. The Board reviews the estimates received, including supplementary estimates, with a view to limiting the use of narcotic drugs to the amount required for medical and scientific purposes and to ensuring adequate availability of those drugs for such purposes. Several Governments were contacted prior to confirming estimates for 2007, as those estimates, according to information available, appeared to be inadequate. Most Governments have provided the clarifications or corrected their estimates.

48. As a result of inaccurate estimates, some Governments had to submit supplementary estimates for narcotic drugs. The Board encourages those Governments to calculate their annual estimates for narcotic drugs as accurately as possible and to make every effort to submit supplementary estimates only in cases of unforeseen circumstances. However, when developments in medical treatment, including use of new medications, result in additional needs for narcotic drugs, Governments should not hesitate to submit supplementary estimates. The Board also wishes to remind all Governments to always provide an explanation of the circumstances necessitating supplementary estimates, as required under article 19, paragraph 3, of the 1961 Convention.

49. The number of supplementary estimates furnished by Governments in accordance with article 19, paragraph 3, of the 1961 Convention decreased in 2006 compared with recent years. A total

of 325 supplementary estimates had been received as at 1 November 2006, which is less than the number of supplementary estimates received during the previous years. The Board appreciates that the Governments of several countries, such as Germany, the Netherlands, South Africa and Turkey, have submitted more accurate estimates for 2006.

Prevention of diversion into the illicit traffic

Diversion from international trade

50. The system of control measures laid down in the 1961 Convention provides effective protection of international trade in narcotic drugs against their diversion into illicit channels. In 2006, as in recent years, no cases of diversion of narcotic drugs from licit international trade into the illicit traffic were detected, in spite of the large number of transactions involved. Attempts at diversion were thwarted.

51. Effective prevention of the diversion of narcotic drugs from international trade requires the implementation by Governments of all control measures for those drugs, as provided for in the 1961 Convention. The Board welcomes the vigilance of the Government of China, which, in cooperation with the Board, identified and prevented in March 2006 an attempt by traffickers to use falsified import certificates of a country in Central America to divert 150 kg of hydrocodone bitartrate and 50 kg of oxycodone hydrochloride from licit international trade. Also appreciated is the vigilance of the authorities of Hungary, which prevented in 2005 and 2006 repeated attempts to use falsified import permits of a country in West Asia to import methadone tablets from Hungary into that country.

52. The authorities of a country in Western Africa submitted to the Board for confirmation the estimates for 100 kg of hydrocodone and 100 kg of oxycodone for 2006. Those narcotic drugs had not been used for medical purposes in that country before. The estimates were based on a request from a company claiming that it would import hydrocodone and oxycodone for the manufacture of preparations destined for domestic consumption. Following a request by the Board to examine the actual medical needs for those opioids, the authorities found that the estimates were not realistic and decided to withdraw those estimates.

53. While most Governments are fully implementing the system of estimates and the import and export authorization system, in 2005 and 2006 a few Governments authorized exports of narcotic drugs from their countries in excess of the corresponding total of the estimates of the respective importing countries. Such exports were contrary to the provisions of article 31 of the 1961 Convention and could have resulted in the diversion of narcotic drugs into illicit channels. The Board has urged the Governments in question to ensure compliance with the provisions of article 31 of the 1961 Convention when authorizing exports of narcotic drugs in the future and has advised them to consult the annual estimates of requirements for narcotic drugs for each importing country and territory, which are published by the Board.

Diversion from domestic distribution channels

54. Diversion of pharmaceutical preparations containing narcotic drugs from domestic distribution channels for subsequent abuse continues to be reported by some Governments. The narcotic drugs in question include codeine, dextropropoxyphene, fentanyl (see paras. 180-186 below), hydrocodone, ketobemidone, levomethorphan, methadone (see paras. 187-195 below), oxycodone and pethidine. Among the reasons for such abuse are an erroneous belief that those products are less harmful than drugs manufactured illicitly and the fact that in many countries it is easier for drug abusers to obtain such preparations than illicitly manufactured drugs. Drug abusers are able to remove the active substances from high-dosage formulations and separate drugs from inactive ingredients.

55. In Canada, the diversion and abuse of pharmaceutical preparations containing opioid analgesics, such as codeine, hydromorphone, morphine, oxycodone and pethidine, are on the increase, although the exact extent of the problem is not known to the authorities. In particular, abuse of the controlled-release product OxyContin® (containing oxycodone) has become a concern in Canada. The methods used for diversion are primarily theft from pharmacies and fraudulent prescriptions. The Government is taking steps to address the diversion and abuse of prescription opioids and is planning to undertake further studies to identify the extent of the problem and the underlying reasons for such abuse.

56. The Board notes the measures taken and planned in the United States of America to tackle the growing problem of diversion and abuse of opioid analgesics, including fentanyl, hydrocodone and oxycodone, in that country (see para. 330 below). The measures envisaged by the Government include the establishment of prescription monitoring programmes to identify unusual consumption patterns and the investigation and sanctioning of negligent or criminal behaviour, if applicable. Actions are also being taken to seize assets of the individuals and criminal groups involved in the illicit traffic in prescription drugs. However, those actions appear not to sufficiently address the diversion and abuse of hydrocodone, the most prescribed and diverted narcotic drug in the United States. The Board requests the Government to take further measures to enable prevention of diversion and abuse of pharmaceutical preparations containing hydrocodone.

57. The Governments of El Salvador, Estonia, Latvia, Portugal and Romania, which had identified cases of diversion of pharmaceutical preparations containing narcotic drugs, have taken actions to prevent similar occurrences in the future.

58. Diversion and abuse of narcotic drugs in the form of pharmaceutical preparations continue to be underreported, in particular, if they involve preparations that may be exempted from certain control measures (preparations in Schedule III of the 1961 Convention). Many States have not established any mechanism for the systematic collection of data on those issues and are not aware of the extent of diversion and abuse of pharmaceutical preparations containing narcotic drugs in their territories. The Board commends those Governments which have introduced systems to collect such data and invites all Governments to remain vigilant and take countermeasures, as appropriate, in cooperation with health-care professionals. Such countermeasures should include providing regular feedback on seized pharmaceutical products to the regulatory authorities. Abuse of pharmaceutical preparations should be included in the surveys aimed at establishing the extent and types of drug abuse.

Ensuring the availability of drugs for medical purposes

Demand for and supply of opiates

59. Pursuant to the 1961 Convention and relevant Economic and Social Council resolutions, the Board examines on a regular basis issues affecting the supply of and demand for opiates used for medical and scientific purposes. In cooperation with Governments, the Board strives to maintain a lasting balance between supply and demand. A detailed analysis of the current situation with regard to the supply of and demand for opiates used for medical and scientific purposes worldwide is contained in the 2006 technical report of the Board on narcotic drugs.¹³

Monitoring of the global situation concerning the supply of and demand for opiate raw materials

60. For decades, Governments of producing countries have cooperated in maintaining the total production of opiate raw materials at the level of global annual demand. From 1999 to 2004, total production of opiate raw materials exceeded global demand, resulting in a high level of stocks being held in some producing countries.

61. Global stocks of opiate raw materials should normally cover global demand for about one year.¹⁴ However, at the end of 2005, total stocks of opiate raw materials rich in morphine were sufficient to cover global annual demand for two years. While total stocks of opiate raw materials rich in thebaine in 2005 were sufficient to cover global annual total demand for about one year, the additional stocks of thebaine and opiates derived from thebaine, mainly oxycodone, were sufficient at the end of 2005 to cover demand for more than two years.

62. Global demand for opiates continues to increase for both types of opiates: opiates based on opiate raw materials rich in morphine; and opiates based on opiate raw materials rich in thebaine. It is anticipated that the increase will continue, at least partly as a result of the activities of the Board and WHO to ensure the adequate availability of opioid analgesics.

63. In 2005 and again in 2006 total production of opiate raw materials was less than global demand. For 2007, Governments of producing countries are also planning to maintain the area cultivated with opium poppy at a level below the levels of recent years. In spite of the reduced production of opiate raw materials, the stocks and raw materials produced will continue to be sufficient to cover the expected demand. The Board urges Governments of producing countries to maintain future production at the levels currently planned and to avoid excessive stocks.

64. Governments of producing countries should submit relevant estimates in a timely manner and maintain opium poppy cultivation within the limits of the estimates confirmed by the Board or to furnish supplementary estimates, if necessary. Those Governments should also report accurately and timely the amounts of raw materials produced to the Board, as well as the alkaloids contained in them.

Prevention of the proliferation of production of opiate raw materials

65. Pursuant to the relevant Economic and Social Council resolutions, the Board calls upon all Governments to contribute to the maintenance of a balance between the licit supply of and demand for opiate raw materials and to cooperate in preventing the proliferation of sources of production of opiate raw materials. Most recently, in its resolution 2006/34 of 27 July 2006, the Economic and Social Council urged the Governments of all countries where opium poppy had not been cultivated for the licit production of opiate raw materials, in the spirit of collective responsibility, to refrain from engaging in the commercial cultivation of opium poppy; and called upon Governments to enact enabling legislation to prevent and prohibit the proliferation of sites used for the production of opiate raw materials. The Board appeals to all Governments to comply with Council resolution 2006/34.

Informal consultation on supply of and demand for opiates for medical and scientific purposes

66. At the request of the Governments of India and Turkey and pursuant to Economic and Social Council resolution 2005/26 of 22 July 2005, the Board convened an informal consultation on the supply of and demand for opiates for medical and scientific

¹³ *Narcotic Drugs: Estimated World Requirements for 2007; Statistics for 2005* (United Nations publication, Sales No. E/F/S.06.XI.13).

¹⁴ *Report of the International Narcotic Control Board for 2005 ...*, para. 85.

purposes during the forty-ninth session of the Commission on Narcotic Drugs, to enable the Governments of major producers and importers of opiate raw materials to be informed of recent developments affecting global production of and demand for opiate raw materials and to discuss the various policies applied in this respect in other countries.

Consumption of narcotic drugs

67. The low levels of consumption of opioid analgesics for the treatment of moderate to severe pain in several developing countries continue to be a matter of concern to the Board. Global consumption of morphine doubled from about 16 tons in 1996 to almost 32 tons in 2005. About 50 countries have increased the consumption of opioid analgesics by more than 100 per cent during the last decade. However, of the countries with the highest consumption levels, 70 per cent are either in Europe or North America. In countries where the availability of narcotic drugs for medical purposes is very high, the Governments should be aware that increased availability without adequate control may raise the risk of diversion and abuse of those drugs. The Board again requests all Governments to promote the rational use of narcotic drugs for medical treatment, in accordance with the pertinent recommendations of WHO.

68. The education and training of health-care professionals and, as appropriate, professionals in the legal and regulatory branches can play an important role in the efforts to ensure the rational use of narcotic drugs and psychotropic substances. In April 2006, the Board sent a letter to all Governments encouraging them to ensure the inclusion in university curricula of health-care professionals and other professionals, as appropriate, of the subject of rational use of narcotic drugs and psychotropic substances for medical purposes and the risks associated with drug abuse.

B. Psychotropic substances

Status of adherence to the Convention on Psychotropic Substances of 1971

69. As at 1 November 2006, the number of States parties to the 1971 Convention stood at 179. Of the 14 States that have yet to become parties to the 1971

Convention, there are two in Africa (Equatorial Guinea and Liberia), one in the Americas (Haiti), three in Asia (the Democratic People's Republic of Korea, Nepal and Timor-Leste), one in Europe (Andorra) and seven in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Solomon Islands, Tuvalu and Vanuatu). Since the publication of the report of the Board for 2005, Montenegro has become a party to the 1971 Convention.

Cooperation with Governments

Submission of annual statistics

70. As at 1 November 2006, a total of 158 States and territories (75 per cent) had submitted to the Board annual statistical reports on psychotropic substances for 2005 in conformity with the provisions of article 16 of the 1971 Convention.

71. The late submission of mandatory annual statistical reports creates difficulties for international control of psychotropic substances. The Board regrets that some main manufacturing and exporting countries do not submit annual statistical reports on a regular basis and in a timely manner. Statistical information on manufacture, imports and exports of psychotropic substances from those countries is needed to prepare a reliable analysis of global trends in manufacture and international trade of psychotropic substances. Incomplete or inaccurate details on exports and imports hinder identification of discrepancies in trade statistics, thereby impeding international drug control efforts. The Board urges the authorities of the countries concerned to examine the situation and to cooperate with the Board, in particular by providing annual statistics on psychotropic substances within the deadline, as required under the 1971 Convention.

Quarterly reports for substances in Schedule II of the 1971 Convention

72. In accordance with Economic and Social Council resolution 1981/7 of 6 May 1981, Governments of countries manufacturing, exporting or importing substances in Schedule II of the 1971 Convention provide voluntarily to the Board quarterly statistics on their imports and exports of those substances. A total of 146 governments (130 countries and 16 territories) submitted quarterly statistical reports for the year 2005. Methylphenidate is the most commonly traded substance followed by substances of the amphetamines

group (amphetamine, dexamphetamine and methamphetamine).

Assessments of requirements for psychotropic substances

73. Governments are requested to provide to the Board at least every three years, assessments of annual domestic medical and scientific requirements for psychotropic substances pursuant to Economic and Social Council resolution 1981/7 in respect of substances in Schedule II of the 1971 Convention and pursuant to Council resolution 1991/44 of 21 June 1991 with respect to substances in Schedules III and IV of that Convention. The assessments are communicated to the competent authorities of all States and territories that are required to use them as guidance when approving exports of psychotropic substances. The Government of the Sudan, for which the Board had established assessments since 1997, pursuant to Council resolution 1996/30 of 24 July 1996, furnished a full revision of assessments for annual medical requirements in August 2006. The Government of Montenegro has yet to indicate to the Board its own assessments, which until recently had been included in the assessments of Serbia and Montenegro.¹⁵

74. In January 2006, all Governments were asked to review and update, if necessary, the assessments of their annual medical and scientific requirements for psychotropic substances. As at 1 November 2006, 62 Governments had submitted to the Board a full revision of the assessments of their requirements for psychotropic substances and 70 had communicated modifications to previous assessments for one or more substances.

75. The Board is concerned that, for several years, a number of Governments have not updated the assessments of their requirements for psychotropic substances. For those countries and territories, such

assessments may no longer reflect their actual medical and scientific requirements for psychotropic substances. The Board encourages all Governments to ensure that their assessments are regularly updated and that it is informed of any modifications.

Prevention of diversion of psychotropic substances into the illicit traffic

Diversion from international trade

76. While, in the past, diversion of substances in Schedules II, III and IV of the 1971 Convention from licit international trade was one of the main sources used to supply illicit markets, diversions of substances in Schedule I had been occurring rarely. While diversion attempts involving substances in Schedule I were undertaken in recent years, no actual diversion of those substances was reported to the Board. Those successes are the result of a well-functioning international control regime for psychotropic substances in Schedule I.

77. The use of substances in Schedule I, the group of substances subject to the strictest controls under the 1971 Convention, is prohibited by that Convention, except if they are used for scientific and very limited medical purposes. Consequently, licit international trade in those substances is limited to a small number of transactions involving quantities of only a few grams per year. Although there have been some isolated attempts to divert substances in Schedule I over the years, those attempts have been thwarted as a result of having the strict international control mechanism in place for that group of substances. National authorities need to remain vigilant and ensure that authorized traders and industries are fully aware of all restrictions concerning trade in, and use of, psychotropic substances included in Schedule I.

78. Among the substances in Schedule II of the 1971 Convention, only amphetamines and methylphenidate are manufactured and traded in large quantities, mostly for the treatment of attention deficit disorder (ADD) or, in the case of amphetamines, for industrial processes. Since 1990, no more information has been reported involving diversion of those substances from licit international trade. For 2005, only one case, involving the importation of 4,668 grams of methylphenidate from the United States into Sweden without a valid import authorization, was reported to the Board. According to available information, that unauthorized

¹⁵ Following the Declaration of Independence by the National Assembly of Montenegro on 3 June 2006, the President of the Republic of Serbia notified the Secretary-General that the membership of the state union Serbia and Montenegro in the United Nations, including all organs and organizations of the United Nations system, was continued by the Republic of Serbia, which remained responsible in full for all the rights and obligations of the state union Serbia and Montenegro under the Charter of the United Nations.

import was apparently not an attempt at diversion, but an administrative oversight.

79. The above-mentioned development is attributable to the control measures set forth in the 1971 Convention for substances in Schedule II, notably the import and export authorization system, which is supplemented by additional voluntary control measures recommended by the Board and endorsed by the Economic and Social Council, such as the assessment by Governments of their licit requirements for psychotropic substances and the quarterly reporting of trade statistics. The continued availability on illicit markets of certain countries or subregions of pharmaceutical preparations containing a substance in Schedule II, such as fenetylline or methaqualone is mainly attributable to the illicit manufacture of counterfeit products (in the case of “fenetylline preparations”, those products usually contain amphetamines).

80. The Board is pleased that a decline in cases of diversion from international trade has been observed in 2005 with regard to substances in Schedules III and IV of the 1971 Convention. Although licit international trade in those substances is widespread, involving thousands of individual shipments exported each year to many countries throughout the world, only two cases of unauthorized exports have been reported to the Board for 2005, both of them involving small quantities and both of them having been detected and seized by the competent authorities of the countries of destination. Such small quantities of those substances are in contrast with the quantities diverted during the 1990s, which in many cases had amounted to several hundred kilograms.

81. The Board notes that the above-mentioned development appears to have been the result of the continued vigilance of national competent authorities, the implementation by Governments of the treaty provisions for substances in those schedules, the additional controls over international trade and, in some cases, the voluntary cooperation of manufacturers of psychotropic substances with the authorities. The Board invites all States that have not yet done so to introduce mandatory import authorizations for all psychotropic substances in Schedules III and IV of the 1971 Convention, as that measure has proved particularly effective in the identification of diversion attempts. The Board also

invites all exporting countries to use the assessments of requirements of psychotropic substances, which are published by the Board on a regular basis, to verify the legitimacy of orders that have been placed. Trade transactions identified as being suspicious because the import orders exceed the established assessments should be either verified with the Board prior to approving the export of those substances or brought to the attention of the authorities of the importing country.

Diversion from domestic distribution channels

82. Diversion from licit domestic distribution channels is at present the main source used to supply illicit markets with psychotropic substances. It often involves theft from factories and wholesalers; falsified prescription; and the dispensing of preparations by pharmacies without the required prescriptions. The substances most often diverted are stimulants, benzodiazepines and the analgesic buprenorphine.

83. Large-scale diversion of buprenorphine from domestic distribution channels has been observed in a number of countries, particularly in India, to be abused locally or smuggled into other countries, such as Iran (Islamic Republic of), Pakistan and the United Arab Emirates. After the authorities of the United Arab Emirates reported the seizure of 28,800 ampoules of buprenorphine smuggled out of India in 2005, the authorities of Pakistan, in February 2006, seized 29,883 ampoules of buprenorphine originating in India and purportedly smuggled into Pakistan out of Afghanistan.

84. The diversion of buprenorphine preparations is known to occur in some European countries, including France, where that substance is widely used in the treatment of heroin addicts. It is estimated that 20-25 per cent of those preparations might be diverted to the illicit market by a small number of patients selling their preparations or using falsified prescriptions, stolen prescriptions or preparations stolen in clinics or pharmacies. Preparations of buprenorphine (Subutex®) have also been found on the illicit market in the Czech Republic. The buprenorphine preparations available on the illicit market in Finland seem to have been smuggled into that country. Recently, according to information provided to the Board by the Belgian authorities, Subutex® tablets (purportedly containing buprenorphine) destined for Georgia were seized in

Belgium. Significant increases in both the quantity and the number of seizures of buprenorphine have also been reported in Mauritius; the authorities of that country reported that, as buprenorphine can be smuggled more easily than heroin or cannabis and there was a shortage of heroin during 2005, drug traffickers and abusers have been increasingly turning to buprenorphine.

85. Flunitrazepam is a preferred substance of abuse in Scandinavian countries. As diversion of that substance has become more difficult as a result of the adoption of strict control policies for flunitrazepam by major manufacturing and importing countries, counterfeit tablets are now accounting for a sizeable portion of the Rohypnol tablets (presumably containing flunitrazepam) seized in those countries. In Egypt, where the substance was widely abused in the late 1990s, the Anti-Narcotics General Administration has reported a significant increase in the number of Rohypnol tablets seized in 2005: a record of over 325,000 tablets were seized, an amount almost 114 times larger than the amount seized in 2004. The Board also wishes to encourage the Government of Egypt to investigate the extent of the abuse of and trafficking in flunitrazepam in that country and to report its findings to the Board.

86. Large seizures of counterfeit Captagon, a pharmaceutical preparation that, in its licit form, contains fenetylline, continue to be made in countries in West Asia. Because of increased control measures, fenetylline can no longer be obtained from licit sources and as the illicit manufacture of fenetylline is difficult, most of the tablets seized nowadays contain amphetamines and other stimulants not under international control. The main destinations of the smuggled counterfeit Captagon tablets are countries on the Arab peninsula. According to data from the Customs Cooperation Council (also called the World Customs Organization), over 80 per cent of all seizures of Captagon (containing amphetamine instead of fenetylline) reported in the region in 2005 were effected in Saudi Arabia. Most of those seizures were made at the border with Jordan, where a significant increase in trafficking in psychotropic substances was noted in 2005.

87. The abuse of prescription drugs, including pharmaceutical preparations containing controlled substances, continues to be a matter of concern in

Canada, the United States and a number of European countries. In the United States, the level of abuse of prescription drugs, including stimulants such as methylphenidate (Ritalin) and amphetamine and dexamphetamine (Aderall), and over-the-counter medications is no less than the level of abuse of drugs such as methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy"), cocaine, methamphetamine and heroin. In Canada, methylphenidate (Ritalin and Concerta) and dexamphetamine (Dexedrine) are among the stimulants under international control that are available in pharmaceutical preparations. The number of prescriptions for methylphenidate in Canada increased by 46 per cent between 1999 and 2003. Methylphenidate products are crushed by abusers for intravenous injection, which entails a number of health risks. The Board urges the Governments concerned to develop programmes for drug abuse prevention that specifically target the abuse of such medications among youth (see para. 340 below).

Control measures

Assistance to Governments in verifying the legitimacy of import transactions

88. Many exporting countries continue to request the assistance of the Board in verifying the legitimacy of import authorizations for psychotropic substances. The Board maintains a collection of samples of official import certificates and authorizations in use by national administrations to compare them with questionable import documents. The Board calls on all States that have not yet provided such samples to it to do so without further delay.

89. The Board notes that, in certain cases, responses to its inquiries for confirmation of the legitimacy of import orders are delayed considerably. Such delayed responses may hinder the investigation of diversion attempts and/or may, in turn, delay the availability of psychotropic substances needed for legitimate purposes. The Board wishes to draw the attention of the Governments of Iraq, Liberia, Romania, Somalia and Ukraine to the importance of responding in a timely manner to its requests.

Bilingual import authorizations

90. The attention of the Board has been drawn to cases where import authorizations for the import of

psychotropic substances have been issued in the national language only, which has made the verification of the authenticity of such import authorizations difficult for the authorities of the exporting countries.

91. While the 1971 Convention does not specify which language must be used by Governments issuing certificates for the import of controlled substances, the Commission on Narcotic Drugs and the Board have repeatedly encouraged Governments to use an official language of the United Nations,¹⁶ in addition to their languages, when issuing import and export authorizations. The Board wishes to reiterate its call to all Governments that have not yet done so to consider the issuing of import and export authorizations in two languages including one of the official languages of the United Nations. By doing so, Governments of importing and exporting countries will help to improve effective monitoring and control over international trade in controlled substances without unduly delaying legitimate trade.

National control measures regarding international trade

92. Reports from the Government of Turkey indicate that minor quantities of psychotropic substances were imported, most likely for reference or forensic purposes, using couriers and through the mail without the authorization documents required by Turkish law. The Board wishes to draw the attention of the Governments concerned to the fact that those practices are not in compliance with the relevant Economic and Social Council resolutions and that exporting countries must respect the national legislation of the importing countries.

93. The Board notes with appreciation that in 2006, the Democratic People's Republic of Korea extended the system of import and export authorizations to include all substances in Schedules III and IV of the 1971 Convention. At present, export and import authorizations are required by national legislation for all substances in Schedules III and IV in more than 150 countries and territories. In approximately 20 additional countries and territories, import and export authorizations are mandatory for at least some of those substances.

94. The Board requests the Governments that do not yet control the import and export of all psychotropic substances through the system of import and export authorizations to introduce such controls. Experience has shown that countries that are centres of international commerce but do not have such controls are at particular risk of being targeted by drug traffickers. Governments should carefully examine the table showing the countries in which national legislation requires the issuing of import authorizations for the import of substances of Schedules III and IV of the 1971 Convention, which is circulated twice a year to all Governments and update the entries for their respective countries as appropriate. Exporting countries will not issue export authorizations without import authorizations from those countries which have indicated to the Board that import authorizations are required.

95. The Board urges all other States concerned, irrespective of whether or not they are parties to the 1971 Convention, such as Andorra, the Bahamas, Bhutan, Brunei Darussalam, Burkina Faso, Cape Verde, the Congo, Equatorial Guinea, Gabon, Guinea-Bissau, Ireland, Lesotho, the Libyan Arab Jamahiriya, Myanmar, the Niger, Singapore and Zimbabwe, to also introduce such controls for all substances listed in the 1971 Convention.

96. Another important tool for preventing diversions is the verification, by exporting countries, of whether the quantities ordered by importing countries are within the assessments established by the authorities. In 2005, several exporting countries received import authorizations for quantities of psychotropic substances in excess of the corresponding assessments established by the authorities of the importing countries. In 2005, about 12 countries issued import authorizations for substances in Schedules II, III or IV of the 1971 Convention, without established assessments for the substances concerned. Moreover, about 36 countries issued import authorizations for substances in Schedules II, III or IV in quantities exceeding their respective assessments. The Board appreciates the support received from some major exporting countries, including France, Germany, India and Switzerland, which have consistently reminded importing countries of any failure to comply with the assessment system. The Board notes that the number of countries issuing such authorizations for quantities above assessments has declined in recent years. The

¹⁶ Arabic, Chinese, English, French, Russian or Spanish.

Board reiterates its request to all Governments to establish a mechanism for ensuring that their assessments correspond to their actual legitimate needs and that no imports exceeding the assessments are authorized.

Prohibition of imports according to article 13 of the 1971 Convention

97. The Board notes that the Government of India has invoked article 13 of the 1971 Convention for the following substances: aminorex, brotizolam and mesocarb. At present, the import of one substance in Schedule III (flunitrazepam) and 27 substances in Schedule IV is prohibited in India according to the provisions of article 13. Information on the prohibition of, and restrictions on, export and import pursuant to article 13 is published annually by the Board in its technical report on psychotropic substances.

Voluntary submission of details on trade in substances in Schedules III and IV of the 1971 Convention

98. In accordance with Economic and Social Council resolutions 1985/15 of 28 May 1985 and 1987/30 of 26 May 1987, Governments should, in their annual statistical reports, provide the Board with details of trade in substances in Schedules III and IV of the 1971 Convention. Such details should include the identification of countries of origin for imports and countries of destination for exports. Complete details of trade movements in 2005 were submitted by 110 Governments. With few exceptions, all of the major manufacturing and exporting countries furnished such information. However, some 36 parties to the 1971 Convention failed to provide that information, which may indicate deficiencies in their national reporting systems. The Board encourages the Governments of the countries concerned to improve their data collection systems to ensure the submission of details of trade in their future annual statistical reports.

Ensuring the availability of psychotropic substances for medical purposes

Consumption of buprenorphine

99. Buprenorphine is a potent opioid analgesic that has been under control in Schedule III of the 1971 Convention since 1989. For many years, its main

use has been as an analgesic. Buprenorphine in higher doses has lately been used for the detoxification and substitution treatment of persons dependent on opiates. Since new preparations containing high doses of buprenorphine (Subutex®) or buprenorphine with naloxone (Suboxone®) have been introduced in several countries for the treatment of drug addicts, global manufacture and consumption of buprenorphine have increased substantially in recent years.

100. During the five-year period 2001-2005, global consumption of buprenorphine has more than tripled (from 420 million to 1.5 billion defined daily doses for statistical purposes (S-DDD)), averaging 1.4 billion S-DDD in the three-year period 2003-2005. France and Germany have been the main users of the substance. The two countries together account for 60 per cent of the total annual imports of buprenorphine (in quantities of more than 1 kg) reported by 43 countries in the period 2001-2005. Other countries that have increased domestic consumption of buprenorphine in recent years are Belgium, Italy, Malaysia, Portugal, Spain, Switzerland and the United States.

101. In France, buprenorphine has become the leading substance used for the 80 per cent of cases involving substitution treatment for persons dependent on opiates. Diversion of buprenorphine preparations prescribed to opiate addicts has been reported in a number of countries. To prevent such diversions, the Board encourages Governments to ensure that control measures are fully applied in all facilities where buprenorphine is dispensed for substitution treatment (see para. 84 above and paras. 187-195 below).

Use of stimulants in Schedule II for the treatment of attention deficit disorder

102. Methylphenidate, amphetamine and dex-amphetamine, substances included in Schedule II of the 1971 Convention, are used mainly for the treatment of ADD (also called attention deficit/hyperactivity disorder (ADHD) in the United States) and narcolepsy. While the Board recognizes the usefulness of stimulants in the treatment of ADD when prescribed on the basis of careful and appropriate diagnosis and proper treatment evaluation, it reiterates its concern that the significant increase in the use of stimulants for ADD treatment in many countries could be attributed to possible overdiagnosis and overprescription. The Board has also noted that in some countries high

prescription levels of stimulants used for the treatment of ADD have led to the diversion of those substances.

103. The use of methylphenidate for medical purposes increased significantly in the period 2002-2005. Global calculated consumption of the substance increased from 18.5 tons in 2001 to 30.4 tons in 2005. That large increase was mainly a result of developments in the United States, where the substance is advertised in the media, directly to potential customers. It is frequently prescribed for the treatment of ADD, primarily in children. The Board has also noted that since the late 1990s, the use of methylphenidate has risen sharply in many other countries as well, mainly Canada, Israel and Norway. In Norway, the substance was the preferred treatment for adults diagnosed with ADD.

104. The Board requests the competent authorities of countries with an increasing level of consumption of stimulants in Schedule II of the 1971 Convention to remind health-care professionals of the need for proper diagnosis of ADD and appropriate prescription practice, in accordance with article 9, paragraph 2, of the 1971 Convention, as well as the need for secure storage and distribution of such substances. In addition, the Board urges the Government of the United States to prohibit public advertisement of psychotropic substances, including stimulants in Schedule II used for the treatment of ADD, in accordance with article 10 of the 1971 Convention.

Stimulants in Schedule IV used as anorectics

105. The stimulants listed in Schedule IV of the 1971 Convention are mainly used as anorectics. The highest per capita consumption of stimulants in Schedule IV has traditionally been in the Americas. While the consumption of such stimulants continues to be on the increase in the Americas, their consumption in Asia, Europe and Oceania has decreased markedly since 2000. In 2005, the highest rates of calculated use per 1,000 inhabitants per day of stimulants in Schedule IV of the 1971 Convention were reported in Brazil (12.5 S-DDD), Argentina (11.8 S-DDD), the Republic of Korea (9.8 S-DDD) and the United States (4.9 S-DDD).

106. The Board has regularly requested the Governments concerned to devote adequate attention to those elevated consumption levels. The Governments of some countries, including Chile, Denmark and France, introduced special measures to control the

inappropriate use of stimulants, which have resulted in a significant decrease in the use of stimulants in those countries. In other countries, however, in particular, Argentina, Australia, Brazil, the Republic of Korea and Singapore, per capita consumption of anorectics has risen significantly.

107. In the past, the use of phentermine in the United States declined significantly as a result of the withdrawal of preparations containing both phentermine and fenfluramine. However, since 2000, consumption of phentermine in the United States has again been rising. Moreover, measures introduced in a number of countries in South America to control the inappropriate use of some stimulants led to a decrease in global consumption levels of that group of substances. Since 2000, however, the consumption of other stimulants in Schedule IV has markedly increased mainly in two countries in the Americas (Argentina and Brazil). The Board is concerned that the increasing availability of stimulants in Argentina and Brazil may lead to conditions that are conducive to their abuse and diversion.

108. Attempts to divert stimulants listed in Schedule IV, such as amfepramone, from licit distribution channels and cases involving illicit trafficking in the substance have been reported in several countries in Asia and Europe in recent years. The Board recommends that the authorities in those countries monitor the situation closely for overprescribing of anorectics while ensuring adequate measures of control over domestic distribution channels.

C. Precursors

Status of adherence to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

109. As at November 2006, the number of States parties to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988¹⁷ stood at 180. The 1988 Convention was also formally confirmed by the European Community (extent of competence: article 12), bringing the total number of parties to the Convention to 181. Currently,

¹⁷ United Nations, *Treaty Series*, vol. 1582, No. 27627.

92 per cent of all States in the world are parties to the Convention. The Board welcomes the accession of Gabon, Montenegro and Vanuatu to the 1988 Convention.

110. All of the world's major manufacturing, exporting and importing States are now parties to the 1988 Convention. Of the remaining 14 States that have yet to become parties to it, 3 are in Africa (Equatorial Guinea, Namibia and Somalia), 2 are in Asia (the Democratic People's Republic of Korea and Timor-Leste), 2 are in Europe (the Holy See and Liechtenstein) and 7 are in Oceania (Kiribati, the Marshall Islands, Nauru, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

111. The Board calls on those 14 States which have yet to become parties to the 1988 Convention to implement the provisions of article 12 and to become parties to the Convention without further delay.

Cooperation with Governments

112. As at 1 November 2006, a total of 126 States and territories, as well as the European Commission, on behalf of its member States, had provided the Board with the required information for 2005 on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. The rate of submission remained the same as for previous years. The Board urges those States parties to the 1988 Convention which have not yet submitted that treaty-required information to do so without further delay. Among those States are Kuwait, Lesotho, the Niger, Serbia, the Sudan and Zimbabwe, which have not complied with their reporting obligations for at least five years.

113. While 45 Governments have reported seizures of precursors effected in 2005, only a few of them have supplemented that information with additional data required on non-scheduled chemicals, methods of diversion and stopped shipments. More often, the information provided was in figures and did not provide sufficient details. The Board calls on all Governments effecting seizures or intercepting shipments of precursors to investigate those cases and to report the results to enable the Board to identify new and emerging trends in illicit drug manufacture and trafficking in precursors.

Annual submission of information on the licit trade in and uses of substances in Tables I and II of the 1988 Convention

114. Since 1995, the Board, in accordance with Economic and Social Council resolution 1995/20 of 24 July 1995, has requested the supply of data on licit trade in, uses of, and requirements for, substances in Tables I and II of the 1988 Convention. The provision of such data on form D is voluntary.

115. As at 1 November 2006, a total of 107 States and territories had reported data for 2005 on the licit movement of precursors and 96 Governments had furnished information for 2005 on licit uses of and requirements for such substances. As in previous years, the European Commission has furnished information representing submissions from all 25 States members of the European Union. Most of the States and territories that submitted form D for 2005 furnished data on imports of and licit requirements for scheduled substances. The number of States and territories providing information on licit requirements of ephedrine and pseudoephedrine increased to 71 and 68, respectively.

116. In particular, all of the major manufacturing and importing countries except Pakistan provide data on licit trade in scheduled substances. Pakistan, which imports significant quantities of substances in Table I of the 1988 Convention, has yet to provide data on its licit trade in and requirements for scheduled substances. The Board wishes to encourage Pakistan to furnish the requested data without further delay.

Prevention of diversion of precursors into the illicit traffic

117. Practical and effective mechanisms for the rapid verification of transactions in precursor chemicals, particularly through the system of pre-export notifications, continue to be a priority for Governments, as well as the Board, as such mechanisms remain the most effective way to address diversion of and trafficking in chemicals. The international initiatives Project Prism and Project Cohesion, which focus on key precursor chemicals used in the illicit manufacture of amphetamine-type stimulants (ATS), heroin and cocaine, remain key elements of the international precursor control system.

118. Within the framework of those projects, the Board has assisted national authorities in monitoring thousands of shipments of chemicals in international trade and, in numerous cases, in preventing their diversion into illicit channels. During the current reporting period, the Board has assisted Governments in identifying and preventing the diversion of controlled chemicals in 55 cases. The Board is pleased that 126 States and territories have designated central national authorities for Project Prism and encourages all those that have not yet designated their national authorities to do so without delay and to start participating in that initiative.

119. With regard to Project Cohesion, the Board invites participating Governments to bolster their activities under the project by considering the launch of activities in precursor chemicals that target trafficking in relevant regions, such as in Operation Trans-shipment. In particular, it would be useful for authorities in the Americas to devise a similar activity to address trafficking in potassium permanganate. The Board anticipates that, by following such an action, success in countering criminal networks trafficking in chemicals used to manufacture heroin and cocaine will be achieved. Governments should continue to place the utmost importance on investigations into stopped or seized shipments of precursor chemicals and follow up on information provided on attempted diversions of such chemicals. Intelligence driven investigations and backtracking investigations have proved particularly useful in the identification of those responsible for trafficking in and diversion of precursors.

120. Detailed information on the activities of Governments and the Board in the area of precursor control is contained in the 2006 report of the Board on the implementation of article 12 of the 1988 Convention.¹⁸

¹⁸ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2006 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.07.XI.12).

Control measures

121. During the current reporting period, Governments of a number of countries (Australia, Bhutan, China, the Gambia, the Philippines, the United States and Yemen) have adopted new, or strengthened existing, legislation and administrative controls over precursors. In particular, Australia, the Philippines and the United States have recently strengthened controls over preparations containing ephedrine and pseudo-ephedrine.

122. As controls over international trade in precursor chemicals improve, traffickers develop new methods and routes of diversion, utilizing in particular domestic distribution channels. For example, in Africa, many countries lack the infrastructure to control precursors effectively at the national level. The Board is concerned that Africa is being increasingly used for the diversion of precursors, as evidenced by the attempted large-scale diversion of ephedrine and pseudoephedrine in 2006. The Board urges all parties to take all the measures necessary to monitor the manufacture and distribution of scheduled substances within their territories, pursuant to article 12, paragraph 8 (a), of the 1988 Convention.

Advisory Expert Group and assessment of substances

123. In 2006, the Board convened its Advisory Expert Group: (a) to determine whether information is available that would require the transfer of phenylacetic acid from Table II to Table I of the 1988 Convention; (b) to evaluate the limited international special surveillance list of non-scheduled substances; (c) to examine the current status of control of safrole and the safrole-rich oils to provide, if necessary, a definition of safrole; and (d) to identify possible courses of action to address current attempts to divert ephedra from licit trade for use in the illicit manufacture of drugs.

124. Based on the findings of the Advisory Expert Group, the Board has recommended the transfer of phenylacetic acid from Table II to Table I of the 1988 Convention. With regard to the limited international special surveillance list of non-scheduled substances, the Board has emphasized that the monitoring measures associated with the list should be applied through voluntary cooperation with the chemical

industry. As in the past, the Board will continue to distribute the list directly to competent authorities.

125. In response to Commission on Narcotic Drugs resolution 49/7, entitled “Promoting a consistent approach to the treatment of safrole-rich oils”, the Board prepared a definition of safrole/safrole-rich oils that will be communicated to the Commission at its fiftieth session. Following attempts to divert ephedra and its extracts from international trade, the Board also carried out a review of the information currently available on that substance. The Board concluded that more data were required before a decision could be made regarding possible changes to the tables of the 1988 Convention.

Online system of pre-export notifications

126. The system of pre-export notifications is the cornerstone of international precursor control. Exporting countries now regularly send pre-export notifications for shipments of scheduled precursor chemicals. That information has proved to be valuable in the identification of numerous suspicious transactions. In Project Prism and Project Cohesion, the system of pre-export notifications has greatly facilitated the successful verification of the legitimacy of individual transactions.

127. In March 2006, the Board officially launched Pre-Export Notification Online (PEN Online), a new electronic system for the exchange of pre-export notifications. As at 1 November 2006, 71 States and territories had registered in the new automated system and over 2,800 transactions had been communicated to importing countries and the Board through PEN Online. The system is being used by a growing number of States, including many major chemical exporters. More importantly, it has helped in the identification of new patterns and trends in both trafficking and licit trade in precursors, as highlighted in the 2006 report of the Board on the implementation of article 12 of the 1988 Convention.¹⁹ The Board encourages all Governments to register and use the PEN Online system for the quick and efficient exchange of data.

Estimates of legitimate requirements for precursors

128. In its report for 2005, the Board encouraged Governments to estimate their licit requirements for precursors used in the illicit manufacture of ATS and submit those data to it.²⁰ In its resolution 49/3, the Commission on Narcotic Drugs: (a) noted that the precursor chemicals 3,4-methylenedioxyphenyl-2-propanone, ephedrine, pseudoephedrine and 1-phenyl-2-propanone were important for the illicit manufacture of “ecstasy”, methamphetamine and amphetamine; (b) requested Member States to inform the Board of their estimated licit requirements for those precursors and estimated requirements for imports of preparations containing those chemicals; and (c) requested Member States to permit the Board to share with national authorities, taking care not to impede legitimate commerce, shipment information on those preparations so that measures could be taken to prevent or intercept those shipments.²¹

129. In response, some States have estimated their annual legitimate requirements for those chemicals and that information has been published by the Board in its 2006 report on the implementation of article 12 of the 1988 Convention. It is expected that many more States will be able to provide such information. Competent authorities of each country are invited to inform the Board of any methodology that they find useful for estimating their country’s legitimate requirements. Each Government is also invited to review the legitimate requirements published for its country and, where necessary, adjust them and inform the Board of the changes to be made.

¹⁹ Ibid.

²⁰ *Report of the International Narcotics Control Board for 2005* ..., para. 648, recommendation 12.

²¹ *Official Records of the Economic and Social Council, 2006, Supplement No. 28 (E/2006/28)*, chap. I, sect. C, resolution 49/3.

Diversion of and trafficking in substances used in the illicit manufacture of amphetamine-type stimulants: Project Prism

130. Data gathered under Project Prism on seizures and cases of diversion and attempted diversion highlight the magnitude of the problems related to preventing the illicit manufacture of ATS and particularly methamphetamine. As international controls over ephedrine and pseudoephedrine, traded as raw materials, are improving, traffickers are increasingly trying to obtain those substances in other forms, such as pharmaceutical preparations and natural products such as ephedra. Trafficking organizations are also trying to exploit situations where controls over such commodities at the domestic manufacture and distribution levels are less stringent or absent. In this connection, more than 30 cases of attempted diversion, involving over 2,100 tons of ephedra, have been reported to the Board since the beginning of 2005.

131. During the current reporting period, over 2,100 transactions involving licit international trade in ephedrine and pseudoephedrine have been monitored under Project Prism. The Board has issued a number of special alerts on trends in diversion, and it greatly appreciates the feedback received from Governments on those alerts. Activities under Project Prism have assisted Governments and the Board in identifying new trends, such as the diversion of raw materials from South Asia, Africa, Central America and West Asia and ephedra shipments from East Asia to Canada and countries in Europe and the smuggling of pharmaceutical preparations into and within Africa, Central and South America and West Asia. The diversion of raw ephedrine and pseudoephedrine to countries in North America, in particular to Mexico, seems to have declined, while diversion attempts in Central and South America continued throughout 2006. Several Governments of countries in the Americas have discovered attempts at diversion of pharmaceutical preparations in large quantities. The Board is particularly concerned that Africa and West Asia are starting to be used by organized criminal networks as trans-shipment points for consignments of ephedrine and pseudoephedrine destined for the illicit manufacture of methamphetamine. For example, multi-ton shipments of pseudoephedrine for use in the manufacture of pharmaceutical preparations, to be re-exported to Mexico, have been ordered in West Asia.

132. The Governments of importing countries in the above-mentioned regions are urged to take appropriate measures to monitor the manufacture, distribution and export of preparations containing ephedrine and pseudoephedrine, to ensure that the end-users are legitimate and to prevent accumulation of those preparations in quantities exceeding the licit requirements. As the diversion of precursors used in the illicit manufacture of methamphetamine is a global problem, the Board has recommended specific measures to be adopted by all Governments, in particular the use of pre-export notifications for pharmaceutical preparations as well as the estimation of licit requirements for ephedrine, pseudoephedrine and preparations containing those two substances.

133. At its meetings during 2006, the Project Prism Task Force examined the latest developments related to diversion of, and trafficking in, precursors, in particular ephedra, used in the illicit manufacture of ATS. The Task Force noted the following: new legislation in the United States aimed at addressing the methamphetamine problem in that country; the measures against diversion of ephedrine and pseudoephedrine and the ban on ephedra adopted by the Mexican authorities; and the latest trends in suspicious shipments, including shipments to Africa, Central and South America and West Asia. The Task Force also focused its attention on trends and developments in Oceania. The Task Force held a special meeting with the main countries involved in the exporting and trans-shipment of ephedrines. Following that, the Task Force decided on operational measures to be carried out during the period 2006-2007 to address concerns regarding the diversion of large amounts of raw materials and preparations containing ephedrine and pseudoephedrine.

Diversion of and trafficking in substances used in the manufacture of heroin and cocaine: Project Cohesion

134. Project Cohesion is a global initiative aimed at assisting countries in addressing the diversion of acetic anhydride and potassium permanganate by providing a platform from which time-bound regional operations can be launched, investigations into seizures and stopped shipments can be coordinated and licit trade can be monitored. Currently, 82 competent national authorities are participating in Project Cohesion. The Board invites all Governments that have not yet done

so to join the initiative in order to prevent traffickers from identifying new routes of diversion and avoid controls.

135. During 2006, the monitoring of licit international trade in precursors continued. More focused efforts are required in the investigation of cases and the launching of specific time-bound operations to counter trafficking at the subregional level, such as Operation Trans-shipment, carried out in Central Asia to identify and seize consignments of acetic anhydride smuggled into Afghanistan. The operation was the first of its kind in the Central Asian subregion. It involved all five countries in that subregion: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The operation, which was held in July 2006, resulted in seizures of sulphuric acid, as well as opium, "hashish" (cannabis resin) and heroin from Kazakhstan, Kyrgyzstan and Tajikistan. Although no acetic anhydride was seized during the operation, the Board trusts that the lessons learned will be used to launch similar activities involving, wherever possible, other countries in the region of West Asia, including Afghanistan.

136. Based on the evaluation of the results of Operation Trans-shipment, Governments should continue operations to identify and dismantle the criminal networks involved. Afghanistan made a major seizure of acetic anhydride (1,250 litres) in May 2006. However, hardly any of the countries bordering Afghanistan reported seizures of acetic anhydride during 2005 and 2006. The lack of evidence linking seizures of acetic anhydride to diversion directly from international trade raises concern over the control exercised by Governments of neighbouring countries with a view to preventing the diversion of precursors from domestic distribution channels.

137. Activities following the example of Operation Trans-shipment may also be useful in regions other than West Asia. For instance, fewer attempts to divert from international trade potassium permanganate, a key chemical used in the manufacture of cocaine, have been uncovered recently. That may indicate that traffickers have developed new methods and routes of diversion, possibly utilizing domestic distribution channels in third countries not usually associated with the illicit manufacture of cocaine. As large seizures of potassium permanganate were reported for 2005 – 141 tons of the substance were seized in Colombia

alone – it would be useful for authorities in the Americas to devise activities to address trafficking in potassium permanganate similar to the ones used to address trafficking in acetic anhydride. In particular, Colombia and its neighbouring States should urgently launch investigations to identify the sources and routes used for smuggling potassium permanganate into areas where the illicit manufacture of cocaine takes place.

D. Evaluation of overall treaty compliance by selected Governments

138. Pursuant to its mandate under the international drug control treaties, the Board reviews, on a regular basis, the drug control situation in various countries and Governments' overall compliance with the provisions of those treaties. The review covers various aspects of drug control, including the functioning of national drug control administrations, the adequacy of national drug control legislation and policy, measures taken by Governments in combating drug abuse and illicit trafficking and Governments' fulfilment of their reporting obligations as required under the international drug control treaties.

139. The Board, while reviewing the drug control situation in various countries, adopts, when necessary, positions on particular drug control issues. Those positions are conveyed to the Governments concerned and, when appropriate, made public by the Board through its annual report.

140. In 2006, the Board reviewed the drug control situation in Papua New Guinea and Switzerland, as well as measures taken by the Governments of those two countries for the implementation of the international drug control treaties. In so doing, the Board paid particular attention to new developments in drug control in those two countries that might endanger the aims of the treaties.

Papua New Guinea

141. In recent years, Papua New Guinea has experienced increasing problems of illicit cannabis production and abuse. Despite those acute problems, national drug control efforts are undermined by a lack of coordination within the Government and inadequate legislation. The country also suffers from inadequate

law enforcement capacity, and the rule of law is generally lacking.

142. Drug control legislation in Papua New Guinea is out of date. It provides inadequate penalties for drug-related offences. Though new legislation was drafted in the early 1990s, it has still not been adopted.

143. Despite the existence of the National Narcotics Bureau, the national coordinating body for drug control, the Government of Papua New Guinea has failed to comply with its reporting obligations under the international drug control treaties for the past 10 years. The Government has also failed to respond to the Board's queries for information regarding the drug control situation in the country.

144. The Board underlines that the chain of international drug control is as strong as its weakest link. If even one State fails to fulfil its obligations under the international drug control treaties, there is the danger that it might be exploited by drug trafficking organizations. The Board urges the Government of Papua New Guinea to take effective measures to remedy the situation without delay.

Switzerland

145. For many years, Switzerland was one of the few European States that had not become a party to the 1988 Convention, though it had cooperated closely with the Board by regularly providing data on precursor chemicals. After some years of dialogue with the Board on that issue, Switzerland acceded to the 1988 Convention in 2005 and it is now a party to all three international drug control treaties.

146. Drug injection rooms remain in operation in various parts of Switzerland. Some of the drug injection rooms also appear to provide facilities – generally known as inhalation rooms – where drug abusers can abuse drugs by inhalation. The Board has stated on numerous occasions, both to the Government of Switzerland and in its annual reports, that such rooms are in violation of the international drug control treaties. The Board urges the Government to provide adequate services and facilities to those in need of treatment in accordance with the international drug control treaties, instead of providing injection and inhalation rooms (see paras. 175-179 below).

E. Evaluation of the implementation by Governments of recommendations made by the Board subsequent to its country missions

147. In discharging its mandate under the international drug control treaties, the Board undertakes an average of 20 country missions a year to maintain a direct dialogue with competent national authorities on matters relating to the implementation of the provisions of the treaties. Furthermore, as part of its ongoing dialogue with Governments, the Board conducts an annual evaluation of the implementation of its recommendations pursuant to its country missions. Selected countries are requested to provide information on progress made in the implementation of the Board's recommendations, including any achievements made and difficulties encountered.

148. In 2006, the Board selected five countries to which it had sent missions in 2003: Algeria, Cambodia, Fiji, Germany and Peru. The Board expresses its appreciation for the information provided by the Governments of Cambodia, Germany and Peru. Their cooperation enabled the Board to conduct a meaningful assessment of the drug control situation in those countries and the progress made by the Governments in addressing drug problems. Information provided by the Government of Algeria was received too late to be reviewed by the Board and is therefore not presented below.

149. The Board notes with concern that no information was received from the Government of Fiji. The Board underlines the importance of the review of its country missions and requests the Government of that country to ensure that the required information is provided to it without further delay.

Cambodia

150. Since the late 1990s, Cambodia has increasingly been used as one of the major trans-shipment points for consignments of ATS, mainly methamphetamine. In addition, methamphetamine has illicitly been manufactured in the country. The geographical location of the country, its limited national law enforcement capacity and a general lack of the rule of law have all contributed to a worsening situation with regard to drug trafficking and abuse. Inadequate control of the

licit movement of controlled substances has also resulted in the abuse of some psychotropic substances.

151. Despite its lack of capacity, the Government of Cambodia has cooperated closely with the Board and some progress has been made in the implementation of the Board's recommendations following its 2003 mission to that country. In particular, Cambodia acceded to the three international drug control treaties in 2005 and has revised its national legislation to ensure compliance with its obligations under those treaties.

152. In addition, the Government of Cambodia has established a national network to collect data on patterns of drug abuse, a first step towards systematic assessment of the scope of drug abuse in the country, and has adopted a national drug control plan. However, the Government has not been able to implement the plan fully because of inadequate funding. In addition, there appears to have been no significant progress in controlling psychotropic substances at the retail level and in preventing the abuse of those substances. The Board appeals to Cambodia's partners to provide adequate financial and technical support to enable the Government to implement its drug control plan.

Germany

153. Pursuant to its 2003 mission to Germany, where the Board visited drug injection rooms (called "drug consumption rooms" in Germany) and some drug abuse treatment establishments, the Board reiterated to the Government its view that such rooms violate the international drug control treaties and recommended that the Government take immediate measures to ensure compliance with its international obligations.

154. The Board remains concerned that the policy of the Government of Germany in this area has not changed, and that rooms for the "consumption" of drugs, including by injection, continue to be in operation in the country. The Board urges the Government to take the steps necessary to ensure that the provisions of the international drug control treaties are fully implemented in the country and that the operation of such rooms is brought to a halt. The Board encourages the Government to continue its efforts to ensure that adequate services are made available to those in need of treatment, rehabilitation and social integration, in conformity with the international drug control treaties, rather than establishing such rooms.

Peru

155. Peru is one of the world's largest producers of coca leaf, with cultivation of coca bush taking place for purposes that are neither medical nor scientific. The Board has, on various occasions, brought to the attention of the Government its treaty obligations and urged it to take measures to remedy the situation.

156. The Board notes that, pursuant to its dialogue with the Government, a declining trend has been observed in the total area under coca bush cultivation in Peru, as a result of the Government's efforts in promoting manual eradication and sustainable legitimate alternative development in the most affected areas. Though some regional authorities had adopted laws permitting coca bush cultivation, in September 2005 the Tribunal Constitucional del Perú (constitutional tribunal of Peru) made a decision nullifying those laws. The Government has also strengthened controls over precursor chemicals, in particular those precursors used in the illicit manufacture of cocaine hydrochloride.

157. The Board notes that the Government of Peru conducted a national survey on drug abuse in secondary schools in 2005 and is carrying out a general population survey in 2006. However, the measures undertaken to combat drug abuse through treatment and rehabilitation are not keeping pace with the increasing demand for those services. The Board urges the Government to take the necessary measures so that progress can be made in those areas as well.

F. Measures to ensure the implementation of the international drug control treaties

Action of the Board taken pursuant to article 14 of the 1961 Convention and article 19 of the 1971 Convention

158. Since 1997, the Board has invoked article 14 of the 1961 Convention and article 19 of the 1971 Convention, which contain measures to ensure the execution of the provisions of the two conventions, with respect to a limited number of countries. The objective of the Board has been to promote compliance with those conventions when other means had failed. The Board notes that most of the States took remedial measures; consequently, the Board decided to

terminate any action pursuant to those articles vis-à-vis those States.

159. The Board is concerned that one State, for which measures under article 14 of the 1961 Convention and article 19 of the 1971 Convention remain invoked, has so far made no sustainable progress. Should that State fail to take immediate steps to remedy the situation, the Board will have no choice but to take further action, pursuant to article 14 of the 1961 Convention and article 19 of the 1971 Convention, and bring the matter to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs.

Consultation with the Government of Afghanistan pursuant to article 14 of the 1961 Convention

160. The Board invoked article 14 of the 1961 Convention vis-à-vis Afghanistan in 2000, in view of the fact that that country had become by far the world's largest illicit producer of opium and was seriously endangering the aims of the 1961 Convention. The Board has since then followed closely the drug control situation in Afghanistan and has maintained an ongoing dialogue with the Government to ensure that progress is made in drug control in that country.

161. The Board notes with concern that the drug control situation in Afghanistan is deteriorating despite the commitment of the Government of Afghanistan, as reiterated by the President of Afghanistan on various occasions, and despite the assistance provided to the Government by the international community over the past five years. There has been little progress in drug control in the country, in particular with regard to the elimination of illicit opium poppy cultivation and opium production.

162. As evidenced by the UNODC report entitled *Afghanistan: Opium Survey 2006*,²² the area under illicit opium poppy cultivation reached a record level in 2006, with potential opium production estimated at about 6,100 tons, an increase of nearly 50 per cent over the figure for 2005. The alarming scale of that illicit activity, in which 2.9 million persons (12.6 per cent of the population) are engaged, constitutes a major obstacle to achieving peace, security and development

in Afghanistan and poses a continuous threat to countries in the neighbouring area and beyond.

163. Progress in eradicating illicit opium poppy cultivation in Afghanistan has often been impeded by corruption prevailing throughout the country. The Board stresses that, unless the Government of Afghanistan takes serious and firm measures to address this problem, the Government's efforts in drug control will be undermined, further hindering political progress, economic growth and social development in the country.

164. The Board regrets that five years after the Government's issuance of a ban on opium production, illicit opium poppy cultivation in Afghanistan has not been contained but has instead reached a record high level. Today, one third of the Afghan economy remains opium-based, which contributes to the widespread corruption in the country. The elimination of illicit drug activities, in particular the illicit cultivation of opium poppy, is crucial to the efforts of the Government of Afghanistan to comply with its obligations under the international drug control treaties. The Government of Afghanistan should be held accountable for eradicating opium poppy cultivation and should take firm measures against corrupt officials involved in illicit drug activities.

165. Illicit opium poppy cultivation is not the only drug control problem that has hindered the progress of the Government of Afghanistan in fulfilling its obligations under the international drug control treaties. Control of licit activities related to narcotic drugs, psychotropic substances and precursors in Afghanistan remains extremely weak. In particular, there is an absence of adequate drug control regulations and mechanisms, resulting in a proliferation of unregulated retail outlets selling controlled substances, many of which have been smuggled into the country.

166. Drug abuse continues to increase in Afghanistan, as evidenced by the findings of the first nationwide survey on drug abuse conducted by UNODC and the Government of Afghanistan in 2005. Cannabis abuse is widespread: cannabis abusers account for 2.2 per cent of the total population of Afghanistan. Although drug abuse by injection appears to be a relatively new phenomenon, the number of heroin abusers has been increasing over the past five years. The Board urges the Government to pursue its action plan on demand

²² United Nations Office on Drugs and Crime, *Afghanistan: Opium Survey 2006* (September 2006).

reduction, paying particular attention to raising public awareness and educating the population, especially women and young people about drug abuse prevention.

167. The Board notes that the Government of Afghanistan established the Drug Regulation Committee in August 2006. The Committee is entrusted with the task of regulating licit activities related to controlled substances, an important step towards ensuring Afghanistan's full compliance with the provisions of the international drug control treaties. The Board requests the Government to take the steps necessary to ensure effective functioning of the Drug Regulation Committee.

168. Pursuant to a decision by the Board, a training seminar on the control of licit activities related to narcotic drugs, psychotropic substances and precursors was organized jointly by UNODC and the Board in Kabul in July 2006. The seminar, the first of its kind in Afghanistan, focused on the relevant provisions of the international drug control treaties and the obligations of the Government of Afghanistan under those treaties, with a view to strengthening the Government's capacity to prevent diversion and ensure the availability of those substances for legitimate purposes. The Board urges UNODC to provide the necessary funding for the implementation of further training programmes aimed at increasing the capacity of Afghanistan to fulfil its treaty obligations.

169. The Board notes that the year 2006 witnessed increased efforts by the international community to assist the Government of Afghanistan in establishing the rule of law throughout the country, which is essential to drug control efforts and to the success of the broader reconstruction process. Increased efforts have also been made to develop new intelligence structures and to build the capacity of drug law enforcement and criminal justice agencies. Those efforts are starting to show results. Since August 2005, there has been an increase in the number of drug traffickers convicted and a significant increase in drug-related seizures and the destruction of illicit drug laboratories.

170. The Board wishes to emphasize that achieving peace, security and development in Afghanistan is closely linked to solving the drug control problem, which requires the full support and cooperation of the international community. The Board calls upon the international community, particularly donor countries,

to continue to assist the Government of Afghanistan in its efforts to eliminate the drug problem, thereby achieving the goals set out in the National Drug Control Strategy. The Government, for its part, should redouble its efforts to remove impediments to the rule of law.

G. Special topics

Bolivia

171. The situation in Bolivia, which for many years has not been in conformity with that State's obligations under the international drug control treaties, continues to be a matter of particular concern to the Board. Bolivia is a major producer of coca leaf, and national legislation allows the cultivation of coca bush and the consumption of coca leaf for non-medical purposes, which are not in line with the provisions of the 1961 Convention.

172. In addition, some of the coca leaf produced in accordance with national legislation in Bolivia is diverted and used for the illicit manufacture of cocaine. There is also information indicating increase in the illicit manufacture of and trafficking in cocaine base and cocaine hydrochloride in recent years, as well as an increase in trafficking in precursor chemicals used in cocaine manufacture.

173. The Government of Bolivia has indicated its intention to review existing national drug control legislation, with a view to using coca leaf for a wide range of products, some of which might be exported. The Board has followed closely the developments in Bolivia and has communicated to the Government its concern that some of the measures that the Government is about to take are not in line with the provisions of the international drug control treaties, particularly the 1961 Convention. The Board is also concerned that policy developments in Bolivia could have repercussions in other countries in South America.

174. In March 2006, the President of the Board, in a meeting with the Bolivian delegation attending the forty-ninth session of the Commission on Narcotic Drugs to discuss the issue, underlined the importance of a forthcoming mission of the Board to Bolivia to continue the dialogue. The Board urges the Government once again to ensure that all national legislation and policies, including possible

amendments to the Constitution, are in full compliance with the provisions of the international drug control treaties, to which Bolivia is a party.

Rooms for the abuse of drugs, including by injection

175. The Board notes with concern that, despite its ongoing dialogue with the Governments concerned, drug injection rooms, where drug abusers can abuse with impunity drugs acquired on the illicit market, remain in operation in a number of countries, including Australia, Canada, Germany, Luxembourg, the Netherlands, Norway, Spain and Switzerland. The Board regrets that no measures have been taken to terminate the operation of such facilities in the countries concerned, and, in some cases, the number of such rooms has increased. Some of the facilities in those countries also provide areas for abusers to inhale drugs, as well as to inject drugs.

176. The Board wishes to reiterate that the provision of rooms for the abuse of drugs, regardless of whether they are under the direct or indirect supervision of the Government, are contrary to the international drug control treaties, particularly article 4 of the 1961 Convention, which obligates State parties to ensure that the production, manufacture, import, export, distribution of, trade in, use and possession of drugs are limited exclusively to medical and scientific purposes.

177. The Board believes that any national, state or local authority that permits the establishment and operation of rooms or any outlet to facilitate the abuse of drugs, by injection or any other route of administration, also provides an opportunity for illicit drug distribution. The Board would like to emphasize that Governments have an obligation to combat illicit drug trafficking in all its forms and that parties to the 1988 Convention are required, subject to their constitutional principles and the basic concepts of their legal systems, to establish as a criminal offence the possession and purchase of drugs for personal non-medical use.

178. In some jurisdictions, local authorities have encouraged or promoted the establishment of rooms for the abuse of drugs. The Board would stress that it is the Government that is responsible for ensuring compliance with the country's obligations under the international drug control treaties.

179. The Board encourages all Governments to ensure that efficient measures are taken to address drug abuse and the spread of HIV/AIDS, in compliance with their obligations under the international drug control treaties. The Board urges the Governments of countries where rooms for the abuse of drugs are in operation to provide adequate services to those in need of treatment and rehabilitation, in accordance with the provisions of the international drug control treaties, rather than providing such rooms.

Increasing trafficking in and abuse of fentanyl

180. The Board is concerned about the increasing trafficking in and abuse of fentanyl and its analogues, which have been reported particularly in North America and in some parts of Europe. The very high potency of those synthetic drugs increases the risk of their overdose and other health problems related to opioid abuse. In the first half of 2006, the United States experienced a high number of deaths related to the abuse of fentanyl (see paras. 344-345 below). In Europe, authorities in Estonia reported that fentanyl and one of its analogues, 3-methylfentanyl, had replaced heroin as the main opioid of abuse in that country. The abuse of, and trafficking in, fentanyl and its analogues were also reported in Ukraine and in some cities in the Russian Federation.

181. Fentanyl and its analogues are sold on the illicit market under various street names. In addition, they are also sold by traffickers as an imitation or as an adulterant of other illicit drugs, in particular heroin. In the United States, fentanyl has also been offered to drug abusers in tablets whose shape and logo resemble illicit MDMA tablets and in counterfeit tablets, purported to be OxyContin® tablets. The illicit market is supplied by the diversion of prescription drugs and by clandestine laboratories.

182. Global consumption of fentanyl for medical purposes has more than tripled since 2000, mainly as a result of the increasing use of transdermal patches in the treatment of severe pain. Fentanyl is also available in injectable or lozenge form. The methods used to divert fentanyl from licit distribution sources include theft, fraudulent prescriptions and illegal distribution by patients, physicians or pharmacists. The Internet provides information on methods that can be used to tamper with pharmaceutical preparations containing fentanyl, including guidance on circumventing the

time-release properties of transdermal patches. The Board calls on all Governments to implement effective measures, in cooperation with the pharmaceutical industry and health-care professionals, to prevent the diversion and abuse of pharmaceutical preparations containing fentanyl.

183. Fentanyl and its analogues manufactured in clandestine laboratories are increasingly being found on the illicit market. In 2006, several significant seizures of illicitly manufactured fentanyl were reported by the law enforcement agencies in the United States. In May 2006, a large clandestine laboratory supplying the illicit market in the United States was dismantled in Mexico. In recent years, clandestine laboratories manufacturing fentanyl have also been dismantled in Ukraine, where the drug is either abused locally or smuggled into other countries in Europe. In 2004, a clandestine laboratory manufacturing fentanyl was dismantled in Austria.

184. The Board notes that the authorities in the United States are examining the possibility of controlling precursor chemicals used in the illicit manufacture of fentanyl. The Board invites the Governments of countries where the illicit manufacture of fentanyl or fentanyl analogues takes place to exchange information on the synthetic routes used by clandestine laboratories and any other information that may facilitate the dismantling of such laboratories.

185. The Board is concerned that many countries may not be in a position to quickly counteract the smuggling and abuse of fentanyl and its analogues, since they do not systematically collect data that would enable them to assess the extent of the problem. In most countries, the authorities are faced with difficulties in obtaining such data due to inadequate laboratory analysis and/or reporting. The Board encourages Governments to ensure that forensic laboratories include analyses of fentanyl and its analogues in their programmes so that they are able to determine whether fentanyl is trafficked in their countries and, if so, to what extent. In particular, countries where a sudden increase in opioid overdoses occurs should determine whether those overdoses were caused by the abuse of fentanyl and its analogues. The Board invites the relevant international organizations to support Governments in such efforts. The Board also wishes to remind all Governments of their obligation to report on abuse, seizures and illicit manufacture of

fentanyl and its analogues to the Board and relevant international organizations, in accordance with the international drug control treaties.

186. The Board wishes to alert all Governments that trafficking in and abuse of fentanyl and its analogues may become a fast-growing problem in their countries and reconfirms its concern about the possible replacement of illicit opiates with synthetic opioids.

Diversion of substances from substitution treatment

187. Consumption of opioids prescribed for substitution treatment of drug dependency has increased in several countries in recent years. There is some evidence that such opioids, in particular, buprenorphine and methadone, have been diverted and abused in many countries. However, data on the extent of such diversion have been limited and are not comparable between countries. The Board sent a questionnaire in 2006 to Governments of 54 selected countries where opioids were prescribed for substitution treatment, in order to obtain information on the effectiveness of the control measures applied to those substances to prevent their diversion into illicit channels and to obtain current information on the diversion and abuse of those opioids in the countries concerned. In addition, information was obtained from other sources, such as seizure statistics, statistics on cases involving death, the Internet and government reports to complement the results obtained through the questionnaire.

188. The replies to the questionnaire indicate that, in many countries, the control measures currently being applied are not adequate. More than half of the 42 Governments that sent replies reported diversion of those substances from substitution treatment. One of the most frequently identified method of diversion was sales by patients.

189. Most Governments reported that the trend in diversions from substitution treatment is stable or increasing. The estimated proportion of the diverted quantity to the total amount of opioids prescribed for substitution treatment, as reported by Governments, was as high as 15 per cent for methadone (in Croatia) and was even as high as 25 per cent for buprenorphine (in France). The Governments concerned indicated that only a small portion of the patients in substitution treatment were responsible for the diversions that

occurred. Governments of countries that applied less stringent controls to opioids used in substitution treatment reported the largest proportion of diverted quantity to the total quantity prescribed.

190. The illicit market for buprenorphine and methadone in many countries is supplied by diversion from substitution treatment. For example, according to a government report, in the Czech Republic the price of Subutex® (buprenorphine) on the illicit market is three times higher than in a pharmacy. In Croatia, the street price of methadone is 15 times higher than the regular price in pharmacies; drug abusers in substitution treatment are selling some of the drug they receive in treatment in order to obtain their preferred drug of dependence, such as heroin.

191. Opioids used in substitution treatment are also diverted in some countries for subsequent smuggling into other countries. In France, an increase in the activities of criminal groups smuggling diverted buprenorphine into Finland and Georgia has been noted since 2004. In Finland, 95 per cent of the buprenorphine found on the illicit market has been smuggled into the country. Israel and Slovakia are also experiencing problems with buprenorphine smuggled from abroad. For methadone, preparations diverted from substitution treatment are smuggled out of Central Europe and some Balkan countries into neighbouring countries, where they are abused.

192. Cases involving death attributable to the abuse of buprenorphine and methadone have been reported in several countries. In the United Kingdom of Great Britain and Northern Ireland, methadone alone or in combination with other drugs was implicated in 173 drug-related deaths in 2005.²³

193. Several Governments have recently taken or are considering steps to strengthen their control measures applicable to opioids used in substitution treatment, with a view to preventing their diversion. The measures which have been found to be effective include supervised consumption, application of appropriate conditions for drugs to be taken at home, treatment according to clinical standards, prescription monitoring systems and mandatory training of health-care professionals.

²³ National Programme on Substance Abuse Deaths, *Drug-Related Deaths in the UK: Annual Report 2006* (London, St. George's, University of London, 2006).

194. The Board requests the Governments of countries where opioids are used for substitution treatment to take all measures necessary to prevent their diversion into illicit channels while making those substances available for legitimate treatment. In this connection, the Board notes with concern that some of those Governments which responded to its questionnaire indicated that information on the diversion and abuse of opioids used in substitution treatment was not available to the competent authorities. The Board again requests all Governments concerned to establish a mechanism for the systematic collection of information on the diversion and abuse of drugs prescribed for substitution treatment, using, inter alia, statistics on emergencies related to drug abuse and statistics on drug-related deaths. Such a mechanism will help Governments to identify problems as soon as possible and to take appropriate countermeasures before such problems increase.

195. The Board notes that, in response to Economic and Social Council resolution 2004/40 of 21 July 2004, WHO, in collaboration with UNODC, is developing the guidelines for psychosocially assisted pharmacotherapy for the management of opioid dependence. The Board trusts that the guidelines will remind all those involved in the provision of substitution treatment of their obligation to implement the provisions of the international drug control treaties and national legislations regarding opioids and that the guidelines will provide specific guidance on preventing the diversion of opioids used in pharmacotherapy.

Information on the specific requirements for travellers who carry medical preparations containing controlled substances for personal use

196. The Commission on Narcotics Drugs, in its resolutions 44/15, 45/5 and 46/6, encouraged Governments to notify the Board of restrictions currently applicable in their territory to travellers under medical treatment with preparations containing controlled substances. As at 1 November 2006, 73 Governments had provided such information to the Board, including information on relevant legal provisions and/or administrative measures in force in their countries applicable to travellers carrying medical preparations with narcotic drugs or psychotropic substances for personal use. The Board calls on all Governments that have not yet done so to submit to it

that information without delay. The Board will ensure the wide dissemination of the information so that Governments will be able to advise travellers on the requirements needed in countries of destination.²⁴

Requirement for drug reference standards

197. In order to facilitate the obtaining of reference standards of narcotic drugs, psychotropic substances and/or precursors required for the proper and reliable identification and analysis of controlled drugs and precursors, the Board has developed guidelines for use by national drug-testing laboratories and national competent authorities for the import and export of drug and precursor reference standards.

198. The guidelines were prepared in order to assist national laboratories and other relevant scientific institutions in obtaining in a timely manner the reference standards they require. The guidelines contain some of the most frequently encountered difficulties and provide guidance on how obstacles may be overcome. The guidelines will be made available on the website of the Board (www.incb.org).

Ketamine

199. During the past several years, the Board has noted with concern reports of the abuse of, and trafficking in, ketamine, a substance currently not under international control.²⁵ In its report for 2005, the Board drew the attention of Governments to the problem of widespread abuse of ketamine, particularly among youth, in East and South-East Asia and trafficking in ketamine in that region and in other regions, including the Americas.²⁶

200. The abuse of and trafficking in ketamine continue unabated, particularly in a number of countries in East and South-East Asia, in South Asia and in Oceania, including Australia, Bangladesh, Cambodia, China (including the Hong Kong Special Administrative Region (SAR)), India, Malaysia, Singapore, Thailand and Viet Nam. In China, for instance, authorities seized

2.6 tons of ketamine in 2005. The Hong Kong SAR of China has reported a significant increase in seizures of ketamine in 2005: a total of 409 kg of the substance were seized in 921 individual seizure cases. Other seizures of ketamine have been reported in Canada, El Salvador, Indonesia, the Russian Federation and the United States and illicit ketamine laboratories have been dismantled in Mexico and the Philippines. Ketamine has become one of the most abused drugs among adolescents (persons aged 11-20 years old) in the Hong Kong SAR of China. The abuse of ketamine has also been reported in some countries in the Americas, such as Argentina, Canada and Costa Rica.

201. In the light of those developments, the Commission on Narcotic Drugs adopted resolution 49/6, entitled "Listing of ketamine as a controlled substance", in which it called upon Member States to consider controlling the use of ketamine by placing it on the list of substances controlled under their national legislation, where the domestic situation so required.

202. At the same time, ketamine was subject to critical review by the WHO Expert Committee on Drug Dependence in March 2006. The Committee concluded that the information presented to it was not sufficient to warrant its international scheduling. Therefore, the Committee requested the secretariat of WHO to produce an updated version of the critical review document, to be submitted to it at its next meeting.

203. The Board welcomes the adoption of Commission on Narcotic Drugs resolution 49/6 and calls on all Governments to implement that resolution without delay. In particular, the Board encourages all Governments concerned to take steps to determine the size of the population abusing ketamine and, wherever warranted, to place ketamine under their national drug control legislation. Furthermore, the Board urges all Governments to provide to it and to WHO all available information on the abuse of ketamine in their countries, in order to assist the WHO Expert Committee on Drug Dependence, at its next meeting, in its efforts to assess ketamine for possible scheduling under the 1971 Convention.

204. The Board requests all Governments to furnish it with all relevant information on the national regulatory measures that have been put in place in their countries, in compliance with Commission on Narcotic Drugs resolution 49/6, in particular import and export authorization requirements relating to ketamine. In that

²⁴ *Report of the International Narcotics Control Board for 2005* ..., paras. 214 and 215.

²⁵ See, for example, *Report of the International Narcotics Control Board for 2004* (United Nations publication, Sales No. E.05.XI.3), para. 390.

²⁶ *Report of the International Narcotics Control Board for 2005* ..., paras. 385, 431, 468, 471 and 641.

connection, the Board notes with appreciation that such information has already been provided to it by the Governments of Israel, Myanmar, the Philippines and the United Kingdom. Information on national controls in place in individual countries will assist the Governments of exporting countries, and the Board, in rapidly verifying the legitimacy of individual transactions involving trade in ketamine, without unduly delaying licit trade. The Board will maintain and update an inventory of that information, for distribution to all Governments on a regular basis.

Illegal sale of controlled substances through the Internet

205. Despite successes achieved in a number of countries, available information indicates that the illicit sale of pharmaceuticals containing controlled narcotic drugs and psychotropic substances via the Internet and the illicit distribution of such substances by mail have continued unabated.²⁷

206. Many pharmaceutical preparations containing controlled substances continue to be sold by illegally operating Internet pharmacies and distributed to customers by mail. The Board notes with appreciation that smuggling by mail is increasingly recognized by national authorities as a method of drug trafficking and constitutes a major problem for law enforcement authorities. In 2005, 80 individual consignments of psychotropic substances that had been smuggled by mail were seized in Australia, New Zealand and Thailand. Most of those cases (32 seizures made in Thailand) involved diazepam. In 2006, four consignments of phenobarbital smuggled by mail from the Democratic Republic of the Congo were seized in Belgium. Three consignments of ATS were seized in New Zealand.

207. In view of the global nature of the use of the mail for illicit drug trafficking, concerted action by the international community is urgently required. In particular, there is a need to establish a mechanism that will ensure the sharing of experiences and the rapid exchange of information on specific cases, as well as the standardization of data collected. The Board,

therefore, in July 2005, requested all Governments to identify focal points for activities related to illegally operating Internet pharmacies, to provide details of legislation and regulations on Internet services and sites and on the use of the mail for individual shipments of controlled drugs. As at 1 November 2006, 45 countries had provided the requested information to the Board. The Board encourages all Governments that have not yet done so to provide the requested information without further delay.

208. The Board notes with appreciation that each of the responding Governments has nominated a focal point to be contacted in cases involving suspected illegal sales by Internet pharmacies. Forty per cent of the responding Governments reported having in place legislation for dealing with illegal Internet pharmacies. While six Governments reported that the purchase of controlled drugs through Internet pharmacies was allowed under their national legislation, 87 per cent of all the responding Governments confirmed that purchasing controlled drugs through Internet pharmacies was prohibited under their national legislation and 33 per cent confirmed that their national legislation included licensing/registration conditions that required Internet service providers to close down illegally operating Internet sites. Nine of the responding Governments reported that the use of the mail for importing and exporting controlled drugs was allowed, provided that the transactions had been duly authorized by the competent authorities. However, 56 per cent of the responding Governments considered that their national legislative provisions did not provide adequate sanctions against the diversion and illegal sales of controlled drugs by Internet pharmacies, and only 9 per cent reported having in place a mechanism for voluntary cooperation between the competent authorities and manufacturers and wholesalers.

209. Ten Governments (over 20 per cent of those responding) reported having practical experience in the control and investigation of illegal Internet pharmacies. Of those, the Government of the United States had the greatest experience in identifying and dismantling international drug trafficking through the Internet. The United States authorities concluded two major investigations in 2005, resulting in the dismantling of two trafficking networks operating in Australia, Canada, Costa Rica, India and the United States and the seizure of 13.5 million tablets of narcotic drugs (codeine, hydrocodone, morphine and oxycodone) and

²⁷ *Report of the International Narcotics Control Board for 2004* ..., paras. 170-184; and the *Report of the International Narcotics Control Board for 2005* ..., paras. 219-242.

psychotropic substances (alprazolam, amfepramone, buprenorphine, diazepam, methylphenidate and phentermine), as well as tramadol and ketamine (105 kg), substances currently not under international control.

210. Other Governments that reported having closed down at least one illegal Internet pharmacy included the Governments of Costa Rica, Mexico, South Africa and Switzerland. While the court cases in South Africa and Switzerland are still pending, Mexico reported that a veterinary pharmaceutical laboratory in Cuernavaca that was manufacturing large quantities of ketamine and selling them over the Internet to persons in the United States had been dismantled. As a result, arrests had been made in both Mexico and the United States.

211. The substances most commonly traded over the Internet were psychotropic substances, mainly benzodiazepines and stimulants. With regard to narcotic drugs, sales of codeine and dextropropoxyphene were also reported to have been sold over the Internet.

212. The Board notes with appreciation the steps taken by the Governments of a number of countries, including France, the Netherlands, Sweden, the United Kingdom and the United States, to issue guidelines or adopt new legislation to counteract such illegal activities and encourages all Governments that have not yet done so to take action, as appropriate.

Control status of dronabinol (*delta*-9-tetrahydrocannabinol)

213. Pursuant to article 2, paragraph 4 (b), of the 1971 Convention, a substance is placed under international control when there is sufficient evidence that the substance is being or is likely to be abused so as to constitute a public health and social problem. However, four different types of control (Schedules I-IV) are applied on the basis of the extent or likelihood of abuse, the degree of seriousness of the public health and social problem and the degree of usefulness of the substance in medical therapy.

214. Substances in Schedule I of the 1971 Convention have the strictest form of control, while substances in Schedule IV have the least stringent control measures. Experience has shown, however, that where less stringent control measures are in place for

psychotropic substances the level of diversion from licit distribution channels into illicit channels is higher.

215. Dronabinol, being one of the stereochemical variants of *delta*-9-tetrahydrocannabinol (*delta*-9-THC), was initially controlled in Schedule I of the 1971 Convention, but *delta*-9-THC was transferred with its stereochemical variants to Schedule II in 1991 by the Commission on Narcotic Drugs in its decision 2 (XXXIV), on the grounds that dronabinol had some medical usefulness. The quantity of dronabinol currently used for medical purposes is limited and it is prescribed in only a few countries.

216. Dronabinol continues to be available in the few countries for the treatment of medical conditions for which it has been approved or for clinical research. Despite the present control of dronabinol in Schedule II of the 1971 Convention and its limited use in a few countries, there have been reports of its abuse in a country in which it is prescribed most. The Board is concerned about the possibility of dronabinol, the active principle of cannabis, being transferred to a schedule with less stringent control. The adoption of control measures that may lead to a proliferation of dronabinol preparations and their use may result in increased diversion of such preparations into the illicit traffic and increased abuse of such preparations. The Board is of the view that the control measures envisaged for substances in Schedule II make it possible for dronabinol to be available either for treatment or for research purposes, as is the case for other substances in the same schedule, such as amphetamines and methylphenidate.

III. Analysis of the world situation

A. Africa

Major developments

217. The cultivation and production of cannabis are on the rise in Africa, despite a marked reduction in cannabis production in Morocco (the world's largest producer of cannabis resin) over the past few years and intensive eradication efforts undertaken by the authorities of countries in the entire region. Likewise, Africa's share of global trafficking in cannabis has been increasing continuously, as corroborated by a number of multi-ton seizures of cannabis herb and resin that were effected in Africa during the past year. Cannabis remains the major drug of abuse in the region. As health-care facilities often lack the necessary resources, many African countries face serious difficulties in providing adequate treatment and rehabilitation for persons abusing cannabis.

218. Pharmaceutical preparations containing controlled substances are easily obtained on unregulated markets throughout Western, Central and Northern Africa. Misuse and abuse of those preparations are reported to be taking place among persons in all social strata. Those products, which are usually diverted from domestic distribution channels, are sold without prescription in pharmacies and other retail outlets. While drug control legislation prohibiting such practices is in place in most countries, it is often not adequately implemented and enforced. Due to insufficient funds, there is a shortage of trained pharmacists and pharmacy inspectors in many African countries, which is often exacerbated by a lack of funds to fill vacancies resulting from natural attrition and emigration ("brain drain"). There is concern that the problem of controlled drugs and counterfeit drugs being sold via illegally operating Internet pharmacies may soon spread to urban centres in Africa.

219. One particularly worrisome development in Africa is the large-scale trafficking in cocaine. Taking advantage of the weak interdiction capacities in Africa, drug trafficking networks are using the region as a transit area for smuggling cocaine from South America through Western, Central and Southern Africa. In addition, heroin from West and South-East Asia is

smuggled through Eastern Africa, to be shipped to illicit markets in Europe and, to a lesser extent, North America. The trafficking in cocaine in Africa is fuelled by rising demand for, and abuse of, cocaine in Europe. Both the number of couriers apprehended and the volume of bulk seizures of cocaine in Africa have increased significantly. As a spillover effect of the ongoing transit trafficking in heroin in the subregion, the abuse of heroin has become a problem in Eastern Africa. In addition, heroin is now also being smuggled by groups from Western Africa to that subregion, in exchange for cocaine that is smuggled into South Asia, where the abuse of cocaine appears to have spread.

220. Efforts by Governments of African countries to deal with those problems are impeded by a lack of adequate drug control mechanisms and skilled human resources. It is feared that, if left unchecked, the problem of drug trafficking in Africa might further exacerbate existing social, economic and political problems.

Regional cooperation

221. The Board notes the efforts made by the Economic Community of West African States (ECOWAS) to coordinate drug control activities in Western Africa. At a conference held in Abuja in July 2006 the coordinators of inter-ministerial drug control committees of ECOWAS member States carried out a final evaluation of the implementation of the 1997 Regional Plan of Action for the Control of Drugs in West Africa. Based on the recommendations of the evaluation, the member States agreed to develop a new regional plan of action on drugs and crime. Other issues discussed at the conference included the status of the regional training academy for drug control in Jos, Nigeria, and the regional drug training centre in Grand-Bassam, Côte d'Ivoire.

222. The Board welcomes the establishment of the West African Drug Regulatory Agencies Network, a subregional body of drug regulators aimed at combating counterfeit and fake drugs. The Network was created at an international conference held in

Abuja in March 2006.²⁸ It is chaired by the head of the National Agency for Food and Drug Administration and Control of Nigeria. The Board calls upon IMPACT, the newly established task force of WHO, to cooperate with the Network, as appropriate.

223. The WHO Regional Committee for Africa held its fifty-sixth session in Addis Ababa from 28 August to 1 September 2006. The session was attended by the ministers of health of 46 WHO member States in Africa, as well as representatives of the United Nations and its specialized agencies, intergovernmental and non-governmental organizations and bilateral donor agencies. The Board notes, with appreciation, that the WHO Regional Committee dealt with drug regulatory matters, urging Governments that had not yet done so to accede to the international drug control treaties and stressing the importance of training national drug control authorities to establish a sound drug regulatory system to ensure adequate availability of controlled substances for medical needs. At the occasion of that session, the Secretary of the Board met with a number of ministers of health of African countries and officials from the WHO Regional Office for Africa with a view to developing a collaborative programme to strengthen drug regulatory systems in Africa and made contributions to the development of future drug control action plans.

224. The Sixteenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Nairobi from 25 to 29 September 2006. Issues dealt with at the Sixteenth Meeting included alternative development and cannabis, the increased trafficking in cocaine in Africa, the control of precursor chemicals, controlled deliveries, drug abuse and HIV/AIDS, the illegal street sale of medicines, and psychotropic substances and synthetic drugs.

225. In view of the rapid increase in the smuggling of cocaine from South America via Western Africa to Europe using commercial airliners, Interpol hosted an operational working group meeting on the subject at its headquarters in Lyon, France, in May 2006. At that

meeting, participants²⁹ decided on measures for operational coordination and cooperation, including improved exchange of information and analysis of intelligence related to cocaine seizures.

226. In Western Africa, successful joint operations continue to be carried out by drug law enforcement authorities from Cape Verde, Ghana and Senegal. The Board notes the good interaction involving international drug liaison officers in those countries and local law enforcement agencies in gathering and sharing intelligence.

227. A memorandum of understanding was signed by the anti-narcotics general administrations of Egypt and the Libyan Arab Jamahiriya, with a view to strengthening cooperation at their joint border control points.

228. A regional meeting of national prison authorities held in Nairobi in November 2005 was attended by authorities from Kenya, Mauritius, Uganda and the United Republic of Tanzania. The discussion focused on the current situation with regard to drug abuse and HIV/AIDS in prisons in those countries and on the best ways to address them.

229. In 2006, assistance provided under the UNODC project to develop the drug interdiction capacity of law enforcement agencies at selected ports in Southern and Eastern Africa was extended to include the ports of Beira and Nacala in Mozambique. Similarly, the Government of Senegal and UNODC officially launched a container control project in the port of Dakar in early 2006.

230. The Windhoek Declaration on a new partnership between the Southern African Development Community (SADC) and its international cooperating partners was adopted in Windhoek on 27 April 2006. In the Declaration, a number of areas, including efforts to counter drug trafficking, are identified for cooperation between SADC and multilateral and bilateral donors.

231. South African authorities, with the support of the Government of France, organized in Roodeplaat, South Africa, in January 2006 a 14-day operational training course on the fight against drug trafficking and the

²⁸ The international conference, entitled "Combating Counterfeit/Fake Products in West Africa: a Need for a Unified Approach", was attended by representatives of Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Guinea-Bissau, Liberia, the Niger, Nigeria, Senegal, Sierra Leone and Togo.

²⁹ Law enforcement authorities from Belgium, Côte d'Ivoire, France, Germany, Ghana, Ireland, Italy, Morocco, the Netherlands, Portugal, Spain, Switzerland, the United Kingdom and the United States.

diversion of precursor chemicals. During the course, law enforcement officials from 14 African countries,³⁰ were provided with skills and expertise related to drug identification and interdiction, monitoring of chemicals required for drug manufacture, controlled deliveries dealing with clandestine drug laboratories, and surveillance of containers, parcels and persons. The Government of South Africa also hosted in Johannesburg, South Africa, from 22 to 24 August 2006 the SADC Regional Seminar on Chemical Monitoring Programmes for member States. The seminar was attended by representatives of five SADC member States,³¹ as well as members of the chemical and pharmaceutical industries. In view of the increasing trafficking of drugs and precursor chemicals through Africa, the Board encourages all Governments concerned to support similar initiatives in Africa.

National legislation, policy and action

232. Despite efforts to improve drug control in Africa, many countries on the continent still lack appropriate and updated legislation, qualified human resources and well-structured drug control mechanisms. As a result, drug control policy and action continue to have limited impact.

233. The Government of Egypt continues to pursue a comprehensive drug control strategy that was developed in 1998. In Egypt, the Anti-Narcotics General Administration, the Ministry of the Interior, the coast guard, the customs service and selected military units cooperate in task forces designed to interdict illicit drug shipments.

234. The Government of the Libyan Arab Jamahiriya has established a new drug control committee under the supervision of the Minister of the Interior. The committee makes recommendations to the Ministry of the Interior and the Anti-Narcotics General Administration of the Libyan Arab Jamahiriya. Currently, the Administration, in collaboration with other agencies in the country, is designing the national drug control strategy and action plan.

³⁰ Angola, Botswana, Egypt, Ghana, Kenya, Morocco, Mozambique, Namibia, the Niger, Seychelles, South Africa, Togo, the United Republic of Tanzania and Zambia.

³¹ Botswana, Mozambique, Namibia, South Africa and the United Republic of Tanzania.

235. The Government of Kenya has stepped up efforts aimed at drug abuse prevention and treatment. Access to treatment for drug abuse was significantly increased by the establishment of specialized units run by the Ministry of Health and competent non-governmental organizations. Drug abuse by injection and its relationship to HIV/AIDS continued to be highlighted in several ways. In Kenya, more than 7,000 drug abusers made use of an outreach project in one year; more than half of them were referred for voluntary counselling and testing.

236. In October 2006, a new law on drug abuse has been submitted to the Parliament of Namibia. The new legislation, called the Combating of the Abuse of Drugs Bill, will ban trafficking in and sale, possession and consumption of dangerous, undesirable and dependence-producing substances and will provide for mandatory prison sentences. The new law, together with the Financial Intelligence Bill, submitted to Parliament earlier, and the Prevention of Organized Crime Act of 2004, is expected to pave the way for Namibia to accede to the 1988 Convention.

237. The Board notes that the Government of South Africa approved in October 2006 the national drug control master plan for the period 2006-2011. The new master plan places emphasis on ensuring adequate standards for centres for the treatment and rehabilitation of drug abusers. In Nigeria, the Government is currently reviewing its national drug control master plan. New drug control laws have been drafted and are pending approval by the parliament in Ghana and Sierra Leone.

238. The Board notes the efforts by the Government of Nigeria to combat unregulated markets. The Government of that country, which, according to Interpol, used to be the nucleus of the illicit traffic in pharmaceuticals in Africa, has markedly reduced the incidence of counterfeit drugs within the past few years, through improved control, inspection of distribution outlets and public destruction of counterfeit and substandard products. The Board calls upon all Governments concerned to improve the efficiency and effectiveness of their drug regulatory authorities with a view to preventing illicit distribution practices or counterfeiting while, at the same time, facilitating the access of their populations to the medication they require.

239. In Malawi, the inter-ministerial committee for drug control convened in November 2005 a broad-based stakeholders meeting to solicit support for the Government's new drug control master plan, drug control policy and drug abuse bill.

240. The Government of Morocco, following the positive results of eradication efforts in 2005 and as part of its comprehensive national drug control strategy, has launched a new eradication initiative aimed at making the Province of Taounate free of cannabis by the end of 2006. The initiative is complemented by various socio-economic programmes and alternative development projects, including pilot projects involving rural development in the areas affected by illicit cannabis production.

241. On 26 June 2006, the Ministry of Education of South Africa launched a new programme on substance abuse in schools. The programme places emphasis on the relationship between drug abuse, risky sexual behaviour and HIV/AIDS and is being implemented in schools and other educational institutions in cooperation with the Ministry of Education and the Ministry for Social Development. The Government is also in the process of reviewing and updating its current law relating to the prevention and treatment of drug dependence. The new legislation will promote more community-based services, place greater emphasis on preventive services and be more sensitive towards the needs of drug-dependent children.

242. The Board is pleased to note that a number of Governments of African countries have taken measures against money-laundering. Legislation against money-laundering was adopted in Cameroon, Malawi, the Niger and Sierra Leone. The Board also notes that the Financial Action Task Force on Money Laundering has removed Nigeria from the list of countries and territories considered to be "non-cooperative" in efforts to counter money-laundering or to have critical deficiencies in their systems for countering money-laundering. Furthermore, the initiative to counter money-laundering in Western Africa was strengthened by ECOWAS by allocating substantial funds to the Intergovernmental Action Group against Money Laundering in West Africa (GIABA), the body responsible for coordinating efforts to counter money-laundering at the subregional level.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

243. In Africa, the main drug of abuse remains cannabis, which is trafficked at the national, subregional, regional and international levels. Egypt, Morocco, Nigeria and South Africa remain important sources of cannabis herb. Africa accounts for almost one third of global seizures of cannabis herb. While Morocco continues to be a major producer of cannabis resin, cultivation of cannabis and production of cannabis resin reportedly declined in 2004 and 2005. According to the 2005 cannabis survey,³² conducted jointly by the Government of Morocco and UNODC, the total area under cannabis cultivation decreased by 40 per cent from 2004 (120,500 hectares) to 2005 (72,500 hectares), and the production of cannabis resin declined by 62 per cent (to 1,066 tons) in 2005. The decrease in Morocco was the result of unfavourable weather conditions combined with a successful eradication campaign, including awareness-raising and mechanical eradication of the cannabis crop (in Larache Province). From 2003 to 2004, seizures of cannabis resin in Morocco decreased from 96 tons to 87 tons, while seizures of cannabis herb increased from 69 tons to 319 tons. In Algeria, the volume of cannabis resin seized was reported to have increased from 8 tons to 12 tons. Overall, however, seizures of cannabis resin in North Africa decreased, from 115 tons in 2003 to 103 tons in 2004. The increase in cannabis production in Africa was accompanied by an increase in the abuse of that drug. While the abuse of cannabis resin is largely confined to Northern Africa, the abuse of cannabis herb takes place throughout Africa.

244. Cannabis herb continues to be the drug that is most widely smuggled within Africa. It is also smuggled out of the region, mainly into Europe. Africa's share of global cannabis seizures increased from 16 per cent at the beginning of the 1990s to over 30 per cent in 2004. In Africa, the largest seizures of cannabis herb in 2004 were effected in Nigeria and South Africa, while Morocco accounted for 6 per cent of global seizures of cannabis resin. In 2005, 78 tons of cannabis herb and 1.5 tons of cannabis resin were reported to have been seized in Egypt, and 14.3 tons of

³² United Nations Office on Drugs and Crime, *Maroc: enquête sur le cannabis 2005* (November 2006).

cannabis herb were reported to have been seized in Ghana. In Morocco, in 2005, almost 18 tons of cannabis were seized at the port of Tangiers alone, and 247 persons involved in international drug trafficking were arrested. Bulk shipments of cannabis (1-6 tons each) destined for countries in Europe, particularly the United Kingdom, continue to be seized by South African authorities. In May 2006, a record seizure of 22.5 tons of cannabis originating in Pakistan and destined for Canada was effected by Canadian authorities on a vessel on the high seas 320 kilometres off the coast of Angola. In a joint operation involving police from Lesotho and South Africa in July 2006, 47 tons of cannabis herb were seized.

245. African countries are being targeted for trans-shipment of cocaine. The smuggling of cocaine from South America into Europe through Africa continues unabated, with countries in Western and Central Africa being used as transit and storage areas for cocaine destined for Europe. Cocaine is trafficked from South America in large shipments along maritime routes leading predominantly to the countries surrounding the Gulf of Guinea, where it is re-packaged and smuggled by air by couriers into Europe or dispatched via parcel post. The most affected countries are Benin, Cape Verde, Ghana, Guinea-Bissau, Nigeria and Togo, while Ghana is serving as a major trans-shipment area and logistics base. Increasingly, Guinea-Bissau is being used by criminal groups from Latin America for the trans-shipment of cocaine. In September 2006, police in Guinea-Bissau seized 674 kg of cocaine and arrested two suspected smugglers, together with arms and radio and other equipment. Senegal has also become a transit country. Another matter of concern is that criminal organizations from South America involved in cocaine trafficking are reportedly linking with criminal groups involved in cannabis trafficking in Morocco and Spain.

246. During the past two years, there have been major seizures of cocaine in Africa. In Ghana, 558 kg of cocaine were seized in Tema in January 2004, 580 kg of cocaine were seized in Accra in November 2005 and 1.9 tons of cocaine hidden on a vehicle were seized on the Ghanaian coast in May 2006. In Kenya, 1.1 tons of cocaine were seized in late 2004. In addition, 3 tons of cocaine were seized on the high seas near Cape Verde in February 2006 on a vessel registered in Guinea-Bissau. In June 2006, over 14 tons of a mixture of cocaine and white cement was seized in Nigeria at the port of Lagos on board a vessel from Peru. The

seizure in Lagos was the result of successful collaboration involving drug law enforcement authorities from Nigeria, South Africa, the United Kingdom and the United States.

247. In addition, growing numbers of couriers with cocaine are being arrested at airports in Western Africa and Europe. There has been a spillover effect of such transit traffic: increased abuse of cocaine, including "crack" cocaine, in countries in Western Africa, including in Senegal and Sierra Leone.

248. Sizeable quantities of cocaine continue to be seized in South Africa, mainly at the international airport at Johannesburg. In South Africa, the abuse of cocaine also appears to be on the increase, as reflected by significantly increasing demand for treatment for cocaine abuse. Courier mail seems to be frequently used as a means of smuggling cocaine originating in South America, according to seizure reports from Angola, the Democratic Republic of the Congo, Mozambique and Zambia. To a lesser extent, cocaine is smuggled by air into Europe via cities in Eastern Africa, mainly Nairobi.

249. The Board urges the Governments of African countries affected by such transit traffic to step up surveillance of their territorial waters and points of entry to detect suspicious activities and to develop adequate mechanisms for cooperation in drug interdiction and intelligence-sharing. To that end, the provision of adequate assistance by the international community will be essential.

250. Heroin from South-West Asia and South-East Asia continues to be smuggled through African countries, intended for illicit markets in Europe and, to a lesser extent, North America. While increased heroin seizures throughout Africa, particularly in Western and Central Africa, have been reported in 2004, the last year for which global figures are available, the total quantity of heroin seized in Africa is still small compared with the global figure. One new development is the reported smuggling of heroin from India into Western African countries, mainly Nigeria, in exchange for cocaine trafficked by Western African criminal groups. As a result, a gradual increase in cocaine abuse has been noticed in cities in India, such as Delhi, Mumbai, Bangalore and Goa (see paras. 500-501 below).

251. Significant seizures of heroin continue to be made at international airports in Ethiopia (at Addis Ababa), Kenya (at Nairobi), Mauritius (at Port Louis) and the United Republic of Tanzania (at Dar es Salaam). In addition, a case of smuggling of heroin by sea freight containers has been reported: as a result of a controlled delivery, 42 kg of heroin from Pakistan smuggled via the United Arab Emirates and Kenya were seized in Uganda and five persons were arrested. As a spillover effect of the smuggling of heroin through those Eastern African countries, the abuse of that substance is also occurring in those countries. Heroin abuse also occurs in South Africa and in some countries in Western Africa. The South African Community Epidemiological Network on Drug Use has reported increased availability of “cheap heroin”, a mixture of heroin and cannabis that is popular among young people.

Psychotropic substances

252. The availability and abuse of prescription drugs containing controlled substances is increasingly becoming a major problem in many countries throughout Africa (see also chap. I above). The abuse of preparations containing ephedrine³³ and diazepam (Valium) continues to be reported, particularly in Western and Central Africa. Prescription drugs can be obtained without prescription through over-the-counter dispensing at licensed pharmacies and are sold by street vendors, health-care providers and neighbourhood shops. The problems are often exacerbated by a proliferation of illegal retail outlets. A recent study³⁴ conducted by UNODC, in cooperation with the Government of Egypt and WHO, indicated that psychotropic substances were available in Cairo without prescription and revealed consumption patterns relating to inappropriate use.

³³ Ephedrine is controlled under the 1988 Convention. However, under the national legislation of many African countries, ephedrine is subject to the same controls as are applied to psychotropic substances controlled under the 1971 Convention.

³⁴ The exploratory study on the patterns of use and the misuse of prescription psychotropic substances in Cairo in 2006, conducted by the UNODC Regional Office for the Middle East and North Africa, in cooperation with the Ministry of Health and Population of Egypt and the WHO Regional Office for the Eastern Mediterranean.

253. The illicit manufacture of psychotropic substances in Africa, notably methaqualone (Mandrax), methamphetamine, methcathinone and MDMA (“ecstasy”) remains limited to South Africa and some countries in Southern and Eastern Africa, where those substances are abused as well. That is corroborated by a substantial increase in the number of clandestine drug laboratories that have been dismantled, including a major methaqualone laboratory that was detected and dismantled by the Kenyan authorities in Nairobi in January 2006.

254. In South Africa crystalline methamphetamine has now emerged as the main substance of abuse among patients in treatment for drug abuse in the Western Cape area. In addition, the abuse of psychotropic substances has been reported in Egypt. In 2005, Egyptian authorities seized over 325,000 tablets containing flunitrazepam (Rohypnol). Furthermore, significant increases in both the volume and number of seizures of buprenorphine have been reported in Mauritius. According to the authorities of that country, because of the current shortage of heroin, traffickers and abusers are now increasingly turning to buprenorphine.

255. As most countries in Africa do not have the legislation and institutional framework in place to combat trafficking in precursors, such chemicals continue to be diverted through the region. Of particular concern are the ongoing diversion and attempted diversion of ephedrine and pseudoephedrine through African countries. While those substances are often destined for local abuse as a mild stimulant, there is some concern that parts of those consignments may be used for the illicit manufacture of methamphetamine and methcathinone elsewhere. That concern has been exacerbated by a series of diversions and attempted diversions of multi-ton consignments of pseudoephedrine to Angola, the Democratic Republic of the Congo, Ghana, Kenya and Rwanda that have been detected during the last year under Project Prism, the Board’s international initiative to address the diversion of precursors of ATS.³⁵

³⁵ Project Prism is being carried out by about 130 national authorities in cooperation with Interpol, the World Customs Organization, UNODC and the European Commission.

256. The seizure in Belgium in July 2006 of 300 kg of pseudoephedrine in a shipment from the Democratic Republic of the Congo that was destined for Mexico, corroborates suspicions that international trafficking networks have been operating in African countries, notably the Democratic Republic of the Congo, using those countries for the diversion of pseudoephedrine to be used for the illicit manufacture of methamphetamine in Mexico. Furthermore, the report that an African country had been used for smuggling into Europe a precursor of MDMA ("ecstasy") was confirmed by a recent seizure effected in France of 4 tons of 3,4-methylenedioxyphenyl-2-propanone from Madagascar and destined for the Netherlands (see the 2006 report of the Board on the implementation of article 12 of the 1988 Convention).³⁶

257. The Board calls upon the Governments of all countries in Africa to establish adequate mechanisms for the monitoring and control of the substances listed in Tables I and II of the 1988 Convention. At the same time, the Board encourages the relevant authorities in North America and Europe to extend the necessary cooperation and support to their counterparts in Africa to prevent the diversion of precursor chemicals through that region. In that connection, the Board also welcomes the launching of a new Interpol project, named Project Drum, which entails the establishment of an African operational network for combating trafficking and diversions of synthetic drugs and precursor chemicals.

Substances not under international control

258. Khat continues to be cultivated in countries in Eastern Africa, mainly Ethiopia and Kenya and to a lesser extent the Comoros, Madagascar and the United Republic of Tanzania, and is commonly chewed as a stimulant in that subregion and parts of the Arabian peninsula. Though khat consumption is associated with health risks and may have detrimental social consequences, khat is only prohibited in some countries in the subregion, such as Eritrea, Rwanda and the United Republic of Tanzania, in some countries in Europe and in Canada and the United States. In 2006, members of a smuggling ring were arrested in the

United States on charges of having smuggled 25 tons of khat from Eastern Africa into the United States over the past few years.

Missions

259. The Board sent a mission to Djibouti in January 2006 to review the drug control situation in that country and the Government's compliance with the international drug control treaties.

260. The Board notes that the national drug control legislation is not fully in line with main international drug control treaties. It therefore calls upon the Government of Djibouti to take steps to update and amend its drug control law as a matter of priority. If necessary, UNODC may be requested to provide technical assistance.

261. The Board notes with concern that the currently existing mechanisms for the monitoring and control of internationally controlled substances in Djibouti do not function adequately. While a multidisciplinary national drug control committee has already been established in the office of the Prime Minister, the required administrative structures for the implementation of its aims and objectives have not yet been put in place. The Board is particularly concerned about the serious weaknesses in the control of licit narcotic drugs and psychotropic substances, including donated drugs, and the lack of control over precursor chemicals. The Board urges the Government of Djibouti to establish and maintain an appropriate drug control mechanism that is in compliance with the requirements of the international drug control treaties.

262. As the actual extent of drug abuse in Djibouti is not known, the Board encourages the competent authorities of that country to carry out, if necessary with the support of WHO and UNODC, an assessment of the situation in order to be able to plan adequate control and preventive measures.

263. In May 2006, the Board sent a mission to the Gambia, to assess the progress made by the Government in implementing the recommendations made by the Board pursuant to its mission in 1995 to that country. The Board appreciates the commitment of the Government to international drug control, which is reflected in the accession of the Gambia in 1996 to the 1961 Convention, the 1971 Convention and the 1988 Convention, the ongoing updating of the national drug

³⁶ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2006 ...*, chap. III.

control legislation and the adoption of a national drug control master plan.

264. The legal framework for drug control in the Gambia is comprehensive and generally in compliance with the provisions of the three main international drug control treaties, although some further updating might be warranted. The Board is concerned, however, that the controls exercised over licit narcotic drugs, psychotropic substances and precursor chemicals are not adequate and that the Government's compliance with its mandatory reporting obligations pursuant to the treaties has not been satisfactory. The Board urges the Government to take all steps necessary to enhance coordination and cooperation among the institutions and agencies, both regulatory and law enforcement, that are responsible for drug control issues, and to ensure full implementation of its treaty obligations, as a matter of priority.

265. The Board notes with appreciation the efforts of the newly established multidisciplinary drug control administration in the Gambia to combat the smuggling of drugs through the country, and its active role in fostering and supporting cooperation in the field of drug control at the national, regional and international levels. The Board encourages the Government to allocate the necessary resources to that administration to further strengthen its capacity to fight drug trafficking and abuse and calls upon UNODC to provide assistance in that regard.

266. In August 2006, a mission of the Board visited Malawi. The Board notes that the Government is committed to addressing all aspects of the drug problem. A survey on drug abuse and HIV/AIDS and a survey on cannabis were carried out in 2004 to assess the magnitude of the drug problem in the country. The National Drug Control Master Plan, 2005-2009, approved by the Inter-Ministerial Committee on Drug Control in 2005, provides the administrative framework to counter drug abuse and covers a range of measures for supply and demand reduction, including alternative development programmes. As the national drug control legislation currently in force is not fully in line with the international drug control treaties, the Board encourages the Government to enact without delay the draft drug control policy and the drug abuse bill, and to resume its reporting obligations pursuant to the international drug control treaties.

267. Illicit cannabis cultivation takes place throughout Malawi. More than 50 hectares of illicitly cultivated cannabis were eradicated in 2006. The detection capacities and drug control activities of the national law enforcement authorities, however, are hampered by a lack of financial and technical resources. The Board encourages the Government to strengthen its efforts to counter the illicit cultivation of cannabis plants and to introduce alternative development programmes, in cooperation with other countries in Africa and with the support of the international community, where possible.

268. The Board notes that the availability of opioids, their selection and quantities available for the control of pain do not always meet the requirements of the medical institutions in Malawi. The Board recommends that the Government accurately assess the national medical and/or scientific requirements for narcotic drugs and psychotropic substances and to take all steps necessary to ensure that those substances are available for treatment purposes.

B. Americas

Central America and the Caribbean

Major developments

269. Central America and the Caribbean continues to be used as a major trans-shipment area for cocaine from South America destined for North America and Europe. The main smuggling routes are the maritime corridor of the Pacific Ocean, and the Caribbean Sea. Cocaine is, to a lesser extent, also smuggled by land across Central America along the Pan-American Highway and by air. Institutional weaknesses and corruption seriously undermine efforts by the Governments of countries in Central America and the Caribbean to combat the drug problem. The link between local drug trafficking and organized crime perpetrated by youth gangs or *maras* in several countries in the region, especially El Salvador, Guatemala, Haiti and Honduras, continues to be a problem. The smuggling of arms and ammunition in exchange for drugs continues to prevail in the region, as reported in Honduras and Panama.

270. Trafficking in precursors of ATS is becoming a problem in Central America and the Caribbean.

Because of the lack of controls, there have been cases where a large amount of pharmaceutical preparations containing controlled precursors, such as ephedrine and pseudoephedrine, has been legally imported into a country in the region and then smuggled into North America or South America, to be used for the illicit manufacture of drugs.

Regional cooperation

271. The Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS) has developed a regional framework for drug control plans and policies, as well as an evaluation system for the region. The Multilateral Evaluation Mechanism enables OAS member States to assess their own policies and those of other OAS member States and make recommendations to improve them.

272. CICAD has also developed hemispheric guidelines on school-based prevention programmes³⁷ aimed at standardizing interventions for preventing drug abuse in schools. The guidelines deal with issues such as the political framework, theoretical foundations, principal characteristics of a plan and examples of existing prevention programmes.

273. To tackle the problem of maritime drug smuggling, Governments of countries in Central America and the Caribbean signed in 2003 the agreement concerning cooperation in suppressing illicit maritime and air trafficking in narcotic drugs and psychotropic substances in the Caribbean area. However, the agreement has yet to be ratified by several countries in the region.

274. In order to prevent the smuggling of drugs by land, the United States has assisted Central American States in improving their border inspection facilities by establishing mobile inspection and law enforcement teams. Moreover, a database called the regional information and intelligence-sharing system is being developed to collect data on the movement of persons in Central America and the Caribbean. It will connect the 24 countries and territories that are part of the Association of Caribbean Commissioners of Police, facilitating the screening of arrival and departure of

travellers, and will be also linked to Interpol. Furthermore, the ministers of defence of El Salvador, Guatemala, Honduras and Nicaragua agreed on a cooperative control framework that will include information-sharing and the review and updating of national and regional legal systems.

275. Representatives from Mexico and countries in Central America held a meeting in San Salvador in September 2006 to discuss the creation of a regional centre to fight drug trafficking. During the meeting, experts from various national drug control agencies discussed the terms of reference of the centre and the functions that it should have. The centre would be established in El Salvador and would be operated by prosecutors, police officers and military personnel from Central American countries and Mexico.

276. During a regional workshop organized by UNODC in Panama City in March 2006, national experts and government representatives from Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua and Panama developed a strategy for Central America and the Caribbean based on national studies of the services available for the treatment, rehabilitation and social reintegration of drug-dependent persons in the region. The strategy enables countries to work together on particular topics such as training to reinforce common issues, in order to improve the services for drug-dependent persons.

277. After testing the methodology in Barbados and Jamaica in 2004, UNODC has since mid-2005 expanded its computer-based training programme in the Caribbean to include eight additional countries: Antigua and Barbuda, Dominica, Grenada, Guyana, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago. The aim of the computer-based training programme is to implement self-sustaining training programmes to counter drug trafficking and organized criminal activity affecting island States.

National legislation, policy and action

278. In the Bahamas, the Cabinet is currently preparing new legislation to improve controls and ensure compliance with standards and regulations for preventing the diversion of pharmaceutical products containing controlled substances.

³⁷ Organization of American States, *CICAD Hemispheric Guidelines on School-Based Prevention* (Washington, D.C., 2005).

279. Belize started to participate with other Central American countries in a cooperative national information exchange system. The system helps to find and intercept civilian aircraft and facilitates the detection of drug trafficking routes and the arrest of drug traffickers. A new act for the control of pharmaceuticals is expected to be enacted in Belize by the end of 2006. The Ministry of Health has set up a unit to monitor and control pharmaceutical products.

280. Costa Rica has implemented a national database system, which, together with complementary computer programs, will make possible the cross-checking of sales reported by distributors of controlled substances and pharmacies, as well as prescriptions written by doctors for medicine distributed in pharmacies. Moreover, the Government has enacted the Regulations on Granting and Oversight of Licenses to Handle Psychotropic Substances and Narcotics in the context of the national drug control plan for the period 2005-2007.

281. In Cuba, as part of Operation Aché III, efforts to counter drug trafficking are being further strengthened by increasing air, sea and radio reconnaissance and the number of border troops. Those efforts are helping to consolidate the success of Operation Aché III in preventing maritime drug trafficking, seizing a large volume of illicit drug consignments and maintaining information exchange with regional drug control agencies.

282. In Dominica, the draft pharmacy bill on the control of pharmaceutical products has yet to be adopted, but it is anticipated that the bill will be enacted in 2007.

283. Joint cooperation between the Governments of El Salvador and the United States has led to the imprisonment of a former Salvadoran legislator, extradited to the United States for drug trafficking. The Government of El Salvador is introducing more comprehensive approaches to prevention, education, public safety and the development of life skills, in order to deal with the persistent problem of youth gangs.

284. In Guatemala, high-level police officials were arrested in November 2005 and charged with conspiracy to import cocaine into the United States. The Government of Guatemala has restructured the procedures for approval of the production, import and

sale of narcotic drugs and psychotropic substances and is working to update the customs communication network to control the imports of those products into the country.

285. In Haiti, armed gangs continue to be a serious problem, mainly because they are linked to organizations involved in drug trafficking. The coast guard of Haiti has again begun to patrol the territorial waters of the country, achieving an important goal in the prevention of maritime drug trafficking.

286. In Tegucigalpa, cooperation among the Government of Honduras, the private sector and different organizations continues to be given priority in order to ensure the consolidation of the UNODC "labour integration programme", an innovative vocational scheme for youth at risk. Honduras must carry out a nationwide survey to assess the extent of drug abuse and approve the minimum standards of care for drug-dependent persons.

287. In Jamaica, the Government-appointed Precursor Chemical Committee, which had worked on the preparation of subsidiary legislation to the Precursor Chemicals Act, 1999, has been re-established to finalize such regulations.

288. In the Netherlands Antilles, efforts at the international airport at Curaçao focusing on detecting "mules" (passengers who hide illegal drugs inside their bodies) continued to produce results during 2006. However, there are indications suggesting that the "mules" may be shifting their activities to other airports in the territory. To prevent that, the Government is starting to carry out "anti-mule" operations in those airports. Following the recommendation of the Board, the territory has started to address the problem of the illegal sale of drugs through Internet pharmacies.

289. In Nicaragua, the Government approved the Minimum Standards of Care for Users of Psychoactive Substances through ministerial agreement No. 41-2006 of 3 February 2006.

290. Panama has strengthened its controls over precursor chemicals. The Government passed on 13 June 2005, the Special Chemicals Law (Law No. 19) and its regulations. In addition, a new project to evaluate and improve drug control in the Colón Free Zone is to be implemented during 2006. Despite the efforts of the Government, corruption is a persistent

problem in the country. In 2005, a high-level official of the counter-narcotics unit was detained and accused of corruption.

291. The authorities of Trinidad and Tobago, in cooperation with United States authorities, have developed a computer system that will give the Ministry of Health the capacity to track chemical shipments, with a view to preventing their diversion for use in illicit drug manufacture. Moreover, the Government of Trinidad and Tobago appointed a special Precursor Chemical Team that has completed a review of the current legislation and is in the process of drafting a new law.

292. The use of cash couriers and of money transfer services to pay for consignments of illicit drugs is increasing. Cash couriers have been detained in Antigua and Barbuda, El Salvador and Honduras. In addition, cash couriers from Antigua and Barbuda have been detained in other countries, particularly in Saint Vincent and the Grenadines, where links to drug traffickers have been established by the police.

Cultivation, production, manufacture, trafficking and abuse

293. In spite of being used as major transit and trans-shipment areas, all countries in Central America and the Caribbean, with the exception of El Salvador, have relatively low levels of drug abuse. The most commonly abused drug in the region is cannabis, followed by cocaine hydrochloride and "crack" cocaine.

294. Central America and the Caribbean is not a main drug-producing area, although some countries in the region, such as Guatemala and Jamaica (see paras. 299-300 below), are threatened by increasing production of illicit drugs.

Narcotic drugs

295. About 90 per cent of the cocaine entering North America every year passes through Central America. Moreover, the Caribbean is situated along one of the main cocaine trafficking routes leading to Europe. The authorities of the Netherlands made about 40 per cent of their total seizures in the waters of the Netherlands Antilles in 2004. Jamaica and Martinique continue to play an important role in the trans-shipment of cocaine to the United Kingdom and France, respectively.

296. In El Salvador, law enforcement authorities seized over three times more illicit drugs during the period 2000-2005 than during the previous five-year period. Six out of 10 Salvadorans have abused an illicit drug at least once in their lifetime, particularly during adolescence. Between January and November 2005, 2,394 persons in El Salvador were arrested for drug trafficking and the possession of drugs.

297. In Nicaragua, a joint operation implemented in February 2006, involving the police and the army and coordinated by the prosecutor's office, led to the seizure of 547 kg of cocaine that were being shipped from Costa Rica to Guatemala.

298. In Costa Rica, the abuse of drugs, particularly "crack" cocaine, has increased; there has also been an increase in violent crime linked to drug trafficking and abuse.

299. In Guatemala, almost 490 hectares of illicit opium poppy cultivation were eradicated in 2005, which represents an increase of more than 250 per cent compared with the figure for 2004 (181 hectares). During 2005, 6,400 persons were arrested for possession or illicit use of drugs, of whom 3,334 were young persons of between 15 and 25 years of age. In contrast, only 46 persons were arrested for drug trafficking during the same period.

300. Jamaica is the main illicit producer and exporter of cannabis in Central America and the Caribbean. However, there is no precise estimate of the quantity of cannabis plant illicitly cultivated in the country. The illicit cultivation of cannabis plants, which was carried out on a large scale in the past, is now being done on smaller plots of land hidden in inaccessible mountainous areas. Cannabis is the most commonly abused drug not only in Jamaica but also in the region as a whole.

301. Saint Vincent and the Grenadines is also an important illicit producer of cannabis in the Caribbean subregion. Illicit drug trafficking has penetrated the licit economy of Saint Vincent and the Grenadines, making parts of the population dependent on the illicit cultivation of cannabis plant and on trafficking in cannabis.

Psychotropic substances

302. During the first half of 2006, law enforcement authorities of Costa Rica confiscated 3,450 tablets of

MDMA (“ecstasy”) that were being smuggled by Colombian nationals. That was the largest quantity of synthetic drugs ever seized by the police in that country.

303. The Dominican Republic continues to be used as a major trans-shipment area for MDMA (“ecstasy”) from Europe destined for the United States. In 2005, a total of 280,000 MDMA tablets were seized.

304. In Trinidad and Tobago, the National Alcohol and Drug Abuse Prevention Programme, which is responsible for the coordination of demand reduction initiatives, has reported evidence of the abuse of MDMA (“ecstasy”) in the country, in addition to the abuse of cocaine, cannabis and heroin.

Missions

305. A mission of the Board visited El Salvador in August 2006. The Board notes that the Government is committed to combat drug trafficking and abuse and is making its best efforts towards those ends, as evidenced by a high degree of professionalism and good coordination among the state agencies in charge of drug control. However, some of those agencies, in particular the Supreme Council of Health, lack the financial and technical resources to fully carry out their mandate. The Board encourages the Government of El Salvador to join Project Prism.

306. Control over the licit movement of narcotic drugs and psychotropic substances in El Salvador is, in general, satisfactory. Nevertheless, the availability of controlled substances for medical purposes is very low. The Board encourages the Government to take the necessary measures to ensure sufficient availability of controlled medicines for medical purposes. The Board notes that the problem related to the youth gangs or *maras* (criminal bands organized to commit all kinds of offences, including drug trafficking) (see para. 269 above) is growing steadily. The Board encourages the Government to study the problem and to take the necessary measures to deal with it.

307. A technical visit of the Board to Honduras took place in August 2006. The Board notes that Honduras ratified the 1971 Convention in May 2005 and has thus become a party to each of the three international drug control treaties. The Board also notes the commitment of the National Council against Drug Trafficking (CNCN), which is comprised of the highest-level

officials in Honduras, to the fight against drug trafficking and abuse. However, inadequate resources and coordination among drug control agencies have hampered the Government’s efforts to combat drug trafficking effectively.

308. The Board notes that the legal framework for drug control in Honduras is outdated. The Board requests the Government to enact a new, more comprehensive law, in line with the international drug control treaties, that will include the regulation of precursor chemicals and to fully implement the 1971 Convention. The Board also notes that the Unit for the Regulation of Pharmaceutical Products, the competent authority in charge of the licit movement of drugs, lacks adequate resources to carry out its basic responsibilities. The Government should take the necessary measures to solve those problems as soon as possible.

309. The Board notes that no surveys on the extent of drug abuse among the general population in Honduras have been conducted recently, and no minimum standards of care have been approved yet. The Government should take measures to deal with those problems.

North America

Major developments

310. North America, comprising Canada, Mexico and the United States, continues to be one of the prime targets of drug traffickers. For more than 30 years, drug abuse and perceived risk of drug abuse among students in secondary schools in the United States have been monitored in the annual survey “Monitoring the Future”. According to the survey, the proportion of students using illicit drugs has been on the decline for four consecutive years; as a result, the annual prevalence rate for various drugs is currently 10-30 per cent lower than it was 10 years ago. There has been a significant decline in the percentage of students in secondary schools who reported lifetime use of cannabis; there have also been declines in their lifetime use of other drugs, such as methamphetamine, MDMA, cocaine and heroin. The Board notes that, according to the survey, those declines are largely related to a significant rise in the percentage of adolescents perceiving the abuse of amphetamines, cannabis,

“crack” cocaine, heroin and MDMA to be high-risk activities. However, the same survey reveals that the abuse of prescription drugs is increasing among students in secondary schools; for example, abuse of oxycodone preparations (OxyContin®) increased by almost 40 per cent from 2002 to 2005.

311. Substance abuse remains a matter of serious concern in the United States, particularly with regard to the high level of abuse of prescription drugs by adolescents and adults. The gradual increase in the abuse of sedatives (including barbiturates), tranquillizers and narcotic drugs other than heroin among the general population has resulted in prescription drugs becoming the second most abused class of drugs after cannabis. The abuse of prescription drugs such as fentanyl, oxycodone and hydrocodone has led to a rising number of deaths.

312. The spread in the abuse of prescription drugs is also related to the increasing use of the World Wide Web as a global drug market. International law enforcement efforts closed down thousands of illegal Internet pharmacies involved in drug trafficking. Despite those efforts, there is an increasing number of such Internet sites selling medicines containing opioids and stimulants without prescriptions.

313. Methamphetamine trafficking and abuse continue to be key problems in Canada and the United States. In some rural areas and a number of small cities in the United States, the abuse of methamphetamine has reached widespread proportions. Methamphetamine abuse has become a serious health, law enforcement and political concern and the fastest-growing drug threat: 58 per cent of counties rank it as their biggest drug problem. While United States drug law enforcement agencies have been successful in closing down illicit methamphetamine laboratories, domestic illicit manufacturers of methamphetamine have largely been replaced by transnational drug trafficking organizations, based in Canada and Mexico. In Canada, domestic illicit manufacturers account for the largest share of the trafficked methamphetamine.

314. The Board notes the significant legislative efforts made by all three States in North America to counteract the surge of methamphetamine in the region. The United States has enacted new legislation (the Patriot Act), which inter alia, restricts the sale of ephedrine and medications containing pseudoephedrine. Limits on imports of pseudoephedrine and ephedrine have

also been introduced in Mexico. Canada amended the 2003 Precursor Control Regulations, strengthening, inter alia, import and export licensing procedures.

315. The involvement of organized criminal groups has led to Canada being used as a source for cannabis, methamphetamine and MDMA sold on the illicit market in that country or in the United States. The importance of illicit methamphetamine exports to the United States has declined following the introduction of improved precursor controls in 2003.

316. Mexican drug trafficking organizations and criminal groups control most of the organized wholesale drug trafficking in the United States, in particular trafficking in cocaine, cannabis, methamphetamine and heroin that is illicitly manufactured in Mexico. They are expanding their control of drug trafficking to areas formerly under the influence of Colombian, Dominican and other criminal groups.

Regional cooperation

317. The Governments of all three countries in North America have responded to the threat of drug trafficking operations, particularly those operations run by organized criminal groups, with increased cooperation and mutual support. The close cooperation between Mexico and the United States has included major institution-building initiatives, as well as financial and technical support, as evidenced by the provision of training courses for Mexican law enforcement personnel and prosecutors at the national, state and local levels. The Attorney General of Mexico and the Attorney General of the United States hold meetings on a regular basis to discuss bilateral cooperation and border violence.

318. The extradition of drug criminals from Mexico to the United States is taking place more frequently. An increasing number of fugitives are being deported to the United States by Mexican police and immigration authorities. The Government of Mexico initiated Operativo México Seguro (Operation Secure Mexico) to counter violence that began in 2005 among criminal organizations fighting for control over smuggling routes in cities along the border of Mexico with the United States. The Governments of Mexico and the United States started in 2005 Operation Border Unity, a bilateral, multi-agency effort to address violence on both sides of the border in the Laredo/Nuevo Laredo area.

319. The involvement of criminal groups in drug trafficking between Canada and the United States is counteracted by close cooperation of the authorities of the two countries at the national, state (or provincial) and local levels. One example of that close cooperation is the Integrated Border Enforcement Team initiative, which has become one of the primary tools used to ensure that criminals cannot exploit international borders to evade prosecution. The Shiprider Agreement, concluded in 2006 between Canada and the United States, has strengthened law enforcement cooperation by providing transborder law enforcement authority to Canadian law enforcement officers operating along and across the border.

320. Cooperation between Canada and the United States has also been used to combat drug trafficking in the transit zone from South America to North America. Canada deployed “Maritime Patrol Assets” in support of “Joint Interagency Task Force South”, of the United States, one of three such task forces conducting operations to counter drug trafficking.

National legislation, policy and action

321. The Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Improvement and Reauthorization Act of 2005, signed in March 2006, contains a number of important provisions to combat the illicit manufacture of and trafficking in methamphetamine. The provisions include: restrictions on the sale of medicines containing pseudoephedrine, ephedrine and phenylpropanolamine; increased criminal penalties for illicit manufacture of, trafficking in and smuggling of methamphetamine; and provisions for bilateral efforts at the border between Mexico and the United States.

322. In addition, individual states in the United States have responded to the new challenge posed by methamphetamines and enacted additional state-level legislation on precursor control. States with the strictest laws on pseudoephedrine have seen a significant reduction in the number of seizures of methamphetamine laboratories.

323. In November 2005, the Government of Canada enacted the first major amendments to the 2003 Precursor Control Regulations, which provided for strengthened licensing procedures. Canada also moved methamphetamine to a more strictly controlled national

schedule, increasing the maximum penalty for trafficking in or illicit manufacture of the substance (from 10 years of imprisonment to life imprisonment) and for possession (from three years of imprisonment to seven).

324. The Government of Mexico introduced a policy limiting the importation of pseudoephedrine and ephedrine to manufacturers only, thereby reducing imports of those precursors by 40 per cent. Wholesale distributors are no longer allowed to import base pseudoephedrine and ephedrine. In addition, the quantity that can be imported in a single shipment is limited to 3,000 kg. Import quotas were tied to estimates of national needs.

325. The Supreme Court of Mexico ruled in November 2005 that sentencing a person to life in prison without the possibility of parole did not violate the Mexican Constitution, which prohibited cruel and unusual punishment. The ruling has removed a significant obstacle to the extradition of fugitives from Mexico facing life imprisonment in the United States for offences involving major drug trafficking and violent crimes.

326. In November 2005, the Parliament of Canada passed the Proceeds of Crime Bill, which targets the illicit proceeds of organized crime, including serious drug offences, and authorizes the courts to order the forfeiture of property of those convicted of either membership in a criminal organization or certain drug-related offences.

327. The Board notes that the Government of Canada has decided not to pursue the proposed cannabis reform legislation that would have decriminalized possession of small quantities of cannabis.

328. The Board is seriously concerned that several cities in Canada, in addition to the heroin injection site in Vancouver, have planned to distribute drug paraphernalia, including “crack” pipes, to chronic users. The Board has repeatedly mentioned in its annual reports³⁸ that such programmes are in

³⁸ *Report of the International Narcotics Control Board for 2005* (United Nations publication, Sales No. E.06.XI.2), para. 590; *Report of the International Narcotics Control Board for 2004* (United Nations publication, Sales No. E.05.XI.3), para. 510; *Report of the International Narcotics Control Board for 2003* (United Nations publication, Sales No. E.04.XI.1), paras. 325-326.

contravention of the international drug control treaties. The Board urges the Government to make available adequate services to drug abusers in need of treatment and rehabilitation, rather than providing drug injection rooms, in order to ensure full compliance with the provisions of the international drug control treaties.

329. The Board welcomes the Drug Strategy Community Initiatives Fund, established by the Government of Canada, which supports efforts in demand reduction and treatment for drug abuse carried out at the local community level, in particular initiatives for preventing the abuse of cannabis and methamphetamine.

330. The United States is responding to the increasing problem of abuse of prescription drugs, focusing on preventing the diversion of prescription drugs and providing treatment for abusers of such drugs. At the state level, the prescription-drug monitoring programme provides doctors, pharmacists and, when appropriate, law enforcement with information about patients' prescriptions. In late 2005, a total of 25 states had operational programmes for monitoring prescription drugs or were in the process of implementing them.

331. In Mexico, corruption continues to be a serious problem. The Agencia Federal de Investigación (federal investigative agency) is the central body coordinating efforts to fight corruption in the country, promoting professionalism and the effectiveness of law enforcement institutions. Mexico has taken a number of steps to reduce, if not eliminate, corruption among law enforcement and government officials, such as the establishment of a career path for investigators and the introduction of the concept of "culture of lawfulness" as part of the curriculum in schools. Authorities at the national, state and local levels have initiated training on the rule of law for police personnel. Investigations into possible misconduct by law enforcement officers and government employees are carried out regularly. The Board, while noting those efforts, again requests that Mexican authorities actively pursue the implementation of policies to counteract corruption.

Situation with regard to drug trafficking and abuse

332. Cannabis continues to be the most commonly abused and trafficked illicit drug in the region. North America accounts for the largest part of illicit cannabis production worldwide. According to available information, in 2005 Mexico produced more than 10,000 tons of cannabis and the United States produced nearly 4,500 tons.

333. According to the latest Canadian Addiction Survey, annual prevalence of cannabis use among persons aged 15 and above increased from 6.5 per cent in 1989 to 14.1 per cent in 2004. Illicit cannabis plant cultivation has become a thriving illegal industry in Canada. In addition to outdoor cultivation, more sophisticated indoor crop-growing methods are increasingly being used to produce high-potency cannabis (cannabis with a high tetrahydrocannabinol (THC) content). On some of the plantations there are thousands of cannabis plants. Criminal groups are increasingly gaining control over the production and distribution of high-potency cannabis in Canada and have been identified as the principal suppliers of such cannabis to the United States. The total amount of Canadian cannabis seized by United States customs authorities was more than eight times greater in 2004 (more than 19 tons) than in 2000.

334. In Canada, cultivation of cannabis plants and trafficking in cannabis currently account for the bulk of the caseload of drug law enforcement authorities. Each year, approximately 1.3 million cannabis plants are seized; using that figure as a basis, Canadian law enforcement agencies estimate annual production of cannabis to be 1,070-2,676 tons.

335. Cannabis remains the most commonly abused drug in the United States, but a steady decline in its abuse by adolescents has been noted for almost a decade. A large part of the cannabis products available in the United States are smuggled into the country by Mexican drug trafficking organizations and criminal groups. More than 580 tons of cannabis originating in Mexico were seized by United States customs authorities in 2004. In Mexico, the eradication of cannabis plants remained at the same level in 2005 as in 2004 (30,882 hectares).

336. Mexican drug trafficking organizations have increased the size and sophistication of their cannabis

plant cultivation operations on public and private lands in the United States. New techniques are used on those well-protected cultivation areas to produce a larger, more potent outdoor cannabis crop with a THC content of at least 5 per cent and with an increased street value. Such higher-potency cannabis accounted for more than half of the total cannabis seized in 2005. Approximately 5.7 million cannabis plants were eradicated within the United States in 2005, which represents an increase of 1 million plants compared with the figure for 2004.

337. Another major problem in North America is the increasing methamphetamine manufacture, abuse and trafficking, involving mainly the United States market. Amphetamine abusers accounted for 8 per cent of all drug abusers admitted for treatment in 2004, compared with 3 per cent in 1994. Methamphetamine abuse has gradually expanded from the western states of the United States to the eastern states. It is particularly a problem in rural areas and small cities in that country.

338. While domestic illicit methamphetamine manufacture is still the main supplier of the United States market, it has declined in recent years as a result of law enforcement pressure and restrictions on the sale and use of pseudoephedrine and ephedrine. In the United States, the number of seizures of laboratories illicitly manufacturing methamphetamine, whether on a large or a small scale, declined significantly, from more than 10,200 in 2003 to less than 5,300 in 2005. The reduction in the manufacture of methamphetamine in the United States has been largely offset by sharp increases in the large-scale manufacture of that drug in Mexico, particularly in the western and north-western parts of the country. The latter trend has been confirmed by the increasing amount of methamphetamine manufactured in Mexico and seized on the border between Mexico and the United States (2 tons in 2004).

339. The prevalence of methamphetamine abuse is still relatively low among the general population in Canada; however, among youth, particularly among street youth and youth in the rave and club scenes, methamphetamine abuse is rising.

340. Most of the methamphetamine trafficked in Canada is manufactured in clandestine laboratories in the country itself. The number of seizures of clandestine methamphetamine laboratories increased from 13 in 2001 to 40 in 2004. While there are many

small methamphetamine laboratories operated by individuals in rural areas, there has been an increase in the number of "super laboratories" (manufacturing methamphetamine in excess of 5 kg per synthesis cycle). The level of sophistication of the laboratory set-ups, as well as the involvement of organized criminal groups in methamphetamine manufacture, has increased. In some parts of Canada, such as Quebec, most of the methamphetamine trafficked is in tablet form. The shift from powder form to tablet form is in response to the growing number of users in the rave and club scenes.

341. The Board is concerned about the increasing abuse in the United States of prescription drugs listed as controlled substances, including pain killers, stimulants, sedatives and tranquillizers. Levels of non-medical use and abuse of pharmaceuticals are higher than levels of use for most illicit drugs, second only to the levels of cannabis abuse. Pharmaceuticals commonly abused in the United States include cocaine, codeine, fentanyl, hydrocodone, hydromorphone, methadone, methylphenidate, morphine, oxycodone, the amphetamine group and the benzodiazepine group. The abuse of several of those substances can have lethal effects, and there has been an increasing number of deaths related to such abuse in the United States. The Board calls on the United States authorities to raise public awareness and take more effective action with regard to the added risk for non-medical drug users who tamper with prescription drugs and formulations. The tampered medications include narcotic analgesics, stimulants and depressants.

342. According to the National Survey on Drug Use and Health in the United States, 11 per cent of persons aged 12-17 reported lifetime non-medical use of pain killers. According to data from the study *Monitoring the Future*, OxyContin® abuse increased from 2002 to 2005 by almost 40 per cent, to an annual prevalence of 5.5 per cent among students in their final year of secondary school (aged 17-18). Hydrocodone (Vicodin®) is also widely abused: 7.4 per cent of college students (aged 18-22) abused that drug in 2005 (see also para. 56 above).

343. The Board wishes to draw to the attention of the United States authorities that the overall increase in the amount of prescription drugs abused appears to be related to an increase in sales of prescription narcotic drugs, depressants and stimulants. From 2000 to 2004,

the commercial distribution of pharmaceuticals in the United States increased by 109 per cent. One matter of particular concern is the sharp rise in sales of commonly abused pharmaceuticals such as hydrocodone and oxycodone.

344. Another matter of particular concern to the Board is the noticeable increase in the abuse of fentanyl since May 2006 in the United States, and, to a lesser extent, in Canada. The abuse of fentanyl, a synthetic opioid 80 times as potent as heroin, is particularly dangerous, as evidenced by the recent dramatic increase in the number of deaths from fentanyl overdoses registered on the eastern coast of the United States. The fentanyl is either sold as heroin or mixed with heroin. Fentanyl abusers are unable to judge the strength of the substance they are injecting. There have also been cases of the abuse of a mixture of fentanyl and cocaine.

345. Fentanyl is diverted by means of pharmacy theft, fraudulent prescriptions and illicit distribution by patients, physicians and pharmacists. Lately, fentanyl preparations, in particular in the form of transdermal patches and lozenges, are becoming as popular as OxyContin® in pharmacy burglaries and robberies. Not all fentanyl found on the illicit market has been diverted. To date, over 12 different analogues of fentanyl have been manufactured clandestinely and identified in seizures of drugs trafficked in the United States. Recent developments involving large quantities of trafficked fentanyl, as well as raids of clandestine laboratories in Mexico and the United States, indicate the growing role of illicitly manufactured fentanyl in supplying the illicit market.

346. Cocaine abuse in the United States is stable, with a slight decline in the number of persons who abused cocaine at least once in the past month. The proportion of persons admitted for treatment for cocaine abuse declined from 18 per cent in 1994 to 14 per cent in 2004. Persons who smoked “crack” cocaine accounted for 72 per cent of all persons admitted for treatment for cocaine abuse in 2004. United States inter-agency and multinational forces in the transit zone from South America to North America (the Joint Interagency Task Force South) seized a record 254 tons of cocaine in 2005, compared with 219 tons in 2004 and 176 tons in 2003. However, the Board notes that, as traditional maritime routes of cocaine trafficking have been disturbed by joint law enforcement operations, drug traffickers have tried to evade interdiction efforts by

moving fishing-vessel operations farther out in the Pacific, as far as the Galapagos Islands. Vessels or yachts carrying cocaine intended for illicit markets in Canada and the United States have been seized in locations even farther away, such as off the coast of Spain.

347. The cocaine smuggled into the United States is derived from coca produced mainly in Colombia but also in Bolivia and Peru. Mexico continues to be used as the principal trans-shipment country for cocaine entering the United States. Cocaine abuse is increasing in Mexico.

348. Demand for cocaine in Canada remains strong, and large-scale illegal importations of the drug continue. Law enforcement operations have revealed close relations between organized criminal groups from Canada and Colombian cartels attempting to import to Canada bulk shipments of cocaine (several hundred kilograms each) on a regular basis. The most common areas used as trans-shipment points for smuggling cocaine into Canada are Antigua, Haiti, Jamaica, Saint Lucia, Saint Martin, Trinidad and Tobago and the United States. According to the Canadian Addiction Survey, cocaine is the third most widely used illicit drug in Canada, after cannabis and hallucinogens (such as lysergic acid diethylamide (LSD) and phencyclidine). According to survey data, annual prevalence of abuse of powder and “crack” cocaine in Canada increased from 0.7 per cent in 1994 to 1.9 per cent in 2004.

349. The Board regards the decrease in heroin abuse among adolescents in the United States as an encouraging sign: annual prevalence of such abuse was 0.2 per cent in 2004, compared with 0.6 per cent in the mid-1990s. As the current perception that the risks of heroin abuse are high is expected to continue, the rate of past year abuse of heroin is expected to decrease even further.

350. The total amount of heroin seized in the United States decreased from 2,773 kg in 2002 to 1,845 kg in 2004. Most of the heroin abused in that country is manufactured from opium poppy grown in Colombia and Mexico, though opium production in those countries accounts for less than 4 per cent of global production. Expanded aerial eradication efforts, as well as upgraded security screening and increased seizures at United States airports, has led to a decrease in the availability of Colombian heroin; however, Colombia

is still the main supplier of heroin to the United States, accounting for 60-70 per cent of the heroin sold in the United States.

351. In Mexico, opium poppy growers employ small, widely dispersed plots in remote, hard-to-access areas, hindering detection and eradication of crops. In addition, the favourable climate in 2005 permitted two or three opium poppy harvests. Opium poppy is mostly cultivated in areas on the Pacific coast and then transported to the centre and north of Mexico for processing. The eradication operations of the Mexican Army and the Attorney General's Office usually destroy at least 80 per cent of the opium poppy grown in the country. In 2005, the total area of eradicated opium poppy crops increased to 20,464 hectares, an increase of 28 per cent over the previous year.

352. In Canada, the total volume of heroin seized remained comparatively low (68 kg in 2004) but the volume of opium seized increased (from 27 kg in 2001 to 84 kg in 2004). According to the Royal Canadian Mounted Police, consignments of opium and heroin from Afghanistan, India, Iran (Islamic Republic of) and Pakistan are usually routed through a European country or the United States to Canada. Since 2002, the total seizures of heroin originating in South-East Asia has somewhat declined, and the market share of Latin American heroin has been increasing.

353. The sharp increase in MDMA trafficking in the United States noted five years ago (11 million tablets in the peak year 2001) has been halted: the total amount of MDMA seized in that country has declined to less than 3 million tablets in the last two years. The number of past-year abusers of MDMA (aged 12 and above) declined by 40 per cent between 2002 and 2004. In Canada, significant seizures of MDMA from clandestine laboratories indicate the involvement of larger and more sophisticated operations involving organized criminal groups. Prior to 2004, MDMA arrived mainly in tablet or powder form from Europe. In 2004, importations of MDMA decreased as traffickers began to produce MDMA on a large scale within Canada. The total amount of seized MDMA increased to a record level of 15 million dosage units in 2004, compared with an annual average of less than 2 million dosage units in the period 2000-2002. The number of seized clandestine laboratories nearly tripled (to 17) in 2004. Most of the clandestine laboratories are polydrug laboratories, manufacturing more than

one single illicit drug (for example, a combination of methylenedioxyamphetamine (MDA) and MDMA, a combination of MDA and methamphetamine or a combination of MDMA and methamphetamine). Organized criminal groups are heavily involved in the illicit manufacture of and trafficking in such drugs.

354. In Canada, MDMA, MDA and *gamma*-hydroxybutyric acid (GHB) continue to be widely abused in the rave scene. The abuse of those drugs has spread to far broader user groups, including youth attending clubs, private parties, secondary schools, colleges and universities.

Substances not under international control

355. Among students in their final year of secondary school in the United States, the proportion of students who abused inhalants in the past year was considerably lower in 2004 (4.2 per cent) than in the peak year 1995 (8.0 per cent). The abuse of inhalants in the United States, however, is on the rise again. It appears that, among adolescents, inhalants are the third most widely used class of illicit drugs.

356. In the United States, there have been reports on the abuse of high doses of dimenhydrinate, the active ingredient in Dramamine[®], with dangerous or even fatal effects.

357. Khat from various countries is smuggled into Canada, mainly via the United Kingdom, where it is not a prohibited substance. Under Schedule IV of the Controlled Drugs and Substances Act of Canada, khat is designated a "controlled substance" and as such it is a criminal offence to import, export or traffic in khat.

South America

Major developments

358. The total area under coca bush cultivation in the Andean subregion increased slightly, from 158,000 hectares in 2004 to 159,600 hectares in 2005, but the figure for 2005 still represented a decrease of 28 per cent compared with the figure for 2000. Slight decreases in the total area under coca bush cultivation in Bolivia and Peru were offset by an increase in Colombia despite intensified eradication efforts. The ability of coca bush growers to move their operations from one area to another adversely affected the results

of eradication efforts by the Government of Colombia. Potential cocaine manufacture in the Andean subregion decreased by 3 per cent. Cocaine continues to reach the principal markets of the United States and Europe through the main trafficking routes in Central America and the Caribbean, as well as through Africa, as evidenced by increased seizures in Western and Central Africa (see para. 401 below).

359. With a view to monitoring the total area under coca bush cultivation, field research measuring coca leaf yields and cocaine yields from coca leaves was conducted in Colombia in 2006. The research confirms the findings of the Board that the cocaine yields are higher than reported in 2005. Those new findings are reflected in the 2005 figure for potential cocaine manufacture in Colombia (640 tons). In Peru, work to update the methods used to measure coca leaf and cocaine yields started in 2006 and will be applied in 2007. A similar review is also expected in Bolivia.

360. The Board notes that the Government of Bolivia is considering the introduction of a new drug control policy with a view to using coca leaf for a wide range of products, as evidenced by the inauguration in June 2006 of a plant for processing coca leaf. The plant will manufacture packed coca tea, for local consumption and, according to proposals, also for export to other States parties to the 1961 Convention.

361. The Board wishes to reiterate its position reflected in its report for 2005³⁹ and urges the Governments concerned to ensure the full implementation of the provisions of the 1961 Convention as amended by the 1972 Protocol concerning the production of coca leaf, its industrial uses and international trade. The Board is concerned that that action could serve as a precedent and may send the wrong message to the public if it is allowed to stand.

362. In Peru, coca bush growers are putting pressure on the new Government to stop manual eradication of coca bush and to remove coca leaf from international control. In Argentina, under current legislation, the possession of coca tea or coca leaf in a natural state for chewing purposes is not considered to be possession or personal use of a narcotic drug. The Board wishes to remind Governments that it is the responsibility of the

States parties to the international drug control treaties to ensure that the provisions concerning the cultivation of coca bush and the possession and use of coca leaves are adhered to, and the Board is ready to assist Governments in their efforts to fulfil that responsibility.

363. The implementation of measures aimed at countering drug trafficking, reducing illicit crop cultivation, preventing and fighting corruption related to drug trafficking and extraditing drug traffickers has met with resistance by violent groups in some countries in South America. The Board urges all Governments not to reduce their efforts to enforce their drug control policies, despite difficulties that they may be experiencing in that area.

364. Large amounts of precursor chemicals required for the illicit manufacture of drugs continue to be seized in most countries in South America, which indicates the availability of those precursor chemicals to be used for such purposes. Measures to counter smuggling, including measures used in controlling domestic distribution networks and investigating diversions of precursor chemicals, need to be further strengthened.

365. Cocaine abuse continues to account for most of the demand for treatment for drug abuse in South America, though the share accounted for by cocaine abuse has declined since the late 1990s. Several countries in the region carried out activities specifically aimed at the establishment of minimum standards of care for the treatment and rehabilitation of drug-dependent persons and the evaluation of the effectiveness of existing programmes for the treatment and prevention of drug abuse and conducted studies on the prevalence of drug abuse.

Regional cooperation

366. To advance efforts in drug control and supply reduction, CICAD continued to provide its member States with support in the form of training and technical assistance. The establishment of a network of national drug observatories in South America, to ensure that Governments are supplied with high-quality information on drug production, trafficking and abuse and related crime, was one of the priorities of CICAD. For example, in Peru, the Comisión Nacional para el Desarrollo y Vida sin Drogas (national commission for development and a drug-free lifestyle)

³⁹ *Report of the International Narcotics Control Board for 2005 ...*, para. 394.

submitted to the Government in February 2006 a draft decree providing for the establishment of the Observatorio Peruano de Drogas (Peruvian drug observatory), which also received support from Belgium.

367. The VIII High-Level Meeting of the Coordination and Cooperation Mechanism on Drugs between the European Union and Latin America and the Caribbean was held in Vienna on 6 and 7 March 2006. The mechanism is of particular importance within the framework of relations between the European Union and Latin America and the Caribbean, as it is an institutional forum at the interregional level for identifying new approaches and exchanging proposals, ideas and experiences in addressing illicit drug production, trafficking and consumption.

368. At the Fifteenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held in Santa Marta, Colombia, from 17 to 21 October 2005, participants reported on the latest drug trafficking trends and distribution networks and links between drug trafficking and other forms of organized crime. The meeting recommended, inter alia, regular revision of the relevant legal instruments to counteract new trends in the use of technology by organized criminal groups and regulation of ownership of speedboats, a means of transportation frequently used by drug traffickers.

369. Experts from countries in the Americas, the Caribbean and Europe participated in the Latin American conference on cocaine trafficking via maritime routes, held in Cartagena de Indias, Colombia, from 14 to 17 February 2006. The experts analysed maritime routes used for smuggling cocaine into the United States and Europe, the structures of the criminal organizations involved and interdiction operations in international waters. It was recommended that the capacity of law enforcement agencies be strengthened in particular through better utilization of investigative techniques such as controlled delivery.

370. The Board notes that South American countries continued to adopt specific measures to strengthen the security of their borders. A pilot programme to identify cars and trucks in real time was developed at the land border crossing between Argentina, Brazil and Paraguay with a view to supporting the sharing of information among the law enforcement authorities of those countries. Argentina, Brazil, Colombia and

Uruguay are among the countries that have been implementing the International Ship and Port Facility Security Code (ISPC Code) of the International Maritime Organization.

371. South American countries continued to participate in regional projects, such as Drogas Sintéticas and Seis Fronteras, and in international projects initiated by the Board, such as Project Cohesion and Project Prism. Bolivia, Colombia, Ecuador, Peru and Venezuela (Bolivarian Republic of), the five countries participating in a project for the control of precursor products in Andean countries (PRECAN), which is financed by the European Commission, decided in October 2005 to establish a joint regional web portal for use by administrative control authorities. The portal is expected to be operational before the end of 2006.

372. Colombia and Ecuador signed, in December 2005, a joint declaration on the strengthening of border cooperation, which includes measures to counter trafficking in essential chemicals and arms. The Governments of the two countries also agreed on a 10-kilometre buffer zone to protect the border of Ecuador from the effects of aerial spraying of illicit crops in Colombia; the agreement went into effect in January 2006.

373. The first international meeting of drug observatories of Europe, Latin America and the Caribbean was held in Caracas from 28 to 30 November 2005. The Board is pleased to note that participants from more than 40 countries shared experiences in the field of drug demand reduction, information on recent trends in drug abuse and methodologies used for the processing and analysis of epidemiological data. The Board welcomes the first comparative study of drug abuse in secondary schools in South American countries, an initiative of the subregional system for drug abuse information and investigation, comprising Argentina, Bolivia, Chile, Ecuador, Peru and Uruguay, as well as CICAD and UNODC. The Board also welcomes a study on the human, social and economic costs of drugs in certain countries in the Americas, including Chile and Uruguay.

National legislation, policy and action

374. New national drug strategy plans were adopted in Guyana in June 2005 and in Suriname in January 2006.

In Guyana, the national drug control master plan for the period 2005-2009 includes the implementation of school-based and occupation-based surveys to determine the prevalence of drug abuse in targeted areas.

375. The Board notes that, in Ecuador, there is closer cooperation between the National Narcotic and Psychotropic Substances Control Board (CONSEP), the drug control directorate of the police and the customs authorities (see para. 405 below).

376. In Bolivia, Ministerial Regulation 112/06 (Reglamento de Circulación y Comercialización de la Hoja de Coca en su Estado Natural), adopted in June 2006, allows coca producers to trade their coca on licit coca markets. Furthermore, two draft laws, one on coca in its natural state and the other on controlled substances, are being prepared to replace law No. 1008 of 19 July 1988 on the Regimen de la Coca y Sustancias Controladas (regime applicable to coca and controlled substances).

377. The Board notes that the Government of Bolivia intensified its interdiction efforts in 2006. The Board urges the Government to ensure that, in addition to strengthening its measures for countering drug trafficking, all provisions of the new drug control legislation, including those relating to the cultivation of coca bush and the use of coca leaf, are in line with the international drug control treaties.

378. In October 2006, the Government of Peru decided on the decentralization of the national coca leaf enterprise. The Board urges the Government to ensure that that measure does not violate the provisions of the 1961 Convention on establishing a government agency to control coca bush cultivation and coca leaf production and does not undermine efforts in Peru to combat illicit coca bush cultivation and drug trafficking.

379. In Brazil, law No. 11.343 of 23 August 2006, which establishes the Sistema Nacional de Políticas Públicas sobre Drogas (national system of public policy on drugs), was promulgated in August 2006. The law also stipulates procedures related to the investigation of drug-related crimes and sanctions, as well as measures for the prevention of drug abuse. The law distinguishes between drug traffickers and drug users and establishes alternative sanctions for drug abuse without decriminalizing it.

380. In Paraguay, decree No. 5213/05 was enacted, updating the list of controlled substances and providing for the control of prescriptions for narcotic drugs and psychotropic substances.

381. In Ecuador, the Ley para reprimir el Lavado de Activos (law against money-laundering) was promulgated and a new Corte Suprema de Justicia (supreme court of justice) was established in October 2005. The law defines money-laundering as a criminal activity, establishes a financial intelligence unit and includes provisions for mutual legal assistance and the exchange of information.

382. In the Bolivarian Republic of Venezuela, law No. 38.281 (Ley Orgánica contra la Delincuencia Organizada) was enacted in September 2005, inter alia, establishing money-laundering as an offence.

383. In several countries in South America, such as Argentina, Chile, Paraguay and Venezuela (Bolivarian Republic of), new laws on precursors and regulations establishing further control mechanisms, defining codes of conduct for precursor traders and providing for the exchange of information were adopted.

384. In Peru, law No. 28305 (Ley de Control de Insumos Químicos y Productos Fiscalizados), which entered into force in October 2005, introduced controls over substances listed in the 1988 Convention over which there had previously been no control in the country. In addition, the Comité de Coordinación Interinstitucional was established by decree No. 053-2005-PCM to coordinate and assess policies and action in the area of chemical control.

385. In Colombia, the national drug regulatory authority initiated a survey on the access and availability of opioids in hospitals throughout the country. In addition, the results of a national study on the mental health of adults and adolescents and a national survey on drug use in schools have been completed in that country and are expected to be published in 2006.

386. In accordance with the recommendations of the Multilateral Evaluation Mechanism of CICAD, countries in South America such as Guyana and Suriname have carried out activities aimed at the establishment of programmes for drug abuse prevention and the development of standards for programmes for the treatment of drug abuse.

387. In Guyana, where the programmes for the treatment of drug abuse that are currently available do not meet the national requirements, the minimum standards of care for the treatment and rehabilitation of drug abusers are currently being prepared and are expected to be ready for implementation in 2007.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

388. According to UNODC estimates, approximately 18 per cent of global illicit cannabis herb production occurs in South America. Though illicit cultivation of cannabis to be sold on the local market continues to be detected in most of the countries in the region, cannabis grown in Paraguay, and to a lesser extent, Colombia is also being smuggled into other countries, both in South America and in other regions. Between 2004 and 2005, the total volume of seizures of cannabis herb decreased in Argentina and Colombia, while in Bolivia it increased from 28.0 to 34.5 tons.

389. Paraguay remains a major producer of cannabis in South America: the total area under cannabis cultivation in the country is estimated to be 5,500-6,000 hectares. Owing to the weak economic situation, the high prices paid by traffickers for crops and the lack of effective drug control programmes, illicit cannabis production has spread to areas of the country previously not affected by such activity. In 2004, the discovery of a new hybrid of cannabis that had been developed by traffickers and was capable of growing during the dry months of winter was reported in Paraguay. The Board is concerned that year-round cultivation of cannabis may contribute to an increase in potential cannabis production; for that reason, the Board urges the Government of Paraguay to implement programmes to eliminate illicit cannabis cultivation.

390. In Brazil, cannabis is grown mostly in the north-eastern part of the country. While there are still no accurate estimates of the total area under illicit cannabis cultivation and the potential cannabis production capacity, it is believed that most of the cannabis abused in Brazil originated in neighbouring countries. For example, according to the National Anti-Drug Secretariat (SENAD) of Paraguay, approximately 85 per cent of the cannabis produced in that country is smuggled into Brazil, 10-15 per cent is smuggled into

other countries in the Southern Cone and only 2-3 per cent is for local consumption.

391. In Peru, the illicit cultivation of cannabis, for local consumption, but also for illicit markets in Chile and Ecuador, increased in 2005. The Bolivarian Republic of Venezuela reported cannabis eradication operations at its border with Colombia.

392. Though cannabis is regarded as the most widely abused drug in South America, data collected in the period 2001-2005 indicate significant differences in the annual prevalence of cannabis abuse by the population aged 15-64 in that region. For example, Chile, with a 5.6 per cent prevalence rate, is regarded as the most affected country, and is the only country in the region reporting an annual level of cannabis abuse that is above the global average. Though cannabis is produced in Paraguay, that country has a prevalence rate of only 0.5 per cent. In Argentina and Peru, an upward trend in the prevalence of abuse of cannabis herb was reported in the past year. According to a recent epidemiological study on drug abuse carried out by the Government of the Bolivarian Republic of Venezuela, cannabis is the drug most widely abused among persons aged 15-70 in that country. The study also indicated a major difference in lifetime prevalence of drug abuse (use of illicit drugs at least once in a person's lifetime): the figure for males (3.9 per cent) was five times higher than the figure for females.

393. In 2005, the majority of illicit coca bush cultivation continued to take place in the following countries, in descending order: Colombia, Peru and Bolivia.

394. In Colombia, despite eradication efforts, the total area under illicit coca bush cultivation in 2005 increased by 6,000 hectares to 86,000 hectares. That represents a decline of 47 per cent compared with the peak annual estimate of 163,300 hectares in 2000. Illicit coca bush cultivation in Colombia spread rapidly to areas where it had not been detected before. The most significant increase was noted in two areas bordering Ecuador and Venezuela (Bolivarian Republic of). A total of 170,070 hectares of coca bush were eradicated in Colombia in 2005, mainly through aerial spraying. The intensive eradication efforts in Colombia continued also in 2006. By mid-September 2006, 150,600 hectares of illicitly cultivated coca bush had been eradicated in that country.

395. In Peru, the total area under illicit coca bush cultivation decreased by 4 per cent, to 48,200 hectares, between 2004 and 2005. The decline is attributable mainly to alternative development efforts in several valleys in which coca bush was grown and to manual eradication campaigns in other areas, most notably in parts of the Upper Huallaga valley (San Martín) and in San Gabán (Puno), where illicit coca bush cultivation dropped sharply, from 2,700 hectares in 2004 to 292 hectares in 2005. The total area under illicit coca bush cultivation eradicated in Peru increased in 2005 by 19 per cent, to 12,000 hectares. Between January and August 2006, an additional 8,000 hectares of coca bush were eradicated.

396. In Bolivia, the total area under illicit coca bush cultivation dropped by 8 per cent, to 25,400 hectares, in 2005. The total area includes 12,000 hectares in the Yungas, where coca bush cultivation has been permitted under law No. 1008 for traditional uses, and an additional 3,200 hectares in the Chapare area, where such cultivation has been temporarily authorized by the Government.

397. In the Bolivarian Republic of Venezuela, following the use of a satellite monitoring system for the detection of illicit crop cultivation, 80 hectares of coca bush were eradicated at the country's north-western border with Colombia during Operation Sierra, conducted in November 2005.

398. In 2005, maceration pits and coca paste or coca base laboratories continued to be detected in all three illicit coca-producing countries in South America, whereas cocaine laboratories were found mainly in Colombia. The total amount of cocaine hydrochloride seized in Colombia (168 tons) was almost 50 times higher than the total amount seized in Bolivia and Peru together.

399. According to the information available on disclosures of clandestine laboratories in South America, some illicit manufacture of cocaine continues to take place in non-traditional illicit cocaine manufacturing countries. For example, in Argentina, the number of clandestine laboratories manufacturing cocaine hydrochloride has increased since 2000. In 2004, 16 cocaine laboratories and 4 coca paste or base laboratories were reported to have been dismantled. While the amount of cocaine illicitly manufactured in that country each year is still small, there are concerns

that traffickers are moving their activities into that country.

400. According to the European Police Office (Europol), every year almost 250 tons of cocaine enter the European Union, the second largest market for cocaine after the United States. Most of the cocaine is transported by sea from Argentina, Brazil, Colombia, Ecuador, Suriname and Venezuela (Bolivarian Republic of) to the main European seaports. Sizeable amounts of cocaine are also smuggled into Europe by air courier.

401. Traffickers from South America and criminal groups from Central and Western Africa have been smuggling large shipments of cocaine by sea to Europe and the United States, as evidenced by the large quantities of cocaine seized in Lagos, Nigeria, in 2006 (see para. 358 above).

402. According to law enforcement agencies in South America, the organizations traditionally involved in drug trafficking are becoming more specialized, also offering their services to other criminal groups. Criminal organizations often exploit new technological developments in communication and transportation to prevent disclosure of their criminal activities.

403. Criminal organizations also exploit certain vulnerable population groups. For example, in Ecuador, children have been used as street dealers. Increased drug trafficking in that country is also accompanied by waves of violent crime, including kidnapping and juvenile gang "warfare".

404. In Brazil, the total volume of cocaine seizures has doubled over the past year. The use of drug couriers for transporting drugs from Brazil to South Africa and from there to European countries and Australia has been identified. Since the introduction in 2005 of a new law permitting unidentified aircraft to be shot down in Brazil, drug trafficking using small aircraft in the Amazon area has decreased but there has been a substantial increase in drug seizures on boats and small ships in the river network.

405. Drug traffickers from Colombia and Mexico continued to use Ecuador for stockpiling and redistributing cocaine destined for illicit markets in North America and Europe. In Ecuador, following the implementation of a programme by the Government to strengthen the control of containers at the port of Guayaquil, more than 40 tons of cocaine were seized in

2005, eight times more than in the previous year. The cocaine was found mainly in sea freight containers and on fishing vessels transferring their illicit consignments to mother vessels waiting in international waters. In the first quarter of 2006, an additional 11 tons of cocaine were seized during Operation Pacific Storm, which resulted in the dismantling of a major trafficking organization. Although no similar seizures have been reported since that operation, cocaine trafficking continued, using other routes and methods.

406. Paraguay continues to be used to trans-ship cocaine consignments to other countries in South America and to Africa and Europe. Approximately 40-60 tons of cocaine are smuggled each year through Paraguay by criminal organizations, most of which are controlled by nationals of Brazil.

407. In the Bolivarian Republic of Venezuela, the total volume of cocaine seizures increased in 2005 by 87 per cent, to 58.4 tons; a further 23 tons of cocaine were seized in the first nine months of 2006. Most of the intercepted cocaine shipments were destined for Spain and the United Kingdom.

408. According to UNODC data for the period 2004-2005, the annual prevalence of cocaine abuse in South America in the population aged 15-64 was 0.7 per cent. In two countries in South America, Bolivia and Chile, the prevalence rate for cocaine abuse was higher than the regional average. In Peru, the prevalence of cocaine abuse increased over the past year. However, this was not the case for all forms of cocaine. In 2005, the declining prevalence of the abuse of cocaine base was offset by the increased abuse of cocaine hydrochloride. The abuse of "paco" (coca paste) has risen sharply in recent years in Argentina (see para. 420 below).

409. According to the results of the sixth national study on the abuse of drugs among the general population in Chile, which was carried out in 2004, 0.8 ton of cocaine base and 1.9 tons of cocaine are abused each year in the country.

410. In Colombia, the total area under illicit opium poppy cultivation dropped by 49 per cent in 2005, to 2,000 hectares, as a result of continued eradication efforts by the Government. During 2005, six heroin laboratories were destroyed and 745 kg of heroin were seized. A record 1.6 tons of raw opium were seized in Colombia in 2005, compared with 27 kg in 2003 and

57 kg in 2004. Increasing amounts of heroin destined for North America and Europe continued to be trans-shipped through Ecuador. On a smaller scale, trafficking in heroin originating in Colombia was also reported in Argentina.

411. According to the Government of Peru, the total area under illicit opium poppy cultivation in the country in 2004 was estimated at 1,500 hectares. More than 92 hectares of opium poppy fields were eradicated in 2005, and a further 88 hectares were eradicated during the first eight months of 2006.

412. In the Bolivarian Republic of Venezuela, illicit opium poppy cultivation areas larger than 100 hectares were identified during eradication operations in 2005.

413. Heroin seizures have been reported in recent years in Argentina, Brazil, Chile, Colombia, Ecuador, Guyana, Peru, Uruguay and Venezuela (Bolivarian Republic of). The most significant increase in the volume of heroin seizures has been recorded in the Bolivarian Republic of Venezuela: in that country, heroin seizures rose steadily from 196 kg in 2000 to a record 658 kg in 2004.

414. In South America, the prevalence rate for the abuse of opiates, in particular heroin (0.1 per cent of the population aged 15-64), is among the lowest in the world. In 2004, the latest year for which data are available, the abuse of opiates increased in Argentina (also in 2005), Colombia and Venezuela (Bolivarian Republic of).

Precursors

415. Seizures of precursor chemicals, including potassium permanganate and acetic anhydride, were reported in South America. Furthermore, in 2005, 16 laboratories manufacturing potassium permanganate were destroyed in Colombia and 2 such laboratories were dismantled in Bolivia. There has been increased use of substances not listed under the 1988 Convention as substitutes for precursor chemicals. Recycling chemicals that can be reused as many as five or six times is one of the methods used by traffickers to circumvent controls. The Board urges the Governments concerned to further foster, in cooperation with the

chemical industry, the existing controls, particularly at the domestic distribution level.⁴⁰

Psychotropic substances

416. Although the total amount of ATS seized in South America is not significant, drug abuse surveys indicate that the popularity of stimulants is increasing in some countries in the region, including Argentina and Peru. MDMA, mainly from the Netherlands, is the synthetic drug most commonly abused in Brazil. In the first half of 2006, more than 900 amphetamine tablets and 7,500 “ecstasy” tablets were seized in the Bolivarian Republic of Venezuela. In 2005, “ecstasy” tablets were seized in Paraguay for the first time.

417. Several countries in South America have reported a rising trend in the non-therapeutic use of sedatives and tranquillizers. In Argentina and Peru, the prevalence of the abuse of those substances is slightly higher among the female population than among the male population. In Brazil, the licit use of amfepramone and fenproporex, stimulants listed in Schedule IV of the 1971 Convention, is increasing. Zopiclone and ketamine, two substances not under international control, were found to have been diverted into illicit channels and abused in Argentina.

418. Pharmaceutical preparations containing narcotic drugs and psychotropic substances are often smuggled into countries in South America, such as Ecuador, and sold over the counter in non-licensed outlets.

Missions

419. The Board sent a mission to Argentina in May 2006. The Board appreciates the commitment of the Government to combating illicit activities related to drugs. The Board found that existing laws and regulations on drug control are not always in line with the international drug control treaties and noted that changes in the legislative basis for drug control and related areas had been planned or already introduced. The Board urges the Government to implement measures to comply with the provisions of the 1961 Convention concerning the use of coca leaf and to harmonize laws and jurisdiction between provinces

with a view to sending a clear message to the public on the dangers of drug abuse. The Board notes that, in addition to drug trafficking, the illicit manufacture of cocaine from coca paste that has been smuggled into the country has been increasing in recent years. The Board is aware of the measures already taken to suppress those activities and encourages the Government to ensure concerted action at the federal and provincial levels involving the relevant government agencies, including the customs authorities. In that connection, the gathering and analysis of intelligence on drug-related crime should be improved, in order to assist in the investigation and prosecution of illicit activities related to drugs; to that end, additional resources should be provided.

420. The mission of the Board found that the controls applied to the licit movement of narcotic drugs, psychotropic substances and precursors in Argentina appeared to be comprehensive. The Board welcomes the plan to establish a prescription monitoring programme to identify unusual consumption patterns and encourages the Government to continue to promote the rational prescription of narcotic drugs and psychotropic substances. In view of the continued diversion of precursor chemicals in Argentina, the Board requests the Government to remain vigilant and investigate all cases of diversion and attempted diversion, with a view to identifying new trends and detecting and arresting the traffickers involved. With respect to demand reduction, the Board notes with satisfaction the recent efforts to ascertain the extent and patterns of drug abuse in the country. Since it has been found that drug abuse, in particular the abuse of “paco” (coca paste), has been rising sharply in Argentina, the Board advises the Government to continue its efforts to improve the prevention of drug abuse and the treatment and rehabilitation of drug abusers.

C. Asia

East and South-East Asia

Major developments

421. Since 2004, there has been an increase in seizures of cocaine in the Hong Kong SAR of China.

⁴⁰ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2006* ..., chap. III.

422. Traffickers are attempting to arrange the illicit sale of drugs using the Internet and cellular phones. Recently, attempts to smuggle illicit drugs into Japan through the postal system have increased.

423. In several countries in East and South-East Asia, including China and Japan, persons who until recently had abused a single type of drug have shifted to polydrug abuse.

424. There is growing concern in the region regarding the illicit manufacture of, trafficking in and abuse of substances not under international control.

425. Although the HIV epidemic remains concentrated among high-risk groups in East and South-East Asia, HIV infection continues to be a major problem in countries in the region where heroin is the drug of choice among persons who abuse drugs by injection. In Japan, the prevalence of HIV infection attributed to drug abuse by injection continues to be low.

Regional cooperation

426. A memorandum of understanding was signed by the Secretary-General of the Association of Southeast Asian Nations (ASEAN) and the Secretary-General of the Economic Cooperation Organization in January 2006. The areas of cooperation related to drug control include: the exchange of information on national legislation and activities to suppress illicit drug trafficking; the promotion of law enforcement cooperation; the promotion of increased public awareness of the dangers of drug abuse, the development of community-based drug abuse prevention and treatment programmes and the development of programmes for the reduction of illicit drug demand.

427. The Beijing Congress Declaration, the updated ASEAN and China Cooperative Operations in Response to Dangerous Drugs (ACCORD) Plan of Action, 2005-2010, and the Special Initiative on Regional Joint Action against ATS-related Crimes were adopted at the Second International Congress of ASEAN and China Cooperative Operations in Response to Dangerous Drugs, held in Beijing in October 2005. Those initiatives are aimed at identifying further strategies and measures to be used for drug control cooperation in South-East Asia.

428. The second Training Course on Precursor and Chemical Control for ASEAN Narcotics Law

Enforcement Officers was held in Bangkok from 16 to 22 May 2005. Law enforcement officers from ASEAN member States, as well as China and India, attended the course. The objective of the course was to provide an overview of the illicit traffic in precursor chemicals in countries in South-East Asia, China and India, as well as training in the use of investigative techniques. The Office of the Narcotics Control Board of Thailand and the Thailand International Development Cooperation Agency organized a training course on international drug law enforcement in Bangkok in August 2005. In 2005, China continued to provide law enforcement training for officers from the Lao People's Democratic Republic and Myanmar. In addition, through its alternative development assistance, China provided training for 135 agricultural and medical workers and facilitated the cultivation of over 330 hectares of food crops in northern Myanmar.

429. In July 2005, cooperation between law enforcement officials from China and Myanmar led to the seizure of 100 kg of methamphetamine. In September 2005, China, the Lao People's Democratic Republic, Myanmar and Thailand cooperated in an investigation that resulted in the arrest of two major drug dealers in the Lao People's Democratic Republic and in the seizure of 496 kg of heroin in Shan State, the largest seizure ever made in Myanmar.

430. UNODC regional activities involving laboratory assistance to strengthen regulatory and law enforcement control with respect to ATS and their precursors in East and South-East Asia became operational in early 2006. The aims of such assistance are to improve the integration of scientific support into national and regional drug control systems. Two regional meetings were held on the subject in Bangkok in May and September 2006. The meetings were attended by UNODC laboratory personnel, as well as law enforcement, health and regulatory authorities from Cambodia, China, India, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam.

National legislation, policy and action

431. In Viet Nam, the master plan for drug control for the period 2005-2010 is currently being implemented. It is aimed at increasing public awareness of the harmfulness of drug abuse, preventing illicit crop cultivation and illicit drug manufacture and trafficking,

strengthening programmes for the treatment of drug abuse and reducing drug abuse by injection. The plan includes measures to eliminate the illicit cultivation of opium poppy and to prevent the use of precursor chemicals in the illicit manufacture of drugs.

432. The National Narcotics Board of Indonesia launched its national strategy to combat drug abuse and illicit drug trafficking for the period 2005-2009. The strategy includes activities aimed at building the capacity of law enforcement agencies and strengthening programmes for the prevention of drug abuse and the treatment and rehabilitation of drug abusers.

433. In line with the recommendations of the Board following its mission to Thailand in May 2004, the Board wishes to reiterate its recommendation to the Government of Thailand to undertake sustainable measures to address the problem of drug abuse, as well as to provide treatment and rehabilitation for drug abusers in Thailand.

434. In China, a drug control bill was submitted to the national legislature for consideration in August 2006. The bill was drawn up to curb drug-related crime and the growing population of drug abusers in the country. The Ministry of Public Security of China has actively supported the bill.

435. Several States in East and South-East Asia have taken action to deal with specific drug-related issues. For example, in June 2006, the National Assembly of Viet Nam adopted a comprehensive law on HIV/AIDS prevention and control that will enter into force in January 2007. The law includes provisions for harm reduction. The National Committee for AIDS, Drugs and Prostitution Prevention and Control held a meeting in Hanoi in March 2006 to review the national programme for the period 2001-2005. The Government of the Lao People's Democratic Republic launched in 2005 a national strategy calling for a balanced approach to eliminating opium in the country during the period 2006-2009. The main components of the strategy are alternative development, demand reduction, law enforcement and civic awareness. In August 2006, the Government of the Lao People's Democratic Republic introduced a draft action plan targeting 1,000 former opium poppy cultivating villages that are most at risk of reverting to opium poppy cultivation. The Ministry of Education, Youth and Sport of Cambodia has incorporated drug

awareness issues into the national curriculum for primary and secondary schools.

436. In order to prevent the illicit manufacture of ketamine (currently not under international control), the Dangerous Drugs Board of the Philippines classified ketamine as a dangerous drug in October 2005.

437. A number of States in East and South-East Asia are taking steps to prevent money-laundering. In Viet Nam, decree No. 74/2005/ND-CP of 7 June 2005, aimed at preventing and combating money-laundering, entered into effect on 1 August 2005. Steps are being taken to establish a money-laundering information centre in the State Bank of Viet Nam, with a view to raising awareness within the financial sector and training police and other law enforcement officers. The Cabinet of the Government of Cambodia endorsed in July 2006 draft legislation to combat money-laundering and the financing of terrorism; the draft legislation includes provisions on establishing a financial intelligence unit and, if adopted, would introduce measures to detect and prevent money-laundering and the financing of terrorism. The Government of the Lao People's Democratic Republic has trained banking officials as part of its efforts to tackle the problems of money-laundering and the financing of terrorism.

438. The Financial Action Task Force on Money Laundering has welcomed the progress made by the Government of Myanmar in reforming its programme for countering money-laundering and has urged the Government to continue its efforts in that direction. Myanmar is the only country that remains on the list of countries and territories considered by the Financial Action Task Force to be "non-cooperative" in efforts to counter money-laundering.

Situation with regard to drug trafficking and abuse

Narcotic drugs

439. The illicit cultivation of cannabis plants continued throughout the region, particularly in South-East Asia. Cannabis plants are illicitly cultivated throughout the Philippines. The illicit cultivation of cannabis plants also continued in Thailand, particularly in the northern and north-eastern parts of the country. Illicit cannabis production in the Lao People's

Democratic Republic takes place mainly in the lowlands, in the south and in areas near the Mekong. Cannabis plants are illicitly cultivated in the central and southern parts of Myanmar. There is limited illicit cultivation of cannabis plants in Cambodia in some provinces along its borders and the Mekong. Cannabis plants are also illicitly cultivated in some areas in Indonesia.

440. Countries in East and South-East Asia continued their campaigns to eradicate cannabis plants. In 2005, 12 tons of cannabis were seized in Thailand and the Government of the Philippines destroyed millions of cannabis plants. China, Indonesia, Japan and Myanmar also seized significant amounts of cannabis. Viet Nam reported a major increase in the volume of cannabis seizures. Most of the cannabis seized in the Hong Kong SAR of China originated in the Golden Triangle, Cambodia or countries in South Asia.

441. Illicit opium poppy cultivation continued to decrease in almost all countries in East and South-East Asia. Most of the illicit cultivation of opium poppy in the region occurs in Myanmar; however, each year the Government of that country succeeds in reducing the level of such cultivation. Although illicit opium poppy cultivation in the southern and eastern parts of Shan State has increased, the total area under such cultivation declined to 21,500 hectares in 2006. In the Lao People's Democratic Republic, all provinces and the special zone where opium poppy used to grow were declared by the Government in February 2006 to be opium-free; however, limited illicit opium poppy cultivation reportedly continues in several northern provinces of that country. In Viet Nam, the total area under illicit opium poppy cultivation was negligible.

442. Seizures of opium continued to be reported in countries in East and South-East Asia. In 2005, Chinese law enforcement officers seized a total of 2.3 tons of opium. Law enforcement officials in Viet Nam also reported seizures of opium. In addition, 124 kg of morphine were seized in Yunnan Province of China in 2005.

443. Since 2004, there has been an increase in seizures of cocaine in the Hong Kong SAR of China. In March 2006, law enforcement officers from China (including the Hong Kong SAR) and the United States cooperated with each other to uncover a cocaine trafficking syndicate based in Colombia. As a result of that cooperation, 142 kg of cocaine were seized and

nine people were arrested. In 2005, small amounts of cocaine were seized in Cambodia and Thailand. Cocaine is smuggled into Thailand from South America, usually entering the country via Bangkok International Airport. Some of the cocaine has also been smuggled into Thailand via South Africa and Europe. Seizures of cocaine decreased dramatically in Japan, where 2.9 kg of cocaine were seized in 2005, compared with 85.4 kg in 2004.

444. Heroin is illicitly manufactured in Myanmar. Illicit heroin manufacture in the Lao People's Democratic Republic remains limited. Most of the heroin seized in the Lao People's Democratic Republic has been smuggled through Myanmar. In 2005, China, Thailand and Viet Nam reported a large volume of heroin seizures. Heroin continues to be smuggled into Thailand over its northern, north-eastern and eastern borders. A total of 924 kg of heroin were seized in Thailand in 2005, the highest reported volume of heroin seizures in that country since 1998. Traffickers also continued to use Thailand as a transit point for heroin consignments. Most of the heroin seized in China was smuggled into that country from the Golden Triangle. The total volume of heroin smuggled into China from the Golden Triangle decreased in 2005 compared with the previous year. Law enforcement officers in China continued to focus on strengthening drug control activities at the south-western border of that country. As a result, 66.8 kg of heroin were seized at the border between China and Viet Nam. In China, law enforcement officers from the autonomous region Xinjiang identified nine cases involving the smuggling of drugs from the Golden Crescent by air and seized a total of 14.5 kg of heroin. Small amounts of heroin were also seized in Cambodia, Indonesia and Japan in 2005. Most of the heroin seized in the Hong Kong SAR of China originates in the Golden Triangle; the heroin is smuggled into Yunnan Province and is transported overland through the autonomous region Guangxi and Guangdong Province into the Hong Kong SAR.

445. Cannabis continues to be abused in countries in East and South-East Asia, including Brunei Darussalam, China, Indonesia, Japan, Malaysia, Myanmar, the Philippines and the Republic of Korea. Heroin remains the drug of choice among drug abusers in most countries or areas in the region, such as China (including the Hong Kong SAR and the Macao SAR of China), Indonesia, Malaysia, Myanmar and Viet Nam. In Malaysia, morphine continues to be the drug abused

by almost one third of persons undergoing treatment for drug abuse.

446. In 2004, there was an increase in HIV infection among persons who abuse drugs by injection in the Macao SAR of China; largely as a result of swift Government action to stem the spread of HIV infection, in 2005 there was a decrease in both the number and the proportion of persons who abused drugs by injection among newly reported HIV cases in the Macao SAR. In Viet Nam, the HIV epidemic remains concentrated among high-risk groups, and drug injection continues to be the main cause of HIV transmission: 53 per cent of newly detected cases of HIV infection were attributed to drug abuse by injection. In China, over 40 per cent of the 135,630 registered HIV/AIDS patients contracted the disease through drug abuse by injection. In Myanmar, HIV prevalence among persons who abuse drugs by injection is estimated at 34 per cent. In Indonesia, Malaysia and Thailand, the prevalence of HIV among persons who abuse drugs by injection remains high. In Japan, HIV infection attributable to drug abuse by injection continues to be low (0.5 per cent).

Psychotropic substances

447. Large-scale clandestine laboratories involved in the illicit manufacture of methamphetamine continued to be uncovered in East and South-East Asia. In 2005, seven clandestine laboratories involved in the illicit manufacture of methamphetamine were dismantled and 11 kg of methamphetamine, precursor chemicals and equipment were seized in the Philippines. In China, police uncovered a large-scale drug smuggling, trafficking and manufacturing operation in Guangdong Province in May 2005; as a result, a clandestine laboratory manufacturing methamphetamine and another manufacturing 1-phenyl-2-propanone were dismantled and 46.7 kg of methamphetamine, 1-phenyl-2-propanone and other precursor chemicals were seized. In June 2005, Chinese law enforcement officers uncovered a transnational operation involved in the illicit manufacture of and trafficking in methamphetamine; as a result, 42.5 kg of methamphetamine and tons of precursor chemicals, including ephedrine and acetic anhydride, were seized. In Thailand, two clandestine laboratories manufacturing methamphetamine were dismantled in 2005.

448. In 2005, large amounts of ATS continued to be seized in Cambodia, the Lao People's Democratic Republic and Viet Nam. Many of the ATS tablets recently seized in the Hong Kong SAR of China originated not in Europe (which is often the case) but in Asia. Many countries in East and South-East Asia have reported a significant increase in the volume of methamphetamine seizures. In 2005, China, Indonesia, Malaysia and Thailand each reported an increase in seizures of methamphetamine tablets. In January 2006, the Anti-Narcotics Task Force of Myanmar arrested eight suspects and seized a large amount of methamphetamine tablets (worth an estimated US\$ 10 million) in Tachilek, a town on the border of Myanmar with Thailand, near the Mekong. In 2005, there was increased smuggling of methamphetamine from the Lao People's Democratic Republic into Cambodia. In 2005, Cambodian border patrol officers uncovered 128 cases of trafficking in methamphetamine and arrested 284 people and seized a significant amount of methamphetamine in connection with those cases. Attempts to smuggle methamphetamine into Thailand over its north-eastern and eastern borders continued to be detected. Methamphetamine is smuggled into the Philippines mainly through the shorelines of the Northern Luzon, Central Luzon and Southern Tagalog regions. A few countries in the region, including Japan and the Philippines, reported a considerable decrease in the volume of methamphetamine seized in 2005.

449. The amount of methamphetamine smuggled into China increased in 2005 compared with the figure for 2004. In 2005, law enforcement officials in Yunnan Province of China seized 2.62 tons of methamphetamine, accounting for almost 50 per cent of the total volume of such seizures in China. Methamphetamine from mainland China continues to be smuggled into the Hong Kong SAR of China. At the end of 2005, 192 kg of methamphetamine were found in a container in the Hong Kong SAR. Attempts to smuggle the drug were also detected in the northern border areas of Thailand.

450. In January 2006, a clandestine laboratory that had been tabletting MDMA was dismantled in Kowloon, in the Hong Kong SAR of China; as a result of that operation, 60 kg of MDMA powder, a tabletting machine and a number of MDMA tablets were seized. Analysis of the ingredients of ATS seized in the Hong Kong SAR of China suggest that clandestine

laboratories may be moving away from the illicit manufacture of MDMA ("ecstasy"), in the direction of a mixture that includes methamphetamine. According to a recent analysis conducted in the Hong Kong SAR of China, 37 per cent of seized ATS tablets contained only MDMA, while 63 per cent contained a combination of MDMA and other ingredients such as amphetamine, caffeine, estazolam and diazepam.

451. MDMA continued to be smuggled into Thailand across its border with Malaysia. In Myanmar, the total number of MDMA tablets seized increased from 5 in 2004 to 3,981 in 2005. In 2004, an attempt to smuggle MDMA from China and the Russian Federation into Japan were detected for the first time. In 2005, Japan reported the largest volume of MDMA seizures since 2001. However, several countries in East and South-East Asia, including China, Indonesia, Malaysia and Thailand, reported a decrease in MDMA seizures in 2005.

452. In the Philippines, there was a significant increase in the amount of diazepam seized in 2005 compared with previous years.

453. In 2005, prescription drugs containing controlled psychotropic substances were smuggled from Thailand into Europe and the United States through air parcel services. Traffickers are attempting to arrange for the illicit sale of drugs using the Internet and cellular phones. Recently, attempts to smuggle illicit drugs into Japan using the postal system have increased.

454. Precursor chemicals, including acetic anhydride, continued to be smuggled into the Golden Triangle. In 2005, 158 tons of precursor chemicals were seized and 34 clandestine laboratories were dismantled in China; all of the precursor chemicals found in the laboratories had been produced locally. Seizures of ephedrine in Myanmar increased significantly, to 1,283 kg, in 2006. After several years of increased seizures of ephedrine in the Philippines, there was a decline in such seizures in 2005.

455. The abuse of ATS has emerged as a serious and fast-growing problem in the Lao People's Democratic Republic. Methamphetamine is the drug of choice among drug abusers in Japan, accounting for 83.5 per cent of the arrests for drug-related offences. It also remains the drug of choice among drug abusers in the Philippines, the Republic of Korea and Thailand. Of the drug abusers undergoing treatment in the

Philippines, 81 per cent reported having abused methamphetamine; some also reported having abused preparations for treating coughs and colds. Methamphetamine is also widely abused in Brunei Darussalam, Indonesia, Myanmar and Singapore. Methamphetamine is rapidly gaining in popularity in Malaysia: more than twice as many people abused methamphetamine in that country in 2005 (15 per cent) than in 2004 (7 per cent). Drug abusers in China are also increasingly abusing methamphetamine. In Japan, MDMA continues to be abused throughout the country. Drug abusers in China are increasingly abusing MDMA and triazolam. MDMA is the second most abused drug after ketamine among persons aged 11 to 20 in the Hong Kong SAR of China. An increase in the abuse of GHB, LSD and nimetazepam (Erimin 5) has been noted in the Hong Kong SAR of China.

456. Most methamphetamine abusers in Japan abuse the substance by injection. While no national figures are available, data suggest that there has been an increase in drug abuse by injection in Cambodia, especially in urban areas of the country. In Indonesia, 56 per cent of drug abusers abuse drugs by injection. Limited abuse of ATS by injection has been reported in Cambodia, China, the Hong Kong SAR of China, Indonesia, the Lao People's Democratic Republic and Thailand.

Substances not under international control

457. The illicit manufacture of and trafficking in ketamine continued to be matters of concern in East and South-East Asia. In 2005, Chinese law enforcement officers seized 2.6 tons of ketamine. In the past, ketamine from mainland China was often smuggled into the Hong Kong SAR; however, in 2005, law enforcement authorities uncovered cases in which traffickers attempted to smuggle into the Hong Kong SAR of China through South-East Asia large consignments of ketamine originating in South Asia. In 2005, there was a significant increase in seizures of ketamine in the Hong Kong SAR of China. A small quantity of ketamine was also seized in Thailand. Ketamine from Europe was smuggled through neighbouring countries into Thailand. Data suggest that the illicit manufacture of ketamine for export is taking place in the Philippines. During the period 2003-2005, five clandestine laboratories involved in the illicit manufacture or processing of ketamine were dismantled and ketamine hydrochloride and ketamine

powder were seized in the Philippines. Law enforcement officials in Viet Nam reported seizures and abuse of ketamine in the country in 2005.

458. The abuse of substances not under international control is a matter of concern in China, the Hong Kong SAR of China, Japan and the Republic of Korea. In 2005, Japan placed under national control as narcotic drugs 5-methoxy-*N,N*-diisopropyltryptamine, *alpha*-methyl-tryptamine, 2,5-dimethoxy-4-(*n*) propylthiophenethylamine and *N*-methyl-1-(3,4-methylenedioxyphenyl)-2-butanamine. The main drug of abuse among persons aged 11-20 in the Hong Kong SAR of China is ketamine. Drug abusers in China are increasingly abusing ketamine. The abuse of ketamine has also been reported in the Macao SAR of China, Malaysia, the Philippines and Singapore. The abuse of dextromethorphan, fenfluramine and nalbuphine has been reported in the Republic of Korea. There have been reports of nalbuphine hydrochloride (sold under the brand name Nubain®) being abused by injection in the Philippines.

Missions

459. The Board sent a mission to China in January 2006. The Board commends the Government of China for its political will and commitment towards the implementation of the international drug control treaties, as evidenced by the adoption of new national legislation on the control of narcotic drugs, psychotropic substances and precursors in August 2005.

460. The Board notes that in China drug control is not only incorporated into the programme for national economic and social development, but is also made an important duty of governments at all levels. The Board welcomes the launch of the "People's War on Drugs", aimed at mobilizing the entire society to address its growing drug problem. The Board encourages the Government to take the measures necessary to ensure that progress is made in implementing the new laws, as well as in combating drug abuse and illicit trafficking in the country.

461. China, which is a major producer of precursor chemicals, is facing a growing challenge in preventing the diversion of such chemicals from licit sources into illicit channels, particularly in view of the growing abuse problem of methamphetamine globally and in the region. The Board, while acknowledging the

Government's cooperation in providing pre-export notifications for exports of ephedrine and pseudo-ephedrine, requests the Government to do the same for exports of pharmaceutical preparations containing those two substances and to put in place mechanisms for monitoring domestic distribution of the substances to ensure that no diversion takes place.

462. The Board notes the increasing role played by China in drug control in East and South-East Asia. China has made achievements in various areas of drug control through bilateral and multilateral cooperation. However, the situation with regard to the illicit manufacture of ATS in the region remains serious. The Board encourages the Government of China to further strengthen its cooperation, particularly with neighbouring countries, and play a more active role in combating this problem.

463. The Board sent a mission to the Democratic People's Republic of Korea in June 2006. The Board notes that the Government remains fully committed to strengthening its cooperation with the Board in drug control, as evidenced by the progress made in the implementation of the Board's recommendations pursuant to its last mission to that country in 2002.

464. The adoption of new national drug control legislation and the establishment of the national coordinating committee for drug control are two important steps taken by the Government of the Democratic People's Republic of Korea towards full compliance with the provisions of the international drug control treaties. The Board welcomes those developments and encourages the Government to take measures to ensure that further progress is made in drug control.

465. The Board notes that there is adequate control over the licit movement of narcotic drugs and psychotropic substances in the Democratic People's Republic of Korea. However, the Board is concerned that there is an insufficient amount of opiates for medical purposes. The Board acknowledges the difficulties that the Government has encountered in the implementation of the international drug control treaties and calls upon it to seek legal and technical assistance, particularly in developing regulations required for the implementation of the new national drug control legislation.

466. The Board notes that continuous efforts are being made by the Democratic People's Republic of Korea towards acceding to the international drug control treaties. The Board trusts that the Government will take concrete steps to expedite the process of accession, thereby effectively integrating itself into regional and international efforts to fight drug abuse and illicit trafficking. The Board encourages the Democratic People's Republic of Korea to cooperate with its neighbouring countries to combat the problem of ATS trafficking in East and South-East Asia.

467. The Board sent a mission to Myanmar in October 2006 to review the implementation of the international drug control treaties and maintain its ongoing dialogue with the Government on issues related to drug control. The Board notes the continued commitment of the Government to eradication of illicit opium poppy cultivation. The Board encourages the Government to continue its efforts to achieve the goal of complete eradication of illicit drug production, as set out in the 15-year national plan.

468. The Board also recommends to the Government of Myanmar to continue to cooperate with the Governments of neighbouring countries in strengthening law enforcement activities and, in particular, to make additional efforts to identify the sources and trafficking routes of precursor chemicals used for the illicit manufacture of ATS.

469. With regard to the availability of narcotic drugs for treatment of pain in Myanmar, while recognizing that some traditional methods of pain management are used in the existing sociocultural situation, the Board recommends that the authorities should nevertheless examine the adequacy of the provisions of the current drug control law to ensure that the existing laws and regulations do not constitute obstacles to the adequate availability of controlled drugs for medical purposes.

South Asia

Major developments

470. Trafficking in and abuse of opiates, in particular heroin, are serious problems in South Asia, which is geographically sandwiched between West and South-East Asia, the two major producers of illicit opiates. Despite the strict controls imposed by Governments of countries in South Asia, an unknown quantity of

opiates is diverted from licit opium poppy cultivation in India, to be either abused domestically or smuggled into other countries.

471. In South Asia the abuse of heroin, as well as other drugs such as buprenorphine, often takes place through injection, and unsafe practices surrounding abuse by injection remain one of the key factors in the spread of HIV/AIDS in the region. Though that is particularly true in India and Nepal, Bangladesh also has the potential for an HIV/AIDS epidemic outside of the subpopulation of those who abuse drugs by injection, and for that reason Governments of countries in the region need to remain vigilant.

472. Available information suggests an emerging trend of increasing abuse of and trafficking in cocaine in South Asia. In India in particular, there have been increasing seizures of cocaine, as well as evidence that the abuse of that drug is on the rise.

473. In many countries in South Asia, in particular Bangladesh, India and Nepal, there continue to be long-standing problems with the licit control of pharmaceutical preparations containing controlled substances. That has led to widespread abuse of such preparations among all segments of the population. In general, pharmaceutical preparations are diverted from domestic distribution routes and are sold without prescription in pharmacies and various other retail outlets in the region.

474. The Agreement on South Asian Free Trade Area⁴¹ entered into force on 1 January 2006, creating a framework for the establishment of a free trade zone for the seven member States of the South Asian Association for Regional Cooperation (SAARC). The agreement stipulates measures to be taken by States to reduce import duties, depending on their stage of development. The Board urges the member States of SAARC to ensure that the implementation of the agreement does not hamper measures to combat drug trafficking within the region.

International cooperation

475. The ministers of the interior of the member States of SAARC held a meeting in Dhaka on 11 May 2006 to review measures taken by SAARC member States against drug trafficking and terrorism. The ministers

⁴¹ A/58/716-S/2004/122, annex III.

recognized the rapid spread of drugs in the region, and decided to strengthen the resources of the SAARC secretariat in drug control. The ministers also decided to increase cooperation with other organizations, such as ASEAN and UNODC, and to share information on drug control efforts.

476. The Fifth SAARC Conference on Cooperation in Police Matters was held in Dhaka on 9 May 2006. The police chiefs of SAARC member States who attended the conference agreed to work towards the establishment of a police forum, to be called SAARCPOL, that would enhance regional cooperation in the area of law enforcement, as well as to form a regional association of police chiefs.

477. The countries of South Asia continued to conduct activities against drug abuse and trafficking under the umbrella of the Drug Advisory Programme of the Colombo Plan. The Drug Advisory Programme organized the International Conference of Faith-Based Organizations/Islamic Scholars on Drug Policies and Strategies in Jakarta from 27 February to 1 March 2006. Participants at the conference reaffirmed their commitment to overcoming the drug problem by strengthening the role of religious leaders in reducing demand for drugs. It was also agreed that religious principles could be incorporated into demand reduction approaches in Islamic countries in the region.

478. The Fifth Asian Youth Congress, held in Chiang Mai, Thailand, from 24 to 27 October 2006, discussed how participants could be empowered to prevent drug abuse in their communities. Asian Cities against Drugs, a network of cities from over a dozen countries modelled after European Cities against Drugs, has been established, bringing together mayors, city councillors and officials working in the field of drug control to exchange information and enhance skills in both supply and demand reduction. Both of those activities were established under the Drug Advisory Programme.

National legislation, policy and action

479. Bhutan, with the assistance of UNODC, is currently building its capacity to implement the international drug control regime. Bhutan, which acceded to the 1961 Convention and the 1971 Convention in August 2005 and thus became a party to the three international drug control treaties, is currently finalizing detailed regulations to implement new drug control legislation.

480. All but one of the States in South Asia are now parties to the international drug control treaties. The one exception is Nepal, which has yet to accede to the 1971 Convention. The Board reiterates its call to the Government of Nepal to accede to and implement the 1971 Convention at the earliest opportunity.

481. Maldives finalized its drug control master plan for the period 2006-2010. The Board welcomes the plan, which was prepared with the assistance of UNODC, and urges the Government to ensure its speedy and effective implementation, so as to address the growing drug control problem in the country. The Board also urges the international community to provide assistance to Maldives in this respect.

482. The Board notes with concern that the monitoring of drug abuse patterns and trends in many countries in South Asia remains inadequate and, as a result, concrete data on drug abuse in those countries are scarce. The Board notes that a new national survey on drug abuse in India may be conducted soon, with the assistance of UNODC. The Board encourages Governments of countries in the region that have not yet done so to ensure that the extent of drug abuse can be measured and that adequate measures are taken against drug abuse.

483. On 26 June 2006, the Government of India and UNODC launched the national awareness campaign, a nationwide drug abuse prevention campaign. The campaign utilizes a wide variety of media, including television, posters and the printed media, to convey the dangers of drug abuse, in particular to young persons. National youth organizations are also conducting peer awareness initiatives as part of the campaign.

484. The Board notes with satisfaction the effective working relationship that exists between the Governments of many countries in South Asia and national and international non-governmental organizations in the field of drug control. That cooperation has enabled many of those organizations to play an effective role in complementing and strengthening the activities of the Government, particularly in the areas of treatment and prevention of drug abuse.

Cultivation, production, manufacture, trafficking and abuse

485. Though, in South Asia, trafficking in and abuse of opiates and pharmaceutical preparations usually command the most attention, cannabis is also a problem that should not be overlooked. In addition to growing wild in a number of countries in the region, including Nepal, cannabis plants are also illicitly cultivated in certain areas of India and Sri Lanka.

486. In 2004, the last year for which detailed figures are available, over 46 tons of cannabis herb were seized in north-east India, accounting for over one third of the country's total volume of seized cannabis herb (144 tons).

487. In Sri Lanka, illicit cultivation of cannabis plant takes place mostly in the eastern and southern provinces of the country. Though the amounts have fluctuated over recent years, seizures of cannabis plant have remained significant, with 29 tons seized in 2005. Cannabis-related arrests also increased in Sri Lanka in 2005.

488. Despite stringent measures taken by the Government of India against the diversion of licitly cultivated opium, some opium and poppy husk continue to be diverted to illicit markets in India. Crude heroin manufactured from such diverted opium is trafficked and sold on illicit markets in India or is smuggled into other countries. Domestically manufactured heroin continues to be seized in India. Most of the illicit heroin laboratories dismantled in the country are near opium poppy cultivation areas.

489. In addition to low-grade heroin manufactured using opium diverted from licit sources, heroin from South-West Asia continues to be smuggled into India and passes through the country on its way to other countries. Heroin in small quantities entering some north-eastern states of India from South-East Asia is mainly abused locally in those states. Evidence suggests that the State of Punjab has been emerging as a new hub for smuggling drugs into India, the traditional trafficking hubs being New Delhi and Mumbai. This recent development appears to be connected with the increase in the licit and illicit cross-border flow of goods and persons between India and Pakistan. Most of the drugs, particularly heroin, that are smuggled into India through Punjab are

subsequently taken to New Delhi or Mumbai before being transported further to other countries.

490. The border between India and Nepal remains porous, and smuggling between the two countries, in particular the smuggling of cannabis from Nepal into India, continues.

491. Seizure trends show significant increases in the smuggling of heroin into Maldives in recent years, though it remains at a low level. Nevertheless, it is a source of concern that seizures made by the authorities of Maldives remain small compared with the seizures made by Indian and Sri Lankan authorities of heroin destined for Maldives. Most seizures in Maldives in 2005 occurred at that country's airport, despite the fact that most drug addicts and law enforcement officials consider the country's seaports to be the main entry points for trafficked drugs.

492. Recent investigations by law enforcement authorities indicate that drug trafficking organizations have been using Bangladesh as a trans-shipment point for smuggling drugs into Europe. In April 2006, it was reported that consignments of heroin had been smuggled through Bangladesh into the United Kingdom, where they had been seized. It is believed that the heroin might have been smuggled from Afghanistan into Bangladesh through the border with India and then shipped to the United Kingdom from there. It is also reported that heroin destined for the United States has been smuggled through Bangladesh.

493. Sri Lanka remains an important trans-shipment point for heroin from Afghanistan and India. The heroin is destined mainly for countries in other regions, but also stimulates the domestic market for the drug. Heroin enters the country mainly by sea from India and, to a lesser extent, by air from Pakistan.

494. The abuse of opiates, including illicitly manufactured heroin and low-quality heroin base known as "brown sugar", remains a problem in several countries in South Asia, including Bangladesh, India, Maldives, Nepal and Sri Lanka. There is also a continuing trend in the region to move rapidly from inhaling to injecting drugs (mainly heroin and buprenorphine).

495. Drug abuse in Maldives has reached alarming levels, and, according to several ministers and high-ranking officials, is now the most serious problem the country is facing. There are indications that, since a

rapid situation assessment was conducted in 2003, the situation has continued to worsen, with drug abuse spreading outside of the capital city and younger persons abusing drugs. Drug abuse is linked closely with the rising theft and robbery rates in Maldives, with prison authorities estimating the prevalence of drug abuse among inmates at 80 per cent.

496. Preventive measures taken by the Government of Bangladesh appear to have resulted in a decrease in the abuse of buprenorphine and pethidine in that country. However, it also appears that this has resulted in an increase in the abuse of heroin. The Board urges the Government to monitor the situation closely and to take remedial measures as appropriate.

497. In India, drug abuse by injection has been one of the main factors behind the spread of HIV in some areas. It has been well documented that drug abuse by injection has been one of the main driving forces behind the spread of HIV in the State of Manipur, in the north-eastern part of the country.

498. In Bangladesh, the prevalence rate of HIV among persons who abuse drugs by injection in that country remains relatively low. However, a mission of the Board that visited Bangladesh in 2005 found that the proportion of persons abusing drugs by injection had been increasing steadily for years and that the HIV infection rate had reached epidemic levels in certain communities where people abused drugs by injection, such as those in the capital city of Bangladesh.

499. In June 2006, the Indian authorities seized 200 kg of cocaine from a container in the port of Mumbai. It was the largest single seizure of cocaine in India, more than the total amount of cocaine seized in the country in over 10 years. The case is currently under investigation by the Indian authorities. Once the results of the investigation are available, it will be possible to make an assessment of the possibility of a newly emerging trafficking route for cocaine.

500. The above-mentioned seizure seems to corroborate information that the abuse of cocaine is growing in India, particularly among the newly emerging wealthy population. Though the first ever national survey on drug abuse in India was released by the Government in 2004, data on cocaine abuse do not feature in the survey. It appears that data on the abuse of cocaine in the country have yet to be collected.

501. The Board, concerned about the possibility of cocaine abuse growing in India, urges the Government to remain vigilant regarding that development. In addition, the Board is concerned about reports of growing abuse of and trafficking in cocaine in other countries in Asia, where cocaine has traditionally not been a major problem. The Board urges the Governments concerned to continue to monitor the situation and to take appropriate measures to combat the abuse of cocaine.

502. For many years trafficking in and abuse of pharmaceuticals have been among the largest drug control problems in countries in South Asia, in particular in Bangladesh, India and Nepal. Many of the pharmaceutical preparations subject to abuse are manufactured in India. Though there are strict regulations in India and in most other countries, loopholes in enforcement mean that pharmaceutical preparations are subject to diversion at all levels of the supply chain. That has resulted in widespread abuse of pharmaceutical preparations, affecting all segments of the population, both rich and poor.

503. Some of the main problem drugs include buprenorphine, which is the main drug of injection in most areas of India, and cough syrups containing a high level of codeine. Besides supplying local markets in India, cough syrups are also trafficked into Bangladesh and, in some cases, pharmaceuticals are also trafficked to Myanmar.

504. The abuse of dextropropoxyphene in the north-eastern states of India has also increased significantly in recent years. Dextropropoxyphene is a synthetic pain reliever and, although it is banned for sale in some of the north-eastern states, it is smuggled from other states and is easily obtained from street merchants.

505. The Board notes with concern that ATS are also becoming an increasing problem in several countries in South Asia, in particular India. The abuse of MDMA and methamphetamine appears to be increasing in some parts of India.

506. There are indications of ephedrine and pseudoephedrine being smuggled from India through the north-eastern states into Myanmar, where those substances are used for the illicit manufacture of methamphetamine. India produces a significant amount of ephedrine and pseudoephedrine every year, for licit use in industry. Large amounts of ephedrine (totalling

650 kg) were seized in New Delhi in August and September 2006.

West Asia

Major developments

507. The Board remains concerned that the drug control situation in Afghanistan is worsening, despite efforts by the Government and the international community. Illicit opium poppy cultivation increased by 59 per cent in 2006 compared with 2005, and the level of production increased by nearly 50 per cent, reaching a record 6,100 tons. The Board again urges the Government and the international community to take effective measures to eradicate illicit opium poppy cultivation and to ensure that opium poppy farmers are provided with sustainable, legitimate livelihoods. The eradication of illicit opium poppy in Afghanistan is a long-term project, and the Board urges all those involved to continue their efforts.

508. It is estimated that Afghan opiates are trafficked predominantly through Iran (Islamic Republic of), Pakistan and countries in Central Asia. As a result of continuing large-scale opium poppy production in Afghanistan, those countries are faced with a wide range of problems related to large-scale drug trafficking, such as organized crime, corruption and relatively high illicit demand for opiates. For example, the Islamic Republic of Iran has the highest rate of opiate abuse in the world.

509. In addition, the abuse of ATS is spreading in various countries in West Asia, including Iran (Islamic Republic of), Turkey and several countries on the Arabian peninsula.

510. Though drug seizures in Central Asia decreased significantly in 2005, it appears that there was no decrease in the amount of drugs trafficked through the subregion. In 2006, opium production in north-eastern Afghanistan increased, resulting in a rising level of drug trafficking in Central Asia. The abuse of drugs in Central Asia also continued to increase, and a rise in drug abuse by injection fuelled the spread of HIV/AIDS.

511. Armenia, Azerbaijan and Georgia, which are situated in the southern Caucasus, which border Iran (Islamic Republic of), the Russian Federation and

Turkey and which have coastlines along the Black Sea and the Caspian Sea, are experiencing an increase in drug trafficking and abuse.

Regional cooperation

512. Afghanistan continued to receive assistance through several multilateral mechanisms. The Afghanistan Compact (S/2006/90, annex), a blueprint for sustained international engagement in the development of the country over a five-year period, was agreed upon at the Conference on Afghanistan held in London on 31 January and 1 February 2006, bringing together a wide range of stakeholders. The Compact, which was subsequently endorsed by the Security Council in its resolution 1659 (2006) of 15 February 2006, is aimed at consolidating Afghan institutions, curbing insecurity, eliminating the illicit narcotics drug industry, stimulating the economy, enforcing the law, providing basic services to the Afghan people and protecting human rights. Representatives at the Conference pledged US\$ 10.5 billion for the reconstruction of Afghanistan.

513. Experts met at a round table on cross-border cooperation between Afghanistan and its neighbouring countries in Dushanbe on 10 and 11 April 2006. The experts recommended the exchange of drug liaison officers at additional border crossing points between Afghanistan and its neighbouring countries, the enhancement of law enforcement training, the harmonization of technical and communication equipment and the giving of greater priority, at the political and operational levels, to the control of precursors. The meeting in Dushanbe was part of a series of round tables held, pursuant to Paris Pact recommendations,⁴² to improve law enforcement coordination in countries affected by trafficking in heroin from Afghanistan.

514. Central Asian States continue to cooperate in bilateral and multilateral efforts, including the Central Asian Drug Action Programme and the Border Management Programme in Central Asia of the European Union and the Central Asian Regional Drug Information Network. In February 2006, the parties to

⁴² The Paris Pact initiative emerged from the Paris Statement (S/2003/641, annex), which had been issued at the end of the Conference on Drug Routes from Central Asia to Europe, held in Paris on 21 and 22 May 2003.

the Memorandum of Understanding on Subregional Drug Control Cooperation (Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan) agreed on the legal framework of the Central Asia Regional Information and Coordination Centre and signed a resolution for its establishment in Almaty, Kazakhstan. The Coordination Centre, staffed by law enforcement officials from the above-mentioned countries, will promote the sharing of border intelligence, training and effective coordination of supply reduction measures in Central Asia.

515. In July 2006, the North Atlantic Treaty Organization (NATO)-Russia Council initiated a programme to strengthen law enforcement efforts in Central Asia and Afghanistan. Under the programme, mobile training teams from NATO member States and the Russian Federation visited Afghanistan and five Central Asian countries, providing specialized training in counter-narcotics operations to local law enforcement agencies. In October 2006, the first group of Afghan law enforcement specialists completed the training. The training complemented training already provided for those specialists in the Russian Federation and Turkey.

516. The members of the operational group of the Russian Federal Security Service remaining in Tajikistan after the withdrawal of the Russian border guard troops in 2005 continued to provide advisory assistance to Tajik border guards in the effective border patrolling and training of recruits. The Government of Tajikistan has increased the border guard to over 10,000 troops and, with the assistance of the Governments of the Russian Federation and the United States, has strengthened patrolling, security and customs control at border crossing points.

517. China and Pakistan agreed in July 2006 to further strengthen bilateral cooperation against drug trafficking, as well as other forms of cross-border crime. China has also reportedly reinforced its exchange of drug trafficking information and law enforcement cooperation with Afghanistan.

518. In July 2006, the Board and UNODC together launched Operation Trans-shipment, aimed at streamlining measures to prevent the smuggling of acetic anhydride through the Central Asian States to Afghanistan. In March 2006, the Board and UNODC had held a planning session for the Operation in

Tashkent and training sessions for officials from the customs, border services and national security services and for drug control authorities were conducted at the Turkish International Academy against Drugs and Organized Crime in June 2006.

519. The Board continues to be concerned that regional cooperation in drug control among the countries in the southern Caucasus remains inadequate, as there is no comprehensive framework that includes all countries in the subregion. The Board urges the Governments of countries in the southern Caucasus to participate actively in existing international projects and task forces aimed at promoting regional cooperation in drug control.

520. In November 2005, Israel and the Palestinian Authority adopted a joint declaration outlining procedures for improving collaboration and for strengthening cooperation against drug trafficking.

National legislation, policy and action

521. The National Drug Control Strategy of Afghanistan (S/2006/106, annex) was adopted in January 2006. The strategy is comprehensive, addressing supply and demand reduction, alternative livelihoods and the strengthening of government institutions. The Afghan Ministry of Counter Narcotics is the lead agency for implementing the strategy, and action plans for its implementation have been finalized. The Board urges the Government and the international community to ensure that the strategy is implemented properly.

522. In Afghanistan, the total area of opium poppy eradicated in 2005 (5,000 hectares) increased threefold in 2006, to 15,300 hectares, most of which was eradicated by provincial governors (13,050 hectares). The remainder was eradicated by the Afghan Eradication Force, an agency of the Government of Afghanistan. That development indicates that significant progress has been made in the cooperation of the Government with provincial governments on the drug issue, as only 4,000 hectares of opium poppy were eradicated by provincial governments in 2005.

523. On 1 August 2006, the Government of Afghanistan established the Drug Regulation Committee, in order to regulate the licensing, sale, dispensation, import and export of all drugs for licit purposes in the country. The Committee includes

officials from the Ministry of Counter Narcotics, the Ministry of Public Health and the Ministry of Finance of Afghanistan.

524. In May 2006, the Meshrano Jirga (Upper House) of the National Assembly of Afghanistan adopted a resolution banning the activities of a certain non-governmental organization based in France. The organization had been advocating legalization of the cultivation of opium poppy in Afghanistan for the manufacture of opiate medications. The Government, the Board⁴³ and the Commission on Narcotic Drugs have opposed the idea, stating that it would lead to a further deterioration in the drug control situation in Afghanistan.

525. Drug demand reduction action teams have been established in Afghanistan to deal with the mounting problem of drug abuse. The teams have focused their activity on community-based treatment and rehabilitation of drug addicts.

526. The Board notes with concern that throughout Afghanistan, many of the prerequisites for successful legitimate livelihood programmes, such as adequate irrigation, agricultural skills and a functioning credit system, are lacking. The Board also notes with concern that the drug control efforts of the Government of Afghanistan continue to be hampered by limited coordination between drug control authorities at the national and provincial levels. The Government has attempted to address the issue by initiating the revival of alternative livelihood working groups at the provincial level. The Board urges the Government to continue those efforts. The Board stresses that this will necessarily be a long-term project, one that will require a concerted and sustained approach by both the Government and international donors.

527. In early 2006, the Government of the Islamic Republic of Iran announced an emergency plan to provide 3,000 people abusing drugs by injection in Tehran with a three-month treatment course. The Government also implemented a nationwide plan for the rehabilitation of drug addicts from November 2005 to March 2006. The Government is also taking various measures to deal with serious problems involving drug abuse in prisons.

528. In November 2005, the President of Kazakhstan signed a new strategy for combating drug trafficking and for the prevention of drug abuse for the period 2006-2014. In February 2006, the Parliament of Kazakhstan adopted a law amending the national drug control legislation, introducing stricter sentences for drug dealers and requiring government approval of equipment used in the production of drugs.

529. In April 2006, the Government of Turkmenistan approved a new national programme on the fight against drug trafficking for the period 2006-2010. The programme includes measures to strengthen the legislative bases for implementing the national drug control law, developing and adopting legislation against money-laundering, and improving regional and international cooperation in combating trafficking, as well as measures to prevent the further spread of drug abuse and HIV.

530. In May 2006, a financial intelligence unit was established under the Prosecutor-General's Office of Uzbekistan. The unit will monitor all financial transactions and maintain a centralized computerized system for collecting and analysing information on methods used in the laundering of criminal proceeds.

531. In June 2006, the Parliament of Kyrgyzstan adopted a law to combat the financing of terrorism and money-laundering. The law, which is based on the recommendations of the Financial Action Task Force on Money Laundering and includes mandatory reporting of all suspicious transactions by all financial institutions in Kyrgyzstan, empowers the independent financial intelligence unit, established in September 2005, to undertake effective action to combat money-laundering.

Drug trafficking and abuse situation

Narcotic drugs

532. In 2006, the total area under illicit opium poppy cultivation in Afghanistan increased to a record 165,000 hectares, an increase of 59 per cent over the figure recorded in 2005, and more than twice the figure for 2003. The harvest in 2006 was approximately 6,100 tons of opium. In the southern province of Helmand, where attacks by Taliban forces against government and international troops have increased, illicit cultivation soared to 69,300 hectares, demonstrating once again the linkage between ensuring

⁴³ *Report of the International Narcotics Control Board for 2005 ...*, para. 208.

adequate security and combating illicit crop cultivation. Only six of the 34 provinces in Afghanistan are free of the scourge of illicit opium poppy cultivation.

533. Although it has not reached the high level of the early 1990s (over 10,000 hectares), illicit cultivation of opium poppy in Pakistan has, in recent years, again been on the increase. The Government continued its efforts to reverse the trend and succeeded in eradicating illicit opium poppy cultivation in the province of Balochistan. The Board encourages the Government to continue its efforts at both the national and the provincial levels to eradicate illicit opium poppy cultivation. In several countries in Central Asia, opium poppy is cultivated on a small scale; however, eradication campaigns have virtually eliminated the risk of a significant increase in opium poppy cultivation in those countries.

534. Besides opium poppy, cannabis plant is illicitly cultivated in Afghanistan; it also grows wild in the country. Illicit cultivation of cannabis plant also continues in Lebanon, as well as in countries in Central Asia, in particular Kyrgyzstan.

535. In West Asia, routes used for cannabis trafficking have changed since the early 1990s, with Lebanon supplying less illicit cannabis to other countries in the region and cannabis from Afghanistan being smuggled through Jordan. There was a sharp decrease in the amount of seized cannabis in the United Arab Emirates. Cannabis accounts for 72 per cent of all drugs seized in Central Asia. In 2005, about 25.5 tons of cannabis were seized in Central Asia, 85 per cent of which were seized in Kazakhstan.

536. Large amounts of opiates continue to be seized in West Asia and Central Asia, giving a clear indication of the significant amounts of Afghan opiates being smuggled through that area. Seizures of Afghan opiates in the Islamic Republic of Iran increased considerably in 2005, reaching 350 tons. Seizures of opium in Pakistan have remained at a relatively low level compared with the seizure levels in its neighbouring countries. Pakistan deployed 10,000 additional troops to its border with Afghanistan in June 2006, in part to strengthen efforts to prevent drug trafficking.

537. In Turkey, seizures of heroin continued to increase. That increase is partly attributable to strengthened law enforcement efforts. However, at the

same time, there has been a decrease in seizures of opium in Turkey, indicating that heroin is being manufactured from opium in clandestine laboratories outside of the country before it is smuggled through Turkey. There was also a significant increase in the amount of heroin seized in 2006 in Israel, the Syrian Arab Republic and the United Arab Emirates.

538. Although the total amount of opiates seized in Central Asia declined by 37 per cent in 2005, in the first half of 2006 that figure increased sharply by 32 per cent, reaching a total of 4.3 tons. During the first half of 2006, seizures of heroin showed an increase in all Central Asian States except Kazakhstan. The amount of heroin seized in Tajikistan during the first half of 2006 increased by 45 per cent compared with the same period of the previous year.

539. One new trend is the smuggling of heroin from Pakistan into China, both by air and by land. There is information indicating that, in addition to being used for the increasing domestic market, heroin entering China is smuggled further to markets in Europe through the Hong Kong SAR of China. In 2005, 23 seizures were made from departing passengers at international airports in Pakistan, compared with only 3 seizures in 2004. The traffickers were bound for several different airports in China.

540. The amount of cocaine seized in Israel increased in 2005 because of several large-scale seizures at border points. During the period under review, a record 120 kg of cocaine were seized in a container arriving from Europe. It appears that the drugs were bound for Europe and were not intended for the illicit market in Israel.

541. The smuggling of large quantities of opium poppy from Afghanistan continues to lead to severe problems in the abuse of opiates in neighbouring countries, in particular Iran (Islamic Republic of) and Pakistan. The Islamic Republic of Iran is the country with the world's highest rate for the abuse of opiates: the most recent information available indicates an abuse rate of 2.8 per cent. The Islamic Republic of Iran is also facing an increasing problem of heroin abuse by injection and the attendant risk of HIV infection. In Pakistan, the rate of abuse of opiates is also high (0.8 per cent), according to the most recent data available.

542. In Central Asia, drug abusers are estimated to account for almost 1 per cent of the total population. In all countries in the subregion, drug abuse is increasing and heroin has replaced cannabis and opium as the main drug of abuse. The incidence of heroin dependence in Central Asia ranges from 50 to 80 per cent of all registered drug abusers, the highest rates being recorded in Tajikistan and Uzbekistan. The number of registered drug abusers in Central Asia reached 89,000 in 2005, 55,000 of whom are in Kazakhstan. According to official estimates, the actual number of drug abusers in Central Asian countries is at least five times higher.

543. Drug abuse is a growing problem in Afghanistan. The first nationwide survey of drug abuse in the country, published in late 2005, indicated that 0.6 per cent of the adult population abused opium and 0.2 per cent abused heroin. A survey of opium poppy growers showed that personal consumption was the second main reason (20.6 per cent) for the increasing illicit opium poppy cultivation in 2005. However, "hashish" (cannabis resin) is by far the most commonly abused drug in Afghanistan, with an abuse rate of 2.2 per cent.

544. The Board notes with concern the problem of drug abuse among Afghan refugees in neighbouring countries, including Iran (Islamic Republic of) and Pakistan. Approximately 35 per cent of male and 25 per cent of female drug abusers in Afghanistan first abused opium as refugees outside of Afghanistan, particularly in the Islamic Republic of Iran and in refugee camps in the North West Frontier Province of Pakistan. The Board also notes that evidence suggests a high risk of transmission of HIV among persons who abuse drugs by injection in Afghanistan, particularly among refugees returning from the Islamic Republic of Iran who abuse drugs by injection.

545. There are indications that drug abuse in Iraq is increasing. The Board urges the Government to take immediate measures to assess the scope of the problem and ensure adequate steps are taken to combat drug trafficking and abuse.

546. Drug abuse by injection remains one of the main driving forces behind the spread of the virus in Central Asia. The fastest spread of HIV has been recorded in Kazakhstan and Uzbekistan, and up to 93 per cent of new cases of HIV infection in Tajikistan are accounted for by persons who abuse drugs by injection. Estimates

suggest that 40,000 persons are infected with HIV in Central Asia.

547. Drug abuse by injection is increasingly becoming the main mode of transmission of HIV in the southern Caucasus, accounting for 57 per cent of new cases in Azerbaijan, 53 per cent in Armenia and 67 per cent in Georgia.

Psychotropic substances

548. There has been a significant increase in trafficking in MDMA in Turkey in recent years. The MDMA smuggled in Turkey is largely intended for the domestic market. There are indications that the abuse of MDMA in Turkey has spread from the main metropolitan and tourist areas to other areas, in particular among the youth population.

549. The abuse of synthetic drugs, in particular MDMA, in the Islamic Republic of Iran is increasing at a fast pace. The number of persons aged 25-30 who abuse MDMA is also increasing sharply.

550. The trafficking in and abuse of fenetylline remains a problem in the countries on the Arabian peninsula. Jordan is used mainly as a transit point for fenetylline tablets destined for Saudi Arabia. In 2005, Jordanian authorities seized almost 11.2 million fenetylline tablets, a considerable increase over previous years. That increase in seizures has been attributed mainly to strengthened law enforcement efforts.

551. Turkey is also used for the trans-shipment of fenetylline destined for countries on the Arabian peninsula. While traditionally fenetylline in tablet form has been smuggled through Turkey, recent evidence shows that substances used in the manufacture of fenetylline are also being trafficked through Turkey.

552. Trafficking in and abuse of synthetic drugs and psychotropic substances have also been reported in Central Asia. In particular, MDMA and amphetamines are increasingly becoming available on the illicit market in Kazakhstan, as evidenced by the fact that 36,000 MDMA tablets were seized by law enforcement authorities in 2005.

553. The abuse of pharmaceutical medications remains a serious problem in Afghanistan. The slow pace of reconstruction of the administrative structure for the licit control of drugs means that a wide range of

pharmaceutical preparations containing controlled substances continue to be available without prescription in the country, in pharmacies, other retail outlets and roadside stalls.

Missions

554. In January 2006, a mission of the Board visited Yemen. Yemen has been taking important steps to strengthen its efforts to combat drug trafficking, including by the establishment of the Anti-Narcotics General Directorate, which coordinates all drug control activities in the country. The Board notes with concern, however, that the lack of a proper legal framework and adequate financial resources is hampering drug control activities. The Board therefore urges the Government of Yemen to ensure that the Anti-Narcotics General Directorate is able to carry out its mandate effectively.

555. The smuggling of illicit drugs in and out of Yemen through various ports of entry and the coastline is occurring, but the extent of drug abuse in the country is not known. The Board recommends the authorities to carry out, with the support of WHO, an assessment of the situation in order to be able to plan adequate control and preventive measures.

556. The Board remains concerned about the elevated cultivation of khat and its widespread abuse in Yemen. The Board calls upon the authorities to consider taking appropriate measures to control its cultivation, trade and use and recommends that campaigns be initiated to raise community awareness regarding the addictive nature of khat and its negative impact on society.

D. Europe

Major developments

557. Cannabis continues to be the most commonly abused drug in Europe. The European countries with the highest prevalence for cannabis abuse include the Czech Republic, Denmark, France and the United Kingdom. According to estimates of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), about 20 million people (or 6 per cent of the adult population) in the member States of the European Union and in Iceland, Liechtenstein, Norway and Switzerland have tried cannabis once in their lifetime. Among young adults (persons 15-34 years of

age) in Europe the prevalence rate for cannabis abuse has been consistently high.

558. National policies in Europe vary, reflecting the drug abuse situation and political context in individual countries. Many European countries have recently adopted preventive measures to counter widespread abuse of cannabis among youth. Such measures include the provision of information on cannabis abuse through media campaigns, brochures or websites targeting potential drug abusers.

559. Europe has become the second largest illicit market for cocaine in the world. Statistics show that the total amount of cocaine seized in Europe and the number of persons who abuse that drug have increased compared with the previous year. According to the *World Drug Report 2006*⁴⁴ of UNODC, Western and Central Europe account for about one quarter of all cocaine abused worldwide. After opiates and cannabis, cocaine is the drug of abuse most commonly reported by those entering programmes for the treatment of drug abuse in member States of the European Union, as well as in Iceland, Liechtenstein, Norway and Switzerland. Cocaine abusers account for about 10 per cent of drug abusers admitted for treatment in the European Union. In most European countries, the percentage of drug abusers entering public treatment programmes for cocaine abuse is quite low, the exceptions being the Netherlands and Spain (38 per cent and 26 per cent, respectively, in 2005). The countries in Europe with the highest prevalence rate for cocaine abuse are Spain and the United Kingdom.

560. Europe continues to be one of the main illicit markets in the world for stimulants. Only cannabis is more commonly abused than MDMA ("ecstasy"). The main source of illicitly manufactured ATS in Europe continues to be the Netherlands, followed by Poland, Belgium, Lithuania and Estonia. The illicit manufacture of amphetamines continues to expand throughout Europe. According to EMCDDA, however, the use of ATS in the United Kingdom has continued to fall.

561. The abuse of methamphetamine continues to be reported by the authorities in the Czech Republic, Estonia, Latvia and Slovakia. The illicit manufacture of methamphetamine appears to be taking place on a small scale but is growing, the main source countries

⁴⁴ United Nations publication, Sales No. E.06.XI.10.

being the Czech Republic, Lithuania, Moldova and Slovakia.

562. Heroin abuse has remained largely stable or even declined in Western and Central Europe, while the level of abuse of opiates has increased in Eastern Europe, particularly in members of the Commonwealth of Independent States (CIS) and countries in South-Eastern Europe situated along the Balkan route. According to UNODC, of the 4 million abusers of opiates in Europe, an estimated 3.3 million are heroin abusers. Of the 2.46 million abusers of opiates in Eastern Europe, an estimated 1.7 million, or 1.2 per cent of the population aged 15-64, are heroin abusers.

Regional cooperation

563. In June 2005, the Council of the European Union endorsed the European Union Drugs Action Plan (2005-2008).⁴⁵ The Action Plan covers four priority areas (demand reduction, supply reduction, international cooperation and research and information and evaluation) and lists specific measures to be implemented by the European Union and its member States by the end of 2008. Assessment tools and indicators, as well as responsibility for implementation and deadlines, are clearly indicated for each action. According to the Action Plan, the European Union is to contribute fully to the evaluation of the implementation of the commitments set out by the General Assembly at its twentieth special session, held in 1998.

564. In July 2005, the second German-French working conference hosted by the French and German drug commissioners was held in Strasbourg, France, to discuss the treatment of cannabis abusers and cross-border cooperation to prevent the abuse of cannabis.

565. Germany and Switzerland are currently conducting a bilateral assistance project called "Realize it" to help juvenile cannabis abusers stop using the drug. Germany, together with four other European countries, is also participating in a research project on the treatment of young cannabis abusers.

566. In anticipation of the parliamentary ratification of the bilateral law enforcement cooperation treaties between Belgium and Germany, practical measures, including more stringent cross-border surveillance,

have recently been taken to reduce drug trafficking in border areas.

567. The Second Ministerial Conference on Drug Trafficking Routes from Afghanistan ("Paris 2 – Moscow 1") was hosted by the Russian Federation, with the support of UNODC, in Moscow from 26 to 28 June 2006. Ministers and heads of delegations attending the conference adopted the Moscow Declaration, which was then circulated in the General Assembly and in the Security Council. The Declaration calls for, inter alia, further support to be provided to the Government of Afghanistan in implementing its National Drug Control Strategy, for improvement of regional measures against trafficking in precursor chemicals, for a more systematic exchange of information and for an extension of the Paris Pact Initiative.

568. Building on the success of the operation Channel 2004, the federal drug control service of the Russian Federation, in cooperation with the competent drug control authorities of member States of the Collective Security Treaty Organization (CSTO) (Armenia, Belarus, Kazakhstan, Kyrgyzstan, Russian Federation and Tajikistan), carried out in October and December 2005 a two-phase operation, Channel 2005, with the participation of the law enforcement authorities of CSTO observer States (Azerbaijan, China, Iran (Islamic Republic of), Ukraine and Uzbekistan). The first phase of the operation Channel 2006 was carried out from 22 to 29 May 2006 with the participation of the law enforcement authorities of observer States, as well as Mongolia and the United States. The second phase, carried out in October 2006, was aimed at the detection and suppression of national and international trafficking in synthetic drugs along routes leading from Europe, the dismantling of clandestine laboratories manufacturing synthetic drugs and the disruption of drug trafficking routes leading from Afghanistan through the territories of the participating countries. Besides the competent drug control authorities of CSTO member States, law enforcement authorities from Estonia, Finland, Latvia, Lithuania, Poland and the United States participated in the second phase as observers. The two-phase operation resulted in the seizure of more than 23 tons of narcotic drugs, including approximately 250,000 tablets of synthetic drugs, and more than 165 tons of precursor chemicals. During the operation, several new drug trafficking routes were detected.

⁴⁵ *Official Journal of the European Union*, C 168, 8 July 2005.

569. In December 2005, the NATO-Russia Council agreed on a pilot project for the training of personnel from the drug control agencies of Afghanistan and countries in Central Asia. The project is aimed at improving the capacity of the anti-narcotics agencies of those countries to fight the drug trafficking threat from Afghanistan.

570. GUAM member States Azerbaijan, Georgia, Moldova and Ukraine participated in the fortieth session of the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East, held in Baku from 12 to 16 September 2005. The resulting Baku Accord on Regional Cooperation against Illicit Drugs and Related Matters: a Vision for the Twenty-first Century (Economic and Social Council resolution 2006/30, annex) will further strengthen cooperation in the region to combat drug trafficking and other forms of crime. The GUAM action plan for 2006 contains a number of actions to be taken by the GUAM member States, in cooperation with the South-East European Cooperative Initiative, to counter terrorism, trafficking in human beings, illegal migration, corruption and drug trafficking. In line with the protocol on cooperation between UNODC and the CIS Executive Committee, signed on 1 July 2005, an international law enforcement cooperation seminar was jointly organized in Minsk from 28 to 30 June 2006.

571. The ninth European Conference on Drugs and Infections Prevention in Prison, held in Ljubljana from 5 to 7 October 2006, was organized by the European Network on Drugs and Infections Prevention in Prison. The theme of the Conference was "From the principle of equivalence to the practice of care: bridging the gap". The Conference provided an opportunity for dialogue on the development and implementation of effective drug prevention and health promotion policies and services aimed at preventing drug abuse and promoting health among persons who come in contact with the criminal justice system.

National legislation, policy and action

572. In November 2005, the parliament of Bosnia and Herzegovina adopted a law on the prevention and suppression of the abuse of narcotic drugs. The law, which entered into force in February 2006, establishes a national inter-ministerial committee and a national agency to oversee and coordinate drug control efforts at the national level. The Board regrets that the new

legislation did not take into account several aspects of the control of psychotropic substances.

573. The Government of Denmark has recently taken initiatives aimed at reducing the demand for drugs, especially cannabis, among young people. Under the project "Drugs out of town", the Government has initiated the development of new measures to encourage partners in the community to join forces and reduce the illicit distribution of drugs at the local level. The Government also supports projects aimed at establishing services for treatment for young people who are drug abusers. The Government has decided to impose a minimum fine for possession of small quantities of drugs (including cannabis) for personal use.

574. In France, a national information campaign to boost medical treatment for cannabis and heroin abusers was launched in 2005 within the framework of the action plan "Programme drogue et toxicomanie" (drug and addiction programme). The action plan provides funding for European Union and United Nations agencies dealing with drug control programmes in four priority regions: Africa; Central Asia; Central and Eastern Europe; and Latin America and the Caribbean. Additional initiatives taken by the Government of France in 2005 included measures to counter drug trafficking through increased cooperation with neighbouring countries and Morocco and measures to facilitate the confiscation of drug traffickers' assets.

575. Germany has continued to implement its Action Plan on Drugs and Addiction, launched in 2003. The Action Plan established a comprehensive multi-year strategy to combat narcotic drugs. The key pillars include: prevention; therapy and counselling; survival aid as an immediate remedy for drug addicts; and interdiction and supply reduction. "Addiction therapy" programmes focus on drug-free treatment, psychological counselling and substitution therapy. The findings of a pilot project on heroin-based treatment for long-term opiate addicts are expected to be made available before the end of 2006.

576. The number of drug injection rooms in Germany continued to increase during 2006. There are currently 25 drug injection rooms in Germany. The Board has repeatedly expressed its concern that such rooms (called "drug consumption rooms" in Germany) are in violation of the international drug control treaties. The

Board encourages the Government to continue its efforts to ensure that adequate services are made available to those in need of treatment, rehabilitation and social integration in conformity with the international drug control treaties, rather than continue operating drug injection rooms (see paras. 175-179 above).

577. The Federal Criminal Police Office (BKA) of Germany established a telephone hotline in March 2005 for anonymous tips regarding the smuggling of goods, including narcotic drugs. According to BKA, since the establishment of the hotline, callers have provided tips that have proved useful in a number of investigations.

578. In Italy, new legislation adopted in March 2006 has eliminated the legal distinction between the abuse of “hard” and “soft” drugs and has decreased the threshold for possession of a “moderate quantity” of drugs, making possession of drugs for personal use virtually illegal. In November 2006, the Government reversed the existing policy on cannabis by increasing, through an administrative act, the current maximum quantity of cannabis permitted for personal use from 500 mg to 1,000 mg without incurring penal sanctions. In 2005, the Dipartimento nazionale per le politiche antidroga (national department of anti-drug policies) signed several programme agreements with the Ministry of Justice, the Ministry of Health and the Ministry of Education, University and Research. It should be noted that, among those programmes, one is designed to tackle the country’s “cocaine emergency” and another is aimed at family-based prevention of drug abuse.

579. In Latvia, in August 2005 the Government approved the State programme for the control of narcotic drugs and psychotropic substances for the period 2005-2008. The national strategy is aimed at reducing the spread of drug abuse, especially among young people, and promoting the rehabilitation of drug abusers.

580. In November 2005, the Government of the Netherlands made an assessment of its policy on cannabis and concluded that the policy allowing the sale of medicinal cannabis in pharmacies had largely failed and could only be effective if cannabis-based medicine were registered. The Minister of Health indicated that he intended to end the experiment if the pharmaceutical industry failed to develop such a

medicine within one year. The Minister of Justice proposed amending the Opium Act to make it easier for local governments to close down establishments where drugs were sold illegally. A regulation introduced in July 2005 facilitated the prosecution of cocaine couriers arrested at Schiphol airport, near Amsterdam; as a result, seizures of cocaine at Schiphol airport have increased. In June 2005, the Government decided to expand projects providing free heroin to hard-core drug abusers to include an additional 15 municipalities.

581. In July 2005, the Government of Norway published a progress report on its Action Plan to combat drug- and alcohol-related problems. In January 2005, the Ministry of Social Affairs opened the first drug injection room for addicts in Oslo. The Board encourages the Government of Norway to continue its efforts to ensure that adequate services are made available to those in need of treatment, rehabilitation and social integration in conformity with the international drug control treaties, rather than continue operating drug injection rooms (see paras. 175-179 above).

582. In November 2005, the Government of Romania adopted the National Anti-Drug Strategy for the period 2005-2012. In addition, a new law on the judicial regime of narcotic drugs and psychotropic substances and plants and pharmaceutical products containing such substances, which had been adopted by the parliament in 2005, entered into effect in July 2006. The new legislation provides for enhanced security in the dispensing of prescriptions for controlled pharmaceuticals. The new legislation is the result of three years of collaboration between the Government and WHO aimed at identifying and removing regulatory barriers to pain relief. The Board welcomes such collaborative activities aimed at improving the medical use of morphine and other opioids for pain relief.

583. In September 2006, UNODC released the study *Sweden’s Successful Drug Policy: a Review of the Evidence*, which includes an analysis of Sweden’s drug policies since the 1960s. After having experienced problems in the 1960s (linked to experiments with liberal drug control policies), Sweden, in the 1970s and 1980s, successfully reduced the level of drug abuse, tightened drug control laws and sent a clear political message that illicit drugs would not be tolerated in Swedish society. Sweden’s success was linked to

decisive measures on both the supply side and the demand side, including extensive programmes for the treatment and rehabilitation of drug abusers, based on strong political consensus. Improved coordination and funding following the implementation of the national action plan and the introduction of the National Drug Policy Coordinator also helped to lower the levels of drug abuse.

584. The Government of Switzerland has proposed the revision of the Swiss drug control law, which, if adopted, would have in effect created a legal market for cannabis. In February 2006, the Government indicated that a revision of the drug control law was being debated in the parliament and that the bill did not include any of the provisions regarding the decriminalization of cannabis. The Board welcomes that development and urges the Government to ensure that any modifications to the legislation should be in line with the international drug control treaties.

585. The Swiss authorities have extended to 2009 the heroin maintenance prescription programmes that were originally intended to end in December 2004. Switzerland is one of the countries in Europe where drug injection rooms are part of the national drug control policy. According to the Government, in November 2005, there were 12 drug injection rooms in the country. The Board encourages the Government to continue its efforts to ensure that adequate services are made available to those in need of treatment, rehabilitation and social integration in conformity with the international drug control treaties, rather than continue operating drug injection rooms (see paras. 175-179 above).

586. The Board calls on the Government of the United Kingdom not to open drug injection rooms, which would be a violation of the international drug control treaties. In early 2005, the Home Secretary of the United Kingdom requested a review of the cannabis reclassification decision, in the light of recent studies that had established a correlation between the regular abuse of cannabis and mental illness. The Advisory Council on the Misuse of Drugs issued its report in December 2005 but did not make recommendations with regard to cannabis.

Drug trafficking and abuse

Narcotic drugs

587. Spain and Portugal continue to be used as the main trans-shipment points for cannabis consignments from Morocco destined for Europe. According to Spanish police officials, drug traffickers transport cannabis and other narcotic drugs along the Mediterranean coast (see para. 244 above).

588. Albania continues to be a major exporter of cannabis herb. Albanian cannabis is smuggled by land through the former Yugoslav Republic of Macedonia and Bulgaria into Turkey, as well as into Croatia, Bosnia and Herzegovina, Montenegro, Serbia and Slovenia and then into Western Europe. Illicit cannabis plant cultivation has also been reported in Bulgaria. About half of the cannabis illicitly cultivated in Bulgaria is destined for the illicit market in that country. Polish authorities have reported the illicit cultivation of cannabis plants in central, south-eastern and western Poland, hidden in grain fields, in gardens and in greenhouses; about 45 per cent of the cannabis produced locally is exported, mainly to Western Europe. While in Europe cannabis abuse is usually associated with cannabis resin, the market for cannabis herb is also significant. For example, in the Czech Republic and Estonia, the market for cannabis herb is larger than the market for cannabis resin.

589. Cocaine trafficking increased sharply in Europe in 2005. Traffickers have been increasingly using routes leading through Portugal and Spain to smuggle cocaine into other countries in Europe. The authorities in Spain have identified three main routes used by traffickers to smuggle cocaine into Europe: the north route, leading from the Caribbean to the Azores, Galicia (in Spain), Portugal and the coast of the Cantábrico (in Spain); the central route, leading from South America to the European coast, from Cape Verde or Madeira and the Canary Islands, the most frequently used route by sea; and the African route, leading from South America mainly to the countries in Western Africa and the Gulf of Guinea then to Galicia or northern Portugal, either by air or by sea. Cocaine seizures in Portugal increased by 125 per cent in 2005 compared with 2004. According to the Government of Portugal, 19 tons of cocaine were seized in that country in 2005, 20 per cent of the total amount of cocaine seized in all the member States of the European Union. Authorities in Portugal are particularly concerned

about the growing importance of Western Africa in international drug trafficking (see paras. 245-247 above).

590. During the Sixth Meeting of Heads of National Drug Law Enforcement Agencies, Europe, held in Vienna from 7 to 11 February 2005, concerns were expressed about the potential development of new trafficking routes through Eastern Europe and the potential risk that cocaine could be smuggled by traditional heroin trafficking groups operating along the Balkan route.

591. In 2005 and 2006, the Italian police led several operations involving law enforcement agencies from other countries that resulted in major seizures of cocaine. One of the operations, carried out in late 2005, involved five countries (Argentina, France, Italy, the Netherlands and Spain) and resulted in the seizure of approximately 1.5 tons of cocaine and over 120,000 tablets of MDMA and the arrest of more than 60 people. In October 2005, Italian Carabinieri dismantled an international drug trafficking network based in southern Italy; over 40 individuals were arrested and about 100 others were investigated.

592. In August 2005, police in the Netherlands seized 4.5 tons of cocaine in Rotterdam, the largest cocaine seizure ever made in that country. The investigation involved close cooperation with the drug enforcement agencies of Belgium, the Netherlands, Spain and the United States. In October 2005, Spanish police seized 3.5 tons of cocaine on a fishing boat bound for Spain. In September 2006, French and Spanish police, in a joint operation, seized 3.3 tons of cocaine hidden on a boat off the coast of Spain. Cooperation among the police in Germany, the Netherlands and Spain led to the seizure of 1.6 tons of cocaine at the port of Rotterdam in November 2005. The Government of Greece has confirmed that the amount of cocaine seized in 2004 increased by 474 per cent compared with 2003.

593. Most of the heroin found in Europe comes from Afghanistan. According to the *World Drug Report 2006*, in Europe seizures of opiates rose by 49 per cent⁴⁶ in 2004 to 29 tons, the highest figure ever recorded. The increase in seizures of opiates in Europe was mainly attributable to the fact that such seizures doubled in South-Eastern Europe, especially in

Albania, Croatia, Montenegro, Serbia, the former Yugoslav Republic of Macedonia and Turkey. Record seizures of opiates were also made in the Russian Federation. Most of the heroin continues to be smuggled in trucks. The heroin on the illicit market in Europe is mainly smuggled from Turkey along the Balkan route, via Bulgaria, Romania and Hungary. In addition, a southern branch of the Balkan route has developed: heroin and other opiates from Turkey are smuggled via Bulgaria and the former Yugoslav Republic of Macedonia into Albania, Italy, Austria and Germany. There have been reports of shipments of opiates from Afghanistan to the Islamic Republic of Iran being smuggled through the Caucasus into Ukraine and then into Romania before reaching their final destinations in Western Europe. The northern route through Central Asia is increasingly being used to transport heroin to other major illicit markets for heroin, such as the Russian Federation and countries in Eastern Europe. A new route for smuggling heroin from East Asia into the United Kingdom was recently uncovered, resulting in the interception of heroin consignments at ports in the United Kingdom.

594. Large heroin seizures have been recorded in the following European countries (listed in decreasing order): United Kingdom, Italy, Netherlands, Germany, France and Russian Federation. Increased seizures of opiates were also reported in Austria, the Czech Republic, Denmark, Finland, Iceland, Luxembourg, Norway, Poland, Spain and Sweden. Clandestine heroin laboratories were detected and destroyed in Moldova and the Russian Federation.

595. According to government reports, in 2006 the market for illicit drugs in Belarus experienced a major shift, from heroin to synthetic drugs. The availability of methadone and ATS on the local markets has gradually increased. Methadone has gradually replaced heroin as the most commonly abused substance. During the past two years, it was discovered that methadone was being illicitly manufactured on the premises of research institutes in Minsk, the capital.

596. In Georgia, the Government has launched a prevention campaign called "Anything but Subutex[®]" to raise awareness of the negative health effects of the abuse of buprenorphine. Since 2003, the number of registered drug abusers in Georgia has increased by 80 per cent, to 275,000.

⁴⁶ *World Drug Report 2006* ..., pp. 14 and 65.

597. In the United Kingdom, according to the sixteenth surveillance report on drug-related deaths, published in January 2006 by the National Programme on Substance Abuse Deaths, based at the International Centre for Drug Policy, St. George's, University of London, there was an increase in drug-related deaths involving the abuse of heroin/morphine and cocaine in the first half of 2005, compared with the same period in 2004. In particular, deaths due to polydrug use, particularly involving combinations of heroin/morphine and cocaine, have increased in the United Kingdom.

598. Estonia has one of the highest growth rates for HIV infection in Europe: an estimated 10,000 persons infected with HIV. Of the estimated 30,000 persons in Estonia who abuse drugs by injection, about 13 per cent are infected with HIV. In Latvia, there are an estimated 10,000 persons infected with HIV and 17 per cent of the estimated 12,000 persons who abuse drugs by injection are HIV-positive. In Lithuania, there are an estimated 3,300 persons infected with HIV. Of the estimated 11,000 persons who abuse drugs by injection in Lithuania, 3 per cent are infected with HIV.

599. According to government statistics, in the Russian Federation the number of HIV/AIDS cases among hospitalized drug abusers stabilized at about 6.8 per cent in the period 2003-2005. In 2005, persons who abused drugs by injection accounted for approximately 74 per cent of the total number of registered drug abusers, 9 per cent of whom were infected with HIV. HIV outbreaks have been observed in over 30 cities and in 82 out of 89 oblasts (regions) of the Russian Federation.

600. In Sweden, lifetime prevalence of drug abuse among youth declined by 35 per cent between 2001 and 2006. The drug abuse level in Sweden is currently about one third of the level in Europe as a whole, and HIV related drug abuse by injection is about one tenth of the European average.

601. According to estimates of the Ministry of Health of Albania, in January 2006 there were 30,000 drug abusers in the country, compared with 5,000 in 1995 and 20,000 in 1998, and 4,000 of the drug abusers currently in the country are in need of special treatment that cannot be sufficiently provided in the country.

Psychotropic substances

602. On 29 November 2005, as a result of a joint investigation of the national crime squad of Belgium and the tax investigation service of the Netherlands, a clandestine MDMA laboratory in Nederweert (southern Limburg Province), the largest ever found in the Netherlands, was dismantled. It is estimated that the laboratory had a manufacturing capacity of 20 million MDMA tablets. Six people were arrested, all of them from the Limburg Province. The investigation, which had begun in May 2005, was carried out in close cooperation with Belgian and German authorities. It was the first MDMA laboratory discovered in 2005; until then, only clandestine amphetamine laboratories had been dismantled during 2005.

603. The illicit manufacture of methamphetamine in Europe takes place mainly in the Czech Republic, Lithuania, Moldova and Slovakia.

604. Bosnia and Herzegovina and Bulgaria, as well as Montenegro and Serbia, have been identified as countries used as sources for the illicit manufacture of amphetamine. There have been reports of the illicit manufacture of P-2-P, a chemical used for the manufacture of amphetamine, in the Russian Federation and Ukraine; there are also indications that amphetamine is being illicitly manufactured in Estonia and Lithuania.

605. Population surveys carried out by EMCDDA show an increase in the abuse of amphetamine and MDMA among young adults in most countries in Europe. The exceptions are Germany and Greece, where the level of MDMA abuse has not increased, and the United Kingdom, where the abuse of that drug has recently stabilized at a high level.

Substances not under international control

606. EMCDDA has published *Hallucinogenic Mushrooms: an Emerging Trend Case Study*. According to the study, many young Europeans are currently experimenting with hallucinogenic ("magic") mushrooms. Since 2001, six member States of the European Union have tightened controls on hallucinogenic mushrooms in response to recent increases in their use: Denmark in 2001; the Netherlands in 2002; Estonia, Germany and the United Kingdom in 2005; and Ireland in 2006. In some countries, the stricter legislation is helping to prevent

diffusion of the trend. Reports in the United Kingdom, for example, suggest stricter legislation has had an impact on the availability of hallucinogenic mushrooms and the volume of such mushrooms sold through the Internet. The publication on hallucinogenic mushrooms is the first in a series of reports to be published under a new EMCDDA pilot project to help detect, track and understand emerging drug trends in Europe.

Missions

607. The Board sent a mission to Belarus in May 2006 to review the drug control situation and the progress made by the Government following its mission to that country in 1994. The Board notes with satisfaction that the Government continues to be committed to fighting drug trafficking and abuse and gives high priority to improving in a timely manner the legislative bases and updating its drug control policy, as reflected in the adoption of a new national drug control programme in 2006, and the initiatives of Belarus to improve regional cooperation.

608. The Board notes with appreciation that Belarus has built up a strong law enforcement system and attaches great importance to efforts to resolve the problem of increasing trafficking in synthetic drugs and precursors. A number of well-coordinated law enforcement activities have taken place in Belarus, resulting in the detection of some illicit laboratories with substantial capacity for manufacturing methadone and ATS. The Board encourages the Government to continue its efforts in that area, with a view to addressing the increasing activities of organized criminal groups, especially those activities related to drug trafficking. The Government should further strengthen customs and border guard services in order to increase their capabilities to prevent the smuggling of illicit drugs into Belarus, in particular through the Russian Federation, with which Belarus shares an unguarded border, and through other neighbouring countries.

609. The Board shares the concern of the Government of Belarus over the worsening drug abuse situation in the country, particularly with regard to the significant increase in drug abuse by injection and heroin addiction. Noting that access to treatment is often difficult for drug abusers in Belarus, the Board strongly encourages the Government to accord higher

priority to the treatment and rehabilitation of drug abusers and to increase the resources, as well as the efficiency, of such treatment services.

610. In May 2006, a mission of the Board visited Estonia. The National Strategy on the Prevention of Drug Dependence 2004-2012 and its action plans covering long-term and mid-term objectives are ambitious programmes calling for numerous activities at different levels and within different time frames. However, the implementation and monitoring of those programmes require additional efforts, including more frequent meetings of the coordinating committee.

611. Estonia is currently experiencing a shift among drug abusers, from the abuse of natural products (such as cannabis) to synthetic drugs (such as amphetamines and MDMA). Fentanyl and 3-methylfentanyl have, to a large extent, replaced heroin on the illicit drug market in Estonia; the higher potency of those substances has led to a rise in the number of drug-related deaths. One matter of particular concern is the increasing prevalence of the abuse by injection of heroin, amphetamines and illicitly manufactured fentanyl and 3-methylfentanyl, which has contributed to an increase in HIV infections. Estonia, like the other Baltic countries, is confronted with a specific phenomenon involving drug tourism: Finnish drug addicts travel to Estonia to purchase pharmaceutical preparations containing buprenorphine and oxycodone. In response, Estonia has strengthened drug control requirements and the conditions under which such preparations can be prescribed.

612. In May 2006, a mission of the Board visited Latvia. The Board notes that the Government of Latvia has shown the political commitment and the will to deal with drug abuse, drug trafficking and organized crime. Drug control policies, national drug control legislation and the institutional framework to carry out those policies and implement that legislation are well developed. Under the chairmanship of the Prime Minister of Latvia, a council for the coordination of drug control and the prevention of drug addiction has been established to ensure the effective implementation of the national programme for combating drug abuse. However, the implementation of the ambitious programmes of the Coordinating Council has been delayed because of insufficient funds. Additional funds are also required to enhance training programmes for

all law enforcement units and to improve technical equipment.

613. In Latvia, there has been an increase in the abuse of amphetamine and methamphetamine. Other major concerns of the Latvian authorities are the increasing polydrug abuse and the high drug abuse rates among adolescents. Former diversions and misuse of pharmaceuticals used in substitution therapy, particularly by tourists from Finland, have been countered by additional control measures. With regard to availability of narcotic drugs for treatment of pain, the Latvian authorities have considerably improved the situation by including morphine medications in the list of pharmaceuticals of their national health insurance system.

614. The Board sent a mission to Luxembourg in October 2006 to review the implementation of the international drug control treaties and maintain its ongoing dialogue with the Government on issues related to drug control. The Board notes with grave concern that a drug injection room has been in operation in Luxembourg since 2005, in violation of the provisions of the international drug control treaties. The Board urges the Government to close the facility immediately and to implement measures against the abuse of drugs that are in compliance with its international treaty obligations.

615. The Board recommends to the Government of Luxembourg that it improve coordination among the various ministries and agencies involved in drug control matters. Such coordination has not always been adequate; as a result, various reports required under the international drug control treaties have not always been submitted to the Board. The Board also recommends to the Government that it strengthen its efforts in collecting information on the drug abuse situation within the country, in view of the fact that there is no national survey on the subject. Finally, the Board notes the measures being taken by the Government to deal with the problem of diversion of methadone from substitution treatment and encourages the Government to continue strengthening its efforts in that area.

E. Oceania

Major developments

616. The majority of the cannabis abused in Australia continues to have been produced in that country.

617. The illicit manufacture of methamphetamine continues to be a problem in Australia. Most of the pseudoephedrine used in illicit methamphetamine manufacture has been extracted from commercially available pharmaceutical preparations. The abuse (including by smoking) of methamphetamine among young drug abusers is increasing in Australia. There are indications that Oceania may be developing into a significant transit area and a potential consumption area for methamphetamine.

618. There was evidence of large-scale illicit manufacture of MDMA in Australia, particularly during the last quarter of 2005.

619. Oceania continues to be used as a major trans-shipment area for illicit drugs.

Regional cooperation

620. HIV/AIDS, organized crime, border management and money-laundering were among the important issues discussed at the annual meeting of the Regional Security Committee of the Pacific Islands Forum, held in Nadi, Fiji, in June 2006.

621. In March 2006, the eighth annual conference of customs heads of the Oceania Customs Organisation was held in Sigakota, Fiji. Strengthening trade security, combating transnational crime and strengthening regional cooperation were the key themes of the conference. The participants agreed on a workplan for the period 2006-2007, including activities related to law enforcement and security.

622. The seventeenth administrative meeting of contact points of the Regional Intelligence Liaison Office for Asia and the Pacific was held in Christchurch, New Zealand, in November 2005. The Minister of Customs of New Zealand highlighted the pre-eminent role of the Regional Intelligence Liaison Office in countering the smuggling of precursor chemicals.

623. Australia and New Zealand continued to provide capacity-building assistance to other countries in

Oceania. The Australian and New Zealand customs services have appointed, for a 12-month period, two senior officers as head and deputy head of the Tonga Customs Service, which is part of the joint New Zealand and Australian Finance and Economic Management Programme for Tonga. The objective is to promote secure trade and borders, including the prevention of drug trafficking. The New Zealand Customs Service is also strengthening customs support in Oceania by sponsoring the establishment of the Oceania Customs Organizations in Fiji. The Australian Federal Police continued to provide capacity-building assistance to Nauru, Papua New Guinea and Solomon Islands.

624. Drug control legislation in Fiji and Tonga has been based on the Illicit Drug Control Bill, which calls for drug control legislation in Oceania to be consistent with respect to offences, penalties, classes of illicit drugs, investigations and law enforcement. The bill was drafted by a joint working group established to devise a common approach to illicit drug control in the region.

625. The collaboration among the New Zealand customs and police, the National Drug Intelligence Bureau of New Zealand and the Narcotics Bureau of the police of the Hong Kong SAR of China led to the seizure in May 2006 of approximately 95 kg of methamphetamine and 150 kg of pseudoephedrine (used in the illicit manufacture of methamphetamine), the largest haul of those types of drugs ever made in New Zealand. New Zealand customs and police authorities seized shipments of methamphetamine and pseudoephedrine originating in China. Seven suspects have been arrested in connection with the seizures.

National legislation, policy and action

626. The Board welcomes the accession of Vanuatu to the 1988 Convention and encourages it to accede to the 1961 Convention and the 1971 Convention without delay. However, the Board continues to be concerned by the low rate of accession to the international drug control treaties by countries in Oceania. As traffickers have been known to take advantage of loopholes in national legislation, the Board calls on those States in the region that have not yet done so to ratify the treaties without further delay.

627. In December 2005, the New Zealand Customs Service updated the focus of its drug law enforcement

strategy for the next five years. The recently published national drug law enforcement strategy will support the efforts of the New Zealand Customs Service aimed at protecting communities and reducing the supply of illicit drugs, within the framework of the national drug control policy. The five-year strategy updates the 1988 customs drug strategy, building on study findings from 2002. The main objectives of the new strategy include maintaining an overview of up-to-date national and international intelligence about the illicit drug scene, combating the smuggling of drugs and precursors into and out of New Zealand by using new and existing interdiction and investigative techniques, identifying and targeting emerging drug threats and actively contributing to international efforts to combat the illicit drug trade.

628. Police in New Zealand continued to give high priority to substance-related offences, targeting illicit drug manufacturers, importers and dealers in 2005. High-quality intelligence was also a factor in several successful operations, leading to the disruption of illicit drug supply chains, particularly those with a transnational dimension, where strong links with overseas law enforcement agencies proved to be highly effective.

629. Australia has been promoting a campaign to prevent illegal sales of pseudoephedrine. In January 2006, national legislation to tighten controls on pseudoephedrine went into effect.

630. In September 2006, the Pacific Islands Forum secretariat established a Pacific Anti-Money Laundering Programme to assist Governments in preventing money-laundering and the financing of terrorism, pursuant to the relevant United Nations conventions and Security Council resolutions. The Government of Australia will be providing additional funding over the next five years to fight serious tax fraud and money-laundering. In particular, the funds will be used to detect and dismantle organized criminal enterprises involved in serious tax fraud and money-laundering.

Situation with regard to drug trafficking and abuse

Narcotic drugs

631. The majority of the cannabis abused in Australia is produced locally; cannabis plants are illicitly

cultivated in all states and territories in that country. In New Zealand the large-scale cultivation of cannabis plants is taking place in a number of rural areas, including Northland and the Bay of Plenty. In addition, outdoor cultivation of cannabis plants in New Zealand has recently been supplemented by operations that use sophisticated indoor hydroponics to produce cannabis. Cannabis plants are also illicitly cultivated in Fiji, Papua New Guinea, Samoa and Tonga.

632. There have been reports of barter trade involving the exchange of illicit drugs for arms in the coastal cities of Lae, Madang, Wewak and Port Moresby in Papua New Guinea.

633. The largest seizures of opium, heroin and cocaine in Oceania were reported in Australia. In May 2006, as a result of cooperation between the Australian Crime Commission and the federal and regional police and customs, four suspects were arrested and over 3 kg of heroin were seized, together with cash and other evidence, in raids in Sydney and Melbourne targeting an international syndicate trafficking in heroin. Large seizures of heroin have recently been made in Fiji and Vanuatu.

634. The total amount of cocaine seized in Australia in 2005 was the lowest since 1999. While the number of cocaine consignments detected at the Australian border decreased during the period 2004-2005, most of the cocaine entered the country through the postal system.

635. Cannabis continued to be abused in many countries in Oceania. Cannabis remained the drug of choice among drug abusers in Australia, Micronesia (Federated States of), New Zealand, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu. However, a survey conducted by the Department of Health and Ageing of Australia found that fewer children in secondary schools are abusing cannabis. In 2005, 18 per cent of such children had abused cannabis, compared with 35 per cent in 1996. Micronesia (Federated States of) and Papua New Guinea have the highest prevalence of cannabis abuse in the region.

Psychotropic substances

636. In Australia, ATS are supplied predominantly by clandestine laboratories operating within the country itself, which primarily manufacture methamphetamine. The illicit manufacture of methamphetamine seems to

be increasing in New Zealand, where 204 laboratories involved in the illicit manufacture of methamphetamine were dismantled in 2005, compared with 182 in 2004. Organized criminal groups use Oceania as a trans-shipment area for ATS, including methamphetamine and MDMA.

637. In Australia, there was a sharp decrease in the total amount of ATS seized in 2005 compared with previous years. Police in New Zealand have been seizing larger amounts of methamphetamine. In New Zealand, authorities seized 8.1 kg of methamphetamine concealed in water filters from China in January 2006 and 95 kg of the substance in May 2006. In April 2006, following a joint operation involving the Australian Crime Commission and police, three suspects were arrested and 2 kg of methamphetamine were seized. In November 2005, as a result of joint law enforcement partnerships among the Australian Crime Commission, the Australian Tax Office, the Queensland police and the Crime and Misconduct Commission, a person was convicted and sentenced to 15 years of prison for trafficking in and possession of methamphetamine and the convicted person's considerable assets were confiscated.

638. South East Asian methamphetamine is smuggled through Oceania to Canada and, to a lesser extent, the United States.

639. The total amount of MDMA seized in Australia in 2005 was 1,365 kg, the highest amount reported in the past six years. Almost two thirds of that total (820 kg) was discovered inside an oven in an air cargo consignment from Germany. During the last quarter of 2005, six MDMA manufacturing sites were uncovered (compared with only three sites during the entire year in 2004). Large amounts of 3,4-methylenedioxypheyl-2-propanone were discovered at two of the sites, signalling a possible shifting towards local manufacturing of MDMA. The uncovering of tablet presses may also be an indication that some of the MDMA available in Australia has been illicitly manufactured in that country.

640. Australian customs authorities seized 12.5 kg of pseudoephedrine concealed in children's books. The books had been imported in seven separate postal items from Malaysia, which were intercepted at the Melbourne international mail centre between August and September 2005. Investigations resulted in the arrest of 16 people and the dismantling of nine

clandestine laboratories in South Australia that had been illicitly manufacturing methamphetamine. Two clandestine laboratories used for the illicit manufacture of methamphetamine were dismantled in 2005 in the Australian Capital Territory. There is evidence that most of the pseudoephedrine used in the illicit manufacture of methamphetamine had been extracted from commercially available pharmaceutical preparations.

641. The police in New Zealand continued to detect attempted diversions of consignments of medicines from China containing pseudoephedrine. The illicit market continued to be supplied with such medicines through the diversion of over-the-counter medicines and theft. During 2005, over 146 kg of pseudoephedrine and 20 kg of ephedrine were seized in New Zealand.

642. In Australia, the abuse (including by smoking) of methamphetamine among young drug abusers is increasing. Methamphetamine is the drug most commonly abused by injection in Australia. New Zealand published its findings on recent trends in the abuse of methamphetamine and other illicit drugs from the 2005 Illicit Drug Monitoring System, which were based on interviews with frequent methamphetamine abusers. The study found that, in addition to methamphetamine, the interviewed persons abused cannabis, MDMA, LSD, opiates, GHB and cocaine. The drugs most commonly abused by injection were opiates and methamphetamine. The high level of drug abuse by injection among frequent methamphetamine abusers might indicate that persons who traditionally abused opiates were turning to methamphetamine. Several of the interviewed persons reported increased abuse of methamphetamine that had been smuggled into New Zealand. An increasing number of people receiving treatment for drug abuse in New Zealand are identifying amphetamine as their primary drug of abuse; according to centres for the treatment of drug abuse, amphetamine is the third most commonly abused drug in the country, after alcohol and cannabis.

Substances not under international control

643. In New Zealand, 10 kg of *gamma*-butyrolactone (GBL) were seized in 2005. GBL is becoming increasingly popular among drug abusers in New Zealand. In addition, there are indications that the

abuse of “party pills” containing benzylpiperazine has become a growing problem in New Zealand; the pills are rapidly gaining popularity as an alternative to MDMA and methamphetamine. In Australia, seizures of khat have increased.

IV. Recommendations to Governments, the United Nations and other relevant international and regional organizations

644. The Board examines, on an ongoing basis, the functioning of the international drug control regime, identifies shortcomings in the implementation by Governments of the three main international drug control treaties and formulates recommendations for further action addressed to national drug control agencies and relevant international and regional organizations. Those recommendations, which are aimed at assisting Governments in fully complying with their treaty obligations and at further developing the international drug control regime, are included in each annual report of the Board, which is disseminated to all Governments.

645. In its report for 2005, the Board included a new chapter highlighting some selected key recommendations and proposals for further action, in order to assist Governments, relevant United Nations organizations and other international and regional organizations responsible for drug control issues in focusing their attention on the main recommendations. The Board is pleased to note that a number of those recommendations have already been implemented. The recommendations made in the report for 2005 continue to be valid, and the Board invites all those concerned to examine them again and to implement them, as applicable. Pertinent recommendations are included again in this chapter, along with new recommendations made by the Board after its examination of the world drug control situation in 2006.

A. Recommendations to Governments

646. The recommendations to Governments are grouped according to the following subject areas: treaty adherence; treaty implementation and control measures; prevention of illicit drug trafficking and abuse; availability and rational use of narcotic drugs and psychotropic substances for medical purposes; and the Internet and smuggling by mail.

Treaty adherence

647. The 1961 Convention, the 1961 Convention as amended by the 1972 Protocol, the 1971 Convention and the 1988 Convention form the basis of the

international drug control system. The accession of all States to those treaties is a fundamental prerequisite for effective drug control worldwide.

Recommendation 1: The Board reiterates its request to States that are not yet parties to one or more of the international drug control treaties to take immediate action to accede to those treaties.⁴⁷

Treaty implementation and control measures

648. Universal treaty adherence will, however, not be sufficient without effective and universal implementation of all the provisions of the three main international drug control treaties and the application of the necessary control measures by all Governments.

Recommendation 2: Provision of mandatory information to the Board is one of the key elements of the international drug control mechanism. The Board reiterates its request to all Governments to furnish in a timely manner all statistical reports required under the three international drug control treaties.

Recommendation 3: The system of control measures laid down in the 1961 Convention

⁴⁷ The following States are not parties to the international drug control treaties and/or the 1972 Protocol amending the 1961 Convention:

(a) Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol: Andorra, Democratic People's Republic of Korea, Equatorial Guinea, Kiribati, Nauru, Samoa, Timor-Leste, Tuvalu and Vanuatu;

(b) Protocol Amending the Single Convention on Narcotic Drugs, 1961: Afghanistan, Chad and Lao People's Democratic Republic;

(c) Convention on Psychotropic Substances of 1971: Andorra, Cook Islands, Democratic People's Republic of Korea, Equatorial Guinea, Haiti, Kiribati, Liberia, Nauru, Nepal, Samoa, Solomon Islands, Timor-Leste, Tuvalu and Vanuatu;

(d) United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988: Democratic People's Republic of Korea, Equatorial Guinea, Holy See, Kiribati, Liechtenstein, Marshall Islands, Namibia, Nauru, Palau, Papua New Guinea, Solomon Islands, Somalia, Timor-Leste and Tuvalu.

provides effective protection against attempts at the diversion of narcotic drugs from international trade into illicit channels. The Board urges all Governments to implement fully the system of estimates and export authorizations and to ensure that no exports of narcotic drugs are authorized from their countries in excess of the corresponding total of the estimates of the respective importing country.

Recommendation 4: A number of Governments have for several years not updated the assessments of their requirements for psychotropic substances. The earlier assessments may no longer reflect their actual medical and scientific requirements for psychotropic substances. The Board wishes to remind all Governments of their obligation to regularly update their assessments and to keep the Board informed of any modifications.

Recommendation 5: Several importing countries issued import authorizations for quantities of psychotropic substances in Schedules II, III and IV of the 1971 Convention in absence or in excess of the corresponding assessments. The Board reiterates its request to all Governments to establish a mechanism to ensure that no imports exceeding the assessments are authorized.

Recommendation 6: The Board invites all States that have not yet done so to introduce mandatory import authorizations for all psychotropic substances in Schedules III and IV of the 1971 Convention, in accordance with Economic and Social Council resolutions 1985/15, 1987/30, 1991/44, 1993/38 and 1996/30, as that measure has proved particularly effective in the identification of diversion attempts. The Board invites all exporting countries to use the assessments of requirements of psychotropic substances, which are published⁴⁸ by the Board on a regular basis, to verify the legitimacy of orders that have been placed.

⁴⁸ Assessments are published each year in the technical report of the Board on psychotropic substances in accordance with relevant provisions of Economic and Social Council resolutions. Monthly updates can be found on the website of the Board (www.incb.org).

Recommendation 7: In accordance with Economic and Social Council resolutions 1985/15 and 1987/30, Governments should, in their annual statistical reports on psychotropic substances, provide the Board with details of trade in substances in Schedules III and IV of the 1971 Convention. Such details should include the identification of countries of origin for imports and countries of destination for exports. The Board encourages the Governments concerned to improve their data collection systems to ensure the submission of details of trade in their annual statistical reports.

Recommendation 8: The Board notes that while the majority of Governments have responded adequately to its requests to provide information regarding progress made in drug control following the Board's missions to their countries, a number of Governments have failed to provide such information. The Board underlines the importance of reviewing such progress and requests the cooperation of Governments in this exercise.

Recommendation 9: Drug injection rooms (sometimes called "drug consumption rooms") continue to operate in a small number of countries, mainly in Europe. The Board reiterates its position that, insofar as they are facilities where persons can abuse with impunity drugs acquired on the illicit market, such rooms contravene the most fundamental principle of the international drug control treaties: drugs should be used only for medical or scientific purposes. The Board urges the Governments of all countries where drug injection rooms are in operation to take prompt action to close those facilities and to provide appropriate services and facilities for the treatment of drug abusers, in accordance with the provisions of the international drug control treaties.

Recommendation 10: The PEN Online system, an electronic system for the exchange of pre-export notifications for precursor chemicals, was officially launched by the Board in March 2006 to ensure the quick and more efficient exchange of data. The Board encourages all Governments to register for and use the new online system.

Recommendation 11: Following its recommendation to Governments to estimate their licit requirements for precursor chemicals and to submit those estimates to it, the Board has published information on countries' annual legitimate needs for those chemicals in its 2006 report on the implementation of article 12 of the 1988 Convention.⁴⁹ The Board encourages competent authorities to inform it of any methodology that they have found useful in estimating their country's needs. Governments are invited to review the published requirements, amend them if necessary and inform the Board of any required changes. The Board calls upon Governments that have not yet done so to furnish their estimated requirements for precursors.

Recommendation 12: Free trade zones are being created in various regions. Traffickers may attempt to use free trade zones and free ports to divert narcotic drugs, psychotropic substances and precursor chemicals into illicit channels. The Board requests all Governments concerned to apply control measures in free trade zones and in free ports that are no less stringent than in other parts of their territories, in accordance with their treaty obligations.

Recommendation 13: The Board prepared, in cooperation with the Laboratory and Scientific Section of UNODC, guidelines for the import and export of drug and precursor reference standards, for use by national drug testing or forensic laboratories and national competent authorities responsible for issuing import and export authorizations for drug and precursor reference standards. The guidelines shall help to optimize regulatory procedures and to facilitate imports and exports of reference standards. The Board calls upon national drug testing and forensic laboratories, as well as the competent national authorities responsible for issuing import and export authorizations for drug and precursor reference standards, to implement those guidelines, as appropriate.

⁴⁹ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2006 ...*, annex IV.

Prevention of illicit drug trafficking and abuse

649. One of the fundamental objectives of the international drug control treaties is to limit to legitimate purposes the production, manufacture, export, import and distribution of, trade in and use of controlled substances and to prevent their diversion and abuse.

Recommendation 14: Countries in various regions are affected by the illicit cultivation of cannabis plants. The Board recommends that the Governments concerned carry out, together with eradication activities, legitimate alternative development programmes. Governments may wish to seek information on the best practices in that regard from UNODC and Governments of countries with considerable experience in implementing such programmes.

Recommendation 15: In view of the increasing smuggling of drugs and precursor chemicals, particularly through Africa, the Board encourages all Governments concerned to support initiatives such as the provision of training in preventing drug trafficking and diversion of precursor chemicals in that region.

Recommendation 16: The Board is concerned about the increasing cocaine abuse in Europe. The Board is also concerned about the growing trafficking in and abuse of cocaine in Africa and Asia, where, traditionally, cocaine has not been a major problem. The Board urges the Governments concerned to take appropriate measures as necessary to reduce trafficking in and abuse of cocaine.

Recommendation 17: In many countries, the monitoring of drug abuse trends and patterns remains inadequate and, as a result, data on drug abuse in such countries are limited. The Board encourages Governments that have not yet done so to ensure that the extent of drug abuse in their countries is measured at regular intervals.

Recommendation 18: The diversion from domestic distribution channels and abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances pose problems in many countries. The Board urges the Governments concerned to develop programmes specifically aimed at preventing the abuse of such

preparations. The Board invites each Government to establish a mechanism for the systematic collection of data on the diversion and abuse of such preparations and to use the mechanism as a basis for taking appropriate countermeasures. The mechanism should ensure that, inter alia, feedback on seized pharmaceutical products is provided on a regular basis to the regulatory authorities. The mechanism should include surveys aimed at establishing the extent and types of drug abuse.

Recommendation 19: Increasing trafficking in and abuse of fentanyl and its analogues have been reported in North America and some countries in Europe. The Board calls upon all Governments to implement effective measures to prevent the diversion and abuse of pharmaceutical preparations containing fentanyl and the illicit manufacture of fentanyl and its analogues. The Board encourages Governments to ensure that forensic laboratories include analyses of fentanyl and its analogues in their programmes. Governments are obliged under the international drug control treaties to report the abuse and illicit manufacture of fentanyl and its analogues, as well as seizures of those substances to the Board and relevant international organizations.

Recommendation 20: The Board urges the Governments of countries where opioids such as buprenorphine and methadone are used for substitution treatment to take all necessary measures to prevent their diversion into illicit channels. Those measures include supervised consumption, application of appropriate conditions for drugs to be taken home, treatment according to clinical standards, prescription monitoring systems and mandatory training of health-care professionals. The Board reiterates its request to the Governments concerned to establish a mechanism for the systematic collection of information on the diversion and abuse of drugs prescribed for substitution treatment, using, inter alia, statistics on emergencies related to drug abuse and statistics on drug-related deaths.

Recommendation 21: The Board welcomes the adoption of Commission on Narcotic Drugs

resolution 49/6 entitled “Listing of ketamine as a controlled substance”, and calls upon all Governments to implement that resolution without delay. In particular, the Board encourages all Governments concerned to take steps to determine the extent of the abuse of ketamine and, where warranted, to introduce national legislation on the control of ketamine. Furthermore, the Board urges all Governments to provide to it, as well as to WHO, all available information on the abuse of ketamine in their countries, in order to assist the WHO Expert Committee on Drug Dependence, at its next meeting, in its assessment of whether to recommend placing ketamine under international control.

Recommendation 22: As controls over international trade in precursor chemicals improve, traffickers are increasingly developing new methods and routes of diversion, especially utilizing domestic distribution channels. The Board therefore urges all parties to the 1988 Convention, in addition to international controls, in accordance with article 12, paragraph 8 (a), of the 1988 Convention, to take all the necessary measures to monitor, within their territories, the manufacture and distribution of precursor chemicals under international control.

Recommendation 23: West Asia is increasingly being used by criminal networks as a trans-shipment area for consignments of ephedrine and pseudoephedrine destined for the illicit manufacture of methamphetamine. The Board urges the Governments of importing countries in the region, including within the framework of the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East, to take appropriate measures to monitor the manufacture, distribution and export of preparations of ephedrine and pseudoephedrine, in order to ensure that the end-users are legitimate and to prevent the accumulation of those substances in quantities exceeding their licit requirements. The Board recommends that all Governments adopt specific measures, in particular the use of pre-export notifications for pharmaceutical preparations, as well as the assessment of their licit requirements for

ephedrine, pseudoephedrine and preparations containing the two substances.

Recommendation 24: Within the framework of Project Prism, the Board has assisted national authorities in monitoring thousands of shipments in international trade and, in numerous cases, in preventing the diversion of precursor chemicals into illicit channels. The Board encourages Governments that are currently not participating in Project Prism to join that initiative and begin cooperating with the participating Government without further delay.

Recommendation 25: With regard to Project Cohesion, the Board calls on participating Governments to expand their activities under the project by considering the launch of activities targeting drug trafficking in the relevant regions, such as Operation Trans-shipment. The Board wishes to encourage the authorities of countries in the Americas to devise similar activities to address trafficking in potassium permanganate. In particular, the authorities of Colombia and its neighbouring countries should urgently launch investigations to identify the sources and routes from, or along which, the substance is being smuggled into areas where the illicit manufacture of cocaine takes place.

Recommendation 26: The Board notes with appreciation the establishment by WHO of the International Medical Products Anti-Counterfeiting Taskforce (IMPACT). The Board calls upon all Governments to cooperate closely with, and provide all the necessary support to, IMPACT and WHO, in the fight against the counterfeiting of medicines, including medicines containing narcotic drugs and psychotropic substances. The Board also encourages competent national authorities to make full use of the “Guidelines for the development of measures to combat counterfeit drugs”⁵⁰ prepared by WHO in 1999 in order to assist Governments in their efforts to prevent their national drug distribution channels from being infiltrated by counterfeit drugs (see para. 38 (h) above).

⁵⁰ WHO/EDM/QSM/99.1.

Availability and rational use of narcotic drugs and psychotropic substances for medical purposes

650. Another core objective of the international drug control treaties is to ensure the availability of narcotic drugs and psychotropic substances for medical purposes and to promote the rational use of controlled drugs.

Recommendation 27: To ensure the appropriate medical use and availability of controlled substances, the Board again requests all Governments to promote the rational use of narcotic drugs and psychotropic substances for medical purposes, including the use of opioids for the treatment of pain, in accordance with the pertinent recommendations of WHO.

Recommendation 28: The education and training of health-care professionals and, as appropriate, professionals in legal and regulatory disciplines, as well as social and behavioural sciences, play an important role in promoting the rational use of narcotic drugs and psychotropic substances. The Board encourages all Governments to ensure that the rational use of narcotic drugs and psychotropic substances for medical purposes and the risks associated with drug abuse are included as subjects in university curricula for health-care professionals and other professionals.

Recommendation 29: In accordance with Commission on Narcotics Drugs resolutions 45/5 and 46/6, the Board calls on all Governments that have not yet done so to inform it without delay of restrictions on travellers under medical treatment carrying preparations containing internationally controlled substances. The Board will ensure that the information is widely disseminated so that Governments will be able to advise travellers on the relevant restrictions.

The Internet and smuggling by mail

651. In view of the global nature of the problems of illegal sales of controlled substances through the Internet and the smuggling of controlled substances by mail, concerted action by the international community is required. In particular, there is a need to establish a mechanism that will ensure the sharing of experiences

and the rapid exchange of information on specific cases, as well as the standardization of data.

Recommendation 30: The Board requests all Governments that have not yet done so to identify focal points for activities related to illegally operating Internet pharmacies and to furnish to the Board information on those activities. Furthermore, the Board calls upon all Governments to provide it with details of legislation and regulations on Internet services and sites and on the use of the mail for individual shipments of controlled drugs.

B. Recommendations to the United Nations Office on Drugs and Crime

652. In the implementation of their treaty-based obligations, States may require operational support from the United Nations and other relevant organizations. Therefore, as UNODC is the primary United Nations entity responsible for the provision of technical assistance in drug control issues, as well as the coordination of such assistance provided by Governments and other organizations, the recommendations below are addressed to UNODC for appropriate action.

Recommendation 31: The Board notes that the control of licit activities related to narcotic drugs, psychotropic substances and precursors in a number of countries remains weak. The Board encourages UNODC to develop programmes aimed at increasing the capacity of the countries concerned to implement the relevant provisions of the treaties.

Recommendation 32: Noting the increase in the abuse of and trafficking in fentanyl and its analogues and concerned that many Governments are not in a position to counteract that problem in a timely manner, owing to, inter alia, inadequate laboratory analysis, the Board wishes to encourage UNODC to support Governments in their efforts to include the analyses of fentanyl and fentanyl analogues in the programmes of their forensic laboratories. (See also the corresponding request addressed to Governments in recommendation 19 above.)

Recommendation 33: Concerned about the continuing diversion of pharmaceutical preparations containing internationally controlled substances, the Board reiterates its request to UNODC to assist the Governments concerned in monitoring trends and preventing the diversion and abuse of such preparations. (See also the corresponding request addressed to Governments in recommendation 18 above.)

Recommendation 34: In view of information on the increasing trafficking in and abuse of GHB, a sedative-hypnotic added to Schedule IV of the 1971 Convention in 2001, the Board again requests UNODC to include the prevention of GHB abuse in its drug abuse prevention programmes.

Recommendation 35: Concerned that misuse of the mail or illegal use of the Internet have become important methods of obtaining drugs to supply illicit markets, the Board reiterates its request to UNODC to develop programmes to address the problem of illegally operating Internet pharmacies and the smuggling of controlled drugs by mail and to share its experiences with the Board.

C. Recommendations to the World Health Organization

653. The treaty-based function of WHO in the international drug control system is to provide recommendations, based on scientific assessments, regarding changes in the scope of control of narcotic drugs under the 1961 Convention and the scope of control of psychotropic substances under the 1971 Convention. Furthermore, WHO plays a key role in supporting the rational use of narcotic drugs and psychotropic substances worldwide and in giving guidance on the provision of adequate treatment for drug addicts.

Recommendation 36: The Board notes that in response to the invitation contained in the Economic and Social Council resolution 2004/40, WHO, in collaboration with UNODC, is developing guidelines for psychosocially assisted pharmacotherapy for the management of opioid dependence. The Board trusts that the guidelines

will remind all those involved in the provision of substitution treatment of their obligation to implement the provisions of the international drug control treaties and national legislation regarding opioids and that the guidelines will provide specific guidance on preventing the diversion of opioids used in pharmacotherapy.

Recommendation 37: The Board welcomes the establishment of the West African Drug Regulatory Agencies Network, the newly created subregional body of drug regulators, which is aimed at combating counterfeit and fake drugs. The Board calls upon IMPACT, the newly established task force of WHO, to extend cooperation to that body, as appropriate.

Recommendation 38: Noting the adoption by the Commission of Narcotic Drugs of resolution 49/6, entitled "Listing of ketamine as a controlled substance", and the continuing widespread abuse of ketamine reported in many countries, the Board invites WHO to take the measures necessary to assess ketamine in order to determine whether to recommend that it be placed under international control. The Board is ready to assist the WHO Expert Committee on Drug Dependence at its next meeting in the assessment of ketamine. (See the corresponding request addressed to Governments in recommendation 21 above.)

D. Recommendations to other relevant international organizations

654. In cases where States require additional operational support in specific areas, such as drug law enforcement, the Board addresses relevant recommendations pertaining to the specific spheres of competence of the relevant international organizations, including Interpol, the Universal Postal Union (UPU) and the World Customs Organization.

Recommendation 39: The Board welcomes the participation of Interpol and the World

Customs Organization as members of the task forces of Project Prism and Project Cohesion. The Board recommends that those organizations continue to support activities under Project Prism to address the problem of trafficking in precursors of ATS and that they provide backstopping for and actively participate in law enforcement operations under Project Cohesion to address the continuing problem of the smuggling of acetic anhydride into Afghanistan.

Recommendation 40: Noting the increase in the clandestine manufacture of and trafficking in synthetic opioids, such as fentanyl, in some regions, the Board invites Interpol and the World Customs Organization to share with it any information they may have on such new developments.

Recommendation 41: The Board reiterates the need to address the problems of illegally operating Internet pharmacies and the smuggling of controlled drugs by mail and invites international organizations, in particular UPU, Interpol and the World Customs Organization, to share with it relevant experiences gained from any programmes they are implementing in this regard. (A similar request is addressed to UNODC in recommendation 35 above.)

(Signed)
Philip O. Emafo
President

(Signed)
Tatyana Borisovna Dmitrieva
Rapporteur

(Signed)
Koli Kouame
Secretary

Vienna, 16 November 2006

Annex I

Regional groupings used in the report of the International Narcotics Control Board for 2006

The regional groupings used in the report of the International Narcotics Control Board for 2006, together with the States in each of those groupings, are listed below.

Africa

Algeria	Libyan Arab Jamahiriya
Angola	Madagascar
Benin	Malawi
Botswana	Mali
Burkina Faso	Mauritania
Burundi	Mauritius
Cameroon	Morocco
Cape Verde	Mozambique
Central African Republic	Namibia
Chad	Niger
Comoros	Nigeria
Congo	Rwanda
Côte d'Ivoire	Sao Tome and Principe
Democratic Republic of the Congo	Senegal
Djibouti	Seychelles
Egypt	Sierra Leone
Equatorial Guinea	Somalia
Eritrea	South Africa
Ethiopia	Sudan
Gabon	Swaziland
Gambia	Togo
Ghana	Tunisia
Guinea	Uganda
Guinea-Bissau	United Republic of Tanzania
Kenya	Zambia
Lesotho	Zimbabwe
Liberia	

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	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	Lebanon
Armenia	Oman
Azerbaijan	Pakistan
Bahrain	Qatar
Georgia	Saudi Arabia
Iran (Islamic Republic of)	Syrian Arab Republic
Iraq	Tajikistan
Israel	Turkey
Jordan	Turkmenistan
Kazakhstan	United Arab Emirates
Kuwait	Uzbekistan
Kyrgyzstan	Yemen

Europe

Albania	Lithuania
Andorra	Luxembourg
Austria	Malta
Belarus	Moldova
Belgium	Monaco
Bosnia and Herzegovina	Montenegro
Bulgaria	Netherlands
Croatia	Norway
Cyprus	Poland
Czech Republic	Portugal
Denmark	Romania
Estonia	Russian Federation
Finland	San Marino
France	Serbia
Germany	Slovakia
Greece	Slovenia
Holy See	Spain
Hungary	Sweden
Iceland	Switzerland
Ireland	The former Yugoslav Republic of Macedonia
Italy	Ukraine
Latvia	United Kingdom of Great Britain and Northern Ireland
Liechtenstein	

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

Joseph Bediako Asare

Born in 1942. National of Ghana. Private Consultant and Psychiatrist.

Medical Academy of Krakow, Poland (1965-1971); postgraduate training at Graylands and Swanbourne Psychiatric Hospitals, Perth, Australia (1976-1977); Leicestershire Area Health Authority (1977-1980). Senior Registrar in Psychiatry, West Berkshire and South Oxford Area Health Authority (1981-1982); Chief Psychiatrist, Ghana Health Service; and specialist in charge at Accra Psychiatric Hospital; Chairman, Ghana Chapter, West African College of Physicians; Vice-President, West African College of Physicians (2000-2004); Advisor to the Ministry of Health of Ghana (since 1984); Member of the Narcotics Control Board of Ghana (since 1990); Chairman, Subcommittee on Demand Reduction, Narcotics Control Board of Ghana (since 1991). Part-time lecturer in psychiatry, University of Ghana medical school (since 1984). Faculty Fellow of the International Council on Alcohol and Addictions training programme on alcohol and drug abuse in Benin City, Nigeria (1986 and 1987); President, Psychiatric Association of Ghana (1999-2002). Member, Royal College of Psychiatrists (1980); Fellow, West African College of Psychiatrists; Fellow, Ghana College of Physicians and Surgeons. Author of numerous works, including: *Substance Abuse in Ghana*; *The Problem of Drug Abuse in Ghana: a Guide to Parents and Youth* (1989); *Alcohol Use, Sale and Production in Ghana: a Health Perspective* (1999); *Alcohol and Tobacco Abuse in Deheer* (1997); "Psychiatric co-morbidity of drug abuse", *Assessing Standards of Drug Abuse* (1993); "Baseline survey of the relationship between HIV and substance abuse in Ghana" (2004). Recipient of the Grand Medal (Civil Division) of Ghana (1997). Participant in numerous meetings, including: consultative group that developed the manual on assessment standards of care in drug abuse treatment (1990-1992); NGO World Forum on Drug Demand Reduction, Bangkok (1994); drug programme expert meeting, Cleveland, United States

of America (1995); Drug Expert Forum for Western and Central Africa, Cameroon (1995); local expert meeting for Western Africa, Dakar (2003).

Member of the International Narcotics Control Board (since 2005). Member of the Standing Committee on Estimates (2006).

Sevil Atasoy

Born in 1949. National of Turkey. Professor of Biochemistry and Forensic Science, Istanbul University (since 1988).

Bachelor of Science in Chemistry (1972), Master of Science in Biochemistry (1976) and Doctor of Philosophy (Ph.D.) in Biochemistry (1979), Istanbul University. Hubert H. Humphrey Fellow, United States Information Agency (1995-1996); German Academic Exchange Service (DAAD) Fellow (1976, 1978 and 1994); European Molecular Biology Organization Fellow (1985); North Atlantic Treaty Organization Fellow (1978). Expert witness in civil and criminal courts (since 1980). Director, Institute of Forensic Science, Istanbul University (1988-2005). Director, Department of Narcotics and Toxicology, Ministry of Justice of Turkey (1980-1993). Chairperson, Department of Forensic Basic Sciences, Istanbul University (1983-1987); Professor of Biochemistry, Cerrahpasa School of Medicine, Istanbul University (1988-2005); Educational Counsellor, Turkish International Academy against Drugs and Organized Crime (2000-2005). Guest scientist, School of Public Health, University of California, Berkeley, and Drug Abuse Research Center, University of California, Los Angeles; Department of Genetics, Stanford University; Department of Genetics, Emory University; California Criminalistics Institute; Federal Bureau of Investigation, Virginia; Crime Laboratories, Los Angeles Sheriff's Department; Federal Criminal Police (BKA), Wiesbaden, Germany; United Nations Drug Laboratory, Vienna; 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. Recipient of numerous awards, including: Rotary International (1993 and 2001), for the improvement of investigative techniques in Turkey. Chairperson, first Regional Symposium on Criminalistics (2000); and Chairperson, third European Academy of Forensic Science Meeting (2003). Member of the Istanbul University Senate (1987-2005) and Research Foundation (1987-2002); Member of the Experts Group on Technical Challenges to the Drug Community, United Nations Office on Drugs and Crime (UNODC) and Office of National Drug Control Policy of the United States (2003 and 2004); Member of the expert group on risk reduction linked to substance use other than by injection, Pompidou Group of the Council of Europe (2002); Member of the Mediterranean Network of the Pompidou Group (since 2001). Member of the Turkish delegation to the Commission of Narcotic Drugs (2001 and 2002); the special commissions on the improvement of judiciary and security affairs, Prime Ministry, VIII. Development Plan for the Years 2001-2005, the Republic of Turkey Higher Commission on Human Rights (1997-1998). Adviser on improving investigations and protecting child victims, General Command of Gendarmerie Internal Security Units (2001-2003); adviser on prevention of violence, suicide and drug abuse, Land Forces Command (2000-2004); adviser on driving under influence of controlled substances, Traffic Accidents Prevention Commission, Turkish Grand National Assembly (2000); adviser on preventing drug abuse and violence in schools, Ministry of National Education (since 1999); adviser on drug testing and the improvement of treatment of offenders, General Directorate of Correctional Facilities, Ministry of Justice (since 1999). Founding editor, *Turkish Journal of Legal Medicine* (1982-1993). Member of the scientific board of national and international journals, including the *International Criminal Justice Review*, the *Turkish Journal on Addiction*, the *Turkish Journal of Forensic Sciences* and the *Croatian Journal of Legal Medicine*. Founding President, Turkish Society of Forensic Sciences (since 1998); Honorary Member of the Mediterranean Academy of Forensic Sciences (since 2003); Member of the Standing Committee, European Academy of Forensic Sciences (1999-2003). Member of the International Society of Forensic Toxicology; the Indo-Pacific Association of Law, Medicine and Science; the European Network of Forensic Science Institutes; the

International Association of Forensic Toxicologists; the American Academy of Forensic Sciences; the American Society of Crime Laboratory Directors; the Forensic Science Society, United Kingdom of Great Britain and Northern Ireland; the American Society of Criminology; the Interagency Council on Child Abuse and Neglect; and the United Nations Academic Council. Participant in projects on illicit drug issues, including: Crime Mapping of Drug Offences for the Ministry of Home Affairs (1998-2000); Global Study of Illicit Drug Markets: Istanbul, Turkey, for the United Nations Interregional Crime and Justice Research Institute (2000-2001); National Assessment of Nature and Extent of Drug Problems in Turkey, for UNODC (2002-2003); European School Survey on Alcohol and Other Drugs (2002-2003); Modeling the World Heroin Market, for the RAND Drug Policy Research Center and the Max Planck Institute (2003). 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, neuropharmacology, crime scene investigation and deoxyribonucleic acid (DNA) analysis, including "Excavating Y-chromosome haplotype strata in Anatolia", *Human Genetics* (2004); "DNA fingerprinting of cannabis sativa, accessions using RAPD and AFLP markers", *Forensic Science International* (2003); "H. gamma-vinyl-GABA potentiates the severity of naloxone-precipitated abstinence signs in morphine-dependent rats", *Pharmacological Research* (1998).

Member of the International Narcotics Control Board (since 2005). Member of the Committee on Finance and Administration (2006). Second Vice-President of the Board (2006). Chairman of the Standing Committee on Estimates (2006).

Madan Mohan Bhatnagar

Born in 1934. National of India. Various senior positions in narcotics control and administration in the Government of India (since 1972). Member of the Delhi High Court Bar Association (since 1993).

Bachelor of Law (1956) and Master of Arts in Political Science (1955), Patna University, India. Deputy Narcotics Commissioner (1972-1974). Officer on Special Duty (Narcotics) (1976-1979). Narcotics Commissioner of India (1979-1985). Director-General,

Narcotics Control Bureau, Government of India (1988-1990). Member (Anti-Smuggling and Narcotics) of the Central Board of Excise and Customs and Additional Secretary to the Government of India (1990-1992). Author of numerous publications, including: "Current national laws and policies on narcotics control in India", *Current Research on Drug Abuse in India*, All India Institute of Medical Sciences Research Book; "Drug trafficking: Indian perspective", *Narcontrol*, Journal of Narcotics Control Bureau of India. Drafter of the provisions of the Narcotic Drugs and Psychotropic Substances Act of India (1985). Drafter of the licit opium production and export policy for India and the national strategy for combating the illicit traffic in drugs for India. Member of the expert group to study the modification of the Single Convention on Narcotic Drugs of 1961, Vienna (1982). Chairman of several international conferences on drug control, inter alia, the Tenth Meeting of Heads of National Drug Law Enforcement Agencies (HONLEA), Asia and the Pacific (1983), the Indo-Pakistan Committee meeting against drug trafficking (1989) and the South Asian Association for Regional Cooperation meeting on harmonization of drug laws (1989). First Vice-Chairman, Second Interregional Meeting of Heads of National Drug Law Enforcement Agencies, Vienna (1989). Participant in the Indo-United States bilateral talks on narcotics, Washington, D.C. (1989). Participant in the seventeenth special session of the General Assembly (1990). Member of the intergovernmental expert group on the economic and social consequences of drug abuse and illicit trafficking, Vienna (1990). Expert and Vice-Chairman, Economic and Social Commission for Asia and the Pacific (ESCAP) regional seminar on drug abuse, Manila (1990). Head of the Indian delegation to the Commission on Narcotic Drugs (1990 and 1992), several meetings of HONLEA and the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East. Vice-Chairman, Commission on Narcotic Drugs (1992).

Member of the International Narcotics Control Board (since 2002). Member of the Standing Committee on Estimates (since 2002). Rapporteur of the Board (2003). First Vice-President of the Board (2004). Member of the Committee on Finance and Administration (since 2004). Vice-Chairman of the Standing Committee on Estimates (2005). Chairman of

the Committee on Finance and Administration (2002 and 2006).

Elisaldo Luiz de Araújo Carlini

Born in 1930. National of Brazil. Full Professor of Psychopharmacology, Federal University of São Paulo (since 1978); Director, Brazilian Centre for Information on Psychotropic Drugs (since 1988).

Master of Science, Yale University, United States (1962). Founder and President of the Latin American Society of Psychobiology (1971-1973). Member and Founder of the Academy of Sciences of the State of São Paulo (1976). President, Brazilian Society of Medication Vigilance (1991-1993). National Secretary, Sanitary Surveillance, Ministry of Health of Brazil (1995-1997). Member of the World Health Organization (WHO) Expert Advisory Panel on Drug Dependence and Alcohol Problems, Geneva (1997-1998 and since 2002). Member of the Brazilian Academy of Sciences (2003). Recipient of numerous honours and awards, including: Councillor Emeritus, Federal Council of Narcotics of Brazil (1987); Honorary President, XI Symposium on Brazilian Medicinal Plants, João Pessoa, Brazil (1990); Member Emeritus, Department of Biological Psychiatry, Brazilian Association of Psychiatry (1993). "Doctor of the Year", Brazilian Chapter of the Medical Society of Israel (1993). "Personality of the Year", Brazilian Association of Pharmaceutical Industries (1996); Medal of "Grand Officer" of the Order of Rio Branco, Presidency of the Republic of Brazil (1996); Grand Cross Class of the Order of Scientific Merit, Presidency of the Republic of Brazil (2000); Doctor honoris causa, Federal University of Rio Grande do Norte, Brazil (2002). Author of more than 310 publications, including: "Use of anorectic amphetamine-like drugs by Brazilian women", *Eating Behaviors* (2002); "Plants and the central nervous system" (2003); "National Survey on Drug Consumption by Brazilian Students" (2004).

Member of the International Narcotics Control Board (since 2002).

Tatyana Borisovna Dmitrieva

Born in 1951. National of the Russian Federation. Director, V. P. Serbsky State Research Centre for Social and Forensic Psychiatry (since 1998). Chief Expert Psychiatrist, Ministry of Health and Social Development of the Russian Federation (2005).

Graduate of the Ivanovskii State Medical Institute (1975). Master of Science (1981) and Doctor of Medical Sciences (M.D.) (1990). Professor of Medicine (since 1993). Head of the Department of Psychiatry (1986-1989), Deputy Director of Research (1989-1990) and Director (1990-1996), V. P. Serbsky State Research Centre for Social and Forensic Psychiatry. Minister of Health of the Russian Federation (1996-1998). Chairman, Russian Security Council Commission on Health Protection (1996-2000).

Member of the Presidium of the Russian Academy of Medical Sciences (since 2001); Vice-Chairman, Russian Society of Psychiatrists (since 1995); Vice-President, World Association for Social Psychiatry Academician; Corresponding Member of the Russian Academy of Medical Sciences (since 1997); Member of the Russian Academy of Medical Sciences (since 1999). Author of over 350 scientific works, recipient of five authors' certificates for inventions and author of three books on drug abuse therapy, including *Abuse of Psychoactive Substances (General and Forensic Psychiatric Practice)* (2000) and *Abuse of Psychoactive Substances: Clinical and Legal Aspects* (2003). Editor-in-Chief, *Russian Psychiatric Journal*. Editor-in-Chief, *Clinical Research on Medication in Russia*. Member of the editorial boards of several Russian and foreign medical journals, including the journal *Narcology*. Member of the editorial council, *International Medical Journal*; and member of the editorial council, *Siberian Journal of Psychiatry and Narcology*. Recipient of the Order for Services to the Country, fourth class (2001) and third class (2006); the Order of Honour (1995). Participant and speaker on psychiatry and drug abuse therapy at national and international congresses and conferences, including those organized by the World Health Organization (WHO), the European Union, the Council of Europe, the World Psychiatric Congress and the World Psychiatric Association.

Member of the International Narcotics Control Board (since 2005). Rapporteur of the Board (2006). Member of the Standing Committee on Estimates (2006).

Philip Onagwele Emafo

Born in 1936. National of Nigeria.

Lecturer, Biochemistry, University of Ibadan (1969-1971). Lecturer and Senior Lecturer, Pharmaceutical Microbiology and Biochemistry, University of Benin, Nigeria (1971-1977). Chief Pharmacist and Director, Pharmaceutical Services, Federal Ministry of Health of Nigeria (1977-1988). Chairman, Pharmacists Board of Nigeria (1977-1988). Member of the WHO Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations (1979-2003). Rapporteur-General, International Conference on Drug Abuse and Illicit Trafficking, Vienna (1987). Chairman, Commission on Narcotic Drugs at its tenth special session (1988). Member of the Secretary-General's Group of Experts on the United Nations Structure for Drug Abuse Control (1990). Member of the WHO Expert Committee on Drug Dependence (1992, 1994 and 1998). Consultant to the United Nations International Drug Control Programme (1993-1995). Member of the ad hoc intergovernmental advisory group established by the Commission on Narcotic Drugs to assess strengths and weaknesses of global drug control efforts (1994). Member of the expert group convened by the Secretary-General pursuant to Economic and Social Council resolution 1997/37 to review the United Nations machinery for drug control (1997-1998). Member of the Advisory Group of the International Narcotics Control Board to review substances for control under article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1998-1999). Consultant to the Organization of African Unity, Addis Ababa (1998-1999).

Member of the International Narcotics Control Board (since 2000). Member of the Standing Committee on Estimates (2000-2004). Rapporteur of the Board (2001). First Vice-President of the Board (2005). President of the Board (2002, 2003 and 2006).

Gilberto Gerra

Born in 1956. National of Italy. Coordinator of the Centre for Studies on Drug Addiction, Drug Addiction Service, Health Department of Parma, Italy. University lecturer (master's degree in neurology) on psychopharmacology, University of Parma. Recipient of a university degree in medicine (1981), a master's degree in internal medicine (1986) and a master's degree in endocrinology (1989).

Medical doctor at outpatient Drug Addiction Service, Health Department, Parma (1987-1994); head of Drug Addiction Service, Health Department, Parma (1995-2001). University lecturer (master's degree in internal medicine and physical therapy), University of Parma (1990-1996). Researcher of drug-related issues at the University of Parma and other universities in Italy and the United States (New York State Psychiatric Institute, Columbia University) (1994, 1996 and 2001); participant in a research project supported by the National Institute on Drug Abuse Invest Programme (1996); coordinator of the Regional Committee for Addiction Research of the Emilia Romagna region (1995-2001); research collaboration with the Istituto Superiore de Sanità, Rome (1998-2000); consultant to the Ministry of the Interior for research on substance abuse (1996-1997); consultant to the United Nations International Drug Control Programme on amphetamine derivatives (1996-1999); consultant to the Department of Social Affairs on pharmacological and clinical aspects of substance abuse (1998-2000); expert for the National Plan of Information for Drug Prevention (Presidency of Ministries Consilium) (1999); lecturer at several universities in Italy on neurobiology of substance abuse (1998-2005). Consultant to the National Department on Drug Policy in the field of neurobiology of addiction, pharmacology and prevention (2003-2005). Member of the National Scientific Committee for Health Education and Prevention of Substance Abuse of the Ministry of Education of Italy (1997-2001); member of the expert group of the Ministry of the Interior (European Information on Drugs and Drug Addiction (Reitox) focal point) to prepare the national report on substance abuse for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (1998); member of the International Society of Psychoneuroendocrinology; member of the College on Problems of Drug Dependence (2002-2006); member

of the Board of the Italian Society on Drug Addiction (2005-2006); member of the Scientific Board of the international journal *Heroin Addiction and Related Clinical Problems*; member of the Scientific Board of the *Bollettino per le Farmacodipendenze e l'Alcoolismo* (Italian Journal on drug addiction and alcoholism), published by the Ministry of Health of Italy, in collaboration with the United Nations Interregional Crime and Justice Research Institute. Consultant (seconded) at the National department on drug policy, in addiction neurobiology, clinical pharmacology and prevention, Rome (2003-2006) published by the Ministry of Health of Italy, in collaboration with the United Nations Interregional Crime and Justice Research Institute. Co-author of the Italian Ministry of Interior of the national report on drug abuse for EMCDDA; referee of nine international journals on substance abuse and psychiatry; contributed to over 50 publications in scientific medical journals (1994-2006), including "Aggressive responding in abstinent heroin addicts: neuroendocrine and personality correlates", *Progress in Psycho-Neuropharmacology and Biology* (2004); "Substance use among high-school students: relationship with temperament, personality traits and parental care perception", *Substance Use and Misuse* (2004); "Long-term methadone maintenance effectiveness: psychosocial and pharmacological variables", *Journal of Substance Abuse Treatment* (2003); "Effects of ecstasy on dopamine system function in humans", *Behavioural Brain Research* (2002); "Intravenous flumazenil versus oxazepam tapering in the treatment of benzodiazepine withdrawal: a randomized placebo-controlled study", *Addiction Biology* (2002). Speaker at the United Nations International Drug Control Programme expert meeting on amphetamine-type stimulants, Vienna (1996); speaker at the North Atlantic Treaty Organization Advanced Study Institute conference on the biosocial bases of violence, Rhodes, Greece (1996); participant at the National Institute on Drug Abuse consensus conference concerning detoxification with alpha-2-agonists, clonidine and lofexidine, Bethesda, Maryland, United States (1998); participant at the annual meeting of the International Society of Psychoneuroendocrinology, Pisa, Italy (2003); speaker at the United Nations Office on Drugs and Crime meeting on young people and drug abuse: prevention and treatment, Stockholm (2003); expert at the EMCDDA meeting on targeted prevention, family prevention and community prevention, Lisbon (2003);

speaker at an Andean Parliament meeting on anti-drug policies, Guayaquil, Ecuador (2003); speaker at a meeting organized by EMCDDA and the European Parliament on drug use among young people, Malaga, Spain (2003). Speaker at the meeting of the European Association of Addiction Therapy, London (2006). Speaker at the congress of the European Opiate Addiction Treatment Association, Bratislava (2006).

Member of the International Narcotics Control Board (since 2004). Member of the Standing Committee on Estimates (2004). Member of the Committee on Finance and Administration (2004). Chairman of the Committee on Finance and Administration (2005).

Hamid Ghodse

Born in 1938. National of the Islamic Republic of Iran. Professor of Psychiatry and of International Drug Policy, University of London (since 1987). Director, International Centre for Drug Policy, St. George's University of London (since 2003); Medical Director, National Clinical Excellence Awards (2006); President, European Collaborating Centres for Addiction Studies (since 1992); Member of the Executive Committee of the Federation of Clinical Professors, United Kingdom (since 1994); Member of the Scientific Committee on Tobacco and Health, United Kingdom (since 2000); Director of the Board of International Affairs and Member of the Council, Royal College of Psychiatrists (since 2000); Non-Executive Director, National Clinical Assessment Authority of England and subsequently patients safety agency (since 2001); Chairman, Higher Degrees in Psychiatry, University of London (since 2003); Member of the Medical Studies Committee, University of London (since 2003).

Recipient of the following degrees: Doctor of Medicine (M.D.), Islamic Republic of Iran (1965); Diploma Psychological Medicine, United Kingdom (1974); Doctor of Philosophy (Ph.D.), University of London (1976); and Doctor of Science (D.S.G.), University of London (2002). Fellow of the Royal College of Psychiatrists (F.R.C.Psych.), United Kingdom (1985); Fellow of the Royal College of Physicians (F.R.C.P), London (1992); Fellow of the Royal College of Physicians of Edinburgh (F.R.C.P.E.), Edinburgh (1997); Fellow of the Faculty of Public Health Medicine (F.F.P.H.), United Kingdom (1997).

Member of the WHO Expert Advisory Panel on Alcohol and Drug Dependence (since 1979); Adviser, Joint Formulary Committee, British National Formulary (since 1984); Honorary Consultant Psychiatrist, St. George's and Springfield University Hospitals, London (since 1978); Honorary Consultant Public Health, Wandsworth Primary Care Trust (since 1997); Director, Regional Drug Dependence Treatment Training and Research Unit, London (1987-1993); Director of the Education and Training Unit and of the Research, Evaluation and Monitoring Unit and Chairman of the Department of Addictive Behaviour and Psychological Medicine, St. George's Hospital Medical School, University of London, and Joint Faculty of Health Sciences, Kingston University (1987-2003). Consultant Psychiatrist, St. Thomas's Teaching Hospital and Medical School, London (1978-1987); member, rapporteur, chairman and convener of various WHO and European Community expert committees, review groups and other working groups on drug and alcohol dependence; M. S. McLeod Visiting Professor, Southern Australia (1990); Honorary Professor, Peking University (since 1997). Visiting Professor, Keele University, United Kingdom (since 2002). Author or editor of over 300 scientific books and papers on drug-related issues and addictions, including the following books: *The Misuse of Psychotropic Drugs*, London (1981); *Psychoactive Drugs and Health Problems*, Helsinki (1987); *Psychoactive Drugs: Improving Prescribing Practices*, Geneva (1988); *Substance Abuse and Dependence*, Guildford (1990); *Drug Misuse and Dependence: the British and Dutch Response*, Lancashire, United Kingdom (1990); *Misuse of Drugs* (3rd ed.), London (1997); *Drugs and Addictive Behaviour: a Guide to Treatment* (3rd ed.), Cambridge (2002); *Young People and Substance Misuse*, London (2004). *Addiction at Workplace*, Aldershot (2005). Editor-in-Chief, *International Psychiatry* (since 2002); Editor, *Substance Misuse Bulletin*; Member of the Editorial Board, *International Journal of Social Psychiatry*. Convener of WHO expert groups on medical education (1986), pharmacy education (1987), nurse education (1989) and rational prescribing of psychoactive drugs. Member of the British Medical Association (since 1995); Member of the Executive Board, Medical Council on Alcoholism (since 1997); Honorary Secretary/Chairman, Association of Professors of Psychiatry of the British Isles (since 1991); Chairman, Association of European Professors of Psychiatry;

Director, National Programme on Substance Abuse Deaths (since 1997); Member of the International Association of Epidemiology (since 1998); Member of the Institute for Learning and Training in Higher Education (since 2001).

Member of the International Narcotics Control Board (since 1992). Member of the Standing Committee on Estimates (1992). President of the Board (1993, 1994, 1997, 1998, 2000, 2001, 2004 and 2005).

Melvyn Levitsky

Born in 1938. National of the United States. Retired Ambassador in the United States Foreign Service. Lecturer in Public Policy and International Relations and Senior Fellow, International Policy Center, Gerald R. Ford School of Public Policy, University of Michigan.

United States diplomat for 35 years, serving as, inter alia, Deputy Assistant Secretary of State for Human Rights and Humanitarian Affairs, United States Department of State (1982-1983); Deputy Director, Voice of America (1983-1984); Ambassador of the United States to Bulgaria (1984-1987); Executive Secretary and Special Assistant to the Secretary of the United States Department of State (1987-1989); Assistant Secretary of State for International Narcotics Matters (1989-1993); and Ambassador of the United States to Brazil (1994-1998). Consul, United States consulates in Frankfurt, Germany (1963-1965) and Belem, Brazil (1965-1967). Political officer, United States Embassy in Moscow (1973-1975). Officer-in-charge for bilateral relations, Office of Soviet Union Affairs (1975-1978), and Director, Office of United Nations Political Affairs (1980-1982), United States Department of State. Professor of International Relations and Public Administration, Maxwell School of Citizenship and Public Affairs, Syracuse University (1998-2006). Recipient of several United States Department of State Meritorious and Superior Honor Awards, Presidential Meritorious Service Awards and the United States Secretary of State's Distinguished Service Award. Member of the Washington Institute of Foreign Affairs, the American Academy of Diplomacy, the American Foreign Service Association. Member of the Advisory Board, Drug Free America Foundation. Member of the Institute on Global Drug Policy. Member of the Board, Global Panel of the Prague

Society. Member, Public-Private Working Group on Sale of Controlled Substances via the Internet (Harvard University Law School). Distinguished Fellow, Daniel Patrick Moynihan Institute of Global Affairs, Maxwell School of Citizenship and Public Affairs, Syracuse University. Member of the University of Michigan Substance Abuse Research Center.

Member of the International Narcotics Control Board (since 2003). Chairman of the Committee on Finance and Administration (2004); Chairman of the Working Group on Strategy and Priorities (2005).

Robert Jean Joseph Chrétien Lousberg

Born in 1941. National of the Netherlands. Former Head of the Netherlands regulatory office for narcotic drugs and psychotropic substances. Former associate and senior scientist, National Institute of Health, Bethesda, Maryland, United States. Senior scientist and lecturer, University of Utrecht, Netherlands.

Recipient of a doctoral degree, University of Utrecht (1969). Author of numerous articles published in international journals on pharmacologically active principles of opiate and cannabinoid origin. Co-coordinator for the regulation of methadone programmes for the treatment of heroin addicts. National coordinator of the investigation of leuco-encephalopathy among heroin addicts. Member of the delegation of the Netherlands at numerous sessions of the Commission on Narcotic Drugs. Member of International Narcotics Control Board expert groups on the preparation of article 12 of the 1988 Convention. Member of the delegation of the Netherlands at the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). Representative for European Union directives and regulations on article 12 of the 1988 Convention. Appointments by the Minister of Health of the Netherlands: member of the supervisory board of the national drug information and monitoring system and the board investigating the medical prescription of heroin for the treatment of heroin addicts; member of the supervisory board for the assessment and monitoring of drugs in the Netherlands; and member of the supervisory board of the national agency for national hemp production for scientific and medicinal purposes. Expert, assessment

missions to Albania and the former Yugoslav Republic of Macedonia carried out within the scope of the European Union-Phare licit drug control project. Representative at meetings for the assessment of new synthetic drugs by the Extended Scientific Committee of the European Monitoring Centre for Drugs and Drug Addiction, Lisbon. Chairman, Pompidou Group/International Narcotics Control Board Conference on the Control of Psychotropic Substances in Europe. Chairman, WHO Working Group on Revised Guidelines for the WHO Review of Dependence-Producing Psychoactive Substances for International Control.

Member of the International Narcotics Control Board (since 2002). Vice-Chairman of the Committee on Finance and Administration (2003). Second Vice-President of the Board (2004). Vice-Chairman (2003) and Chairman (2004) of the Standing Committee on Estimates. Rapporteur of the Board (2005). First Vice-President of the Board (2006).

Rainer Wolfgang Schmid

Born in 1949. National of Austria. Associate Professor, Department of Medical and Chemical Laboratory Diagnostics, University Hospital of Vienna, Medical University of Vienna. Head of the Section on Biomedical and Toxicological Analysis.

Recipient of a doctoral degree in Chemistry, University of Vienna (1977). Postgraduate training in neurochemistry and neuropharmacology, Laboratory of Preclinical Pharmacology, National Institute of Mental Health, Washington, D.C. (1978-1980). Recipient of a Master's degree in Toxicology, University of Vienna (1998). Author of 85 articles published in the fields of drug addiction, neuropharmacology, clinical pharmacology and analytical chemistry. Co-Chairman, 4th International Congress of Therapeutic Drug Monitoring and Clinical Toxicology, Vienna (1995). Member of the expert panel on designer drugs of the Ministry of Health of Austria and of the Drug Expert Forum of the City of Vienna (since 1997). Project leader of several scientific projects of the city of Vienna: monitoring designer drugs at large youth events (since 1997). Member of the scientific committee of international scientific congresses on drug addiction, clinical toxicology and toxicological analysis. Member of numerous national and

international scientific toxicological associations. Participant at drug-related meetings of the European Union (Pompidou Group and European Union-Parliament). Member of the Austrian delegation to the Commission on Narcotic Drugs (1999-2001).

Member of the International Narcotics Control Board (since 2002). Member of the Standing Committee on Estimates (since 2002). Vice-Chairman of the Standing Committee on Estimates and member of the Committee on Finance and Administration (2004). Chairman of the Standing Committee on Estimates (2005).

Camilo Uribe Granja

Born in 1963. National of Colombia. Medical Director, Hospital of San Martín (Meta); toxicologist, Marly and Palermo clinics; General Director, New Clinic Fray Bartolomé de las Casas; consultant, National Drug Council. Numerous university teaching posts in forensics and clinical toxicology.

Medical doctor, School of Medicine, University of Our Lady of the Rosary (1989); specialization in toxicology, School of Medicine, University of Buenos Aires (1990); specialization in occupational toxicology (1997), University Teacher's Certificate (1998), diplomas in hospital management (1998) and social security administration (1999), University of Our Lady of the Rosary; diploma in toxicological emergencies, FUNDASALUD (1998); master in social services management, Alcala de Enares University (2002). Former forensic medical doctor, toxicologist, technical coordinator and manager in several hospitals and institutions. Scientific Director, Toxicology Clinic, Uribe Cualla; Toxicological Assessment Centre; Director, Clinical Toxicology, Fray Bartolomé de Las Casas Clinic (until 1991); Vice-President, Tropical Medicine Institute Corporation "Luis Patiño Camargo" (until 1992); Medical Coordinator and Director, Emergency National Plan (1993); Director, Health Services Management Programme, School of Public Administration, College of Public Administration (until 2000); General Director, National Institute of Drugs and Food Administration (2001-2002). Vice-President (1988-1990 and 1995-1998) and President (2000-2003), Latin American Toxicology Association; Vice-President (2002-2003), International Toxicology Federation. Member of the Colombian Association of

Internal Medicine. Member of the Spanish Association of Toxicology. Executive Director, non-governmental organizations association (until 1998); member of the Directive Group of the Cundinamarca's Medical School; member of the Colombian Medical Academy. Author of numerous works, including: the chapter on benzodiazepines in *Therapeutic Compendium of the Colombian Internal Medicine Association* (1992); *Criminal intoxication with scopolamine-like substances*; *Handbook on Toxicological Emergency Management*; *Manual on the Treatment of Intoxication by Plaguicides* (1995); Investigation Protocol "Trauma and Alcohol", Hospital of Kennedy (1993); numerous research protocols. Recipient of numerous honours, including: honourable mention for services to Colombian society in the field of toxicology, First International Congress of Toxicology, University of Antioquia; distinction by the Latin American Association of Toxicology for contributions to the field of toxicology (1998). Participant in numerous professional conferences and seminars, including several meetings of the Latin American Congress of Toxicology; National Congress of Toxicology and Environmental Protection, Medellín (1999); Seventh Colombian Congress of Pharmacology and Therapeutics and the first international symposium on the theme "Biodiversity as source of new drugs" (2001); Congress of Aerial Security in the Colombian Caribbean Area (2001); Second National Congress, Investigation and Health (2002).

Member of the International Narcotics Control Board (since 2005). Vice-Chairman of the Standing Committee on Estimates (2006).

Brian Watters

Born in 1935. National of Australia. Chairman, Australian National Council on Drugs (since 1998).

Arts degree, majoring in medical sociology, University of Newcastle, Australia; trained in addiction

counselling at University of Newcastle; qualified psychiatric chaplain. Major in the Salvation Army (1975-2000), including work as Commander of the Salvation Army's addiction treatment programme in eastern Australia; consultant and media spokesman on addiction issues; adviser to the Salvation Army's HIV/AIDS services in eastern Australia; President of the Network of Alcohol and Drug Agencies in New South Wales; member of New South Wales' Health Minister's Drug Advisory Council. Member of the Board, "Drug Arm, Australia"; patron, "Drug Free Australia"; member of the Leadership Council, International Substance Abuse and Addiction Coalition. Member of several Australian government committees, including: the expert advisory group on sustained release naltrexone; the state and national reference groups on the Council of Australian Governments "Diversion of Offenders" scheme; and the national "Tough on Drugs" reference group for non-governmental organization treatment grants. Frequent contributor to Australian newspapers, magazines and journals, including the journal of the National Drug and Alcohol Research Centre; several publications, including *Drug Dilemma: a Way Forward*, and contributor to "Prevention, demand reduction and treatment: a way forward for Australia", *Heroin Crisis* (1999). Officer of the Order of Australia (2003), for outstanding services in anti-drug policy development and drug treatment. Keynote speaker at national and international conferences, including: International Council on Alcohol and Addictions, Vienna; European Cities against Drugs, Stockholm; Australian Conference on Drugs Strategy, Adelaide; International Substance Abuse and Addiction Coalition, Madrid. Participant, Commission on Narcotic Drugs (2003). Speaker of the National Chemical Diversion Conference, Darwin, Australia (2005).

Member of the International Narcotics Control Board (since 2005). Member of the Standing Committee on Estimates (2006).

The role of the International Narcotics Control Board

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 (see annex II of the present publication for the current membership). Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by the World Health Organization (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 the United Nations Office on Drugs and Crime, but it reports solely to the Board on matters of substance. INCB closely collaborates with the Office in the framework of arrangements approved by the Council in its resolution 1991/48. INCB also cooperates with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly WHO. It also cooperates with bodies outside the United Nations system, especially Interpol and the Customs Co-operation Council (also called the World Customs Organization).

Functions

The functions of INCB are laid down in the following treaties: 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. 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 the World Customs Organization, 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 microlevel impact
- 2004: Integration of supply and demand reduction strategies: moving beyond a balanced approach
- 2005: Alternative development and legitimate livelihoods

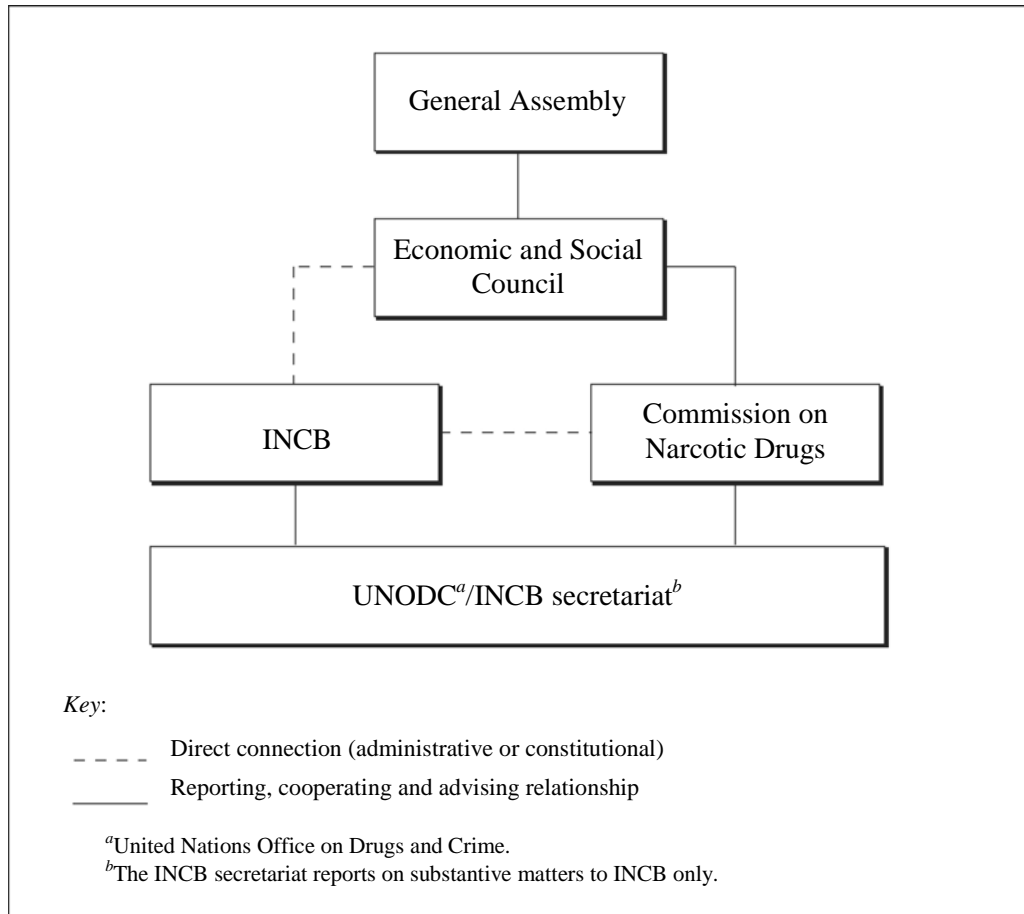
Chapter I of the report of the International Narcotics Control Board for 2006 is entitled “Internationally controlled drugs and the unregulated market”.

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 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. Specific comments are made on the drug control situation in each of the countries in which an INCB mission or technical visit took place.

Chapter IV presents the main recommendations addressed by INCB to Governments, the United Nations Office on Drugs and Crime, WHO and other relevant international and regional organizations.

United Nations system and drug control organs and their secretariat



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