



INTERNATIONAL NARCOTICS CONTROL BOARD

2007

# Report



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## **Reports published by the International Narcotics Control Board in 2007**

The *Report of the International Narcotics Control Board for 2007* (E/INCB/2007/1) is supplemented by the following technical reports:

*Narcotic Drugs: Estimated World Requirements for 2008; Statistics for 2006* (E/INCB/2007/2)

*Psychotropic Substances: Statistics for 2006; 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/2007/3)

*Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2007 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (E/INCB/2007/4)

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.incba.org](http://www.incba.org)).



INTERNATIONAL NARCOTICS CONTROL BOARD

# Report

## of the International Narcotics Control Board for 2007



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## Foreword

Chapter I of the 2007 report of the International Narcotics Control Board contains a discussion on the principle of proportionality and drug-related offences. The principle has ancient origins, such as the Code of Hammurabi, with its rules of retributive justice (“an eye for an eye”, “a tooth for a tooth” and “a bone for a bone”) to curb excessive punishment by victims or the State.

The human sense of how best to address wrongdoing in a proportionate manner has evolved considerably since the time of Hammurabi. However, there are still differences between countries and regions concerning how best to respond to offences and offenders.

The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 addresses in a general manner responses to drug-related crime. Those responses serve as a guide, as any response adopted by a party is subject to its constitutional principles and its domestic law.

The 1988 Convention provides that sanctions take into account whether an offence is of a grave or minor nature. There is a wide variety of sanctions, ranging from imprisonment or other forms of deprivation of liberty to measures such as the education, rehabilitation or social reintegration of drug-abusing offenders.

The 1988 Convention recognizes that, to be effective, a State’s response to an offence committed by a drug abuser must address both the offence and the underlying cause, namely drug abuse. More scrupulous application of the provisions of the 1988 Convention by Governments will ensure that serious offences are not committed with impunity and that those who commit them are not treated more leniently than is reasonably justifiable and do not escape justice entirely.

The Board is of the opinion that the nature and severity of penalties and sanctions for enforcement are useful in assessing whether the principle of proportionality is met. Full compliance with the principle of proportionality implies mutual respect for national sovereignty, for the various constitutional and other fundamental principles of domestic law – practice, judgements and procedures – and for the rich diversity of peoples, cultures, customs and values served by those different legal systems.

A close look at the world’s drug problem reveals two developments of particular concern. First, criminal organizations are taking advantage of loopholes in the control systems in Africa for chemicals used in illicit drug manufacture and are in the process of establishing in that region trafficking hubs for chemicals. Numerous suspicious shipments of precursor chemicals to Africa have been identified. Also of concern is the establishment of routes for smuggling cocaine between countries in South America and Africa. Countries affected by those developments should introduce appropriate measures to prevent their territory from being targeted for such criminal activity.

It has now been almost 10 years since the General Assembly adopted the Declaration on the Guiding Principles of Drug Demand Reduction. The time has come to reflect on investments made by Governments in reducing the demand for illicit drugs. Although many Governments have made considerable efforts, more needs to be done. Governments should recognize that reducing illicit drug demand and reducing illicit drug supply are complementary and mutually reinforcing.

To suggest that the legalization of drugs would “solve” the world drug problem is to ignore historical facts. The first international controls over narcotic drugs, introduced in 1912, helped to reduce the scourge of opium addiction in some Asian countries. Some 60 years later, accession to the Convention on Psychotropic Substances of 1971 contributed to a significant decline in the abuse of psychotropic substances, which had created serious health problems in the 1950s and 1960s. Given those and other experiences, any suggestion to legalize the use of illicit drugs seems rather simplistic and misplaced. There are no “quick fix” solutions to the drug problem. Governments should continue to take action to address drug abuse and illicit drug trafficking in a comprehensive, sustained and concerted manner. That is where the solution to the world drug problem lies. To do nothing is not an option.

A handwritten signature in black ink, appearing to read "Philip O. Emafo". The signature is fluid and cursive, with a prominent initial "P" and a long, sweeping underline.

**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
AIDS	acquired immunodeficiency syndrome
ARCOS	Automation of Reports and Consolidated Orders System (United States of America)
ASEAN	Association of Southeast Asian Nations
ASEANAPOL	ASEAN Chiefs of Police
ATS	amphetamine-type stimulant
BKA	Federal Criminal Police Office (Germany)
BZP	<i>N</i> -benzylpiperazine
CARDIN	Central Asian Regional Drug Information Network
<i>m</i> CCP	1-(3-chlorophenyl)piperazine
CICAD	Inter-American Drug Abuse Control Commission
CIS	Commonwealth of Independent States
CNCN	National Council against Drug Trafficking (Honduras)
CNTF	Counter-Narcotics Trust Fund (Afghanistan)
CONSEP	National Narcotic and Psychotropic Substances Control Board (Ecuador)
CSTO	Collective Security Treaty Organization
DARE	Drug Abuse Resistance Education
DEA	Drug Enforcement Administration (United States of America)
DEVIDA	National Commission for Development and Life without Drugs (Peru)
Europol	European Police Office
FUNDASALVA	Anti-Drugs Foundation of El Salvador
GAFISUD	Financial Action Task Force of South America against Money Laundering
GBL	<i>gamma</i> -butyrolactone
GHB	<i>gamma</i> -hydroxybutyric acid
HIV	human immunodeficiency virus
Interpol	International Criminal Police Organization
LSD	lysergic acid diethylamide
MDA	methylenedioxyamphetamine
MDBP	1-(3,4-methylenedioxybenzyl)piperazine
MDMA	methylenedioxymethamphetamine

3,4-MDP-2-P	3,4-methylenedioxyphenyl-2-propanone
MeOPP	1-(4-methoxyphenyl)piperazine
MINUSTAH	United Nations Stabilization Mission in Haiti
NATO	North Atlantic Treaty Organization
NPP	<i>N</i> -phenethyl-4-piperidone
OAS	Organization of American States
OID	Inter-American Observatory on Drugs
P-2-P	phenyl-2-propanone
PEN Online	Pre-Export Notification Online
SAARC	South Asian Association for Regional Cooperation
SARPCCO	South African Regional Police Chiefs Cooperation Organization
SCO	Shanghai Cooperation Organization
TFMPP	1-(3-trifluoromethylphenyl)piperazine
THC	tetrahydrocannabinol
UNAIDS	Joint United Nations Programme on HIV/AIDS
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 2007  
could not be taken into consideration in  
preparing this report.



## I. The principle of proportionality and drug-related offences

1. Over 95 per cent of the Member States of the United Nations are now parties to the international drug control conventions. The conventions contain the basic legal structure, obligations, tools and guidance that are needed for all States to achieve the main aims of the international drug control system: controlled universal availability of narcotic drugs and psychotropic substances for medical and scientific purposes only; prevention of drug abuse, drug trafficking and other forms of drug-related crime; and the undertaking of effective remedial action when prevention does not fully succeed. As such, the conventions constitute the world's agreed proportionate response to the global problems of illicit drug abuse and trafficking and the world's agreed legal framework for international drug control.

2. The conventions set minimum standards only. If those standards are met and not undermined, each State has discretion to transpose the provisions of the conventions into domestic law and practice in line with its own legal system and principles. Each State can also apply more strict or severe measures if it considers them desirable or necessary for the protection of public health and welfare or for the prevention and suppression of illicit traffic.

3. There are wide differences between countries and regions in community tolerance or intolerance towards drug-related offences and offenders, and those differences have an impact on the way the conventions are implemented. Penalties for similar offences may seem severe in some places, but lenient in others. Also the nature and extent of the drug problem appears to vary from one country or region to another.<sup>1</sup> States therefore attempt to address the drug problem based on their perception of the reality and extent of the problem, as well as on the resources available for addressing it. Some States target major drug traffickers and dismantle their networks, while others deal only with small cases. People who divert internationally controlled substances to illicit markets may avoid sanctions in one place but go to prison and lose their business in another. A prominent citizen may be

reprimanded for systematically laundering drug money, while a poor person in the same country may be jailed for shoplifting. Some States imprison drug-abusing offenders without providing any treatment or rehabilitation. Others provide both treatment and rehabilitation, with or without prison.

4. Some of the differences in national approaches to dealing with offenders, protecting public safety and repairing any harm caused to victims and the community flow from the different legal systems of the States parties to the conventions. They in turn reflect underlying differences concerning, for example: (a) how best to deal with unlawful behaviour by offenders; (b) how best to promote a sense of responsibility on the part of offenders and their acknowledgement of the harm they have done to victims and the community; (c) how best to deter them and others from offending in the future; (d) what constitutes "fair punishment"; (e) when and in what circumstances to separate offenders from society; and (f) how best to rehabilitate them. Ultimately, the differences reflect what comes from the depths of each country's culture and value system about drug-related behaviour, crime, punishment and rehabilitation.

5. Some of the differences have a positive impact on the implementation of a convention; for example, they may encourage new and improved ways to reduce drug-related crime, drug abuse and repeat offending. Other differences may have the reverse effect; for example, they may give rise to perceptions of profound injustice, generate tension or confusion between countries, hamper international cooperation or simply limit the range of problem-solving options considered by a Government – particularly if it considers that its own national drug control system is better than those of other countries or that little can be learned from others. The conventions permit some of the differences, but also set clear limits on them. The conventions do not, for example, allow a party to choose whatever interpretation of a provision suits its particular culture, value system or view of proportionality, in order to justify policies and practices that may undermine the aims of the conventions. The International Narcotics Control Board, in line with its mandate under the conventions, has expressed its views on several occasions when

<sup>1</sup> Due to factors such as whether it is mainly a drug-producing, transit or consumer country or region, the prevalence of drug abusers, the types of drugs abused, and other variables such as crime rates.

such cases were brought to its attention and will continue to do so whenever appropriate.

6. Proportionality has also become an important issue in its own right since the Board first touched on that issue in its 1996 review of drug abuse and the criminal justice system.<sup>2</sup> Eleven years later, there is still much room for improvement. The Board has chosen the principle of proportionality and drug-related offences as its special theme for the present report to put greater focus on the issue and to help improve the proportionality of responses by States to drug-related offences, so that the implementation of the conventions can be even more effective.

### A. The principle of proportionality

7. Transposing the international drug control conventions into domestic law is subject to the internationally recognized principle of proportionality. The principle requires a State's response to anything that may harm peace, order or good governance to be proportionate. In a narrower, criminal justice sense, the principle permits punishment as an acceptable response to crime, provided that it is not disproportionate to the seriousness of the crime. Variants of the broad principle are often enshrined in States' constitutions, with specific rules set out in more detailed national law. International and regional human rights instruments<sup>3</sup> and crime prevention and criminal justice instruments often develop or set the standards.

8. The principle of proportionality has ancient origins. Its first recorded formulations date back over 4,000 years. One of the earliest was the Code of Hammurabi, with its rules of retributive justice to curb excessive punishment by victims or the State ("an eye for an eye", "a tooth for a tooth" and "a bone for a bone"). Some punishments applied equally to all wrongdoers. Others depended on the respective status of the wrongdoer and the victim in Mesopotamian society: if the victim was "socially superior", punishment could be excessive but within fixed limits; if the victim was an "equal", the punishment could be

no worse than the crime; and if the victim was "socially inferior", fixed compensation could be specified. Since the introduction of the Code of Hammurabi, there have been considerable developments, particularly regarding how to better make the offender accountable, restore public peace, remedy the victim's loss or the damage and, when appropriate, ultimately enable the rehabilitation and social reintegration of the offender.

9. Whether or not a State's response to drug-related offences is proportionate depends in turn on how its legislative, judicial and executive arms of government respond in both law and practice. For example:

- (a) Is the particular response necessary?
- (b) To what extent can the response result in the achievement of the desired objectives?
- (c) Does the response legitimately go beyond what is needed?
- (d) Does the response comply with internationally accepted norms concerning the rule of law?<sup>4</sup>
- (e) When the offences have international aspects, is there effective international casework cooperation between the regulatory, law enforcement, prosecution and judicial services of all the countries concerned, for example, in obtaining relevant intelligence and evidence, tracing and ultimately confiscating criminal wealth and returning fugitives of justice? If the answer to the above questions is no, justice may not be done, making the response to the offending manifestly disproportionate.

10. In the Board's view, whether or not the principle of proportionality is satisfied in any State's drug-related casework depends on whether or not the cases are dealt with fully in accordance with the conventions and the rule of law.

<sup>2</sup> *International Narcotics Control Board Report for 1996* (United Nations publication, Sales No. E.97.XI.3), paras. 1-6, 21-31 and 36-37.

<sup>3</sup> For example, the Universal Declaration of Human Rights (General Assembly resolution 217 A (III)).

<sup>4</sup> These include the absolute supremacy of laws seeking to achieve good over the arbitrary power of individuals and institutions; upholding law and order; the equality and accountability of everyone before the law for every act done without legal justification; well-functioning courts providing predictable and efficient judgements; and upholding the rights and duties of individuals under the country's constitutional law.

## B. Proportionality and the international drug control conventions

11. As indicated in paragraph 1 above, there is now almost universal adherence to the international drug control conventions. The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988<sup>5</sup> is the most recent, most specific and most prescriptive of those conventions. It is mainly designed to promote more clarity, homogeneity and effective implementation by law enforcement, prosecution and judicial services of States in dealing with drug-related crime at the national and international levels. Proportionality is an important principle in effectively implementing the provisions of the conventions. As formal legal agreements, the conventions reflect compromises (in some cases, compromises reached after long, hard-fought negotiation) on the essential mandatory measures and actions that parties to the conventions are required to take and the results that they are expected to accomplish. The fact that so far over 95 per cent of all States have chosen to become parties to the conventions is evidence that those binding legal instruments represent a proportionate response to global drug problems. Some of the main proportionality provisions of the conventions encourage and facilitate proportionate responses by States to drug-related offences. Other provisions seek to limit disproportionate responses. The main proportionality provisions are discussed below.

12. To ensure that narcotic drugs and psychotropic substances are indeed available for medical and scientific purposes only, States must control all drugs under international control with different levels of strictness, depending on the therapeutic usefulness, public benefits and risks associated with their use. Accordingly, the Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol<sup>6</sup> and the Convention on Psychotropic Substances of 1971<sup>7</sup> each classifies the drugs to which it applies into four groups, for which it respectively provides four general control regimes of differing strictness. The convention schedule in which a drug is listed determines the particular control regime governing the drug, which the

parties must then apply. The manufacture, distribution or use of or trade in drugs classified as having little or no therapeutic value and liable to cause the most serious health and social problems if abused must be prohibited or very strictly controlled. For drugs classified in other groups, the greater their therapeutic value and the less serious the problems resulting from their abuse, the less strict the controls that apply to them.

13. The conventions generally require parties to establish a wide range of drug-related activities as criminal offences under their domestic law but permit parties to respond to them proportionately. The 1988 Convention covers drug-related activities not specifically envisaged in the earlier treaties, such as the organization, management and financing of drug trafficking, money-laundering, trafficking in precursor chemicals, and a range of other enabling, facilitating or supporting activities. The 1988 Convention also generally requires States to establish as a criminal offence the possession, purchase or cultivation of drugs for non-medical personal consumption.

14. In requiring parties to establish as offences certain drug-related activities, the conventions permit parties to define all offences and defences using the framework and terminology of their national legal systems. Subject to the convention limits summarized below, parties are also permitted to deal with offenders in conformity with their own national laws. This includes (again, subject to those limits), the different legal, moral and cultural traditions reflected in those laws.

15. The 1988 Convention requires parties to take a range of special measures to ensure that offences of a serious kind or nature are not committed with impunity.<sup>8</sup> Perpetrators should not be treated more leniently than reasonably justified or are not able to escape justice entirely. Because serious offences typically pose significant risks to public health and safety, and offenders profit from the misery of others, parties must deal with serious offences more severely and extensively than offences of a less grave nature. For such serious offences, the 1988 Convention requires parties to make the commission of such

<sup>5</sup> United Nations, *Treaty Series*, vol. 1582, No. 27627.

<sup>6</sup> *Ibid.*, vol. 976, No. 14152.

<sup>7</sup> *Ibid.*, vol. 1019, No. 14956.

<sup>8</sup> In the present chapter, "serious offence" means any offence referred to in article 3, paragraph 1, of the 1988 Convention.

serious offences liable to sanctions that take into account the grave nature of those offences, such as imprisonment, other forms of deprivation of liberty, pecuniary sanctions and confiscation. By way of exception or qualification, if all the facts and circumstances surrounding the commission of such an offence nevertheless indicate that it is an appropriate case of a minor nature, the 1988 Convention permits parties to provide alternatives to conviction or punishment, such as education, rehabilitation or social reintegration.

16. To help ensure that serious offence cases have serious consequences in all countries and not just in some, the 1988 Convention seeks to limit the possibility of unduly lenient responses to serious offences and offenders. For example, it requires parties to ensure that their courts take into account aggravating circumstances when sentencing offenders. The circumstances listed are illustrative, not exhaustive.<sup>9</sup> Any discretionary powers to prosecute those offences must be exercised to maximize the effectiveness of law enforcement and with due regard to deter their commission. Parties must ensure that courts and other competent authorities bear in mind the serious nature of those offences and any aggravating circumstance when considering early release or parole of convicted offenders. Where prosecution for a serious offence must take place within a fixed period after the commission of the offence, the time limit must be longer if the alleged offender has evaded the administration of justice.

17. The 1988 Convention seeks to put an end to safe havens abroad for persons committing serious drug-related crimes. It requires parties to establish wide extraterritorial jurisdiction to make offenders accountable for serious offences wherever they are committed; to confiscate wealth derived from such offences, wherever those offences have been committed and wherever such wealth is held; to give and receive assistance from each other in serious offence investigations, prosecutions and judicial proceedings; and to investigate serious offences

<sup>9</sup> They include factors such as involvement in the offence of any organized criminal group to which the offender belongs, the use of violence or arms, any victimization or use of minors, and commission of the offence in or around places used by students or children for education, sports or social activities.

committed at home or abroad (with the other States' agreement) using, for example, controlled delivery,<sup>10</sup> undercover operations,<sup>11</sup> joint investigation teams and maritime cooperation.<sup>12</sup>

18. The conventions differentiate sharply between offences related to drug trafficking and offences related to personal use of illicit drugs and between offences committed by drug abusers and those committed by others. Under the 1988 Convention, drug abusers who commit offences may be required to undergo treatment, education, aftercare, rehabilitation or social reintegration, in addition to being convicted or punished, providing that the facts and circumstances surrounding the commission of the offence indicate it to be an offence of a minor nature. However, with offences involving the possession, purchase or cultivation of illicit drugs for the offender's personal use, the measures can be applied as complete alternatives to conviction and punishment, and none of the convention obligations referred to in paragraphs 15-17 above apply to such offences. As such, the conventions recognize that, to be truly effective, a State's response to offences by drug abusers must address both the offences and the abuse of drugs (the underlying cause).

<sup>10</sup> Controlled delivery is the investigative technique of allowing illegal or suspicious consignments of, for example, illicit drugs (sometimes other substances are substituted for the illicit drugs), to pass out of, through or into one or more countries with the knowledge or under the supervision of their competent authorities with a view to identifying those involved in the commission of serious offences.

<sup>11</sup> Undercover operations involve allowing law enforcement to operate covertly outside their agencies (for example, buying illicit drugs) but under the supervision of their competent authorities with a view to catching persons committing serious offences.

<sup>12</sup> Maritime cooperation is used to address the problem of drug smuggling by sea, with a view to allowing the authorities of an intervening State to board and search a vessel when there are reasonable grounds to suspect that it is engaged in trafficking; if evidence is found, the intervening State may be authorized to take appropriate action with respect to the vessel and the persons and cargo on board.



### C. Proportionate prosecution, sentencing and alternatives

19. Prior to the adoption of the 1988 Convention, some States were considered safe havens for traffickers or their criminally derived wealth. The agreed aims of the 1988 Convention include giving urgent attention and the highest priority to the suppression of drug trafficking as an international criminal activity, eliminating the main incentive for it by depriving traffickers and their helpers of the large financial profits and wealth generated by it and coordinated action to eradicate it (a collective responsibility of States). Central to achieving those aims is the proportionate use of the penalties and sanctions referred to in the convention, such as deprivation of liberty, non-custodial penalties (for example, fines) and sanctions (for example, confiscation). The convention aims to ensure that the measures will be implemented more strictly against those whose authority, functions, share of profits and criminal culpability are considered the most serious. As control, authority, profit-sharing and overall criminal culpability diminish down the line and the scope of operations is reduced from the international level to the national and local (community) levels, the penalties and sanctions may progressively be reduced to the end-user. The convention treats end-users as accountable criminal offenders and, as indicated in paragraph 18 above, in terms of penalties and sanctions, treats offences related to personal use as less serious offences than offences related to drug trafficking.

20. The growing complexity and international scale of serious crime have forced criminal justice officials to fundamentally rethink traditional approaches and processes and expand their case disposal options. Other factors behind that development have been the demand for new, better and more flexible ways to deal with growing socio-economic phenomena such as drug abuse and the recognition that criminal law alone cannot adequately control all criminal activities associated with drug abuse. Growing backlogs in justice system casework, overcrowded prisons, human rights concerns and demand for government services to make better use of resources have added to the pressure.

21. As a result, most societies now expect that anyone accused of a crime will be dealt with

proportionately and in full compliance with the rule of law and human rights standards. To that end, appeal courts are increasingly correcting injustice and curbing excessive punishment in most countries. More authorities now prioritize their casework so that not only street offenders, but also crime bosses whose hands never touch the trafficked drugs are brought to justice. More States enable their authorities to apply a range of custodial and non-custodial sanctions for drug-related offences to fit the particular crime and the particular offender, rather than operate on the basis of "one size fits all". Those sanctions may be correctional, restorative or both.

22. Some States have also changed their laws, practices or procedures to help their criminal justice systems to achieve more effective case outcomes and not just more efficient case processing; to become more forward-looking; to be more focused on problem-solving and reducing future offending, instead of being focused on punishment alone; to be more interest- or need-based, instead of being just rights-, claim- or case-oriented; and to be more interdependent and collaborative in working with other authorities, agencies and communities affected by cases. Those reforms have helped to make responses to some offences more proportionate, particularly certain lower-level offences committed by drug abusers. Nevertheless, disproportionate responses remain; some examples in relation to drug-related offences are described below.

#### Prisons

23. According to data collected between the beginning of 2004 and the end of 2006, over 9.2 million people are held in penal institutions throughout the world for criminal offences, whether drug-related or not, mostly as pretrial detainees but also as sentenced prisoners. Prison population rates vary widely between countries and regions from the global average of 139 per 100,000 total population. In most countries, prison occupancy rates exceed available prison capacity. In most countries, the prison population is growing; in some countries, however, it has fallen.<sup>13</sup>

<sup>13</sup> Roy Walmsley, *World Prison Population List*, 7th ed. (London, International Centre for Prison Studies, Kings College, 2006).

24. The international drug control conventions require parties to make the commission of serious offences liable to sanctions such as imprisonment or other forms of deprivation of liberty, pecuniary sanctions and confiscation – sanctions that take into account the grave nature of those offences. The list of sanctions is illustrative (not exhaustive) and alternative (not cumulative). The conventions do not oblige parties to make the commission of a specific offence liable to imprisonment, another offence liable to a fine, another liable to confiscation or yet another liable to all three. They rightly leave the choice to States because criminal responsibility and the scale, severity and impact of different offences always vary according to the facts and circumstances of each case.

25. In meeting the conventions' aims of suppressing illicit drug trafficking and depriving those involved of the profits, a sanction such as imprisonment will be appropriate in many cases, but it may be inappropriate in others. For example, the organization, management and carrying out of large-scale trafficking in illicit drugs and precursors, money-laundering and related serious offences should normally result in substantial prison sentences and confiscation. However, there is no universal moral instinct about what is right or wrong when it comes to punishment in less serious cases. The conventions expressly permit but do not oblige each party to punish an offender if its domestic authorities consider the offence an appropriate case of a minor nature or, in the case of a drug-abusing offender, if the offence is the possession, purchase or cultivation of illicit drugs for personal use. Thus, provided the minimum convention requirements are met, the decision to make any such offence punishable in those circumstances, particularly by imprisonment, is left to the discretion of each State.<sup>14</sup>

26. Nevertheless, many States do impose unconditional imprisonment on drug abusers for such lesser offences, and such offenders typically account for a significant proportion of the growing prison

population in some of those countries. Contrary to the United Nations standards and norms in crime prevention and criminal justice, (in particular, the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules))<sup>15</sup> young drug offenders and first offenders are sent to prison not as a last resort but as a first resort; young prisoners are not kept separate from adult prisoners, nor are untried offenders kept separate from sentenced prisoners; places where prisoners live or work may be overcrowded and have poor lighting, ventilation, sanitation or hygiene facilities; and the services of at least one qualified doctor and adequate pharmaceutical supplies and psychiatric services may not be available. Moreover, unless closely supervised, prisons can become markets for illicit drugs and consequently increase the scale and severity of drug abuse, as well as the incidence of HIV and other diseases. Governments have a responsibility to reduce the availability of illicit drugs in prisons, provide adequate services for drug offenders (whether in treatment services or in prison) and minimize the possibility of some penal institutions functioning unintentionally as informal learning centres from which inmates leave with greater criminal expertise than when they entered.<sup>16</sup>

#### **Proportionality and prosecution decision-making**

27. When the Board addressed implementation issues with drug abuse and the criminal justice system in its report for 1996,<sup>17</sup> some of its suggestions and recommendations indirectly touched on decisions of whether to investigate and prosecute a drug offence case or to dispose of it in some other way. Those decisions are among the most important and sensitive to be made. Each has an impact on the proportionality of a State's response to drug offences in general and to each offence and offender in each particular case.

<sup>14</sup> For example, under United States federal law, unlawful possession of illicit drugs for a defendant's own use is subject to mandatory minimum terms of imprisonment under 21 U.S.C. § 844(a). In Brazil, under Law No. 11.343 of 23 August, 2006, a person who unlawfully buys, holds, stores, transports or carries illicit drugs for personal use is subject to warning, educational measures, community service and, in certain cases, fines, but not imprisonment.

<sup>15</sup> General Assembly resolution 40/33, annex.

<sup>16</sup> For example, paragraph 9 of the Basic Principles for the Treatment of Prisoners (General Assembly resolution 45/111, annex) states that prisoners should have access to the health services available in the country without discrimination on the grounds of their legal situation.

<sup>17</sup> *Report of the International Narcotics Control Board for 1996 ...*, paras. 22 and 24.

28. Under the basic legal system of some countries, all offences must be automatically prosecuted if there is enough evidence (strict legality systems). Police must report all cases to prosecutors, and prosecutors refer all prosecutable cases to the courts. In other countries, the police may have some discretion about possible further action,<sup>18</sup> though those police powers are not always used.<sup>19</sup> Some States that did not previously allow discretion now do so.<sup>20</sup> Prosecuting or judicial authorities have wider discretion to take no further action, initiate or divert from prosecution or take other action, such as reducing charges or discontinuing prosecution (expediency systems). If they decide not to prosecute, they can impose conditions on offenders.<sup>21</sup> If those conditions are not met, prosecution may resume. Many ministries of justice and prosecution services and some international organizations have issued decision-making guidelines for prosecution and diversion-related decisions.

29. There are advantages and disadvantages to both discretionary and non-discretionary prosecution systems. Non-discretionary prosecution systems can be simpler to operate, give more consistent and predictable case outcomes and reduce the risk of corruption. As all cases must be prosecuted, however, minor cases can drive up costs, overload the justice system and divert resources from cases with potentially higher impact. Discretionary systems give flexibility to deal with cases cost-effectively with higher overall impact. But uncontrolled discretion can reduce predictability and consistency and tempt decision makers not to prosecute when they should.<sup>22</sup> Discretion can also lead to systematic administrative non-enforcement action<sup>23</sup> or legislative action to curb administrative or judicial discretion and ensure more strict or uniform interdiction and sentencing of offenders.<sup>24</sup> Both discretionary and non-discretionary systems can produce disproportionate outcomes.<sup>25</sup>

<sup>18</sup> Prosecution-related decisions are taken not just on the basis of evidence of a prosecutable case, but also after carefully weighing all relevant factors for and against prosecution, which normally include the nature and seriousness of the offence, the interests of any victims and the wider community and the circumstances of the offender. The relevance and weight given to each factor normally depend on all the facts and circumstances of each case.

<sup>19</sup> As in, for example, Finland and Sweden, perhaps because of the perceived deterrent effect of prosecution and the higher level of social sanction against drug abuse (European Monitoring Centre for Drugs and Drug Addiction, *Prosecution of Drug Users in Europe: Varying Pathways to Similar Objectives* EMCDDA Insights Series, No. 5 (Luxembourg, Office for Official Publications of the European Communities, 2002), p. 20).

<sup>20</sup> In Belgium, for example, the principle of expediency has operated since its introduction in 1998. In practice, the police exercise discretionary powers to divert drug users from the system at the earliest point in Germany, the Netherlands, Portugal and Spain, stipulating that the public prosecutor, taking into account the criminal policy guidelines of the Minister of Justice and the Board of Prosecutors-General, must decide the expediency of prosecution (European Monitoring Centre for Drugs and Drug Addiction, *Prosecution of Drug Users in Europe ...*, pp. 20 and 86-87).

<sup>21</sup> For example, to refrain from using illicit drugs, frequenting specified kinds of places or associating unnecessarily with specified persons and to undergo medical, psychiatric or psychological treatment, including treatment for drug dependency.

<sup>22</sup> For example, due to corruption or to avoid either paperwork or the painstaking forensic work that effective investigation, prosecution and trial entail.

<sup>23</sup> In the Netherlands, for example, the police do not normally investigate cases involving possession of cannabis for personal use, as possession of cannabis in small quantities is tolerated in coffee shops, in certain conditions.

<sup>24</sup> In the United States, for example, there is the Sentencing Reform Act of 1984. The United States Congress enacted mandatory minimum sentencing laws, under which judicial authorities must order fixed sentences for those convicted of offences largely involving drug and weapons and for recidivist offenders, regardless of culpability or other mitigating factors. Mandatory drug sentences are determined on the basis of three factors: the type of drug, the weight of the drug mixture (or the alleged weight in conspiracy cases) and the number of prior convictions. Judges are unable to consider other important factors such as the offender's role, motivation and the likelihood of recidivism. A defendant may reduce the mandatory minimum by providing the prosecutor with "substantial assistance" (information that aids the Government in prosecuting other offenders).

<sup>25</sup> For example, in a discretionary system, a government leader caught accepting bribes from a drug trafficker may keep the bribes and escape prosecution because improper pressure is brought to bear on the decision maker. In a non-discretionary system, a student caught experimenting with drugs may forfeit his or her future professional career if the law offers no options other than arrest, pretrial detention, prosecution and

30. All responses to drug-related offences by States must comply with the conventions and not result in any weakening of the implementation of the conventions. Whether States have discretionary or non-discretionary prosecution systems, the minimum convention requirements should be met in all cases. For the response to be proportionate in the context of the international drug control conventions, prosecutable serious offence cases should in general be prosecuted, unless the circumstances indicate that a case is of a minor nature. If it is a case of a minor nature or a case involving an offence related to personal use, it should be either prosecuted or conditionally disposed of using alternatives to formal trial and adjudication. Any discretionary decision of whether or not to prosecute should be governed by a legal or regulatory framework that guides the exercise of discretion to ensure fairness and consistency, so that all people are equal before the law and are treated equally when suspected of committing a criminal offence.

#### **Proportionate sentencing and alternative disposal of drug-related casework**

31. The nature and severity of the penalties and sanctions applied by a State are therefore critical in assessing whether the principle of proportionality is satisfied in the State's response to drug-related offences in general or to any particular case. As indicated in paragraphs 13-18 above, trafficking-related offences must be treated as offences of a grave nature, with sanctions that adequately reflect the seriousness of those offences. The international drug control conventions do not specify what precise procedure or process each party should follow or what particular penalty, sanction or alternative to apply to a particular offender in a particular case. Providing the aims and requirements of the conventions are met, States can generally use their own processes and procedures and apply the different penalties, sanctions and alternatives they determine – according to their own laws, moral and cultural traditions, legal systems and the facts and circumstances of each case.

32. The internationally recognized United Nations standards and norms in the treatment of prisoners, alternatives to imprisonment, the use of force by the police, juvenile justice and the protection of victims provide useful guidance for States in deciding what

unconditional prison.

custodial and non-custodial penalties and sanctions to adopt and apply, for what offences, to which offenders, in what circumstances and at what stage of the criminal justice process. The United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules)<sup>26</sup> are the agreed international standards in setting and appropriately applying penalties, sanctions and non-custodial alternatives, and the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules)<sup>27</sup> deal specifically with those and other issues in the juvenile justice context.<sup>28</sup>

33. At the pretrial stage, the Tokyo Rules provide that, where appropriate and compatible with the legal system, the police, prosecution service or other authorized agency should be empowered to discharge the offender if they consider it is unnecessary to proceed with the case for the protection of society, crime prevention or the promotion of respect for the law and the rights of victims. Criteria should be developed within each legal system to guide decisions on appropriateness of discharge or determination of the proceedings. For minor cases, the prosecutor may impose suitable non-custodial measures, as appropriate (rule 5.1). Pretrial detention should be used as a means of last resort in criminal proceedings, with due regard for the investigation of the alleged offence and for the protection of society and the victim. Alternatives to pretrial detention should be employed at as early a stage as possible and pretrial detention should last no longer than necessary (rule 6.2).

34. At the sentencing stage, the authorities may dispose of cases by custodial sentence or, where appropriate, a non-custodial alternative. For custodial sentences and fines for serious drug-related offences, a range of variable severity is often set – usually with a maximum and sometimes also with a mandatory minimum. The penalties and sanctions may vary according to the specific drug or class of drugs used, along the lines of the calibrated risk-benefit drug classification system of the conventions (see

<sup>26</sup> General Assembly resolution 45/110, annex.

<sup>27</sup> General Assembly resolution 40/33, annex.

<sup>28</sup> This may require innovative risk management. For example, where a suspect has no readily identifiable place of residence, the community may be able to take greater responsibility for ensuring that he or she complies with the release conditions and does not flee from justice.

paragraph 12 above), so that higher penalties and sanctions apply for strictly controlled drugs and lower ones for less strictly controlled drugs. To be reliable and fair, quantity-based sentencing systems must be supported by appropriate technical facilities and adequate financial and human resources.

35. Non-custodial sanctions at the sentencing stage under the Tokyo Rules include deprivation of liberty while the offender continues to live in the community.<sup>29</sup> Economic sanctions and monetary penalties such as fines may be imposed, which if unpaid may lead to imprisonment. Finally, at any stage, non-custodial sanctions may include verbal sanctions such as admonition, reprimand and warning.

36. The demand for Governments to be more effective in their drug control work is difficult to meet, especially when resources are limited. In some countries, justice, health-care, education and social systems often struggle to provide basic public services. There may not be enough courts, judges, lawyers, support staff or equipment to promptly and

independently confirm that each detention is lawful and appropriate and that each offender is either tried within a reasonable period or released. The trial court may lack access to legislation, case law, information to guide sentencing and other basic materials. If the trial eventually takes place, offenders might be without a defence lawyer. If a prison sentence is imposed, community care standards might not be followed in the prison. If imprisoned drug-abusing offenders are returned to the community, they might pose an even greater criminal threat and become even more problematic drug abusers. Meanwhile, many of the United Nations standards and norms in crime prevention and criminal justice, particularly those outlined in paragraph 26 above, may manifestly not be met.

#### D. Equality before the law

37. Equality before the law is a universal human right.<sup>30</sup> As everyone has duties to the community, article 29 of the Universal Declaration of Human Rights permits the exercise of human rights and freedoms to be limited, but only by law, solely for the purpose of securing due recognition of the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.

38. Due respect for universal human rights, human duties and the rule of law is important for effective implementation of the international drug control conventions. Non-respect for them can prejudice the ability of the criminal justice system to enforce the law, can lead to discriminatory disproportionate responses to drug offending and can undermine the conventions.<sup>31</sup> Presented below, is a review of several

<sup>29</sup> For example, a sentence may be imposed and recorded but suspended for a specified time. An offender may also be conditionally discharged (that is, acquitted and not punished), provided that he or she complies with certain conditions: the offender may be allowed to continue to live in the community under the supervision of a judicial authority, probation service or other similar body, provided that he or she attends a certain course, therapy or treatment programme. A decision may be taken not to pass sentence on condition that the offender undertakes some action, such as undergoing treatment for alcoholism or drug addiction or receiving psychological counsel. The offender may be placed under house arrest and obliged to live in a certain place (normally his or her place of residence) under the supervision of a specialized agency and cannot change his or her place of residence, work or education without the permission of the supervising body. Curfews and other restrictions may be imposed on the offender's travel, movement or right to associate with particular individuals. Restrictions may be placed on other rights, such as the right to take up certain types of employment or to occupy specific positions in government. The judge may order the offender to work without compensation, usually in an agency or organization, for the benefit of the community. The court may also direct an offender to spend a fixed number of hours each day in an attendance centre for a specified period undertaking a structured programme to address his or her offending behaviour in a group environment.

<sup>30</sup> Universal Declaration of Human Rights, articles 7 and 10; and International Covenant on Civil and Political Rights (General Assembly resolution 2200 A (XXI), annex), articles 2, 3 and 26.

<sup>31</sup> For example, if human rights are not properly respected by the police, public trust may erode to the point that proactive community policing initiatives against local drug problems become impossible. The loss of cooperation and vital information from the community may reduce the ability of the justice system to successfully disrupt the operations of the drug trafficking groups involved.

situations where some drug offenders can be treated more or less equally than others before the law.

### Higher-level offenders

39. Because of their resources, some powerful drug criminals have been able to compromise justice systems. In its report for 1996, the Board touched on how that could lead to a sense of injustice in the community and undermine public confidence in the criminal justice system.<sup>32</sup> In too many places, such powerful drug crime figures can easily cross borders, cover their tracks, set different justice systems against each other and kill, bully and corrupt in the process.

40. Bringing to justice powerful drug traffickers and dismantling their networks are resource-intensive, painstaking and dangerous undertakings. The traffickers are usually careful never to touch the drugs and are difficult to convict unless they are caught red-handed. The cases can be complex to investigate; they often involve transactions made abroad in an effort to disguise or hide wealth derived from drug trafficking. Strong laws targeting criminal associations and conspiracies are usually needed to ensure the conviction of the persons involved and the confiscation of their criminally derived wealth. Such cases can also require substantial international law enforcement and justice system cooperation because of all the sensitive intelligence, evidence and operational action needed for success. By comparison, smaller cases involving drug trafficking are typically more easily proved and less ably defended than cases involving major drug traffickers. Add to all that demands on justice systems to be more accountable for their budgets and performance, and the result can be strong pressure on the authorities to focus more on low-level offenders and less on persons higher up in the drug trafficking chain.

41. A month before he was killed in Medellin, the Colombian drug dealer Pablo Escobar was ranked as one of the richest men in the world. At the height of his power, his Medellin cartel controlled 80 per cent of the world's cocaine market and was estimated to be receiving billions of dollars annually from its cocaine operations. Escobar ruthlessly applied a strategy of *plata o plomo* (accept a bribe or face assassination) to

intimidate politicians, government officials and judges. Anyone viewed as a threat was executed. As a result, hundreds were killed; some were killed by Escobar himself. In 1991, Escobar reached an agreement with the Colombian authorities whereby, in return for turning himself in and discontinuing his drug trafficking activities, he would: receive a guarantee that he would not be extradited to the United States of America; and he would spend five years in a prison in Colombia that he would build for himself. After pictures of his luxurious prison residence were published, Escobar escaped, fearing that he would be extradited to the United States. Without the agreement, Escobar might never have been held accountable in any way for his actions. Colombia's drug control efforts have accomplished much since then. Although now only of historical significance, the Escobar case typifies some of the major problems still faced by many States in bringing to justice powerful drug traffickers and their supporters.

42. In Afghanistan, drug warlords still operate with relative impunity. Afghanistan produces some 92 per cent of the world's illicit opium,<sup>33</sup> and has a virtual monopoly over the world's illicit market for opiates, valued at billions of dollars.<sup>34</sup> Attempts to hold Afghanistan's drug traffickers and their foreign partners accountable have been mainly limited to domestic and international security efforts and some international law enforcement efforts. Those efforts have been hampered within Afghanistan by the security situation, lack of effective control in several important parts of the country beyond the capital and compromises made in the system of justice. But political and security responses or alliances alone cannot be effective against major drug traffickers, their operations and their assets. As a result, little has been achieved in efforts to counter drug trafficking in Afghanistan. The Board has, in its reports, urged those supporting Afghanistan to increase their assistance to the country to achieve greater success.

<sup>32</sup> *Report of the International Narcotics Control Board for 1996 ...*, para. 4-6.

<sup>33</sup> *World Drug Report 2007* (United Nations publication, Sales No. E.07.XI.5), fig. 13.

<sup>34</sup> UNODC estimated the global illicit market for opiates, measured at wholesale prices, to be US\$ 20.6 billion in 2003 (US\$ 64.8 billion measured at retail prices) (*World Drug Report 2005* (United Nations publication, Sales No. E.05.XI.10), vol. 1, p. 17).

43. A number of other countries have difficulty holding accountable major drug traffickers. Experience has shown that all major drug traffickers, including those who are warlords, take sophisticated steps wherever needed to distance themselves from their crimes and their ownership of wealth.

44. In the Board's view, when a State cannot fully deal with the situation in its entire territory concerning major drug traffickers, much more could be done by all other States in which the traffickers hide their criminally derived wealth. Those States could take collective responsibility and, together with the trafficker's home State, take steps to trace, freeze, seize and ultimately confiscate such wealth, regardless of where in the world it is held. That would require determined, secure and well-coordinated action by their law enforcement, financial and criminal justice authorities, particularly in sharing intelligence and evidence with States in a position to take effective action to confiscate such wealth. States might also give consideration to sharing such confiscated property with other parties, pursuant to article 5, paragraph 5 (b) (ii), of the 1988 Convention.

#### **Lower-level offenders**

45. In its report for 1996, the Board called on Governments to take a more strategic approach to tackling drug trafficking, in order to prevent their justice and prison systems from being overloaded by low-level offender casework and to ensure that major drug trafficking operations were disrupted and put out of business.<sup>35</sup> At the time, the Board noted that many law enforcement agencies did not have the resources or skills to do more than apprehend street sellers and individual drug abusers, leaving intact the structure, financing and management of the illicit drug production chain. Eleven years later, that still appears to be the case in many countries.

46. Appropriate enforcement of the law in cases involving minor offences can also prevent minor crime from escalating into major crime (the "broken window principle").<sup>36</sup> However, enforcing the law against

minor offenders only is contrary to the conventions, and contrary to the principle of proportionality.

#### **Celebrity drug offenders**

47. More people than ever before can now routinely follow, through the media, the behaviour of well-known public figures from the world of sport or the entertainment industry or the performing arts. In general, the more iconic a person is in his or her culture and the more dramatic the behaviour, the higher the level of interest of the media and the public.

48. When such celebrities use illicit drugs, they break the law. Depending on how the authorities respond in the case, the media reports and associated Internet chatter often reflect or generate perceptions that the system has treated the celebrity concerned, by virtue of his or her celebrity status, more leniently than others.

49. Celebrity drug offenders can profoundly influence public attitudes, values and behaviour towards drug abuse, particularly among young people who have not yet taken a firm and fully informed position on drug issues. Cases involving celebrity drug offenders can also profoundly affect public perceptions about the fairness and proportionality of the response of the justice system, especially if there is a less lenient response to similar or lesser offences committed by non-celebrities.

### **E. Teamwork involving the justice and health-care systems**

50. The principle of proportionality applies to all aspects of a country's response to drug abuse problems, including the prevention and treatment of drug abuse. When prevention and treatment do not succeed and drug abusers come into contact with the criminal justice system, proportionality requires an interdisciplinary response. Although drug addiction is a recognized medical condition brought on by use, it is not a legal excuse for committing crime.

51. An addicted person will do almost anything, even commit crime, to obtain the drug. Therefore, responses

<sup>35</sup> *Report of the International Narcotics Control Board for 1996 ...*, para. 6.

<sup>36</sup> The "broken window principle" became a metaphor for a successful strategy to prevent vandalism, by fixing the crime problems when they are still small, before the problems escalate. According to the principle, if a vandal

who breaks a window is caught and made to repair the broken window within a short time, say, within a week, the vandal is much less likely to break more windows or do further damage.

by States need to address both the offending and the drug abuse (the underlying cause). Anything less does not meet the aims and requirements of the conventions and does not satisfy the principle of proportionality.

52. Drug-related crime committed by drug abusers needs to be addressed in an integrated and individualized way:<sup>37</sup> integrated because such crime is inextricably linked to drug abuse; and individualized because there is no single treatment that is appropriate for all individuals. No single justice system measure can prevent reoffending. No justice, health-care, education, social or employment system alone has the remit or resources to deliver both; however, by working together with all relevant actors in the public, private and community sectors, it can be done. It is best done when there are clear and detailed guidelines for action that are integrated and coordinated vertically, as well as horizontally, among the various actors.

53. In the Board's view, the work and impact of drug treatment courts, as one example, confirm the value of the integrated approach with certain types of offences and offenders that justice and health-care systems agree are appropriate for diversion to treatment. Drug treatment courts aim to stop drug abuse and related criminal activity of offenders through court-directed treatment and rehabilitation programmes. Eligible participants undergo treatment and rehabilitation programmes instead of traditional final sanctions such as imprisonment. The programmes demand a high level of accountability on the part of the offender, and potential participants often prefer imprisonment, as it is the less demanding alternative. The court's multidisciplinary team (from the justice and health-care systems), led by the judge, oversees each participant's progress throughout the programme. Programme compliance is objectively monitored by

<sup>37</sup> In its report for 1996, the Board reiterated that drug abuse must be dealt with simultaneously from the different perspectives of law enforcement, prevention, treatment and rehabilitation. The Board expressed its belief that increased cooperation between the judicial, health and social authorities is a necessity to provide a bridge between the penal and health systems and called on Governments to examine more closely the alternatives to prison developed in different parts of the world, bearing in mind the different legal philosophies and systems (*Report of the International Narcotics Control Board for 1996* ..., paras. 24 and 26).

frequent substance-abuse testing. Compliance is rewarded and non-compliance is sanctioned. Relapse into drug abuse is not usually punished because some relapse can occur on the long journey towards sustained recovery. However, any dishonesty on the part of the offender about relapse is sanctioned. Such sanctioning may be in the form of a very short custodial sanction aimed at helping the offender to focus on and address any lingering failure to take responsibility for his or her own recovery – a key obstacle to making real progress towards sustained recovery. Successful completion may lead to suspension or dismissal of the criminal case, a non-custodial sentence or probation. Repeat offending or other serious programme non-compliance usually leads to expulsion, and the offender is then dealt with in the traditional manner in the criminal justice system.

54. In a growing number of countries,<sup>38</sup> courts apply key principles in court-directed treatment and rehabilitation programmes. The courts do not all operate the same way, and what works best in one place may not work in another. Some are separate, newly established courts, while others are existing courts with specially adjusted procedures. There is no single, universal model, and they have evolved in different forms to suit different needs, legal systems, localities and available resources. Key differences include eligibility to participate, when the case is diverted, and programme outcomes; however, the core characteristics are the same.

55. Applying the principles of drug treatment courts increases the cost of dealing with drug-abusing offenders (because of the court's monitoring of programme compliance), and the cost of treatment. However, evaluation of the work and impact of such courts shows that they are generally better at retaining drug-abusing offenders in treatment and at reducing recidivism and are often more cost-effective than other alternatives.<sup>39</sup> Success factors appear to include effective judicial leadership of the drug treatment court team; strong interdisciplinary team collaboration, with

<sup>38</sup> For example, in Australia, Barbados, Bermuda, Brazil, Canada, Chile, Ireland, Jamaica, New Zealand, Norway, Trinidad and Tobago and the United States.

<sup>39</sup> United States, Government Accountability Office, *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes*, GAO report GAO-05-219 (Washington, D.C., 2005).



each team member maintaining professional independence; among the team members from the justice system, good knowledge of addiction, treatment and recovery; among the team members from the health-care system, good knowledge of criminality; an operational manual for consistency and efficiency; clear criteria for the eligibility of participants, with objective screening of potential participants; detailed assessment of each potential participant; fully informed and documented consent of each participant to be admitted to the drug treatment court programme; speedy referral of participants to treatment and rehabilitation following arrest; swift, certain and consistent sanctions for programme non-compliance and rewards for compliance; ongoing programme evaluation and willingness to make improvements; sufficient, sustained and dedicated drug treatment court funding; and changes in the underlying substantive or procedural law, if necessary or appropriate.

56. Treatment, rehabilitation and reintegration of drug-abusing offenders are effective and sustainable only when well tailored to ensure the offender's recovery and non-recidivism. The Board notes that programmes for the treatment of drug abuse need careful policy consideration, clearly articulated programme objectives and a built-in evaluation component. The programmes need to include relapse prevention and aftercare following primary treatment. Success will also depend on the expertise of those conducting the programmes, the availability of places in suitable facilities and close cooperation between the criminal justice and health agencies. Adequate resources need to be allocated to maximize the chances of success. Treatment services for drug abuse should also be made available within the prison system.<sup>40</sup>

57. The Board notes that although the provision of treatment for drug abusers on a voluntary basis is desirable, such treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. The Board has emphasized that a drug-abusing offender's encounter with the criminal justice system can provide a valuable opportunity to motivate the person to undergo treatment.<sup>41</sup> The conventions permit the courts to use their authority and sanctioning powers creatively in an appropriate case to

help retain an offender in treatment, improve the prospects of the treatment succeeding and strengthen public safety by reducing the offenders drug abuse and propensity to reoffend. Finally, the Board notes the good results achieved in some countries where the justice and health-care systems cooperate closely to provide mandatory treatment for drug abusers in prisons.

## F. Recommendations

58. The international drug control conventions encourage and facilitate proportionate responses by States to drug-related offences and offenders. Disproportionate responses undermine the aims of the conventions and undermine the rule of law.

59. While many countries have made progress since the Board last addressed proportionality issues in its report for 1996, more remains to be done, particularly in targeting and dismantling major drug trafficking organizations. In several countries, there is a need to better balance law enforcement efforts, so that lower-level offenders do not bear the brunt of justice while higher-level offenders are not brought to trial.

60. In order to ensure more effective implementation of the conventions, the Board recommends that Governments that have not already done so should take the following measures:

(a) *Law enforcement.* Governments should ensure that law enforcement and justice systems give high priority to investigating, prosecuting and convicting those who control, organize, manage or provide production for major drug trafficking organizations. Services to counter money-laundering are also important in this regard. While close attention should also be paid to street-level trafficking and to crimes involving possession of illicit drugs, they should not be the only focus of law enforcement and judicial action;

(b) *Assets of crime.* Governments should ensure that appropriate legislation is in place to allow authorities to freeze and seize property and assets of drug traffickers and that the authorities give priority to such action. Cooperation among States and asset-sharing in cross-border cases should be emphasized in order to effectively dismantle the operations of major drug trafficking organizations;

<sup>40</sup> *Report of the International Narcotics Control Board for 1996 ...*, paras. 29-31.

<sup>41</sup> *Ibid.*, para. 30.

(c) *Alternative sentencing.* Governments should consider widening the range of custodial and non-custodial options for drug-related offences by illicit drug users so that authorities can respond proportionately to the circumstances of each case. In some cases drug courts focusing on persons who frequently relapse into high-risk lifestyles and mandatory treatment programmes can offer drug-abusing offenders effective alternatives to imprisonment;

(d) *Penal and health-care systems.* Governments should widen the availability of health-care programmes and treatment programmes for drug abuse in prisons, many of which have been shown to be quite cost-effective and useful in decreasing recidivism. It is of the utmost importance that access to illicit drugs in prisons be terminated;

(e) *Offences by public celebrities.* The authorities of criminal justice and treatment programmes should ensure that public celebrities who violate drug laws are made accountable for their offences. Cases involving drug-abusing celebrities who are treated more leniently than others breed public cynicism and may lead to youth adopting a more permissive attitude towards illicit drugs;

(f) *Mutual legal assistance.* Governments should review and, if necessary, revise their laws, policies, procedures, resource allocations, priorities and infrastructures regarding international justice system cooperation. The practical results should be that States receiving requests for international justice system cooperation or assistance dealt with those requests as quickly, thoroughly and usefully as they would want their own requests to be treated by States. Requests should be limited to the essential assistance needed, so as not to unreasonably burden the receiving State that has to execute the request. To improve the quality, speed and effectiveness of the request-making process, the Board recommends that Governments, when appropriate, should make use of the Mutual Legal Assistance Request Writer Tool and the forthcoming extradition request writer tool of UNODC, as well as the UNODC guides on best practices in extradition, mutual legal assistance and confiscation casework;

(g) *Resources.* Governments should review their drug-related casework priorities, practices and procedures to ensure that resources for law

enforcement, prosecution, court, and prison and correctional facilities are adequate for proportionate, effective action against drug-related crime. Governments should also consider increasing their support to help Governments of developing countries to enable their justice and health-care systems to deal more effectively with their drug-related offence casework;

(h) *Information policies.* Governments should ensure that the public and the media have access to facts and statistics concerning the use of the criminal justice system in response to drug trafficking and drug abuse. It is particularly important that the public be informed about effective treatment programmes for drug abuse and that health authorities make information widely available concerning the means and methods of treatment in order to encourage recidivist offenders to enter such programmes.

61. In the light of the recommendations made in its report for 1996 and the recommendations above, the Board calls on Governments to comprehensively review the responses by their legislative, judicial and executive arms of government to drug-related offences, in order to ensure that they are proportionate, and to make appropriate changes to correct any shortcomings. The Board would appreciate receiving feedback from States on any such changes.

## II. Operation of the international drug control system

### A. Narcotic drugs

#### **Status of adherence to the Single Convention on Narcotic Drugs of 1961 and that Convention as amended by the 1972 Protocol**

62. Since the publication of the report of the Board for 2006, Andorra and the Democratic People's Republic of Korea have become parties to the 1961 Convention as amended by the 1972 Protocol. As at 1 November 2007, the number of States parties to the Single Convention on Narcotic Drugs of 1961<sup>42</sup> or that Convention as amended by the 1972 Protocol stood at 186. Of those States, 183 were parties 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. The Board once again calls on those three States to accede to the 1972 Protocol amending the 1961 Convention<sup>43</sup> as soon as possible. A total of eight States have not yet become parties to the 1961 Convention: one State in Africa (Equatorial Guinea), one in Asia (Timor-Leste) and six in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Tuvalu and Vanuatu). The Board reiterates its request to those States to become parties to the 1961 Convention without further delay.

#### **Cooperation with Governments**

##### *Submission of annual and quarterly statistical reports on narcotic drugs*

63. In performing the tasks assigned to it under the 1961 Convention, the Board maintains a continuous dialogue with Governments. The statistical data and other information received from them are used by the Board in assessing the licit manufacture of, trade in and consumption of narcotic drugs worldwide, with a view to determining the extent of Governments' compliance with treaty provisions requiring them to limit to medical and scientific purposes the licit manufacture of, trade in and use of narcotic drugs, while at the same time ensuring their availability for legitimate purposes.

64. Parties to the 1961 Convention have an obligation to furnish to the Board annual statistical reports on production, manufacture, consumption, stocks and seizures of narcotic drugs. They also have an obligation to submit to the Board quarterly statistics on imports and exports of narcotic drugs. As at 1 November 2007, a total of 172 States and territories had submitted annual statistics on narcotic drugs for 2006. That accounts for 82 per cent of the 211 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 2006; that figure represents 89 per cent of the 211 States and territories requested to furnish those statistics. Details of the statistical data received, including the status of compliance by individual parties with their reporting obligations, are included in the 2007 technical report of the Board on narcotic drugs.<sup>44</sup>

65. The vast majority of States regularly submit the mandatory annual and quarterly statistics. However, the Board is concerned that many States, including some that are major manufacturers, importers, exporters or users of narcotic drugs, such as Ireland, Japan, the Netherlands and the United States, did not provide in 2007 the requested information in a timely manner. The late submission of reports affects the ability of the Board to monitor licit activities related to narcotic drugs and delays the analysis by the Board of the worldwide availability of narcotic drugs for medical purposes, as well as its analysis of the global balance between the supply of opiate raw materials and the demand for opiates.

66. In some countries, the delay in the submission of statistical data to the Board is the result of Governments providing insufficient resources to the authorities responsible for the control of licit activities related to narcotic drugs. The Board calls upon the Governments concerned to provide adequate resources to ensure the compliance of those authorities with all the reporting obligations under the 1961 Convention (see also paragraphs 236-241 below).

<sup>42</sup> United Nations, *Treaty Series*, vol. 520, No. 7515.

<sup>43</sup> *Ibid.*, vol. 976, No. 14151.

<sup>44</sup> *Narcotic Drugs: Estimated World Requirements for 2008; Statistics for 2006* (United Nations publication, Sales No. E/F/S.08.XI.2).

67. When examining the statistics received from Governments, the Board brings to the attention of the Governments concerned inconsistencies observed in their reports and requests them to rectify such inconsistencies and resolve the problems that have led to those inconsistencies.

68. The Board is always ready to assist Governments in complying with their reporting obligations under the 1961 Convention. In 2007, as in previous years, the Board provided to several Governments, at their request, explanations on issues regarding reporting requirements.

69. The Board prepared detailed training material on the control of narcotic drugs and guidelines on reporting on those drugs for use by national competent authorities. Those training materials are available on the website of the Board ([www.incb.org](http://www.incb.org)). The methods of reporting were included in the training of national drug control administrators (see paragraph 185 below) and were dealt with during an informal consultation on reporting, organized for selected Governments by the Board during the fiftieth session of the Commission on Narcotic Drugs, in March 2007.

70. All Governments are encouraged to seek from the Board any information that they may require regarding the control of narcotic drugs under the 1961 Convention, including reporting requirements.

*Estimates of requirements for narcotic drugs*

71. The universal application of the system of estimates is essential to the functioning of the international control system for narcotic drugs. When Governments establish estimates that are too low, they run the risk of not having sufficient drugs available for medical treatment. Conversely, estimates that are inappropriately high may result in quantities of drugs being available in a country in excess of current requirements for medical use, which could facilitate the inappropriate use of drugs or even their diversion into illicit channels.

72. The majority of Governments furnished to the Board by 1 November 2007 their estimated requirements for narcotic drugs for 2008. However, for a number of States and territories that did not provide their estimates in time for examination and confirmation, the Board had to establish estimates in accordance with article 12, paragraph 3, of the

1961 Convention. The estimates for all countries and territories are published by the Board in its technical report on narcotic drugs. The updates of those estimates, which reflect, inter alia, supplementary estimates furnished by Governments, are made available on the website of the Board.

73. The estimates established by the Board are based on the estimates and statistics reported in the past by the respective Governments. For Governments that have not provided estimates and statistics for several years, the estimates established by the Board are in some cases considerably lower than the estimates furnished by those Governments in the past, as a precaution in view of the risk of diversion. Therefore, the Governments concerned are urged to examine their requirements for narcotic drugs for 2008 and furnish their own estimates to the Board for confirmation, in order to prevent any possible difficulties in importing the quantities of narcotic drugs required for medical use in their countries.

74. The Board examines the estimates received from Governments, including supplementary estimates, with a view to limiting the use of narcotic drugs to the amount required for medical and scientific purposes and ensuring adequate availability of those drugs for such purposes. When the estimates appear to be inadequate, the Governments concerned are requested to adjust their estimates. In 2007, most Governments promptly adjusted their estimates when the Board requested them to do so.

75. The Board requests all Governments to determine their annual estimates of requirements for narcotic drugs as accurately as possible, so that resorting to supplementary estimates is reserved for unforeseen circumstances or when developments in medical treatment, including the use of new medications and scientific research, result in additional requirements for narcotic drugs.

*Deficiencies in reporting statistics and estimates*

76. Problems encountered by Governments in furnishing adequate statistics and/or estimates to the Board are often an indication of deficiencies in their national control mechanisms for narcotic drugs and/or the health-care systems in the countries concerned. Such deficiencies often reflect problems in the implementation of the treaty provisions in those countries, for example lacunae in national laws or

administrative regulations or the failure of some licensees to comply with their obligations under national legislation, including their obligation to provide to the national authorities timely and accurate reports on their transactions involving narcotic drugs. The Board invites all Governments concerned to find the causes for deficiencies in reporting statistics and/or estimates to the Board, with a view to resolving those problems and ensuring adequate reporting.

### **Prevention of diversion into the illicit traffic**

#### *Diversion from international trade*

77. The system of control measures laid down in the 1961 Convention provides effective protection of international trade in narcotic drugs against attempts at their diversion into illicit channels. In 2007, as in recent years, no cases of diversion of narcotic drugs from licit international trade into the illicit traffic were detected.

78. The effective control of international trade in narcotic drugs depends to a large extent on the vigilance of exporting countries and their observance of the limits set in the system of estimates for narcotic drugs for the importing countries. While most Governments are fully implementing the system of estimates and the import and export authorization system, the Board identified in 2007 a few cases in which exports of narcotic drugs were authorized in excess of the estimates of the respective importing countries. Such exports did not comply with 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 reminded the Governments concerned of their obligation to comply with the provisions of article 31 and has advised them, when authorizing exports of narcotic drugs in the future, to always 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*

79. The diversion of pharmaceutical preparations containing narcotic drugs from domestic distribution channels and the subsequent abuse of those diverted preparations have become serious problems in many countries. The narcotic drugs most often diverted and abused include codeine, dextropropoxyphene,

dihydrocodeine, fentanyl, hydrocodone, methadone, morphine, oxycodone, pethidine and trimeperidine. Data received from Governments suggest that in some countries there is a strong correlation between the most abused pharmaceutical preparations containing narcotic drugs and the availability of those preparations on the licit market. The Board calls on all Governments concerned to take effective measures to counter the diversion and abuse of pharmaceutical preparations containing narcotic drugs.

80. Diverted pharmaceutical preparations containing narcotic drugs are also smuggled, for example, out of countries in Asia into the United States and into countries in Europe, where there is illicit demand for such preparations. Governments of countries in which those preparations are diverted from the domestic distribution channels should critically examine their estimates so that there is no excess of narcotic drugs, which could be diverted.

81. In some countries, the abuse of pharmaceutical preparations containing narcotic drugs surpasses the abuse of illicitly manufactured drugs. For example, in the United States, the level of misuse of OxyContin<sup>®</sup> (containing oxycodone) reported in the 2006 National Survey on Drug Use and Health is more than twice as high as the reported level of abuse of heroin. The Board is particularly concerned about the high number of adolescents abusing those narcotic drugs. In the United States, about 10 per cent of students in their final year of secondary school (aged 17-18) reported having abused pharmaceutical preparations such as Vicodin<sup>®</sup> (containing hydrocodone) and OxyContin<sup>®</sup> in 2006 (see also paragraph 98 below). The widespread prescription of those pharmaceutical preparations has contributed to the belief that those drugs might be safer than the illicitly manufactured drugs. The Board calls on the Government of the United States to give high priority in its drug abuse prevention programmes to preventing the abuse of pharmaceutical preparations containing narcotic drugs and to bring to the attention of adolescents the high risks associated with such abuse.

### **Scope of control**

#### *Control of oripavine*

82. On the recommendation by the World Health Organization (WHO), the Commission on Narcotic Drugs adopted decision 50/1, in which it decided to

include oripavine in Schedule I of the 1961 Convention and that Convention as amended by the 1972 Protocol. The Secretary-General, in his note verbale dated 27 June 2007, informed all States that, pursuant to the provisions of article 3, paragraph 7, of the 1961 Convention, Commission decision 50/1 had become effective with respect to each party on the date of its receipt of that note. The Board requests all States to implement without delay the provisions of the 1961 Convention with respect to oripavine, including by complying with the system of estimates and providing statistical reports to the Board.

### **Ensuring the availability of drugs for medical purposes**

#### *Demand for and supply of opiates*

83. 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 balance between supply of and demand for opiates for legitimate uses. A detailed analysis of the current situation with regard to supply of and demand for opiates for medical and scientific purposes worldwide is contained in the 2007 technical report of the Board on narcotic drugs.<sup>45</sup>

84. The Board recommends that global stocks of opiate raw materials be maintained at a level sufficient to cover global demand for about one year, in order to ensure the availability of opiates for medical needs in case of an unexpected shortfall of production and to reduce the risk of diversion associated with excessive stocks. Since the entry into force of the 1961 Convention, Governments of producing countries have cooperated with the Board in seeking to maintain global stocks of the opiate raw materials at the level recommended by the Board. In the period 1999-2003, total production of opiate raw materials considerably exceeded global demand, resulting in stock levels that were higher than necessary. The Board, therefore, invited producing countries to reduce the production of opiate raw materials to prevent a further increase in global stocks. The Board appreciates that producing countries have adhered to its advice and contributed to the reduction of stocks.

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<sup>45</sup> Ibid.

85. Stocks of opiate raw materials rich in morphine, which, at the end of 2005, had been higher than global demand for two years, were reduced to a level sufficient to cover global demand for about 21 months at the end of 2006.

86. In 2006, there was an increase in stocks of thebaine and opiates derived from thebaine. At the end of 2006, global stocks of opiate raw materials rich in thebaine were sufficient to cover global demand for about eight months; in addition, stocks of thebaine and opiates derived from thebaine were sufficient to cover global demand for about 30 months.

87. According to information available to the Board, in 2007, some of the excessive stocks of opiate raw materials will be used to cover global demand, which will be more than total production. For 2008, Governments of some producing countries are planning to increase the area cultivated with opium poppy, in order to cover increasing demand and to replenish stocks of opiate raw materials, where necessary. The total supply of opiate raw materials will continue to be sufficient to cover the demand. The Board urges Governments of producing countries to maintain the future production at the levels currently planned.

88. Global demand continues to increase for both opiate raw materials rich in morphine and those rich in thebaine. It is anticipated that, as a result of the activities of the Board and WHO to ensure the adequate use of opioid analgesics, global demand for opiates and for opiate raw materials will rise further (see paragraphs 208-213 below).

#### *Prevention of the proliferation of production of opiate raw materials*

89. 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 2007/9 of 25 July 2007, 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 to refrain from engaging in the commercial cultivation of opium poppy, in order to avoid the proliferation of supply sites. The Board

would welcome the cooperation of all Governments in complying with Council resolution 2007/9.

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

90. Pursuant to Economic and Social Council resolution 2006/34 of 27 July 2006, the Board convened an informal consultation on the supply of and demand for opiates for medical and scientific purposes during the fiftieth session of the Commission on Narcotic Drugs, in March 2007. During that meeting, the Governments of major producers and importers of opiate raw materials examined recent developments affecting global production of and demand for opiate raw materials and discussed the various policies applied in their countries with respect to those raw materials.

*Cultivation and utilization of *Papaver bracteatum* as a raw material for the manufacture of opiates*

91. *Papaver bracteatum* is a variety of poppy for which no control provisions are contained in the 1961 Convention as amended by the 1972 Protocol. The Board notes that in some countries there has been an interest in conducting scientific research on the cultivation of *Papaver bracteatum* for the extraction of alkaloids, in particular thebaine. In one country, there is a proposal to begin commercial cultivation of *Papaver bracteatum* for the extraction of alkaloids.

92. The cultivation and utilization of *Papaver bracteatum* for the commercial extraction of alkaloids were contemplated by some Governments in the 1970s, when there was a temporary shortage in the supply of opiate raw materials. *Papaver bracteatum* was considered as a possible source of thebaine for conversion into codeine. At that time, the Board concluded that the cultivation of *Papaver bracteatum* for commercial purposes and the resulting production of poppy straw must be taken into consideration when balancing the supply of and demand for opiate raw materials. The Board also concluded that *Papaver bracteatum* should be placed under international control once its commercial cultivation had started.<sup>46</sup>

<sup>46</sup> *Demand and Supply of Opiates for Medical and Scientific Needs* (United Nations publication, Sales No. E.82.XI.4), paras. 357-358.

93. In its resolution 1982/12 of 30 April 1982, at a time when large stocks of opiate raw materials were held by the traditional supplier countries, the Economic and Social Council appealed to Governments that had not cultivated *Papaver bracteatum* to consider refraining from embarking on its commercial cultivation. Pursuant to that resolution, no Government started the commercial cultivation of *Papaver bracteatum*.

94. Since then, the international market for opiate raw materials has changed, and new varieties of opium poppy (*Papaver somniferum*) rich in thebaine have been developed for commercial use to satisfy the growing demand for opiate raw materials rich in thebaine. The Board invites all the Governments concerned, in particular major producers and users of opiate raw materials and countries in which research on *Papaver bracteatum* is being conducted, to examine, in cooperation with the Board, the possible impact of the commercial cultivation of *Papaver bracteatum* on the global supply of opiate raw materials and the steps to be taken in that connection to ensure that there is a balance between the supply of and demand for opiate raw materials. The Board will contact the Governments concerned on that matter.

95. The Board wishes to remind all Governments that the Commission on Narcotic Drugs, in its resolution 2 (XXIX), urged parties engaged in the cultivation of *Papaver bracteatum* for the production of thebaine or thebaine derivatives to voluntarily report to the Board statistics on the area cultivated and production.

**Consumption of narcotic drugs**

96. Global consumption of opioid analgesics for the treatment of moderate to severe pain (expressed in defined daily doses for statistical purposes) increased by more than two and one half times during the past decade. However, the increase in consumption occurred mainly in countries in Europe and North America. In 2006, for example, countries in those two regions together accounted for almost 96 per cent of global consumption of fentanyl, 89 per cent of global consumption of morphine and 97 per cent of global consumption of oxycodone.

97. The low levels of consumption of opioid analgesics for the treatment of pain in many countries, in particular in developing countries, continue to be a matter of serious concern to the Board. The Board

again urges all Governments concerned to identify the impediments in their countries to adequate use of opioid analgesics for the treatment of pain and to take steps to improve the availability of those narcotic drugs for medical purposes, in accordance with the pertinent recommendations of WHO. The Board trusts that the Access to Controlled Medications Programme, the framework of which was prepared by WHO in cooperation with the Board, will provide effective assistance to Governments in that regard (see paragraphs 208-213 below).

98. Governments should be aware that increased availability of narcotic drugs for legitimate medical purposes may raise the risk of diversion and abuse of those drugs. In the United States, the most frequently diverted and abused pharmaceutical preparations are those containing hydrocodone and oxycodone (see paragraph 81 above). In 2006, the United States accounted for 99 per cent of global consumption of hydrocodone and 80 per cent of global consumption of oxycodone. The medical use of hydrocodone reached 19 defined daily doses for statistical purposes (S-DDD) per 1,000 inhabitants per day, and the medical use of oxycodone reached 4 S-DDD per 1,000 inhabitants per day. In the United States, the consumption of hydrocodone increased by 70 per cent and the consumption of oxycodone by 55 per cent during the past five years. The Board wishes to remind all Governments of the need to closely monitor trends in the consumption of pharmaceutical preparations containing narcotic drugs and to adopt measures to counter their diversion and abuse, as necessary.

99. Global consumption of methadone has increased more than three times over the past decade. Methadone is used in several countries for the treatment of pain, but the sharp upward trend in its consumption is mainly attributable to its growing use in maintenance treatment related to opioid dependency. In 2006, the countries using the largest quantities of methadone were (in descending order) the United States, Spain, Germany, the United Kingdom of Great Britain and Northern Ireland, Italy, the Islamic Republic of Iran and Canada; those countries together accounted for 83 per cent of global consumption. The Board requests the authorities of those and other countries where methadone is used for medical purposes to be vigilant with regard to possible methadone diversion, trafficking or abuse and to take effective countermeasures, if necessary.

## B. Psychotropic substances

### Status of adherence to the Convention on Psychotropic Substances of 1971

100. Since the publication of the report of the Board for 2006, Andorra, the Democratic People's Republic of Korea and Nepal have become parties to the Convention on Psychotropic Substances of 1971. Thus, as at 1 November 2007, the number of States parties to the 1971 Convention stood at 183. Of the 11 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), one in Asia (Timor-Leste) and seven in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Solomon Islands, Tuvalu and Vanuatu). The Board calls on those States which have not yet become parties to the 1971 Convention to accede to that Convention without further delay.

### Cooperation with Governments

#### *Submission of annual and quarterly statistical data*

101. Parties to the 1971 Convention have an obligation to furnish annual statistical reports on psychotropic substances to the Board. In its resolutions 1985/15 of 28 May 1985 and 1987/30 of 26 May 1987, the Economic and Social Council requested Governments to voluntarily provide to the Board information on the countries of origin of imports and the countries of destination of exports of substances listed in Schedules III and IV of the 1971 Convention. Details of the statistical data received, including the status of reporting by Governments, and the analysis of such data are included in the technical publication of the Board on psychotropic substances.<sup>47</sup>

102. The majority of States regularly submit the mandatory and voluntary statistical reports, and most of the statistical reports are submitted in a timely manner. By 1 November 2007, a total of 155 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 2006 in conformity with the provisions of article 16 of the

<sup>47</sup> *Psychotropic Substances: Statistics for 2006; Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971* (United Nations publication, Sales No. E/F/S.08.XI.3).



1971 Convention. That accounts for 73 per cent of the States and territories required to furnish such statistics. A total of 133 Governments voluntarily provided details on the countries of origin of imports and the countries of destination of exports of substances listed in Schedules III and IV of the 1971 Convention. In addition, for the year 2006, 110 Governments submitted voluntarily all four quarterly statistical reports on imports and exports of substances in Schedule II of the 1971 Convention.

103. The late submission of mandatory annual statistical reports creates difficulties for the international control of psychotropic substances. The Board regrets that some countries, including the main manufacturing and exporting countries, such as Ireland, Japan, the Netherlands and Switzerland, did not submit their annual statistical reports on psychotropic substances for 2006 in a timely manner. In addition, some Governments did not provide details on the countries of origin of imports or countries of destination of exports of substances in Schedules III and IV of the 1971 Convention, pursuant to Economic and Social Council resolutions 1985/15 and 1987/30. Incomplete, late or no reporting may indicate deficiencies in the national control system. The Board reiterates its request to all States that experience difficulties in complying in a timely manner with their reporting obligations to take the appropriate measures to ensure that national controls are applied as necessary and that the statistical reports on psychotropic substances are submitted within the deadline (before 30 June), pursuant to the 1971 Convention and relevant Economic and Social Council resolutions. The Board stands ready to assist the competent authorities in complying with their reporting obligations under the 1971 Convention.

*Assessments of requirements for psychotropic substances*

104. Governments are requested to provide to the Board assessments, also called simplified estimates, of annual domestic medical and scientific requirements for psychotropic substances, pursuant to Economic and Social Council resolution 1981/7 of 6 May 1981 with respect to 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 collated and communicated to the

competent authorities of all States and territories, to be used as a guide in approving exports of psychotropic substances. By 1 November 2007, the Governments of almost all countries had submitted to the Board at least once their assessments of annual medical and scientific requirements for psychotropic substances. The Board established annual assessments for Montenegro.<sup>48</sup> The Board urges the Government of Montenegro to review those assessments as soon as possible with a view to amending them as necessary, so as to be able to import psychotropic substances to meet medical needs.

105. The Board has recommended that Governments review and, if necessary, update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. In January 2007, all Governments were asked to review and, if necessary, update the assessments of their annual medical and scientific requirements for psychotropic substances. By 1 November 2007, 97 Governments had submitted to the Board a full revision of the assessments of their requirements for psychotropic substances.

106. However, the Board is concerned that 19 Governments have not revised their requirements for psychotropic substances in the past three years. Those assessments may no longer reflect the actual medical and scientific requirements for psychotropic substances in the countries concerned. Assessments that are lower than the actual legitimate requirements may delay the importation of psychotropic substances needed for medical or scientific purposes in the country in question, owing to the need to verify the legitimacy of import orders. Assessments that are significantly higher than the actual legitimate needs may increase the risk of psychotropic substances being diverted into illicit channels. The Board encourages all Governments to ensure that their assessments are regularly updated and that the Board is informed of any modifications.

<sup>48</sup> Prior to 2006, assessments for Montenegro were included in the assessments of Serbia and Montenegro (see the *Report of the International Narcotics Control Board for 2006* (United Nations publication, Sales No. E.07.XI.11), para. 73).

**Prevention of diversion of psychotropic substances into the illicit traffic***Diversion from international trade*

107. While, in the past, diversion of substances in Schedules III and IV of the 1971 Convention from licit international trade was one of the main sources used to supply illicit markets, no diversion of substances in Schedule I has ever been reported to the Board and no diversion from licit international trade of substances in Schedule II has been reported since 1990. Those successes are the result of a well-functioning international control regime for psychotropic substances in Schedules I and II.

108. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention has been limited to a small number of transactions involving quantities of only a few grams, because of the very limited use of such substances. While there have been isolated attempts over the years to divert substances in Schedule I, no actual diversion into illicit channels has ever taken place, because of the strict international control mechanism for those substances, in particular the requirement in article 7, paragraph (a), of the 1971 Convention to prohibit all use of those substances except for scientific and very limited medical purposes. The Board calls upon all Governments to remain vigilant and ensure that their industries, as well as authorized traders, are fully aware of all restrictions in place concerning trade in and use of substances in Schedule I of the 1971 Convention.

109. Of the substances in Schedule II of the 1971 Convention, only amphetamines and methylphenidate are manufactured and traded in large quantities. Methylphenidate is used mostly in the treatment of attention deficit disorder (ADD). Amphetamines, which are mostly used in industrial processes, are also used in the treatment of ADD. The implementation of treaty-based control measures (the import and export authorization system) and other measures recommended by the Board and endorsed by the Economic and Social Council, such as assessments and quarterly statistical reports, have virtually eliminated the diversion of those substances. Preparations containing hallucinogens, fenetylline and methaqualone, which are found on illicit markets in some regions, are almost exclusively illicitly manufactured, while methylphenidate found on illicit

markets is believed to have been diverted from domestic distribution channels.

110. Licit international trade in substances in Schedules III and IV of the 1971 Convention consists of thousands of individual transactions each year. The Board analyses data on international trade in those psychotropic substances and, when in doubt, requests the Governments concerned to initiate investigations of suspicious transactions. While, until a decade ago, the diversion of substances in Schedules III and IV from licit international trade had occurred frequently, involving quantities of up to hundreds of kilograms, nowadays almost all attempts at diverting such substances are discovered and the very rare successful diversions involve only small quantities of substances. That positive development is attributable to the fact that the majority of Governments, as recommended by the Board and requested by the Economic and Social Council, have extended the additional controls over international trade (using, for example, the import and export authorization system, the assessment system and the detailed reporting system) to include most of the substances in Schedules III and IV as well.

111. However, there continue to be attempts to divert substances in Schedules III and IV of the 1971 Convention. The method used most in attempted diversions, the falsification of import authorizations, was used in two major diversion attempts reported to the Board in 2007. The first case involved the attempted diversion of 3 tons of phenobarbital, a substance in Schedule IV of the 1971 Convention, from China to Afghanistan. The second case involved the attempted diversion of 250,000 pentazocine injections from India to Nigeria. Pentazocine is an opioid analgesic in Schedule III of the 1971 Convention, with actions similar to those of morphine; it is widely abused in Nigeria. In both cases, the exportation did not take place.

112. The Board invites all Governments to continue to be vigilant with respect to orders for psychotropic substances and, if necessary, to confirm with the Governments of the importing countries the legitimacy of such orders prior to approving the export of such substances. The Board is prepared to facilitate such confirmations. Furthermore, the Board encourages the national competent authorities of exporting countries to regularly check import orders against the assessments of the actual requirements for psychotropic substances

of the relevant importing countries when verifying the legitimacy of trade transactions. Such checks are especially important in the case of orders placed by companies in the few countries that have not yet introduced mandatory import authorizations for all psychotropic substances.

*Diversion from domestic distribution channels*

113. The diversion of psychotropic substances from domestic distribution channels continues and, in some cases, relatively large quantities of psychotropic substances are involved. Information available on the abuse and seizure of psychotropic substances indicates that the diversion of pharmaceutical preparations containing such substances from licit distribution channels is the most important source used by illicit drug suppliers. The two most abused groups of psychotropic substances are benzodiazepines and amphetamine-type stimulants (ATS). In a number of developing countries, certain benzodiazepines such as diazepam (often sold under the brand name Valium®) and chlordiazepoxide (often sold under the brand name Librium®) can be easily obtained on the street, whereas in developed countries, notably Canada, the United States and certain European countries, there have been reports of the misuse or abuse of stimulants, barbiturates and benzodiazepines obtained without prescription through illegally operating Internet pharmacies. The Board calls on Governments to monitor the consumption levels of prescription drugs containing psychotropic substances, to identify possible diversions and to raise awareness about the consequences of the abuse of such drugs.

114. Recently, the diversion from licit distribution channels of preparations containing the analgesic buprenorphine has become a matter of growing concern. The diversion and abuse of such preparations have been reported in a number of countries, mainly in Europe, where buprenorphine is used also for the treatment of opioid addicts, but also in other regions, such as East Africa and West Asia. Because of those diversions, the Board has requested the governments of all the countries and territories that have been reporting licit consumption of buprenorphine (a total of 47 countries and territories) to provide it with information on the control status of buprenorphine in their respective territory. So far, the Governments of

25 countries<sup>49</sup> have furnished the requested information. According to that preliminary information, Governments of many developed countries have subjected buprenorphine to the same control measures that are applied to narcotic drugs in their countries. In addition, the importation of buprenorphine preparations in Mauritius, has been prohibited since 1999 as it is being used illicitly as the main substitute for heroin in that country. The Board calls on the competent authorities of all countries concerned to increase their vigilance with regard to the diversion and abuse of and trafficking in buprenorphine and to inform the Board of new developments. The Board encourages all Governments concerned to consider enhancing existing mechanisms for control over that substance, as necessary.

115. Details on the diversion and abuse of pharmaceutical preparations, including the methods used to divert pharmaceutical preparations from licit distribution channels, and the measures to be taken by Governments to counter such illicit activities can be found in paragraphs 282-290 below.

*Smuggling and abuse of counterfeit preparations*

116. Pharmaceutical preparations containing psychotropic substances found on the illicit market are not necessarily always diverted from licit manufacture and trade. In some cases, increased demand on illicit markets for a specific pharmaceutical preparation containing a psychotropic substance has led to the illicit manufacture of counterfeit preparations.

117. While there were numerous cases involving the diversion of licitly manufactured Captagon® and/or the base substance fenetylline in the late 1980s, the adoption of enhanced control measures in the 1990s has put an end to such diversion. As fenetylline can no longer be obtained from licit sources, traffickers have resorted to producing counterfeit Captagon containing mainly amphetamines. Large seizures of such counterfeit Captagon tablets continue to be made in countries in West Asia. In 2006, over 2 million counterfeit Captagon tablets were seized in Saudi

<sup>49</sup> Australia, Austria, Belgium, Canada, China, Czech Republic, Denmark, El Salvador, Estonia, France, Greece, Iceland, Indonesia, Ireland, Israel, Latvia, Malaysia, the Netherlands, Poland, Portugal, the Republic of Korea, the Russian Federation, Spain, Sweden and the United Kingdom.

Arabia and about 8 million were seized in the Syrian Arab Republic, as well as 193,000 tablets containing other psychoactive substances. Furthermore, in the same year, a single consignment containing 45,000 counterfeit Captagon tablets from the Syrian Arab Republic was seized in the United Arab Emirates. The Board notes the steps taken by the Government of the Syrian Arab Republic to combat trafficking in those tablets and encourages the Governments of all the countries concerned in the region to follow suit, as appropriate.

118. Pharmaceutical preparations containing psychotropic substances have become major drugs of abuse. For example, Rohypnol,<sup>®</sup> a pharmaceutical preparation containing flunitrazepam, is being counterfeited to be sold on the illicit market. Flunitrazepam, a benzodiazepine-type sedative-hypnotic in Schedule III, is one of the most frequently misused or abused benzodiazepines. Diversion of flunitrazepam from both international trade and domestic distribution channels was significantly reduced during the past decade by the adoption and implementation of strict control policies for that substance. It would appear that the majority of the Rohypnol<sup>®</sup> tablets seized since then have been counterfeit products, although reliable information on the share of counterfeit tablets among all seized Rohypnol<sup>®</sup> tablets is not available. In order to be able to accurately determine illicit drug manufacture and trafficking trends involving Rohypnol,<sup>®</sup> the Board wishes to encourage all Governments concerned to test seized Rohypnol<sup>®</sup> tablets, whenever possible, to determine if they are counterfeit. The Board also encourages Governments to share information on the physical appearance of seized Rohypnol<sup>®</sup> tablets with other interested Governments through a profiling network and to report their findings to the Board.

### **Control measures**

#### *Assistance to Governments in verifying the legitimacy of import transactions*

119. The Governments of many exporting countries continue to request the assistance of the Board in verifying the legitimacy of import authorizations for psychotropic substances. In order to be able to better assist Governments in verifying the authenticity of import documents for narcotic drugs, psychotropic substances and precursor chemicals, the Board

maintains a collection of samples of official import certificates and authorizations in use by national authorities. The Board calls on all Governments that have not yet provided it with such samples to do so without further delay.

120. The Board notes with concern that, in certain cases, responses to its requests for confirmation of the legitimacy of import orders are unduly delayed. The Board wishes to draw the attention of the Governments concerned to the importance of responding in a timely manner to enquiries made by the Board. Failure to cooperate with the Board may hinder the investigation of diversion attempts and/or may cause delays in legitimate trade in psychotropic substances and impede the availability of psychotropic substances for legitimate purposes.

#### *National control measures regarding international trade*

121. The Board notes with appreciation that, in 2007, Georgia extended the system of import and export authorizations to include all substances in Schedules III and IV of the 1971 Convention. In addition, El Salvador, Myanmar, Pakistan, the Philippines and Saudi Arabia extended that system to include some substances that had previously not been covered. At present, export and import authorizations for substances in Schedules III and IV are required by national law in more than 160 countries and territories.

122. The Board requests the Governments of all countries that do not yet control the import and export of all psychotropic substances by the system of import and export authorizations, regardless of whether they are parties to the 1971 Convention or not, to introduce such controls. Experience has shown that countries that are involved in international commerce but do not have such controls are at particular risk of being targeted by traffickers. The Board therefore urges the Governments of Ireland and Singapore, which are major importers and exporters of psychotropic substances, to extend such controls to include all substances listed in Schedules III and IV of the 1971 Convention.

123. Governments should also carefully examine the “table showing the countries in which national legislation requires the issuing of import authorizations for substances in Schedules III and IV of the 1971 Convention”, which is circulated twice a year to

all Governments, and inform the Board of any revisions of the requested information.

124. The system for the assessment of medical and scientific needs of psychotropic substances, established by the authorities of each country and territory, is another important control measure applied to international trade in psychotropic substances. Experience has shown that the diversion of psychotropic substances can be prevented if exporting countries verify whether the quantities ordered by importing countries are within the assessments of their medical and scientific needs. The Board appreciates the cooperation of exporting countries that contact it when they receive authorizations for imports of psychotropic substances in excess of the assessed legitimate requirements. The Board notes, however, that seven countries issued import authorizations during 2006 for sizeable quantities of benzodiazepines in Schedule IV, without having established assessments for the substances concerned. Moreover, some countries, including countries that are major manufacturers, importers and exporters of psychotropic substances, such as Belgium, Germany, the Netherlands, Spain, Switzerland and the United Kingdom, issued import authorizations for substances in Schedules II, III or IV in quantities exceeding their assessments. The 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.

#### **Consumption of psychotropic substances**

125. The consumption levels of psychotropic substances continue to differ widely depending on the country and region, as shown in previous reports of the Board. While such differences can often be explained by cultural diversity in medical practice and variations in prescription patterns, the issue of excessively high or low levels of drug consumption merits special attention. High levels of consumption of psychotropic substances that are not medically justified are a matter of concern to the Board, as they may lead to abuse and diversion of the substances in question, as shown in the examples below. Low levels of consumption of psychotropic substances in some countries may reflect the fact that the substances are almost inaccessible by some segments of the population in those countries, which may lead to parallel markets offering those

substances or counterfeit medicaments allegedly containing those substances. The Board invites the Governments of all countries to compare their consumption patterns with those in other countries and regions, to identify unusual trends requiring attention in their territory, as recommended in the report of the Board for 2000,<sup>50</sup> and to promote rational use of those substances.

#### *Buprenorphine*

126. Buprenorphine, listed in Schedule III since 1989, is used mainly as an opioid analgesic. In several countries, buprenorphine is also used in the detoxification and substitution treatment of opioid dependence. 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 dependence, global manufacture and consumption of buprenorphine have increased substantially and the use of buprenorphine has been reported in an increasing number of countries. For instance, since 2000, the number of countries reporting imports of buprenorphine has more than doubled. Total manufacture of the substance increased steadily from 1993 onwards, reaching an average of nearly 2 tons in the period 2003-2006, which is double the amount manufactured in the late 1990s, when the substance started to be used in higher doses for the treatment of opioid addiction.

127. The increased use of buprenorphine for medical purposes has been accompanied by increased diversion of buprenorphine preparations. The Board reiterates its request to all Governments that experience such problems to strengthen the control measures applied to buprenorphine, in order to stop the diversion of that substance from licit distribution channels.

#### *Stimulants in Schedule II of the 1971 Convention used for the treatment of attention deficit disorder*

128. Methylphenidate, amphetamine and dexamphetamine, substances in Schedule II of the 1971 Convention, are used mainly for the treatment of ADD, primarily in children, and for the treatment of

<sup>50</sup> *Report of the International Narcotics Control Board for 2000* (United Nations publication, Sales No. E.01.XI.1), chap. I.

narcolepsy. The use of those substances is considerably higher in the Americas than elsewhere. The use of methylphenidate increased significantly in the 1990s, mainly as a result of developments in the United States, where the substance is frequently publicized, including in advertisements directed at potential consumers. The United States accounted for over 80 per cent of the calculated worldwide use of methylphenidate in 2006. However, since the late 1990s, the use of methylphenidate for the treatment of ADD has risen sharply in many other countries as well, such as Canada, Germany, Iceland, Spain and Switzerland. Global calculated consumption of the substance increased significantly, from 22 to 36 tons, in the period 2002-2006.

129. The Board reiterates its concern that, in some countries with high prescription levels for stimulants in Schedule II of the 1971 Convention, the diversion and abuse of those substances have been noted (see paragraphs 282-290 below). The Board requests all Governments to ensure that the control measures foreseen in the 1971 Convention are applied to stimulants in Schedule II that are used for the treatment of ADD and appeals to the Governments concerned to increase their vigilance with regard to the diversion of, trafficking in and abuse of stimulants in Schedule II. The Board requests Governments to inform it of any new development in that area.

*Stimulants in Schedule IV of the 1971 Convention that are used as anorectics*

130. The stimulants in Schedule IV of the 1971 Convention are mostly used as anorectics. The Board has closely followed developments in the consumption of those substances, with a view to identifying consumption levels that may be inappropriate for medical purposes and might therefore lead to the diversion and abuse of the substances in question. Of those substances, phentermine is the one used the most, followed by fenproporex, amfepramone and phendimetrazine.

131. Consumption of stimulants in Schedule IV continued to increase significantly in some countries in the Americas, such as Argentina, Brazil and the United States, which are also the countries with the highest calculated rate of use of the central nervous system stimulants listed in Schedule IV worldwide. Overall, per capita consumption of those stimulants in the

Americas was three times more than in other regions. Whereas consumption levels for those substances fell in Europe and Oceania, the level of consumption increased in countries in Asia, in particular in the Republic of Korea.

132. The Board reiterates its appeal to Governments reporting high levels of consumption of stimulants in Schedule IV of the 1971 Convention to monitor their trend of use, to identify possible overprescribing of anorectics and to ensure that domestic distribution channels are adequately controlled.

### C. Precursors

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

133. All States that are major manufacturers, exporters and importers of scheduled chemicals are now parties to the 1988 Convention. The Board welcomes the accession of the Democratic People's Republic of Korea and Liechtenstein to the 1988 Convention during the period under review. As at 1 November 2007, a total of 182 States, plus the European Community (extent of competence: article 12), were parties to the 1988 Convention. A total of 12 States have not yet become parties to the 1988 Convention: 3 States in Africa (Equatorial Guinea, Namibia and Somalia), 1 in Asia (Timor-Leste), 1 in Europe (the Holy See) and 7 in Oceania (Kiribati, the Marshall Islands, Nauru, Palau, Papua New Guinea, Solomon Islands and Tuvalu). The Board urges all those States to implement the provisions of article 12 and to become parties to the 1988 Convention as soon as possible.

#### **Cooperation with Governments**

##### *Submission of statistical data on seizures*

134. Reporting on information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances is an obligation under article 12 of the 1988 Convention. By 1 November 2007, such information had been submitted for 2006 by a total of 141 States and territories, as well as the European Community (on behalf of its member States). The rate of submission is similar to that of previous years. Of the States parties

to the 1988 Convention that failed to submit such information for a number of years, Pakistan and the Sudan have resumed providing that information to the Board. In addition, Namibia, which is not yet a party to the 1988 Convention and had never submitted such information, provided the information for 2006. The Board urges those parties to the 1988 Convention which have not submitted such information to provide the required information as soon as possible.

135. Thirty-two Governments have reported their seizures of precursors for 2006. The Board appreciates the fact that 17 of those Governments provided additional information on non-scheduled chemicals, methods of diversion and stopped shipments. The Board calls upon all competent authorities effecting seizures or intercepting shipments of precursors to thoroughly investigate those cases and to report the results of those investigations to the Board, as that information is essential to the identification of new 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*

136. Since 1995, in accordance with Economic and Social Council resolution 1995/20 of 24 July 1995, the Board has been requesting Governments to provide, on a voluntary basis, data on licit trade in, uses of and requirements for scheduled substances. It is crucial for all Governments to be well informed of trade in and licit requirements for substances in Tables I and II of the 1988 Convention, in order to be able to identify unusual transactions at an early stage and thus prevent the diversion of those substances.

137. As at 1 November 2007, a total of 109 States and territories had submitted data for 2006 on the licit movement of precursors and 97 Governments had furnished information for 2006 on licit uses of and requirements for such substances. All of the major manufacturing and exporting countries have continued to furnish comprehensive information on licit trade in scheduled substances. As Pakistan, a country importing large quantities of substances in Table I, has resumed providing data on its licit trade in scheduled substances, all major importing countries now provide data on licit trade. The major exporting countries and territories continued to provide information on

individual exports through pre-export notifications pursuant to article 12, paragraph 10 (a), of the 1988 Convention and in compliance with the voluntary measures promoted by two international initiatives to address the diversion of chemicals used in the illicit manufacture of drugs: Project Cohesion, targeting heroin and cocaine; and Project Prism, targeting ATS.

**Control measures**

138. Having in place an adequate legislative basis or system for precursor control is essential to preventing the diversion of precursors into illicit channels. The Board notes that, during the reporting period, the Governments of a number of countries, including Australia, Chile, Peru and the Russian Federation, in addition to member States of the European Union, introduced new or strengthened existing controls over precursors.

139. Despite the recent introduction of new laws and regulations in Mexico to restrict the import of ephedrine and pseudoephedrine and regulate their sale and despite the ban on ephedra, the Board remains concerned that those substances continue to be smuggled into Mexico. The Board is also concerned by the lack of adequate legislation in place in the Syrian Arab Republic and the United Arab Emirates to prevent the diversion of precursors, particularly in the form of pharmaceutical preparations.

*Estimates of legitimate requirements for precursors*

140. In its resolution 49/3, entitled "Strengthening systems for the control of precursor chemicals used in the manufacture of synthetic drugs", the Commission on Narcotic Drugs requested Member States to provide to the Board annual estimates of their legitimate requirements for four precursor chemicals: ephedrine, pseudoephedrine, 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P) and phenyl-2-propanone (P-2-P). As at 1 November 2007, a total of 101 States had provided those estimates to the Board, which is an improvement compared with the total of 80 States in 2006. Those estimates have been published in the 2006<sup>51</sup> and 2007<sup>52</sup> reports of the Board on the

<sup>51</sup> *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics*

implementation of article 12 of the 1988 Convention. In addition, a table showing the reported annual legitimate requirements for substances frequently used in the manufacture of ATS is available on the website of the Board ([www.incb.org](http://www.incb.org)); the table is updated regularly. The Board again requests all competent authorities to provide information on annual legitimate requirements of the four precursor chemicals mentioned above, to review the reported information and to amend it as necessary. The Board also invites competent authorities to inform the Board of any methodologies that they have found useful for estimating their national requirements for those precursor chemicals.

#### Online system of pre-export notifications

141. The Board notes that, as at 1 November 2007, 92 countries and territories had registered to use Pre-Export Notification Online (PEN Online), the automated online system for the exchange of pre-export notifications, and that over 11,000 pre-export notifications had been sent to 164 countries and territories over the PEN Online portal since the introduction of the system in 2006. As the system has facilitated communication among Governments and has been instrumental in identifying suspicious transactions and preventing diversion, the Board encourages all Governments that have not yet done so to register to use PEN Online.

142. The Board has found that the time taken to reply to pre-export notifications is often too long. Importing countries should adhere to the deadlines set by exporting countries for providing feedback on pre-export notifications, in order to prevent unwanted shipments. If an importing country needs more time to verify the legitimacy of a consignment, that should be

indicated immediately to the Board and the exporting country in question. Doing so might significantly reduce unnecessary delays in legitimate trade.

#### Prevention of diversion of precursors into the illicit traffic

143. The Board has continued to serve as the international focal point for the rapid exchange of information and the verification of transactions in precursor chemicals, particularly within the framework of Project Prism and Project Cohesion. During the reporting period, the Board has made a number of observations and has recommended to Governments action to address existing problems in international and national precursor control.

144. As highlighted in the 2007 report of the Board on the implementation of article 12 of the 1988 Convention,<sup>53</sup> diversion from domestic distribution channels and smuggling across borders are the most common methods used by traffickers to obtain chemicals for illicit drug manufacture. That has been for quite some time a trend in trafficking in precursors of heroin and cocaine. However, the Board has also observed that, with respect to the diversion of precursors of ATS, with the exception of ephedrine and pseudoephedrine, there have been few if any cases involving such diversions in international trade. For example, no cases have been reported involving the diversion from licit trade of 3,4-MDP-2-P, a key chemical used in the manufacture of methylenedioxyamphetamine (MDMA, commonly known as "ecstasy"). It is believed that, as the monitoring of shipments of the relevant chemicals in international trade has been strengthened worldwide, traffickers obtain chemicals from domestic distribution channels and then smuggle those substances, often across international borders, to the illicit drug manufacturing areas. In order to address that development, the Board recommends that Governments should take additional measures to monitor more closely the manufacture and domestic distribution of precursor chemicals. Those additional measures could include verifying the legitimacy of the end-use of the chemical concerned, ensuring the proper registration

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*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), annex V.

<sup>52</sup> *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2007 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.08.XI.4), annex V.

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<sup>53</sup> *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2007 ...*



and auditing of operators, inspecting records that are maintained and preventing accumulation of the chemicals in quantities that exceed licit market requirements.

145. Seizures of acetic anhydride in and around Afghanistan are very limited. The Board recommends to the Project Cohesion Task Force to take urgent measures to intercept consignments of acetic anhydride that are being smuggled into Afghanistan and to identify the sources of the chemical. The Board urges the Governments of Afghanistan and its neighbouring countries to cooperate fully with the Task Force in such endeavours.

146. Governments of Latin American countries are having serious difficulties preventing chemicals, including potassium permanganate, from reaching cocaine manufacturing areas. The Project Cohesion Task Force needs to devise strategies to address the problem by identifying the origins of the chemicals, in particular, of the potassium permanganate seized in areas where cocaine is illicitly manufactured.

147. The Board appreciates the results achieved under Project Prism, in particular in connection with Operation Crystal Flow, which was conducted from 1 January to 30 June 2007. The monitoring of 1,400 individual shipments of ephedrine and pseudoephedrine has led to the identification of 35 suspicious transactions and prevented the diversion of a total of 52 tons of the substances, which would have been sufficient to manufacture 48 tons of methamphetamine; Mexico was the declared or intended country of destination of about half of the suspicious shipments identified.

148. The Board is concerned by some of the trends identified or confirmed during Operation Crystal Flow. Africa and West Asia in particular are being targeted by traffickers in their efforts to divert ephedrine. As highlighted in the 2007 report of the Board on the implementation of article 12 of the 1988 Convention,<sup>54</sup> traffickers have particularly targeted Burundi, the Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Iran (Islamic Republic of), Kenya, Nigeria, Somalia, South Africa, the Sudan, the Syrian Arab Republic, the United Arab Emirates and the United Republic of Tanzania. The Board calls on the Governments of all countries in Africa and West Asia

to strengthen their control over the importation and movement within their territory of the precursors, including by allocating additional resources to the competent national authorities and to training. Countries and territories exporting ephedrine, pseudoephedrine or preparations containing those substances to any country until the legitimacy of such shipments is duly confirmed by the Governments of the countries to which those chemicals are being exported.

149. Activities undertaken within the framework of Project Prism have also confirmed that, in most parts of the world, traffickers are increasingly trying to obtain large amounts of pharmaceutical preparations containing ephedrine or pseudoephedrine through licit trade at the national and international levels. The Board again recommends that all Governments control such preparations the same way as they control the raw chemicals ephedrine and pseudoephedrine. Governments are encouraged to use pre-export notifications for shipments of such preparations.

150. The strengthened monitoring of precursors has resulted in trafficking organizations looking for non-scheduled substances as alternative substances for use in the illicit manufacture of ATS. In that connection, the Board has updated its limited international special surveillance list of non-scheduled substances. The Board encourages Governments to put in place effective mechanisms, which would allow them to identify and investigate suspicious transactions involving such substances. It is important that the Board is provided with detailed information on such cases so that it may alert all relevant competent authorities of the latest trends in diversion and trafficking.

151. Full details on the activities undertaken by Governments and the Board in precursor control are contained in the 2007 report of the Board on the implementation of article 12 of the 1988 Convention.

#### **D. Promoting universal application of the international drug control treaties**

152. In discharging its mandate under the international drug control treaties, the Board maintains a dialogue with Governments through, for example, regular consultations and country missions. That dialogue is

<sup>54</sup> Ibid.

aimed at assisting Governments in their efforts to comply with the provisions of the treaties.

153. By analysing the information it receives, the Board is able to determine whether the international drug control treaties are being implemented by Governments as effectively as possible. On the basis of its continuous evaluation of national efforts, the Board is able to recommend action to Governments and relevant international organizations and suggest adjustments to the international and national control regimes.

#### **Evaluation of overall treaty compliance by selected Governments**

154. The Board reviews, on a regular basis, the drug control situation in various countries and Governments' overall compliance with the provisions of the international drug control 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 to combat drug trafficking and abuse, and Governments' fulfilment of their reporting obligations under the international drug control treaties.

155. The findings of the review, as well as the Board's recommendations for remedial action, are conveyed to the Governments concerned as part of the ongoing dialogue between the Board and Governments to ensure that the international drug control treaties are fully implemented.

156. The Board, while reviewing the drug control situation in various countries, adopts, when necessary, positions on particular drug control issues. Those positions are based on the Board's interpretation of the provisions of the international drug control treaties and are conveyed to the Governments concerned and, when appropriate, made public by the Board through its annual report. The Board notes that the vast majority of Governments comply with the Board's recommendations and with their obligations under the international drug control treaties.

157. In 2007, the Board reviewed the drug control situation in Canada, the Democratic People's Republic of Korea and Turkmenistan, as well as measures taken by those Governments to implement the international drug control treaties. In doing so, the Board paid

particular attention to new developments in drug control in those countries.

#### *Canada*

158. The Board notes that, following its mission to Canada in October 2003 and its continuous dialogue with the Government over the past few years, the Government has significantly improved its level of cooperation with the Board and intensified its efforts to curb illicit drug manufacture, trafficking and abuse. The Government has refrained from pursuing cannabis decriminalization and, in October 2007, launched the new National Anti-Drug Strategy, allocating 63.8 million Canadian dollars over two years on three priority areas: combating illicit drug production, preventing illicit drug use and treating drug-dependent persons.

159. The Board notes that, as part of the National Anti-Drug Strategy, the Government of Canada will enhance its law enforcement efforts to combat illicit use of drugs and increase the capacity of the criminal justice system to investigate, interdict and prosecute offenders. The Government is also planning to implement a national campaign for the prevention of drug abuse aimed at young people and their parents, to provide treatment services for drug abusers and to support referral and treatment programmes for young people with drug-related problems at the various stages of the criminal justice system.

160. Efforts have also been made by the Government of Canada to address prescription drug abuse: initial steps have been taken to identify problematic use of pharmaceuticals and to develop strategies to detect, prevent and treat the abuse of prescription drugs and over-the-counter drugs. Furthermore, an ongoing general population survey, the Canadian Alcohol and Drug Use Monitoring Survey, has been developed with a view to tracking trends in the abuse of drugs, including prescription drugs. The Board encourages the Government to continue its efforts in this area, particularly with regard to the setting up of a national standardized monitoring system that would systematically report on the prevalence and nature of drug abuse nationwide.

161. The Board, while taking note of the Government's views on the drug injection room in Vancouver, wishes to reiterate its position on that issue as expressed directly to the Government and in its

annual reports,<sup>55</sup> namely that the provision of rooms for the abuse of drugs is 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 and distribution of, trade in and use and possession of drugs are limited exclusively to medical and scientific purposes. The Board trusts that the Government will reach a decision that will be in compliance with the provisions of the international drug control treaties.

*Democratic People's Republic of Korea*

162. In recent years, there has been increased cooperation between the Board and the Government of the Democratic People's Republic of Korea, as well as progress made by the Government in the implementation of the Board's recommendations following its two missions to the country in 2002 and 2006.

163. In particular, the Board notes that in August 2003, the Supreme People's Assembly of the Democratic People's Republic of Korea adopted a new law on the administration of narcotic drugs, which brings its national legislation fully in line with the international drug control treaties. In February 2005, the Government of the Democratic People's Republic of Korea established an inter-ministerial committee with a view to ensuring effective coordination of drug control activities and adequate implementation of drug control legislation at the national level. In March 2007, the Government of the Democratic People's Republic of Korea acceded to the three international drug control conventions.

164. The Board notes, however, that the Government's capacity for the implementation of the international drug control treaties remains limited. The Board encourages the Government of the Democratic People's Republic of Korea to continue seeking international assistance in various areas of drug control and, at the same time, to take an active part in addressing drug trafficking and abuse at the regional and international levels. The Government should develop a long-term national drug control strategy, in view of the increasing illicit manufacture of ATS in East and South-East Asia, and should take preventive

measures against drug trafficking and abuse on its territory.

*Turkmenistan*

165. Since 1997, the Board has maintained a close dialogue with the Government of Turkmenistan, with a view to improving the Government's implementation of the international drug control treaties and its cooperation with the Board. In particular, the Board, following its most recent mission to the country in 2003, invited a Government delegation from Turkmenistan to its session in February 2005, in order to continue the dialogue on issues of concern to the Board.

166. The Board notes that the Government of Turkmenistan has established the State Coordinating Committee to Combat Drug Addiction under the Cabinet of Ministers of Turkmenistan to coordinate drug control activities among Government agencies involved in drug control. Furthermore, the national programme to combat illicit drug trafficking and to provide assistance to persons dependent on narcotic drugs and psychotropic substances for the period 2006-2010 was adopted by presidential decree in April 2006.

167. The Board remains concerned about the continued limited information on drug trafficking and seizures in Turkmenistan, particularly in view of the country's geographical proximity to Afghanistan. The Government is invited to respond regularly to the Board's queries about the drug control situation in the country and the Government's measures against drug trafficking and abuse.

168. The Board wishes to emphasize that Turkmenistan, together with other countries sharing borders with Afghanistan, has an important role to play in preventing the trafficking in opium and heroin from Afghanistan. As the vast majority of the world's illicit opium production takes place in Afghanistan, stronger efforts on the part of Turkmenistan towards fulfilling its obligations and in cooperating with the Board would have a positive impact on the global efforts against trafficking in illicit drugs, in particular heroin. The Board urges the Government of Turkmenistan to take effective measures to intensify its drug law enforcement efforts and make further progress in complying with the international drug control treaties.

<sup>55</sup> See, for example, *Report of the International Narcotics Control Board for 2006* ..., paras. 175-179, 328 and 648.

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

169. The Board undertakes an average of 20 country missions a year and sends to the Governments of the countries visited recommendations on improving the drug control situation in those countries. As part of its ongoing dialogue with Governments, the Board also conducts an evaluation of the implementation of those recommendations, two years after each mission.

170. In 2007, the Board invited the Governments of the following eight countries to provide information on the implementation of the Board's recommendations following its missions to those countries in 2004: Belgium, Indonesia, Madagascar, Pakistan, Portugal, South Africa, Thailand and Timor-Leste. The Governments of the selected countries were requested to provide information on progress made in the implementation of the Board's recommendations, including any achievements made and difficulties encountered.

171. The Board expresses its appreciation to the Governments of Belgium, Madagascar and Portugal for their timely submission of the information, which greatly facilitated the Board's assessment of the drug control situation in those countries and the Governments' compliance with the international drug control treaties. Information provided by the Governments of Indonesia, Pakistan and Thailand was received too late to be included in the present report and will therefore be reported on in the report of the Board for 2008.

172. The Board regrets that no information was received from the Governments of South Africa and Timor-Leste. The Board requests those Governments to provide the requested information without further delay.

*Belgium*

173. In 2003, the Government of Belgium adopted a revision to its national legislation on drug-related offences, in particular offences involving cannabis. The Board notes that Belgian authorities plan to collect information on drug abuse in a nationwide health survey in 2008. The Board expects that the Government will conduct an evaluation of the impact of the implementation of the revision on demand

reduction and any consequences it may have had for the abuse of drugs, in particular cannabis, in the country.

174. The Government of Belgium has acted on the Board's recommendation regarding the use of seized cocaine. The Board noted that the Government had allowed a private firm to use seized cocaine to manufacture pharmaceutical preparations for export. Pursuant to the Board's recommendation to explore other solutions, Belgium stopped using confiscated cocaine in 2005 and since then has been using raw cocaine imported from Peru.

175. The Government of Belgium, in cooperation with other Governments, has strengthened law enforcement efforts against the illicit manufacture of MDMA. As noted in the report of the Board for 2006,<sup>56</sup> in 2005, the law enforcement authorities in the Netherlands were able to dismantle the largest illicit MDMA laboratory ever found in that country, as a result of an investigation involving the cooperation of their counterparts in Belgium and Germany. The Board urges the Government of Belgium to continue its efforts in that area and to take measures to address the illicit manufacture of synthetic drugs, particularly MDMA.

*Madagascar*

176. The Board notes that some progress has been made by the Government of Madagascar in some areas of drug control. Following the decentralization reforms undertaken in the past few years, the inter-ministerial commission for coordinating the fight against drugs has been restructured, which has resulted in improvement in its efficiency. In addition, Madagascar has put in place appropriate legislation in drug control, thus bringing its national legislation in line with the international drug control treaties and ensuring its compliance with treaty obligations.

177. The Government of Madagascar has acted on the Board's recommendations on demand reduction, in particular with regard to training and drug awareness campaigns in the local media. The Government has also included in the national budget, under the heading "Programmes of public interest", a dedicated budget line to conduct drug-related activities. The Board

<sup>56</sup> *Report of the International Narcotics Control Board for 2006 ...*, para. 602.

encourages the Government to continue its efforts in those areas.

178. The Board notes, however, that there appears to be lack of progress in the implementation of its recommendations on the control measures related to psychotropic substances. The Board urges the Government of Madagascar to take the necessary steps to ensure adequate implementation of the provisions of the 1971 Convention, particularly with regard to the application of import authorization requirements to psychotropic substances, in accordance with the provisions of that Convention and relevant Economic and Social Council resolutions.

#### *Portugal*

179. The Board notes the efforts made by the Government of Portugal to implement its recommendations following the 2004 mission of the Board to that country. In particular, the Board notes that the Government of Portugal has conducted an evaluation of the national drug control strategy and has carried out a survey of services for the treatment of drug-dependent persons. The results of the evaluation were taken into consideration in developing a new national drug control strategy, covering the period 2005-2012, and a national plan against drugs and drug addiction, covering the period 2005-2008. Measures are also being taken to improve precursor control: new administrative structures are being created and new legislation is being drafted in accordance with European Union guidelines.

180. While recognizing the positive developments in drug control in Portugal, the Board is concerned that the national plan on drugs and drug addiction envisages the establishment, by 2008, of a room for the abuse of drugs and that the municipal government of Lisbon has submitted a proposal to set up the facility. The Board wishes to reiterate that 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. The Board urges the Government to ensure that any measures to address drug abuse and the spread of HIV/AIDS are in

compliance with the provisions of the international drug control treaties.

181. Pursuant to the Board's recommendation on the high level of consumption of psychotropic substances, mainly benzodiazepines, the Government of Portugal conducted a study in June 2005 that confirmed that there are chronic users of benzodiazepines, although the numbers of those users appear to be decreasing. The Board encourages the Government to introduce measures to better control the prescription of benzodiazepines and to conduct campaigns to raise the awareness of health-care professionals, so as to ensure the rational use of those substances.

#### **Questionnaire on the evaluation of the implementation of the international drug control treaties**

182. A questionnaire entitled "Evaluation of the implementation of the international drug control treaties" was sent to the governments of all countries and territories in January 2007 for completion. The purpose of the review was to highlight government efforts in the implementation of the international drug control treaties, to identify weaknesses and loopholes in drug control at the national and international levels and to provide recommendations for national and international drug control regimes.

183. The Board is pleased to note that, as at 1 November 2007, a total of 142 countries and territories had returned the completed questionnaire. The Board appreciates the cooperation of all the governments that have submitted the required information as part of efforts to promote universal application of the international drug control treaties.

184. The information submitted by governments in the questionnaire, once it has been processed and analysed, will be reviewed by the Board. A report on the findings of the evaluation will be published for consideration by governments.

#### **Assistance in increasing national capacity to comply with treaty obligations**

##### *Ongoing training opportunities*

185. At the request of Governments, the secretariat of the Board organizes in Vienna training for national drug control administrators to improve the functioning of national drug control administrations. During 2007,

the Board offered such training to national drug control administrators from a number of countries, including Canada, Cuba, Ghana, Jordan and the United States, as well as to representatives of the United Nations Interim Administration Mission in Kosovo.

186. The training provided national drug control administrators with an opportunity to obtain a better understanding of the functioning of the international drug control system and to discuss some of the problems and difficulties encountered in the implementation of the international drug control treaties. The Board trusts that the training will enhance the capacity of the national drug control administrations to comply with the provisions of the treaties in those countries.

187. The Board also used various opportunities to provide ad hoc advice to national drug control administrators on treaty requirements for reporting on narcotic drugs, psychotropic substances and precursors. Such advice was provided through communications, individual meetings, during the country missions of the Board and in an informal consultation on reporting organized by the Board during the fiftieth session of the Commission on Narcotic Drugs.

188. To facilitate full compliance with reporting obligations as required under the international drug control treaties, the Board has also made available online, detailed training material on the control of narcotic drugs, psychotropic substances and precursors, as well as guidelines for reporting on those substances.<sup>57</sup>

#### *Training seminar in Beijing*

189. At the request of the Government of the Democratic People's Republic of Korea, the Board, in cooperation with the Government of China, organized a training seminar in Beijing from 26 to 30 June 2007. Participants in the seminar were officials from various Government ministries responsible for drug control in the Democratic People's Republic of Korea.

190. The Democratic People's Republic of Korea acceded to the three international drug control conventions in March 2007. The training seminar was aimed at improving the understanding of the

Government officials of how provisions of those conventions are implemented. The seminar covered both national and international aspects of drug control, focusing on Governments' obligations under the international drug control treaties.

191. Officials from the Office of China's National Narcotics Control Commission and other relevant ministries participated as resource persons and gave briefings on various areas of drug control in China, particularly on the Government's measures in the area of implementation of the international drug control treaties and on its cooperation with the Board. The seminar was intended to provide an opportunity for officials from the Government of the Democratic People's Republic of Korea to learn from the experiences of the Government of China in national drug control.

192. The Board underlines the importance of accession to the international drug control treaties by the Government of the Democratic People's Republic of Korea. The Board urges the Government to continue its efforts and take the steps necessary to fully comply with its obligations under the international drug control treaties.

193. The Board wishes to express its appreciation for the assistance received from the Government of China in organizing the seminar.

### **E. 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**

194. Article 14 of the 1961 Convention as amended by the 1972 Protocol and article 19 of the 1971 Convention set out measures that the Board may take to ensure the execution of the provisions of those conventions. The Board has invoked such measures vis-à-vis a limited number of States for their persistent failure to bring their control measures in line with the respective conventions, to submit information to the Board as required under those conventions and to respond to enquiries of the Board. Most of those States have taken remedial measures, which has led to the Board's decision to terminate action under article 14 of

<sup>57</sup> The training material can be found on the website of the Board (<http://www.incb.org/incb/index.html>).

the 1961 Convention and article 19 of the 1971 Convention vis-à-vis those States.

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

195. As part of the continuing consultations under article 14 of the 1961 Convention, a Government delegation from Afghanistan attended the session of the Board in May 2007 at the request of the Board. The delegation, headed by the Vice-Minister of Counter Narcotics, gave a presentation on the current drug control situation in Afghanistan and measures taken by the Government in the area of drug control, underlining the Government's resolve to strengthen its compliance with the international drug control treaties and its cooperation with the Board.

196. The Board notes with serious concern that, in 2007, the illicit cultivation of opium poppy in Afghanistan reached an unprecedented level for the second consecutive year, the area under opium poppy cultivation rising to 193,000 hectares, an increase of 17 per cent compared with the level in 2006. As a result of that increase, combined with a higher opium yield, total opium production is expected to be about 8,200 tons, more than one third over the level of 2006.

197. The illicit cultivation of opium poppy is particularly widespread in the southern and western parts of Afghanistan, where such cultivation has increased in virtually every province. Much of the most fertile areas in the south have been used for illicit opium poppy cultivation. In Helmand, illicit opium poppy cultivation has increased by 48 per cent, accounting for more than 50 per cent of the entire opium poppy crop in the country. More than 75 per cent of the opium poppy cultivation in that province in 2007 did not exist in 2005. Despite the fact that Helmand had more resources than any other province, the opium poppy eradication efforts in Helmand fell far short of expectations.

198. The Board, while recognizing the difficulties encountered by the Government of Afghanistan, notes that one of the continuing major obstacles to the eradication of illicit opium poppy cultivation is the widespread drug-related corruption among officials at various levels of government. Such corruption has impeded progress in the elimination of the drug problem, as evidenced by the significant increase in the

illicit opium poppy cultivation in the country over the past two years. Despite increased eradication efforts in 2007, most of the provinces have failed to significantly reduce opium poppy cultivation.

199. The Board wishes to emphasize that the Government of Afghanistan must take firm measures against corrupt officials at any level of government who are involved in illicit drug activities. The elimination of illicit drug activities, particularly the illicit cultivation of opium poppy, is the responsibility of the Government of Afghanistan, which must be held accountable at all levels.

200. The upward trend in cannabis cultivation in Afghanistan is another worrying development, one that requires urgent action. According to UNODC, the area under cannabis cultivation has increased constantly over the past two years, reaching 70,000 hectares in 2007, compared with 30,000 hectares in 2005 and 50,000 hectares in 2006. Cannabis cultivation takes place mainly in the southern provinces but also in some areas that were declared poppy-free in 2007. Cannabis cultivation is increasing among farmers who do not cultivate opium poppy, mainly due to increased cannabis prices and, compared with opium, the higher yield and lower investment required. Under article 14 of the 1961 Convention, the Government of Afghanistan is responsible for taking measures to ensure that illicit activity related to any controlled substance, including cannabis, is dealt with in accordance with the provisions of the international drug control treaties.

201. The Board notes that the control of licit activities related to narcotic drugs and psychotropic substances need to be strengthened in Afghanistan. The Government continues to have difficulty in complying with the reporting obligations required under the international drug control treaties. The Government has yet to put in place adequate systems for preventing the diversion of controlled substances from licit sources into illicit channels and for ensuring that legitimate requirements for controlled substances are met. The Board urges the Government to take steps to ensure the effective functioning of the newly established Drug Regulation Committee.

202. The Board notes that efforts have been made by the Government to address the growing problem of drug abuse in Afghanistan, following the first nationwide survey, conducted in 2005. According to

the Ministry of Counter Narcotics, the number of treatment and rehabilitation facilities for drug addicts in the country has increased. In view of the fact that the majority of drug addicts live in rural areas, the Ministry of Public Health is currently seeking assistance in funding a pioneering project, aimed at integrating the treatment of drug addicts into its primary health-care system, so that the necessary services can be provided to drug addicts at local hospitals. The Board welcomes that initiative and encourages the Government to take a comprehensive approach towards addressing drug abuse and HIV/AIDS in the country.

203. In recent years, there has been continuous advocacy and pressure by some non-governmental organizations and others of the legalization of opium poppy cultivation in Afghanistan, based on the assumption that the opium produced in Afghanistan could be exported and utilized to manufacture opiates to help meet world demand while, at the same time, helping to curb illicit drug activities by organized criminal groups. The Board reminds those involved in such advocacy that the licit cultivation of opium poppy and the production of opiate raw materials are subject to control measures imposed pursuant to the provisions of the 1961 Convention and that Convention as amended by the 1972 Protocol.

204. The Board believes that, until such time as the Government is able to put in place credible and sustainable control measures and to effectively exercise control over narcotic drugs, psychotropic substances and precursors, an enforceable ban on opium poppy cultivation in Afghanistan is the most suitable and realistic measure to address the drug problem in the country. The Board commends the decision of the Government of Afghanistan to reject the proposal to legalize illicit opium cultivation in the country. The Government has affirmed its commitment to fulfilling the obligations under the international drug control treaties, particularly the obligations under article 22 of the 1961 Convention as amended by the 1972 Protocol.

205. As the Board has emphasized over the years in its technical report on narcotic drugs, global demand for opiate raw materials for medical and scientific purposes as requested by Governments has been fully met. Currently, global stocks of opiate raw materials are sufficient to cover global demand for more than

one year. The often expressed view that there is a global shortage of opiates for medical and scientific purposes, which is often used to advocate legalization of opium poppy cultivation in Afghanistan, is not based on hard facts.

206. The Board is also concerned that precursor chemicals, in particular acetic anhydride, continue to be available for the illicit manufacture of heroin in Afghanistan. Projected opium production in that country increased in 2007, and illicit demand for acetic anhydride is expected to increase proportionally. In that connection, the Board reminds all Governments that Afghanistan has no licit requirements for acetic anhydride. Any order or request involving the shipment of acetic anhydride to that country should be reported to the Board.

207. The Board notes that in the Afghanistan Compact<sup>58</sup> an effective mechanism was established for coordinating Afghan and international efforts for the coming years. The Board calls upon the Government of Afghanistan, the United Nations and the rest of the international community to cooperate closely in achieving the goals set out in the Compact. Bearing in mind the overarching objective of the National Drug Control Strategy of Afghanistan,<sup>59</sup> the Government of Afghanistan, with assistance from the international community, should, without further delay, take measures to achieve a substantial, sustainable decrease in opium poppy cultivation and in opium production, trafficking and abuse in the country.

## F. Special topics

### Access to opioid analgesics

208. The Board has brought to the attention of the international community the fact that the levels of consumption of opioid analgesics for the treatment of moderate to severe pain were low in a number of countries. The Board welcomed the adoption of

<sup>58</sup> "Letter dated 9 February 2006 from the Permanent Representative of Afghanistan to the United Nations addressed to the President of the Security Council" (S/2006/90), annex.

<sup>59</sup> "Letter dated 14 February 2006 from the Permanent Representative of Afghanistan to the United Nations addressed to the President of the Security Council" (S/2006/106), annex.



Economic and Social Council resolution 2005/25 of 22 July 2005, entitled "Treatment of pain using opioid analgesics", in which the Council called upon Member States to remove barriers to the medical use of such analgesics, taking fully into account the need to prevent their diversion for illicit use.

209. Also in its resolution 2005/25, the Economic and Social Council invited the Board and WHO to examine the feasibility of a possible assistance mechanism that would facilitate the adequate treatment of pain using opioid analgesics. The Board and WHO submitted a joint report on the examination of that matter to the Commission on Narcotic Drugs at its fiftieth session, in March 2007, and to the World Health Assembly at its sixtieth session, in May 2007.

210. The Board and WHO reviewed documents and studies on the availability of opioid analgesics at the national level and examined the activities undertaken and planned by various bodies to assist Governments in ensuring the availability of those drugs for medical use. The Board and WHO observed that, although there was no shortage of licitly produced opioid analgesic raw materials worldwide and there had been a substantial increase in the global consumption of opioids in the past two decades, access to opioid analgesics continued to be difficult in some countries. The difficulties in having access to opioid analgesics are due to various interrelated factors, such as inadequate medical education and lack of knowledge and skills in pain management, public attitude, regulatory impediments and economic constraints.

211. The Board and WHO concluded that a mechanism for facilitating the adequate treatment of pain using opioid analgesics would be feasible. Therefore, WHO started the preparation of an assistance programme called Access to Controlled Medications Programme and elaborated a framework document for that programme, in consultation with the Board.

212. Activities of the Access to Controlled Medications Programme will address all the identified impediments, focusing on regulatory, attitude and knowledge impediments. The programme will be implemented by WHO, in cooperation with Governments, WHO partners and collaborating centres. The Board will provide expertise to WHO in those areas of the programme related to the mandate of the Board.

213. The Board encourages all Governments and the international organizations concerned, such as the United Nations Office on Drugs and Crime (UNODC), to cooperate with WHO in the implementation of the programme, with a view to promoting rational use of opioid analgesics by health-care professionals. The Board calls on Governments to provide resources to WHO for the implementation of the programme.

#### **Cultivation of coca bush and uses of coca leaf under the international drug control treaties**

214. The Board is concerned that the cultivation of coca bush for purposes that are not in line with the 1961 Convention is continuing in some countries. Uses of coca leaves contrary to the provisions of the 1961 Convention are also continuing, and some of those uses are even being expanded.

215. The Board reminds all Governments concerned that coca leaf is a narcotic drug in Schedule I of the 1961 Convention as amended by the 1972 Protocol. Governments should ensure that the production, export, import, distribution, use and possession of, as well as trade in, coca leaf are limited to medical and scientific purposes, just as they would be limited in the case of any other narcotic drug. In addition, coca leaves may also be used for the preparation of a flavouring agent that should not contain any alkaloids, and, to the extent necessary for such use, production, trade in and possession of such leaves may be permitted. Governments permitting the cultivation of coca bush should set up an agency to carry out certain functions, as required under articles 23 and 26 of the 1961 Convention.

216. The practice of chewing coca leaves continues in Bolivia and Peru and, on a limited scale, in some other countries. The Board wishes to point out that, within 25 years following the entry into force of the 1961 Convention, coca leaf chewing should have been abolished in those countries where it was taking place. As the 1961 Convention came into force in 1964, coca leaf chewing should have come to an end in 1989.

217. In addition, coca leaf is used in Bolivia and Peru for the manufacture and distribution of *mate de coca* (coca tea). Such use is also not in line with the provisions of the 1961 Convention. The Board again calls on the Governments of Bolivia and Peru to consider amending their national legislation so as to abolish or prohibit activities that are contrary to the

1961 Convention, such as coca leaf chewing and the manufacture of *mate de coca* (coca tea) and other products containing coca alkaloids for domestic use and export.<sup>60</sup>

218. The Board reminds all Governments that importation of coca leaf for purposes other than medical and scientific purposes or the preparation of a flavouring agent is contrary to the provisions of the 1961 Convention.

219. The 1988 Convention requires Governments to establish as criminal offences under domestic law, when committed intentionally, activities involving coca leaf that are contrary to the provisions of the 1961 Convention. The activities include, among other things, the production, offering for sale, distribution, sale, delivery on any terms whatsoever, brokerage, dispatch, transport, importation or exportation of coca leaf contrary to the provisions of the 1961 Convention. Subject to its constitutional principles and the basic concepts of its legal system, each party to the Convention should establish as a criminal offence, when committed intentionally, the possession and purchase of coca leaf for personal consumption contrary to the provisions of the 1961 Convention. Governments should establish as criminal offences under its domestic law, when committed intentionally, the cultivation of coca bush for the purpose of the production of narcotic drugs contrary to the provisions of the 1961 Convention.

220. The provisions of the 1988 Convention, including reservations made under that Convention, do not absolve a party of its rights and obligations under the other international drug control treaties. It is therefore important that States fulfil their obligations under those treaties in spite of any reservations they may have made. Should a State require assistance from the international community to enable it to comply with any of its treaty obligations, it should make a formal request for such assistance.

221. The Board calls upon the Governments of Bolivia and Peru to initiate action without delay with a view to eliminating uses of coca leaf that are contrary to the 1961 Convention and to strengthen their efforts against trafficking in cocaine in the region. The Board calls on

<sup>60</sup> *Report of the International Narcotics Control Board for 1993* (United Nations publication, Sales No. E.94.XI.2), para. 211.

the international community to provide assistance to those countries towards achieving those objectives.

### Ketamine

222. The Board welcomes the adoption of Commission on Narcotic Drugs resolution 50/3, in which the Commission encouraged Member States to pay particular attention to the emerging problem of widespread abuse and diversion of ketamine and to consider adopting a system of precautionary measures for use by their Government agencies to facilitate the timely detection of the diversion of ketamine. The Board calls on all Governments to implement that resolution without delay. The Board, together with the Commission, looks forward to the updated review of ketamine by WHO.

223. Since 2004, the Board has drawn the attention of Governments to the problem of trafficking in and abuse of ketamine, a substance currently not under international control.<sup>61, 62, 63</sup> Ketamine abuse continues to be reported in a number of countries, particularly in the Americas, East and South-East Asia, South Asia and Oceania.

224. For 2006, the abuse of ketamine was reported in France, Greece, the Hong Kong Special Administrative Region (SAR) of China, Israel, Peru, South Africa and the United Kingdom. Seizures of that substance effected in 2006 were reported in Argentina, Australia, Hungary, the Macao SAR of China, Malaysia, Myanmar and the Philippines. In addition, the competent authorities of France have informed the Board of an armed robbery involving ketamine and tiletamine (an anaesthetic used in veterinary medicine) that took place in France in 2007, at the premises of a company trading in pharmaceutical raw materials.

225. The Board is pleased to note that ketamine is controlled in a number of countries where it has been found to be abused. In 2007, the Governments of Chile and France provided to the Board information on the

<sup>61</sup> *Report of the International Narcotics Control Board for 2004* (United Nations publication, Sales No. E.05.XI.3), para. 390.

<sup>62</sup> *Report of the International Narcotics Control Board for 2005* (United Nations publication, Sales No. E.06.XI.2), paras. 385, 431, 471 and 641.

<sup>63</sup> *Report of the International Narcotics Control Board for 2006 ...*, paras. 199-204 and 457-458.

national control measures put in place in their countries pursuant to Commission on Narcotic Drugs resolution 49/6, in which the Commission 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, and encouraged Member States to consider adopting a system of import and export authorizations for use by their government agencies. The Board again requests all Governments that have not yet done so to furnish it with information on their national regulatory control measures that have been put in place for ketamine. In addition, the Board again requests all Governments to provide to it and to WHO all available information on the abuse of ketamine in their countries in order to assist WHO in its evaluation of ketamine for possible scheduling under the 1971 Convention.<sup>64</sup>

### Piperazine-derived compounds

226. During the past several years, the Board has noted with concern reports of the abuse of and trafficking in piperazine-derived compounds, among them *N*-benzylpiperazine (BZP), 1-(3-trifluoromethylphenyl)piperazine (TFMPP), 1-(3-chlorophenyl)piperazine (*m*CPP), 1-(4-methoxyphenyl)piperazine (MeOPP) and 1-(3,4-methylenedioxybenzyl)piperazine (MDBP).

227. There are no current therapeutic uses of the above-mentioned piperazine-derived compounds in humans. Such substances are available primarily for use as intermediates in the manufacture of chemicals and pharmaceuticals and are used in neurochemical and psychiatric research as pharmacological probe drugs for drug discrimination procedures in animals. The effects of most of those piperazines have never been scientifically investigated, but they are understood to act directly on central monoamine receptors in a complex manner, with specific actions depending on the substance in question. They are also metabolites of substances with different psychoactive properties. They are widely available (they can be obtained through commercial chemical suppliers) and relatively inexpensive.

228. Piperazine-derived compounds are taken orally, but they can also be smoked or snorted. A few cases of

injecting drug abuse of *m*CPP have been reported in France, in abusers who usually inject MDMA. Piperazine-derived substances are also frequently encountered in mixtures with other substances.

229. The subjective effects of BZP are described as stimulant-like, similar to the effects of amphetamines. The substance roughly mimics the psychoactive effects of *d*-amphetamine, although at a higher dosage. TFMPP produces a hallucinogen-like effect, mimicking some of the psychoactive effects of MDMA. The subjective effects of *m*CPP are described as similar to those produced by lysergic acid diethylamide (LSD) or mescaline. *m*CPP has been shown to produce stimulant and hallucinogenic effects similar to MDMA. Panic attacks have also been reported.

230. The abuse of BZP and TFMPP was first reported in the United States (California) in 1996 and in Sweden in 1999. Since then, the abuse of those substances has spread rapidly to other countries. Since the late 1990s, the abuse of BZP and TFMPP has increasingly been reported in venues similar to those where MDMA is abused. Their growing popularity is evidenced by the fact that seizures of those substances have increased in the United States since 2000. Numerous seizures of BZP have also been effected in Europe. In early 2007, eight European Union member States reported seizures of BZP to the European Police Office (Europol), including a seizure of 64,900 tablets in the United Kingdom.<sup>65</sup>

231. *m*CPP is available on illicit markets in many European countries, such as Austria, the Netherlands and Sweden, and its availability in Europe as a whole is increasing. The size of individual seizures of *m*CPP have ranged from a few tablets to 30,000 tablets. Significant *m*CPP seizures were reported to Europol and the European Monitoring Centre for Drugs and Drug Addiction by Belgium, Estonia, Finland, France, Germany, Greece, Hungary, Malta, the Netherlands, Slovakia, Spain and the United Kingdom. Several other European Union member States have reported minor seizures of *m*CPP tablets. More than 800,000 *m*CPP tablets were seized in the European Union in 2006. In the Netherlands, 255,000 *m*CPP tablets were seized.

<sup>64</sup> Ibid., paras. 202-204.

<sup>65</sup> European Police Office, *Amphetamine-type Stimulants in the European Union 1998-2007: Europol Contribution to the Expert Consultations for the UNGASS Assessment* (The Hague, July 2007).

Furthermore, the size of the seizures and the discovery of traces of *mCPP* in major MDMA production and tableting sites in the Netherlands strongly suggest the involvement of organized criminal groups.<sup>66</sup>

232. The authorities in a number of countries have already placed some of those substances under national control or are considering doing so. For instance, most piperazines are already under national control in Australia, Japan and New Zealand, BZP is under national control in Belgium, Denmark, Greece, Malta, Spain, Sweden and the United States and *mCPP* has been placed under national control in Finland and Greece, whereas the introduction of controls for *mCPP* is being considered in Belgium, Germany and Latvia. Furthermore, the European Union has taken steps to ensure that BZP is placed under control in all member States.

233. In view of those developments, the Board requested WHO in March 2007 to consider reviewing piperazine-derived compounds for possible scheduling under the 1971 Convention. The Board urges all Governments to report to WHO, as well as to the Board, any information on the emerging abuse of and trafficking in those substances.

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

234. The Commission on Narcotic Drugs, in its resolutions 45/5, 46/6 and 50/2, encouraged States parties to the 1961 Convention, that Convention as amended by the 1972 Protocol and the 1971 Convention to notify the Board of restrictions currently applicable in their territory to travellers under medical treatment with preparations containing substances under international control. The Board has received from 73 Governments information on the legal provisions and/or administrative measures currently applicable in their countries to travellers carrying medical preparations containing narcotic drugs or psychotropic substances for personal use. The Board, in cooperation with those Governments, has been putting the information received into a standard format so that travellers may receive comprehensive information on the requirements in their countries of

destination.<sup>67</sup> The Board urges Governments that have not yet done so to examine the standardized information on their national requirements and to inform the Board immediately of their approval of that information. Once approved, the standardized information will be posted on the website of the Board and will also be disseminated on a regular basis to all Governments.

235. The Board calls on all Governments that have not yet done so to submit to it their current national regulations and restrictions applicable to international travellers carrying medical preparations containing internationally controlled substances for personal use, pursuant to Commission on Narcotic Drugs resolutions 45/5, 46/6 and 50/2. In addition, Governments should notify the Board of any changes in their national jurisdictions in the scope of control of narcotic drugs and psychotropic substances relevant to travellers under medical treatment with internationally controlled substances, in accordance with Commission resolution 50/2.

**Inadequate resources for Governments' regulatory agencies for national drug control**

236. In accordance with the provisions of the 1961 Convention, the 1971 Convention and the 1988 Convention, Governments are required, inter alia, to cooperate with the Board in the administration of the system of estimates and statistical returns for narcotic drugs and the submission of statistical reports on psychotropic substances.

237. The Board is aware that drug control authorities have other tasks besides reporting to the Board. The Board is also aware that the duties of drug regulatory agencies are manifold and include licensing and inspection of manufacturers and traders, issuing export and import authorizations and ensuring adequate drug supply. The Board recognizes that, without the cooperation of the different agencies, the competent national authorities would not be able to report adequately and in a timely manner to the Board. Such internal cooperation may require adequate funding.

238. The Board notes with concern that the control of licitly manufactured drugs is receiving decreasing attention by many Governments, despite the growing

<sup>66</sup> Ibid.

<sup>67</sup> See also *Report of the International Narcotics Control Board for 2005 ...*, paras. 214-215.

abuse of those drugs. Investigation by the Board has shown that lack of resources is at the root of the difficulties Governments have in complying with their treaty obligations, including difficulties in fulfilling their treaty obligations to report to the Board. A number of countries that are major manufacturers and traders in narcotic drugs and psychotropic substances are furnishing too late or not at all their mandatory statistical reports to the Board (see paragraphs 65, 66, 76, 103 and 106 above).

239. The Board carries out its obligations under the international drug control treaties in part on the basis of data provided by Governments. If the Board does not receive the data required in a timely manner or there are deficiencies in the quality of the data submitted, the Board will not be in a position to fully accomplish its obligations and the international drug control system will not be performing to its full capacity.

240. Governments are reminded that the international control system for narcotic drugs and psychotropic substances functions as good as the quality and timeliness of the information collected and supplied by Governments and the good cooperation of Governments with the Board.

241. Governments should be aware that a lack of adequate resources allocated to the competent authorities responsible for national control of narcotic drugs and psychotropic substances and for cooperation with the Board seriously affects the functioning of the international drug control system. The Board therefore urges all Governments to always allocate adequate resources to their national competent authorities to meet their treaty obligations by submitting the statistical data to the Board in a timely manner and in the quality required.

#### **Trafficking in and abuse of fentanyl**

242. In its report for 2006, the Board alerted Governments to the increasing trafficking in and abuse of fentanyl and to the dangers related to the very high potency of fentanyl and its analogues, which increases the risk of their overdose and other health problems related to the abuse of opioids. The Board is concerned that trafficking in and abuse of fentanyl continue to pose problems in some countries, in particular in the United States. Recently, the Russian Federation has reported seizures of illicitly manufactured

3-methylfentanyl, an analogue of fentanyl. In most countries, relatively little is known about trafficking in and abuse of fentanyl. That lack of information may, however, in some cases be related to the fact that clandestinely manufactured fentanyl is often sold as heroin and therefore appears on the illicit market as heroin. The Board invites the Governments of countries in all regions to remain vigilant with regard to trafficking in and abuse of fentanyl and its analogues.

243. In the United States, most of the fentanyl seized consists of clandestinely manufactured fentanyl. In addition, a smaller number of seizures of other fentanyl analogues have been reported. In the period 2005-2007, trafficking in fentanyl and its analogues occurred in the north-eastern part of the United States. The distribution of illicitly manufactured fentanyl combined with heroin or cocaine has resulted in hundreds of suspected fentanyl-related overdoses and over 1,000 confirmed fentanyl-related deaths in that part of the country.

244. A small number of clandestine laboratories manufacturing fentanyl, including one laboratory in Toluca, Mexico, dismantled by the Mexican authorities in May 2006, were involved in the outbreak of fentanyl abuse in 2005 and 2006 in the United States. As a result of measures adopted by the authorities of the United States, trafficking in fentanyl decreased in 2007.

245. Since April 2007, *N*-phenethyl-4-piperidone (NPP), a substance identified as a precursor of fentanyl, was placed under control in the United States as a "List I chemical" under the Controlled Substances Act.

246. In the Russian Federation, the vast majority of seizures involve clandestinely manufactured 3-methylfentanyl. In 2006, the total number of seizures represented more than 1.3 billion single doses of that narcotic drug. The seizures were mainly effected in the central and north-western parts of the country and in the area of Kaliningrad. The Board calls upon the authorities of the Russian Federation to continue to take vigorous measures with a view to eliminating trafficking in and abuse of 3-methylfentanyl.

247. Some other countries in Europe, including Belarus, Estonia and Lithuania, reported seizures of fentanyl or 3-methylfentanyl in 2006 and 2007. The

Board calls upon those States to systematically collect data on the extent of the problem and to adopt measures to counter trafficking in and abuse of those drugs, as necessary. The Board encourages those and the other countries concerned in the region to exchange all relevant information and to cooperate with each other, in order to prevent the smuggling and abuse of fentanyl and its analogues.

248. The Board remains concerned that trafficking in and abuse of fentanyl may not be recognized as a problem in some countries due to insufficient laboratory analysis and/or inadequate reporting. The Board reaffirms its request to the Governments of countries in which there has been a sudden increase in opioid overdoses to determine whether those overdoses were caused by the abuse of fentanyl and its analogues. The Board encourages Governments to ensure that forensic laboratories include in their programmes the analysis of fentanyl and its analogues.

249. The Board notes with concern that a growing number of Governments are reporting the abuse of diverted pharmaceutical preparations containing fentanyl. Such abuse often involves fentanyl patches diverted from licit channels, including used and discarded patches. As the used and discarded patches contain significant quantities of fentanyl, specific measures for the disposal of such patches are recommended. The Board calls upon the Governments of countries in which fentanyl patches are manufactured to examine, in cooperation with the pharmaceutical industry, possible ways to address this issue without impeding access to an otherwise useful medicine. The Board requests the Governments of all countries in which fentanyl patches are used to take care with regard to the disposal of used patches, in order to prevent them from being diverted for abuse.

#### **Internet**

250. In its resolution 50/11, the Commission on Narcotic Drugs recognized that the illegal distribution via the Internet of internationally controlled licit substances was an escalating problem. The unsupervised use by the general public, in particular underage persons, of pharmaceutical preparations containing such substances purchased through the Internet constitutes a serious risk to health worldwide. In its resolution 50/11, the Commission encouraged Member States to notify the Board, in a regular and

standardized manner, of seizures of licit substances under international control ordered via the Internet and delivered through the mail, in order to fully assess trends relevant to that issue, and encouraged the Board to continue its work with a view to raising awareness of and preventing the misuse of the Internet for the illegal supply, sale and distribution of such substances. The Board is alarmed by the continuing rise in Internet sales of internationally controlled substances without valid prescriptions.

251. According to information from countries in which activities of illegal Internet pharmacies are closely investigated, the very high volume of transactions carried out by individual Internet pharmacies is a matter of serious concern. For example, in the United States, it was found that, in 2006, 34 illegal Internet pharmacies dispensed more than 98 million dosage units of hydrocodone products. Since individuals ordering from illicit Internet pharmacies can obtain quantities of about 100-200 tablets per order, the quantities of controlled drugs dispensed illegally over the Internet have contributed significantly to the availability of the prescription drugs abused. According to studies carried out by the National Center on Addiction and Substance Abuse at Columbia University, the number of websites advertising or selling controlled prescription drugs increased by 70 per cent in 2007 compared with 2006. Of the 187 websites analysed in 2007, 84 per cent sold prescription drugs containing controlled substances without requiring the patient to provide a valid prescription. Because of the high rate of abuse of certain prescription drugs by teenagers, it is of particular concern that there are no mechanisms in place for preventing young people from purchasing controlled prescription drugs through the Internet.

252. In August 2007, a report by an enterprise brand protection company showed that the majority of websites from which prescription drugs were obtainable were operating without proper credentials. Only 4 of the 3,160 online pharmacy websites studied were accredited as Verified Internet Pharmacy Practice Sites™ (VIPPS®), the industry credential that assures consumers of the legitimacy of the online pharmacy operations. Most of those Internet pharmacy websites were based in the United States, followed by the United Kingdom. The websites had a high visitor rate: the most frequented websites were visited by an average of 32,000 visitors a day. The prices (in some

cases, one fifth of the official retail price) and the quantities traded indicated that the pharmaceutical preparations sold were questionable (that is, they were expired, stolen, diluted or counterfeit).

253. Internet pharmacies continue to operate from countries not only in North America and Europe but also in South Asia, South-East Asia and West Asia, from where large quantities of controlled prescription drugs are illegally shipped to customers in North America and Europe. In addition, the Internet continues to be used as a source for chemicals required for the illicit manufacture of drugs. For example, Canadian authorities have discovered that *gamma*-butyrolactone (GBL), the precursor of *gamma*-hydroxybutyric acid (GHB), was obtained from Canadian or other sources in “GHB manufacturing kits” ordered via the Internet.<sup>68</sup> An Internet company based in the United Kingdom supplied more than 360 kg of chemicals to clandestine methamphetamine laboratories in the United States in 2006 and 2007.

254. In response to that worrying development, the United States authorities have introduced new tools, such as the Automation of Reports and Consolidated Orders System (ARCOS), to identify consignments with high or excessive volumes. ARCOS supports efforts to identify retail pharmacies and practitioners who might be connected with illegal sales of controlled substances via the Internet. In addition, the United States Drug Enforcement Administration (DEA) launched in 2006 an initiative to provide educational information to DEA-registered Internet distributors of controlled substances. DEA has established cooperation with other businesses and industries whose services are misused by illegally operating Internet pharmacies, such as Internet service providers, express package delivery companies and financial service companies.

255. The Royal Pharmaceutical Society of Great Britain has developed a pilot project that will give persons placing orders through Internet pharmacies direct access to its website to enable them to verify whether an Internet pharmacy is duly registered with the Society, which is required of all pharmacies based in England, Scotland or Wales. Visitors of the website can verify the registration details of both the pharmacy

and the pharmacist, thereby ensuring that they are ordering medicines from a bona fide pharmacist.

256. The Board calls upon all Governments to accord adequate importance to the detection and investigation of illegal sales of prescription drugs containing internationally controlled substances and to undertake all measures necessary to ensure that legislative and regulatory provisions are in force in their territory to effectively counteract such illegal transactions. Governments should also ensure that customers of Internet pharmacies are made aware of the potential health risk involved in consuming prescription drugs obtained from illegal Internet pharmacies. In addition, Governments should seek the cooperation of professional and consumer interest groups in identifying and implementing measures to counteract illegal activities of Internet pharmacies.

257. The Board continues to collect information from Governments on national legislation related to Internet services and sites, national cooperation mechanisms and practical experience in the control and investigation of illegal Internet pharmacies. In addition, the Board collects contact details of national focal points for activities related to illegal Internet pharmacies in order to facilitate international cooperation. The Board encourages all Governments that have not yet done so to provide it with the required information.

258. The Board is in the process of finalizing guidelines on matters related to Internet sites illegally selling internationally controlled substances. The guidelines are intended to provide guidance to national authorities in formulating national legislation and policies for prescribers, pharmacists, law enforcement authorities, regulatory authorities and the public with regard to the use of the Internet for dispensing, purchasing or importing internationally controlled substances.

#### **Operations of courier services and drug control**

259. Alerted by reports received from some Governments, the Board has initiated a review into the compliance of courier services<sup>69</sup> with control

<sup>68</sup> Royal Canadian Mounted Police, *Drug Situation Report 2005*, p. 19.

<sup>69</sup> For the purpose of the present report, courier services are defined as companies offering customized pickup, sorting, transport and delivery (domestic or international) of letters, parcels (mail type) and packages

provisions on international shipments of narcotic drugs and psychotropic substances. The Board has begun analysing information on the misuse of courier services for smuggling illicit drugs and drugs licitly manufactured and subsequently diverted.

260. According to the preliminary analysis of information received by the Board from several Governments, the legal situation with regard to the use of courier services to transport consignments of internationally controlled substances differs from country to country. While in some countries such shipping is regulated under specific laws, in other countries the general provisions regarding the transporting of narcotic drugs and psychotropic substances apply also to their shipment using courier services. In most countries, postal laws apply to the sending of letters and parcels through courier services.

261. The information received so far does not indicate any major problems regarding legitimate shipments of narcotic drugs and psychotropic substances by courier services. Reports of the diversion of consignments of narcotic drugs and psychotropic substances while they are being transported are very rare. However, in a few cases, the non-compliance of courier services with control provisions on transporting consignments of narcotic drugs and psychotropic substances has been detected.

262. In Sweden, guidelines on the transportation of pharmaceuticals that are especially liable to theft were developed by the Swedish Association of the Pharmaceutical Industry, wholesalers and pharmacies, in cooperation with the Medical Products Agency of Sweden. The authorities intend to make the application of the guidelines mandatory for all shipments of narcotic drugs, including those sent by courier services.

263. The smuggling of narcotic drugs and psychotropic substances using shipments registered through various courier services was reported in several countries in different regions. The drugs are either sent in misdeclared consignments or are concealed in consignments of legitimate goods. In a few countries, the misuse of courier services was identified as a major modus operandi for drug smuggling.

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in fast delivery time. The companies operate outside the scope of universal service obligation.

264. The experience of law enforcement authorities in some countries, including Poland and Venezuela (Bolivarian Republic of), indicates that drug trafficking organizations have realized that using courier services is a relatively secure method of illegal drug transportation; it allows criminals involved in drug trafficking to maintain their anonymity and it keeps the risks to a minimum and the operational costs low. According to law enforcement authorities in those and other countries, using the technique of controlled delivery is the most effective way to counteract such smuggling, since it makes possible the identification of both the senders and the recipients of illicit drug consignments.

265. The law enforcement authorities of several countries consider their cooperation with the staff of courier services to be an important tool for detecting drug smuggling. Law enforcement authorities in India, for example, have been training the staff of courier services to identify suspicious shipments. Several seizures of narcotic drugs and psychotropic substances have been made in India on the basis of information provided by the staff of courier services to the customs authorities. Cooperation between the law enforcement authorities and courier services is also taking place in Lithuania and Malaysia.

266. The Board will continue gathering information on the misuse of courier services in relation to trafficking in internationally controlled drugs, with a view to developing countermeasures in that area for adoption by Governments. The Board invites all Governments and the relevant international organizations to provide it with pertinent information and their views on that subject.

#### **Problems in precursor control in Africa**

267. Operation Crystal Flow (a six-month operation used to track orders for shipments of ephedrine and pseudoephedrine to countries in Africa, the Americas and West Asia) has helped in identifying the trends in trafficking operations using Africa and West Asia as transit areas as part of efforts to divert ephedrines. As highlighted in the 2007 report of the Board on the implementation of article 12 of the 1988 Convention,<sup>70</sup>

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<sup>70</sup> *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics*



countries being targeted for the diversion of precursors of ATS include Burundi, the Democratic Republic of the Congo, Ethiopia, Ghana, Iran (Islamic Republic of), Kenya, Nigeria, Somalia, South Africa, the Sudan, the Syrian Arab Republic, the United Arab Emirates and the United Republic of Tanzania. The Board calls on the Governments of all countries in Africa and West Asia to strengthen their controls over the import and movement within their territory of those precursors.

268. During the period 2006-2007, participants in Project Prism (the international initiative to address the diversion of chemicals used in the illicit manufacture of ATS) and in Operation Crystal Flow identified shipments to Africa to be diverted within the region and to the Americas. In total, over 75 tons of ephedrine and pseudoephedrine were prevented from being diverted to or through the region. The Democratic Republic of the Congo alone was the destination of seven stopped shipments involving a total of 23 tons of pseudoephedrine during 2007. Traffickers are taking advantage of the often less stringent or non-existing national controls over pharmaceutical preparations containing ephedrine or pseudoephedrine, which are not currently under international control, to smuggle such consignments into African countries.

269. One of the most commonly used methods of diversion in Africa was the falsification of import permits. The Board notes with concern that several African countries are not in a position to respond in a timely manner to pre-export notifications and to inquiries about suspicious chemical shipments. The Governments of those countries should allocate adequate resources to staff development to enable the competent authorities to perform their regulatory and enforcement roles efficiently. The competent authorities of countries and territories exporting ephedrines are urged to confirm the legitimacy of shipments of ephedrine, pseudoephedrine or preparations containing those substances to any country before releasing such shipments.

270. The Board is concerned by recent developments in which Africa has become one of the main regions used for the diversion of precursors of ATS. In particular, the Board is concerned that the significant number of identified diversions and attempted diversions to and through Africa is in sharp contrast

with the limited number of seizures made by Governments of countries in the region. Between 2000 and 2006, ephedrine and pseudoephedrine seizures in the entire region amounted to only 242 kg, with South Africa accounting for most of those seizures. The Board calls on the Governments of countries in Africa to take adequate measures to ensure that their territory is not used for the trans-shipment of precursor chemicals.

### Demand reduction

271. Pursuant to article 38 of the 1961 Convention as amended by the 1972 Protocol and article 20 of the 1971 Convention, parties are required to take all practicable measures for the prevention of abuse of narcotic drugs and psychotropic substances and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved. Article 14, paragraph 4, of the 1988 Convention states that parties shall adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering and eliminating financial incentives for illicit traffic.

272. The Board has addressed the issue of drug demand reduction in a number of its annual reports. In its report for 1993,<sup>71</sup> the Board underlined the importance of demand reduction as an essential part of global and national efforts against drug abuse. The Board invited Governments to consider making demand reduction a priority in their drug control efforts, stressing the inextricable relationship between demand reduction and supply reduction. That connection was further analysed by the Board in its report for 2004,<sup>72</sup> in which the Board stated that neither demand reduction programmes nor supply reduction programmes alone had been fully successful in addressing the drug abuse problem and indicated that, to reduce drug abuse effectively, Governments needed to implement supply and demand reduction policies concurrently. In its report for 1996,<sup>73</sup> the Board highlighted the added value that the criminal

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*Control Board for 2007 ...*

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<sup>71</sup> *Report of the International Narcotics Control Board for 1993 ...*, paras. 13-31.

<sup>72</sup> *Report of the International Narcotics Control Board for 2004 ...*, para. 7.

<sup>73</sup> *Report of the International Narcotics Control Board for 1996 ...*, paras. 1-37.

justice system could offer in reducing drug demand and the Board stressed that providing alternative measures in the areas of treatment and rehabilitation, in addition to, or instead of, imposing fines or handing down prison sentences, could be a valuable instrument for reducing drug abuse. In its report for 1997, the Board observed that some segments of popular culture, in particular music, promoted lifestyles in which the use of illicit substances was trivialized or even encouraged. The Board urged Governments to counter those messages by using new forms of communication, including the Internet, to disseminate messages underlining the negative consequences of drug abuse. In addition, the Board brought to the attention of Governments their obligation under article 3, paragraph 1 (c) (iii), of the 1988 Convention in relation to the public by inciting or inducing others to illicitly use narcotic drugs or psychotropic substances.<sup>74</sup>

273. In 1998, the General Assembly at its twentieth special session adopted the Declaration on the Guiding Principles of Drug Demand Reduction (Assembly resolution S-20/3, annex), in which States Members of the United Nations pledged their commitment to investing in demand reduction programmes. The measures recommended in the Declaration included: regularly assessing the nature and magnitude of drug abuse; ensuring that demand reduction programmes covered all areas of prevention, from discouraging initial use to reducing the negative consequences of drug abuse; forging partnerships among the stakeholders involved at the national and local levels; tailoring approaches to different target groups, in particular youth; ensuring that disseminated information was correct and reliable; and ensuring that experience acquired in demand reduction was preserved and utilized.

274. In 2007, the Executive Director of UNODC made an assessment of the progress in drug control since the adoption of the Declaration. All Governments were requested to supply information on their efforts to implement the international drug control conventions, including their demand reduction programmes. Information was collected on demand reduction through a questionnaire issued every two years after 1998, focusing on prevention, treatment and

rehabilitation, as well as reducing the negative health and social consequences of drug abuse.

275. Based on the information submitted by Governments on the questionnaire, the Executive Director of UNODC ascertained that the overall level of coverage in prevention efforts increased in six of the nine regions (Central, South and South-West Asia; Central and Western Europe; Latin America and the Caribbean; North Africa and the Middle East; North America; and Oceania) in the period 2004-2006, compared with the periods 2000-2002 and 2002-2004. North America and Oceania showed high levels of implementation of prevention interventions. In the other regions, the implementation levels were much lower, even though results per country differed significantly from the regional average. Although globally prevention interventions are being expanded and maintained at that higher level, effective demand reduction requires substantially higher coverage of interventions.<sup>75</sup>

276. According to a report of the Executive Director,<sup>76</sup> detoxification remains the most prevalent treatment intervention method. The coverage of detoxification has increased in all regions except in Sub-Saharan Africa and in Eastern and South-Eastern Europe. Substitution treatment is the least employed intervention strategy and its coverage has reached high levels in North America and in Oceania. In most other regions, small increases or even declines have been reported. The coverage of non-pharmacological treatment showed a minor increase since the period 2002-2004. In Oceania, it remained the most common intervention strategy. Interventions in the area of social reintegration received largely the same coverage during the period 2004-2006 as in the period 2002-2004, registering small increases in most regions, with small decreases in Sub-Saharan Africa and in North Africa and the Middle East.

277. In his report, the Executive Director also focused on interventions to reduce the negative health and social consequences of drug abuse, mainly aimed at preventing the spread of infectious diseases such as

<sup>74</sup> *Report of the International Narcotics Control Board for 1997* (United Nations publication, Sales No. E.98.XI.1), paras. 1-42.

<sup>75</sup> "Drug demand reduction: fourth biennial report of the Executive Director" (E/CN.7/2007/2/Add.1), paras. 33 and 34.

<sup>76</sup> "Drug demand reduction: fourth biennial report of the Executive Director" (E/CN.7/2007/2/Add.1), paras. 43-45.

HIV/AIDS and hepatitis B and C. Interventions ranged from the dissemination of information, peer outreach, condom distribution, substitution treatment, counselling and HIV-testing to programmes for the exchange of needles and syringes. North America and Oceania had the widest coverage of the combined intervention strategies. Central and Western Europe had medium coverage of such interventions, while interventions in all other regions were limited, even though individual States within regions might have had higher coverage.<sup>77</sup>

278. As underlined earlier, reducing illicit supply and reducing demand have a mutually reinforcing effect. However, both objectives require essentially different approaches. Supply reduction interventions must be implemented uniformly to ensure the functioning of the international drug control system. Consequently, the legal framework for measures countering illicit drug manufacture, production, trafficking and diversion must be established at the international level. However, preventing drug abuse mostly involves communicating messages that should take into account the cultural, social and economic backgrounds of target groups. In addition, the provision of treatment and rehabilitation for drug abusers can only take place in the socio-cultural context of each country. Consequently, demand reduction entails policies and interventions that should be developed at the national and local levels to achieve the desired results.

279. The Board recognizes that demand reduction is a policy objective requiring a wide variety of complex measures, in particular because effective interventions often need to be tailored to specific target groups. In addition, interventions must be sustained over a long period and the results of some might be difficult to measure. However, the Board stresses the importance of drug demand reduction as an essential component of the global response to the drug problem. Without concerted efforts towards drug demand reduction at the national and local levels, reducing the illicit use of drugs cannot be accomplished.

280. In developing and implementing demand reduction policies, proper statistical data and expert analysis are indispensable. The Board calls upon every

Government that has not yet done so to establish an information system that can assess the drug abuse situation in its country. Demand reduction programmes also require constant monitoring and a built-in evaluation process. The Board encourages Governments to make national and local experiences with demand reduction interventions accessible to drug control authorities in other regions or countries. The sharing of information and experiences can contribute to improving the demand reduction strategies in countries that do not have established monitoring and evaluation systems.

281. The Board reminds Governments of their obligations under the drug control conventions, as well as their commitments made in the Declaration on the Guiding Principles of Drug Demand Reduction. The Board calls upon Governments to implement the provisions of the conventions and to carry out the action called for in the Declaration. Governments should make it a priority to increase their demand reduction interventions in a comprehensive manner, on the basis of reliable information on drug abuse and paying due attention to the specific characteristics of target groups, such as their age and gender.

#### **Abuse of narcotic drugs and psychotropic substances diverted from domestic distribution channels**

282. Diversion of pharmaceutical preparations containing narcotic drugs and psychotropic substances from domestic distribution channels has become the main source of those substances found on illicit drug markets.

283. In some countries, the abuse of pharmaceutical preparations containing controlled substances is second only to the abuse of cannabis. The pharmaceutical preparations diverted and abused contain various opioids, benzodiazepines and ATS. Among the opioids, preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, methadone, morphine, oxycodone and tramadol account for the largest quantities diverted (see paragraph 79 above).

284. Data collected by Governments on the patterns of abuse of pharmaceutical preparations suggest that those patterns are related to the overall availability of the preparations. For example, to a considerable extent, the increasing abuse of pharmaceutical preparations

<sup>77</sup> "Drug demand reduction: fourth biennial report of the Executive Director" (E/CN.7/2007/2/Add.1), paras. 48-57.

containing narcotic drugs or psychotropic substances in Canada and the United States is attributed to the extensive licit supply of controlled substances in those countries. From 2002 to 2006, the licit use of narcotic drugs increased by more than 80 per cent in Canada and by more than 60 per cent in the United States, two countries that had already in 2002 ranked among the highest consumers of narcotic drugs worldwide. In the same period, the consumption of amphetamines in Schedule II of the 1971 Convention doubled in Canada and increased by 42 per cent in the United States. That trend in consumption clearly indicates the importance of monitoring and providing education on the appropriate use of narcotic drugs and psychotropic substances. The Board requests the Governments concerned to promote the rational use of narcotic drugs and psychotropic substances and to adopt prescription procedures that promote the rational use of drugs.

285. Some countries in South Asia and South-West Asia are witnessing increasing abuse of various opioid analgesics, including codeine preparations, and benzodiazepines as preferred drugs. In a number of countries in Africa, certain benzodiazepines such as chlordiazepoxide, diazepam, lorazepam and nitrazepam can be obtained easily and without prescription and on street markets. In Nigeria, pentazocine, an opioid analgesic in Schedule III of the 1971 Convention, is the second most commonly abused drug among persons who abuse drugs by injection. Oxycodone, hydrocodone and methadone are the narcotic drugs most often mentioned as being responsible for the increasing number of fatalities in Australia, Canada and the United States, as well as in a number of European countries.

286. The abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances has become part of and has contributed to the problem of increasing polydrug abuse. The increasing prescription of opioids, such as buprenorphine and methadone, for substitution treatment also contributes to the problem of polydrug abuse, as well as the problem of diversion. Some addicts illegally sell their prescribed pharmaceutical preparations so that they can purchase their drugs of choice, such as heroin. Significant amounts of those substances are diverted to supply the growing illicit markets for those substances, not only in the country in which they are diverted but also in other countries, into which they are smuggled. In Mauritius, for example, there has been a significant

increase in the number of seizures of buprenorphine smuggled out of countries such as France.

287. However, despite increasing abuse of pharmaceutical preparations, most national drug abuse monitoring systems are not sensitive to the phenomenon of abuse of prescription drugs. Prescribed opioids, benzodiazepines and stimulants are rarely included in drug abuse surveys and in data collected by law enforcement authorities on trafficking. That is just one of the reasons why the dimensions of the problem are unknown and inadequately assessed.

288. The United States (in the National Survey on Drug Use and Health) systematically collects data on the abuse of specific prescription drugs. A number of other countries, while not systematically collecting such information, include prescription drugs in studies on the extent and patterns of drug abuse. The Board notes that the All Party Parliamentary Group on Drug Misuse in the United Kingdom launched in July 2007 an inquiry into the scale and nature of the abuse of prescription drugs and over-the-counter drugs in that country. The Board welcomes that initiative and invites the Governments of other countries where that is not already done to examine the issue of the diversion and abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances and to adopt adequate countermeasures, as appropriate.

289. The traditional methods of diversion include the use of stolen or forged prescriptions, burglary of pharmaceutical establishments and "doctor shopping". In addition, diversions occur as a result of poor prescription practices by medical doctors and disregard for prescription requirements in pharmacies. Those diversion methods are often used to supply individual drug abusers. Larger-scale theft, from factories and wholesalers and pretended exports, are diversion methods used by drug traffickers. In such cases, the diverted drugs are abused within the country of diversion or smuggled into other countries. In some countries, the diversion of pharmaceutical drugs has been identified by some criminal groups as a lucrative activity.

290. In countries experiencing a particularly negative development in the abuse of prescribed opioids, the authorities should consider increasing the regulatory control of such substances. The Board in its annual

reports<sup>78, 79</sup> has encouraged the Government of the United States to review the controls applicable to preparations containing hydrocodone with a view to preventing their diversion and abuse. Considering the particularly worrying trend of the abuse of hydrocodone among youth (see paragraphs 81 and 98 above), the Board again urges the authorities of the United States to examine the appropriateness of current control measures for preventing the diversion and abuse of that narcotic drug. If necessary, the authorities should adopt stricter control measures for hydrocodone.

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<sup>78</sup> *Report of the International Narcotics Control Board for 2005 ...*, para. 72.

<sup>79</sup> *Report of the International Narcotics Control Board for 2006 ...*, para. 56.

### III. Analysis of the world situation

#### A. Africa

##### Major developments

291. The main development causing concern in Africa is the rapid increase in the smuggling of cocaine from Latin America through West and Central Africa and into Europe. According to Interpol estimates, 200-300 tons of cocaine is smuggled into Europe each year; a growing proportion of that cocaine is passing through West Africa, where it is stockpiled and re-packaged before being transported to Europe. There is some concern that West African countries are not adequately equipped to forestall that development.

292. Africa is also being increasingly used by traffickers as a trans-shipment area for the diversion of precursors, particularly ephedrine and pseudoephedrine. As most countries in Africa do not have the legislative and institutional framework in place to combat trafficking in precursor chemicals, traffickers are increasingly turning to countries in the region in their efforts to obtain the chemicals they need for illicit drug manufacture.

293. Cannabis remains the main illicit drug of concern in Africa. Cannabis illicitly cultivated in Africa is abused locally or smuggled through the region and into Europe and North America.

294. The abuse of ATS and other psychotropic substances takes place in many African countries because the drug control systems in those countries are not functioning properly. There continues to be a lack of appropriate mechanisms and skilled human resources to control and prevent drug trafficking, and the provision of counselling, treatment and rehabilitation facilities for drug abusers remains inadequate.

##### Regional cooperation

295. The Commission of the African Union has elaborated a new action plan on drug control and crime prevention for the period 2007-2010. The new action plan covers a wide range of issues, including drug trafficking and drug demand reduction, and is to be adopted at the 2008 Summit of Heads of State and Government of the African Union. The Commission of

the Economic Community of West African States (ECOWAS) is currently developing an integrated plan of action against drugs and crime. The plan will address drug control issues, including the improvement of national forensic capabilities, as well as emerging and existing threats in West Africa.

296. The Seventeenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, held in Nairobi in September 2006, was attended by heads of national law enforcement agencies from countries throughout Africa, representatives of international drug law enforcement agencies and experts from UNODC. Participants shared information on major regional drug trafficking trends, and discussed action taken by Governments to enhance regional and subregional cooperation in law enforcement training, experiences with drug trafficking countermeasures, the effective implementation of controlled delivery operations, efforts to mobilize community support for law enforcement anti-drug strategies, and inter-agency cooperation and the role of forensic laboratories in combating drug trafficking.

297. The twenty-first conference on anti-narcotics policy and strengthening Arab cooperation was held in Tunis in June 2007. The conference, which was attended by representatives of North African countries and other member States of the League of Arab States, addressed developments such as drug trafficking through the Internet and the smuggling of drugs by express mail, which has emerged in recent years in several Arab countries. Recommendations related to the creation of additional drug rehabilitation centres and action against money-laundering were adopted.

298. The eighth Interpol Meeting of Heads of African National Drugs Services, held in Arusha in June 2007, discussed drug control strategies and promoting cooperation to combat drug trafficking in Africa through, for example, the incident response teams<sup>80</sup> and the global police communications system<sup>81</sup> of

<sup>80</sup> The incident response teams have been created by Interpol to rapidly assist developing countries that unexpectedly make exceptional drug seizures.

<sup>81</sup> The global police communications system of Interpol (I-24/7) connects law enforcement officials in all Interpol member States and provides them with a means

Interpol. With Somalia joining that communications system in July 2007, all African countries are now connected to it.

299. In July 2007, UNODC launched a three-year project that uses law enforcement cooperation and the exchange of intelligence to curb the smuggling of cocaine from Latin America into West Africa. The project is aimed at establishing a multiregional mechanism for intelligence exchange in the area of drug interdiction and to promote intelligence-led drug investigations in Latin America, West Africa and Europe. The initiative, which is financed by the European Commission and Spain, will provide training and equipment to law enforcement and intelligence services in Latin American and West African countries that cooperate with each other through the gathering and sharing of intelligence. Seven countries in Latin America and the Caribbean<sup>82</sup> and six countries in West Africa<sup>83</sup> have been selected to participate in the project.

300. In 2007, a joint port control unit, comprised of police and customs officers, was established in Ghana, in the port of Tema, under the Container Control Programme of UNODC and the World Customs Organization. The programme, which was launched in Ecuador and Ghana in November 2004, is addressing the problem of drug trafficking by commercial sea freight container. Plans are under way to extend the programme to include ports in countries in East and Southern Africa.

301. The fourth regional working group on drug abuse and HIV/AIDS, organized by UNODC, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), was held in Cairo in November 2006. The workshop focused on building the capacity to use a comprehensive approach to reduce the spread of HIV/AIDS among persons who abuse drugs by injection in countries on the Arabian peninsula and in North Africa. The workshop brought together representatives of law enforcement agencies, national AIDS programmes and non-governmental organizations, and United Nations entities, as well as researchers, community representatives and people

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of sharing crucial police information.

<sup>82</sup> Bolivia, Brazil, Colombia, Ecuador, Peru, Trinidad and Tobago and Venezuela (Bolivarian Republic of).

<sup>83</sup> Cape Verde, the Gambia, Ghana, Guinea-Bissau, Senegal and Togo.

living with HIV. The North African countries represented in the workshop were Algeria, Egypt, the Libyan Arab Jamahiriya, Morocco and Tunisia.

302. At the subregional level, cooperation among drug law enforcement agencies continues to be strengthened. In East Africa, cooperation among drug control police in Kenya, Rwanda, Uganda and the United Republic of Tanzania is being strengthened through meetings held twice a year to discuss regional narcotics issues. In 2007, the Southern African Regional Police Chiefs Cooperation Organization (SARPPCO) launched a project on the identification of illicit drugs and chemical equipment. A working group on the eradication of cannabis in Southern Africa has also been established within SARPPCO.

#### **National legislation, policy and action**

303. The Board notes that a number of African countries are currently updating national drug control legislation. The Government of Guinea-Bissau, a country that has recently been targeted by international networks smuggling cocaine from Latin America into Europe, is revising its national legislation to incorporate the provisions of the international drug control treaties. In Malawi, Uganda and the United Republic of Tanzania, current drug control legislation is being upgraded with a view to strengthening drug law enforcement and to increasing penalties for drug-related crime.

304. Efforts are being undertaken by the Governments of Egypt, Kenya and Nigeria to draft or update national drug control plans. In Egypt, the National Council against Addiction and Drug Control has started to update the national drug control strategy. Similarly, in Kenya, a multisectoral drug control master plan is being developed, with special emphasis on law enforcement activities and the strengthening of the capacity of judicial authorities to investigate drug offences and combat drug-related money-laundering. The Government of Nigeria has developed a drug control master plan for the period 2007-2011, which is expected to be officially released at the end of 2007.

305. The national drug law enforcement agency of the Libyan Arab Jamahiriya will organize, in cooperation with the Universal Postal Union (UPU) and UNODC, a regional seminar on countering drug trafficking and money-laundering using the mail, to be held in Tripoli in November 2007. It is expected that during the

seminar, a draft regional action plan will be developed to foster bilateral and multilateral cooperation aimed at curbing the smuggling of drugs using the courier system.

306. The Egyptian Anti-Narcotics General Administration continued to provide support, including in the form of border control and computer network training, to other national drug law enforcement agencies in countries in North Africa. South Africa has provided advisory support and training to law enforcement agencies of countries in East and Southern Africa. Botswana, Ethiopia, Mauritius, Mozambique, Swaziland and Zimbabwe recently received training and advice from South Africa on the establishment of forensic science laboratories. Moreover, the dog training school in Roodeplaat, South Africa, has provided training to dog handlers and delivered sniffer dogs, trained to detect drugs, to other African countries, including Botswana, Lesotho, Malawi, Nigeria and the United Republic of Tanzania.

307. The Government of Morocco recently launched an initiative against drug-related corruption. Investigations following the arrest of a drug baron in Morocco in 2006 resulted in the arrest of more than a dozen high-ranking Government, judicial, military and law enforcement officials in connection with drug-related corruption.

308. In many countries in Africa, treatment and rehabilitation programmes and facilities for drug-dependent persons are often inadequate or lacking. The Board has repeatedly encouraged the Governments concerned to take the measures necessary to ensure that adequate treatment is available to such persons. The Board notes the recent opening of treatment and rehabilitation centres for drug-dependent persons in Benin, Kenya and Togo. It is also noted that a number of African countries, including Algeria, Côte d'Ivoire, Egypt, Kenya, the Libyan Arab Jamahiriya, Mali, Morocco, Nigeria, Senegal and the United Republic of Tanzania, have taken measures to develop drug abuse prevention programmes and treatment and rehabilitation programmes for drug-dependent youth and prison inmates.

309. The Governments of Ethiopia, Kenya and Uganda are intensifying activities in the area of countering money-laundering. A workshop organized in cooperation with Interpol was held in Nairobi in December 2006 to provide investigators with case

studies on how to investigate money-laundering cases. The Government of Malawi, having adopted legislation against money-laundering, in line with relevant recommendations of the Financial Action Task Force on Money Laundering, is in the process of establishing a financial intelligence unit. New legislation against money-laundering is expected to be adopted soon in Ghana and the United Republic of Tanzania. In all West African countries except Ghana, there are laws criminalizing money-laundering even if they do not always fully comply with international standards. Proper financial investigation units and mechanisms are in place in Nigeria and Senegal (and, to a lesser extent, in Cape Verde and the Niger). In May 2007, Nigeria became the first country in the West African subregion to be admitted as a full member of the Egmont Group of Financial Intelligence Units.

### **Cultivation, production, manufacture, trafficking and abuse**

#### *Narcotic drugs*

310. Cannabis is illicitly cultivated throughout Africa and is abused locally or smuggled within the region and into Europe. Cannabis production and trafficking are reported in practically all African countries. The largest cannabis producers in the region are countries in West Africa (Benin, Ghana, Nigeria and Togo), Southern Africa (the Democratic Republic of the Congo, Malawi, South Africa, Swaziland and Zambia) and East Africa (Comoros, Ethiopia, Kenya, Madagascar, Uganda and the United Republic of Tanzania). Increasing amounts of South African cannabis are being seized in countries in Europe, particularly Ireland and the United Kingdom. In August 2007, a ton of cannabis was discovered in Ireland in a container originating in South Africa. Cannabis is also found in mail leaving South Africa, especially for Italy and the United Kingdom.

311. The production of cannabis resin takes place in countries in North Africa, mainly Morocco. The Board notes that the Government of Morocco has intensified its efforts to counter the illicit cultivation of cannabis plants and the illicit production of cannabis resin, which has resulted in a decline in the illicit production of cannabis resin in that country. It appears that that has resulted in the decline of seizures of cannabis resin in Europe, the largest market for cannabis resin in the world. Despite decreases in recent years in the total



area under cannabis cultivation in Morocco, that country remains one of the world's main producers and suppliers of cannabis resin. A route used for smuggling cannabis resin from Morocco through Mauritania, Mali, the Niger and Chad and into either Egypt or the Sudan was identified in early 2007. A total of 5.7 tons of cannabis resin was seized in five seizures in the Niger in the period 2006-2007.

312. While global cannabis abuse seems to have stabilized, in Africa the abuse of cannabis continues to increase. Annual prevalence of cannabis abuse in Africa is 7.7 per cent of the population aged 15-64 years. Among the subregions in Africa, the highest rate of cannabis abuse is in West and Central Africa (13 per cent), followed by Southern Africa (8.5 per cent).<sup>84</sup> The abuse of cannabis continues to be widespread in East Africa as well.

313. Large illicit consignments of cocaine are transported from countries in Latin America (from Colombia through Brazil and Venezuela (Bolivarian Republic of)) to the coastal areas of West Africa (on board ships, private yachts and, more recently, private airplanes) and then to Europe. In addition, large quantities of cocaine, most of which is destined for Portugal and Spain, are shipped to the waters off the coast of Cape Verde and Guinea. During the first eight months of 2007, significant quantities of cocaine were seized in Benin, Cape Verde, Guinea-Bissau, Mauritania and Senegal. In Africa, cocaine is repacked in small quantities and smuggled into Europe by air, using locally recruited couriers. In order to avoid detection, cocaine traffickers frequently change the airports from which they depart and their routes. In West Africa, the main airports used by couriers smuggling cocaine into Europe are in Dakar, Conakry, Freetown, Banjul, Accra and Lagos. In addition to direct routes leading to Europe, new cocaine trafficking routes through North Africa and the Arabian peninsula have appeared. With the increased availability of cocaine in West Africa, organized trafficking networks have developed that are able to acquire and redistribute hundreds of kilograms of cocaine. Cocaine is transported by air also to countries in Southern Africa, notably South Africa (where it is abused locally), either directly from South America or via West Africa, using couriers, air freight services or express mail services.

<sup>84</sup> *World Drug Report 2007* ..., p. 114-115.

314. Cocaine abuse has increased in Africa, notably in countries in West and Southern Africa, as well as in the coastal area of North Africa, albeit from low levels. Annual prevalence of cocaine abuse in Africa stood at slightly over 1 million, in 2005;<sup>85</sup> in other words, cocaine abusers in Africa represent about 7.6 per cent of all the cocaine abusers in the world. In South Africa, data from treatment centres indicate that cocaine abuse is increasing throughout the country.

315. Heroin trafficking and abuse are on the increase in some countries in Africa. Heroin is smuggled by air from South-West Asia through East Africa and West Africa into Europe and through West Africa into North America, usually by courier. In 2006, the World Customs Organization reported heroin trafficking routes leading from Afghanistan and Iran (Islamic Republic of) through Qatar to Kenya and from the Islamic Republic of Iran through the United Arab Emirates to South Africa and the United Republic of Tanzania. Data of seizures of heroin in many countries in Africa seem to suggest an increasing presence of heroin on illicit markets in the region. The main transit countries used by heroin traffickers in the various African subregions are as follows: Ethiopia, Kenya and United Republic of Tanzania in East Africa; Côte d'Ivoire, Ghana and Nigeria in West Africa; and South Africa in Southern Africa. Heroin is smuggled through major international airports in West Africa by couriers on direct flights from countries in East Africa (Ethiopia and Kenya) and on the Arabian peninsula and from Pakistan. West Africa serves as a corridor for heroin smuggled into North America and Europe. Parcel post is another means by which heroin is smuggled into countries in Africa, mainly Nigeria and South Africa but also Côte d'Ivoire, the Democratic Republic of the Congo, Mali and Mozambique.

316. The level of heroin abuse in Africa remains low. According to the *World Drug Report 2007*<sup>86</sup> of UNODC, in 2005 it was estimated that 980,000 persons in Africa (or 0.2 per cent of the total population aged 15-64) were heroin abusers. Although heroin abuse seems to be confined to areas along trafficking routes, it is reported to have increased sharply in countries in East Africa (notably Kenya, Mauritius and the United Republic of Tanzania) and Southern Africa (notably Mozambique and South

<sup>85</sup> *Ibid.*, p. 82.

<sup>86</sup> *Ibid.*, table 4.

Africa). In countries in West Africa, such as Côte d'Ivoire and Senegal, and in countries in North Africa, such as Morocco, there have also been reports of sharply increased heroin abuse, a development that is probably linked to the fact that heroin trafficking routes pass through those countries.

317. Heroin is abused in Africa primarily by smoking. However, the abuse of heroin by injection is spreading in Kenya, Mauritius and the United Republic of Tanzania, particularly in urban areas; in those countries, the authorities are concerned about the high prevalence of HIV/AIDS among injecting drug abusers.

#### *Psychotropic substances*

318. In many countries in Africa, the diversion of pharmaceutical preparations containing psychotropic substances from licit distribution channels into parallel markets continues to be a cause for concern. The sale of such substances without medical prescription by street vendors and health-care providers continues to pose a major problem throughout the region.

319. Methaqualone has, for years, been the preferred drug of abuse in South Africa; however, according to the South African Community Epidemiology Network on Drug Use,<sup>87</sup> its abuse appears to be on the decline. Methaqualone, which is generally smoked together with cannabis, is not only manufactured locally in clandestine laboratories in South Africa, but also smuggled into the country out of China, India and other countries. In 2006, South African authorities detected over 1 ton of methaqualone in a sea freight consignment originating in China and intercepted 30 kg of methaqualone from Zambia that was entering South Africa through Zimbabwe.

320. Illicit manufacture of ATS, mostly methamphetamine and methcathinone, is taking place in Southern Africa. In addition, methamphetamine continues to be smuggled into South Africa, mainly out of China. In South Africa, both the illicit manufacture and abuse of ATS have increased. The substances ephedrine and pseudoephedrine, which are used for the

illicit manufacture of those ATS, are smuggled into South Africa out of China and India or are diverted from licit channels. Illicit manufacture of several types of synthetic drugs seems to have increased, as shown by the growing number of clandestine laboratories that have been dismantled in South Africa. For example, between 1995 and 1999, South Africa reported, on average, the dismantling of one clandestine laboratory per year; that figure increased to 46 in 2006. Because of intensified law enforcement activities, such laboratories are increasingly being established on remote farms, making it more difficult for the police to find and destroy them.

321. MDMA (commonly known as "ecstasy") continues to be smuggled out of Europe into South Africa, to be sold on the illicit market in that country. In June 2007, 70,000 "ecstasy" tablets were intercepted at the airport at Brussels; the tablets were destined for Cape Town.

322. In Mauritius, buprenorphine (Subutex<sup>®</sup>) is abused as a substitute for heroin, either alone or in combination with other drugs. During 2006, about 520 seizures of small quantities of Subutex<sup>®</sup> were effected in that country; in most of those cases, the substance was found on drug addicts. In addition, two cases involving the large-scale smuggling of Subutex<sup>®</sup> were reported in Mauritius, the most recent one involving 50,000 tablets from France.

#### *Precursors*

323. The Board is concerned that Africa is increasingly being targeted by traffickers as a trans-shipment point for the diversion of precursors, particularly ephedrine and pseudoephedrine.<sup>88</sup> During the period 2006-2007, a large number of suspicious shipments of ephedrine and pseudoephedrine, as well as preparations containing those substances, were identified; all of the shipments were destined for African countries such as Burundi, the Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Kenya, Mozambique, Nigeria, Somalia, South Africa and the United Republic of Tanzania. During that period, a total of over 75 tons of the two substances

<sup>87</sup> Charles Parry, Andreas Plüddemann and Arvin Bhana, "Alcohol and drug abuse trends: July-December 2006 (phase 21)", *South African Community Epidemiology Network on Drug Use (SACENDU) Update* (Cape Town), 15 May 2007.

<sup>88</sup> For a detailed description, see *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2007* ...

were prevented from being diverted to or through the region, which represents the highest amount ever recorded for Africa. The Democratic Republic of the Congo was the destination of seven stopped shipments containing a total of 23 tons of pseudoephedrine during 2007.

324. As precursor control legislation is inadequate or non-existent in many African countries and as monitoring and control mechanisms are weak, traffickers have been placing orders for such substances to be delivered to countries in Africa, from where the consignments are to be smuggled into North America or other regions. In most of the identified diversion attempts, forgery of import permits was the prevailing method used. Another matter of concern is that the authorities of many African countries do not respond to pre-export notifications and to inquiries about the legitimacy of shipments of precursors in a timely manner. The Board therefore urges the Governments of the African countries affected by such transit traffic to put in place, as a matter of priority, the necessary legislative and institutional framework to effectively combat the smuggling of precursors through their territories.

### **Missions**

325. The Board sent a mission, for the first time, to the Congo in February 2007. The Board notes that the Government of the Congo, by acceding to the three international drug control treaties in 2004, has demonstrated its political will and determination to combat drug trafficking and abuse, in cooperation with the international community. However, the Government is not able to fully comply with its treaty obligations. The Board therefore encourages the Government to give drug control issues the highest possible priority and to strengthen its commitment to the objectives of the international drug control treaties.

326. The national drug control legislation of the Congo is outdated; it needs to be revised to ensure effective control over narcotic drugs, psychotropic substances and precursors. The Board urges the Government of the Congo to give priority to updating its national drug control legislation. Moreover, the administrative mechanism for monitoring and exercising control over those substances needs to be strengthened so that the Government may fulfil its obligations under the international drug control

treaties. To that end, the Government may wish to avail itself of the legal assistance of UNODC.

327. Effective drug interdiction in the Congo is hampered by the fact that trained law enforcement officers and the necessary equipment are lacking. The Board is concerned that the Congo is at risk of being used as a transit country for drug trafficking, which could have spillover effects, such as increased drug abuse. The Board urges the Government of the Congo to give priority to further strengthening the drug interdiction capacity of the law enforcement authorities, including the customs authorities, by providing the necessary training and equipment. To that end, the Government may wish to request the support of other Governments and UNODC.

328. The Board carried out a mission to Liberia in March 2007. While Liberia is party to the 1961 Convention and the 1988 Convention, it has not ratified the 1971 Convention (it is the only State in West Africa that is not yet a party to that treaty). The Board therefore requests Liberia to ratify the 1971 Convention as soon as possible. In addition, Liberia should take the measures necessary to ensure its full compliance with the reporting obligations of the international drug control treaties.

329. Drug trafficking and abuse are major challenges that the Government of Liberia is facing after a protracted civil war. It is important for the Government to adopt appropriate national legislation to address drug trafficking and abuse. The Board therefore urges the Government to adopt adequate drug control legislation without further delay. To that end, the Government may wish to seek legal assistance from UNODC.

330. The Board notes that there are at least nine law enforcement agencies in Liberia that have a mandate to act against drug trafficking. The mandates of the agencies in question appear to be overlapping, which may result in duplication of activities. It is imperative for the Government to resolve that issue as soon as possible. In addition, the ability of the Government to correctly identify drugs being trafficked is limited. The Board notes the initial assessment made by UNODC to assist the Government in establishing laboratory capabilities in Liberia.

331. Drugs are believed to be widely abused in Liberia. However, there has never been a systematic

assessment of the nature, extent and patterns of drug abuse in that country. The Government should therefore give priority to conducting a rapid assessment of drug abuse in the country. Such an assessment is essential to the development of policy and the designing of appropriate programmes for the prevention of drug abuse and treatment and rehabilitation of the drug abusers.

## B. Americas

### Central America and the Caribbean

#### Major developments

332. The region of Central America and the Caribbean continues to be used as a transit and trans-shipment area for consignments of illicit drugs, primarily cocaine from countries in South America, mainly Colombia, bound for the United States and Europe. It is estimated that 88 per cent of the cocaine entering the United States has passed through Central America, while about 40 per cent of the cocaine entering Europe has passed through the Caribbean. In some countries in the region, the involvement of international and national criminal groups in drug trafficking is increasing and the rule of law is being undermined. The existence of youth gangs, or *maras*, involved and often in control of the street-level distribution of cocaine hydrochloride and “crack” cocaine, continues to be a problem in countries in the region such as El Salvador, Guatemala and Honduras.

333. Most illicit drugs are transported through Caribbean and Pacific waters, usually using fast boats in the Caribbean and larger craft in the Pacific. Despite the huge amount of cocaine passing through Central America and the Caribbean, the level of drug abuse in the region remains relatively low. However, the increasing quantities of drugs being trans-shipped through the countries in the region can, in the longer term, lead to growing illicit markets and increasing drug abuse levels in the transit countries.

334. While the production of cannabis for the illicit markets in North America and Europe has decreased, cannabis abuse and trafficking within Central America and the Caribbean continue to pose problems. The significant increase in seizures of MDMA reflects the

intensified use of the region as a transit area and the related problem of growing drug abuse.

335. The control of precursor chemicals in Central America and the Caribbean appears weak. The Board encourages countries in the region to put in place an adequate system for the control of precursors, in order to prevent the region from being used for the diversion and smuggling of precursor chemicals into other regions, for use in the illicit manufacture of methamphetamine.

#### Regional cooperation

336. Member States of the Organization of American States (OAS) are using the Multilateral Evaluation Mechanism to monitor and evaluate individual and collective efforts in addressing the drug problem. The Inter-American Drug Abuse Commission (CICAD) employs the results of the evaluation to make periodic recommendations to member States on improving their capacity to control illicit drug trafficking and abuse and enhance multilateral cooperation. Although not all recommendations have been fully implemented, substantial progress has been made. Through the Multilateral Evaluation Mechanism, three evaluations have been conducted and recommendations have been made to Governments. The responses from Governments have been very positive: 76 per cent of recommendations had been implemented by Governments in the first round, 85 per cent in the second round and 81 per cent in the third round.

337. Drug control efforts of countries in Central America and the Caribbean are often hampered by lack of funding. The Secretary-General of OAS invited the States in the region to adopt laws that would, on a regular and permanent basis, allocate up to 1 per cent of the drug-related assets seized to drug control programmes and organizations. Recognizing the important role that sea transport plays in drug trafficking in the region, the Board encourages the Governments of countries in the region to follow the recommendation of OAS on implementing measures to deter, thwart and dismantle criminal organizations using the sea to transport narcotic drugs, arms and materials used in processing drugs.

338. Drug abuse prevention programmes continue to expand in the region. Such programmes include a programme on school drug abuse prevention guidelines, training teachers under the sponsorship of

CICAD and life skills programmes. In addition, the University of the West Indies launched in 2007 an online programme in the Caribbean for the prevention and treatment of substance abuse. The online programme marks the conclusion of a two-year partnership between CICAD and the University of the West Indies, undertaken at the request of national drug control commissions of Caribbean countries.

339. OAS and the Commission of the European Union launched an initiative in February 2007 to link cities in Europe with cities in Latin America and the Caribbean in order to create associations to improve, at the municipal level, the rehabilitation and treatment of drug abusers. Furthermore, the Governments of Canada, France, the Netherlands, Spain, the United Kingdom and the United States provided assistance in combating drug trafficking activities.

340. The Regional Security System of the Organization of Eastern Caribbean States has among its main objectives the prevention and interdiction of trafficking in illicit narcotic drugs. The countries that are members of the Regional Security System (Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines) continued in 2006 to support efforts to counteract the smuggling of drugs through the eastern part of the Caribbean.

341. A seminar was held in Mexico City in May 2006 to provide training for police, customs and officials from the ministries of health of El Salvador, Guatemala, Nicaragua and Panama in improving the current system for the control of precursors in those countries. The training focused on bringing national legal frameworks in line with the international drug control treaties, on diversion techniques and on the implementation of UNODC electronic tools for drug control. Similar training was offered for police, customs and Government officials from Belize, Costa Rica and Honduras in October 2007.

342. The Board would welcome the disruption, as a result of the ongoing cooperation among countries in the region, of operations involving trafficking in drugs and precursor chemicals.

#### **National legislation, policy and action**

343. In Belize, the National Coast Guard Service, with full responsibility for law enforcement and safety at

sea, was established in 2006 to deter trans-shipping of narcotic drugs. The National Coast Guard Service patrols the Belizean coastline and conducts operations to combat drug trafficking.

344. In 2006, the Costa Rican Institute on Drugs enhanced its coordination efforts in the areas of intelligence-gathering, demand reduction, the seizure of assets and the licensing of precursor chemicals. In 2006, Costa Rica also adopted legislation against illicit enrichment and reported the results of the evaluation of several drug abuse prevention programmes. Programmes targeting universities, adults, the workplace and prison inmates are included in the strategy "Promoting Healthy Lifestyles". The Board encourages the Government of Costa Rica to ratify the multilateral Agreement concerning Cooperation in Suppressing Illicit Maritime and Air Trafficking in Narcotics Drugs and Psychotropic Substances in the Caribbean Area.

345. In El Salvador, the Anti-Narcotics Division of the National Police is responsible for preventing drug trafficking by land, sea and air. It is also responsible for preventing the smuggling of drugs using mail delivery services. With regard to drug abuse prevention efforts, the Government of El Salvador is working with the Anti-Drugs Foundation of El Salvador (FUNDASALVA), a non-governmental organization, to increase public awareness of substance abuse and to provide counselling, rehabilitation and reintegration services (including job training) for drug-dependent persons. In 2007, UNODC, in collaboration with the United States Centers for Disease Control and Prevention conducted studies on the prevalence of drug abuse by injection, high-risk behaviour and HIV/AIDS in treatment centres in El Salvador and Guatemala. UNODC provided to El Salvador, Guatemala, Nicaragua and Panama support in publishing and promoting recently approved or revised minimum standards for the treatment of drug abusers.

346. In 2006, Guatemala enacted a law against organized crime, authorizing wiretaps, undercover operations and controlled deliveries. The Executive Secretariat of the Commission against Addictions and Illicit Drug Trafficking of Guatemala continues to implement the Comprehensive National Program on Prevention Education. Using the "train-the-trainer" concept, the Government of Guatemala trained a sufficient number of teachers so that courses on drug

abuse prevention could be taught in schools. Corruption remains a problem in Guatemala, despite efforts by the Government of Guatemala and the enforcement of a zero-tolerance policy on corruption in the National Police.

347. In 2006, Honduras adopted the Law on Transparency and Access to Information, giving public access to information about activities of the Government, in particular its ministries and agencies. Congress is expected to adopt in 2007 a plan to revise the police law and to reorganize the national police and law enforcement efforts to combat drug trafficking. In order to improve the work of the national police, plans are being made to increase the number of police officers and to reorganize the police command.

348. While Panama is not a major producer or consumer of chemicals used in the illicit manufacture of drugs, there are reports that significant quantities of chemicals pass through the Colón Free Zone to other countries. Legislation to strengthen the chemical control regime in Panama was adopted in April 2005. In 2006, emphasis was placed on building capacity to implement the new legislation, for example by creating a chemical control unit at the Joint Intelligence Coordination Center.

349. The Information Advisory Committee of the National Drug Council of Antigua and Barbuda has started to evaluate currently used methods for data collection and analysis. With technical assistance from CICAD, Antigua and Barbuda has carried out a national survey in secondary schools to determine the nature and extent of drug use in secondary schools and the attitudes of youth towards the use of drugs.

350. In Barbados, the National Council on Substance Abuse, in cooperation with non-governmental organizations, carries out drug abuse prevention and education programmes, such as the Drugs and Decisions programme in 45 primary schools, the Drug Abuse Resistance Education (DARE) programme and the Parents' Resource Institute for Drug Education programme.

351. In Cuba, rehabilitation programmes for drug-dependent persons are carried out by State-run organizations ensuring the implementation of minimum care standards. In order to prevent the diversion of pharmaceuticals containing internationally controlled substances, only one port and one airport are

authorized to function as gateways for the import and export for controlled substances.

352. The Ministry of Health of Dominica has established a series of community-based prevention programmes, including the DARE programme. The Board encourages Dominica to adopt the principle of minimum standards of care in drug dependency treatment as defined by CICAD.

353. The Dominican Republic has strengthened domestic law enforcement and has identified activities against money-laundering that are to be given priority. Corruption continues to undermine drug control activities, despite efforts by the Government to deal with that problem.

354. The Board notes that in Grenada the 2005 draft precursor chemical bill has not yet been adopted. The Board encourages the Government of Grenada to adopt legislation on precursor control that is in conformity with the provisions of the international drug control treaties.

355. The Observatoire haïtien des drogues (Haitian drug monitoring centre) is not functioning properly because of lack of human resources and equipment. The national police reached an agreement in August 2006 with the United Nations Stabilization Mission in Haiti (MINUSTAH) on procedures for checking all police officers for criminal records. In 2006, 500 officers were dismissed for misconduct. Corruption is so prevalent in the country that it often hinders drug and crime control efforts. Anti-corruption measures introduced by the Government have met with limited success. The Board requests the Government to curb the influence of organized crime on Government activities and to fight corruption at all levels. The Board is concerned that the lack of resources to adequately patrol the borders and coast of Haiti has resulted in the country becoming a major drug trafficking hub in Central America and the Caribbean.

356. In 2006, the Government of Jamaica announced security and legislative and policy initiatives to combat drug trafficking, corruption and trafficking in humans. The initiatives called for measures such as forfeiture, port security and digital fingerprinting measures. However, the legislation did not go beyond the initial stages. The adoption of the Proceeds of Crime Act, which would facilitate seizures and forfeitures, was stalled in Parliament. Legislation to criminalize the

manufacture, sale, transport and possession of “ecstasy”, methamphetamine and precursors of those drugs was drafted in 2006 and scheduled to be presented to Parliament in 2007. The Board urges the Government of Jamaica to adopt the two laws as soon as possible.

357. In 2006, the National Drug Council of Trinidad and Tobago enhanced the capacities of the Special Anti-Crime Unit, which carries out operations to counter drug trafficking and kidnapping. In 2006, crime control and law enforcement bills were passed in Trinidad and Tobago, streamlining the police service and holding it more accountable, in addition to increasing the penalties for certain offences, including offences related to drug trafficking.

### **Cultivation, production, manufacture, trafficking and abuse**

#### *Narcotic drugs*

358. The region of Central America and the Caribbean is used by drug traffickers as a major transit and trans-shipment area. Cooperation increased between criminal groups in the region, and more complex cooperation mechanisms have been established between criminal groups. Drug trafficking accounts for a large part of the organized criminal activities in the region. Some countries, such as the Dominican Republic, Haiti and Jamaica, are major hubs for drug trafficking groups shipping drugs to the United States and countries in Europe. In 2005, about 10 tons of cocaine were transported through Jamaica, and 20 tons of cocaine passed through the Dominican Republic or Haiti. The Caribbean islands continue to form part of the main routes used for smuggling cocaine into Europe: the Netherlands Antilles is used for shipments to the Netherlands, Jamaica for shipments to the United Kingdom and French-speaking Caribbean islands are used for shipments to France. The authorities in the Netherlands believe that the 100 per cent control strategy for passengers flying from the Netherlands Antilles, Suriname and Venezuela (Bolivarian Republic of) to the Netherlands has significantly reduced the flow of illicit drugs through Schiphol airport, near Amsterdam.

359. While the Caribbean route is preferred by Colombian drug traffickers, Mexican criminal groups engaged in drug trafficking prefer the Central American corridor. As the Mexican criminal groups

have replaced Colombian drug trafficking groups in the United States (see paragraph 397 below), part of the transit traffic in illicit drugs appears to have shifted to Central America. Some less policed areas in Central America, such as the national park Laguna del Tigre in Guatemala, Mosquitia in Honduras and the Atlantic coast of Nicaragua, are used by drug traffickers for refuelling planes and vessels and for repackaging and storing drugs. The share of cocaine shipments accounted for by Central American countries and Mexico increased from about 50 per cent in 1999 to 88 per cent in 2005. Guatemala is used as a landing area for private aircraft smuggling cocaine from Colombia into the United States. Guatemala is also used as a trans-shipment area for cocaine consignments transported by sea to Europe. Because of its extensive unpatrolled areas, drug traffickers are also using Guatemala as a storage area for drugs being transported to Mexico.

360. During 2006, joint operations of Costa Rican and United States authorities led to the seizure of more than 25 tons of cocaine. One growing problem is the use of Costa Rican fishing vessels for smuggling narcotic drugs and refuelling “go-fast” boats transporting drugs. In 2006, over 36 tons of cocaine were seized in Panama.

361. In Central America and the Caribbean, the level of abuse of narcotic drugs is relatively low. For example, the annual prevalence of abuse of narcotic drugs appears to range from 0.1 per cent in Antigua and Barbuda to 1.3 per cent in Aruba; the majority of countries have an annual prevalence rate of less than 1 per cent.

362. In the Caribbean, Jamaica continues to be the main producer of cannabis and the only significant exporter of cannabis to other regions, but its cannabis production has decreased. There is substantial cannabis production in Central American countries, mostly for domestic use or trafficking within the region. Jamaica has the highest annual prevalence of cannabis abuse, with 10 per cent of all persons aged 15-64 abusing cannabis. In all countries in Central America except Belize and Guatemala the annual prevalence is less than 5 per cent. The cannabis abuse level is higher in most countries in the Caribbean but still significantly lower than in Jamaica, ranging from 1.9 per cent in the Dominican Republic to 7.3 per cent in Barbados.

363. Substantial amounts of heroin originating in Colombia and Mexico have been seized in countries in the Caribbean (Aruba, Bermuda, the Dominican Republic, the Netherlands Antilles, Puerto Rico and Trinidad and Tobago) and in Central America (Costa Rica, El Salvador, Nicaragua and Panama). Guatemala has reported large seizures of opium poppy capsules but only sporadic seizures of heroin. In September 2006, the Government of Guatemala reported having eradicated 27 million opium poppy plants, indicating an increase in illicit opium poppy cultivation to its previous peak level.

364. The annual prevalence rate of abuse of opiates is low in most countries in the region, ranging from 0.04 per cent in Honduras to 0.3 per cent in El Salvador.

#### *Psychotropic substances*

365. The transit traffic in psychotropic substances appears to be increasing in the Caribbean. In 2006, the authorities in the Dominican Republic seized 363,434 tablets of MDMA (“ecstasy”). A large part of the seized drugs were destined for the illicit market in North America. Increasing trafficking is contributing to a rise in the abuse of psychotropic substances such as MDMA in the Dominican Republic. According to authorities, about half of all the MDMA trafficked in the Dominican Republic is abused in the country. In Jamaica, there is evidence that MDMA from the Netherlands is increasingly becoming available on the illicit markets, mostly for tourists. The annual prevalence of abuse of amphetamines is highest in El Salvador (3 per cent), followed by the Dominican Republic (1.1 per cent). Synthetic drugs also originate in the region, although to a lesser extent. A laboratory manufacturing LSD was dismantled on the island of St. Maarten.

#### *Precursors*

366. Because of improved control over imports of ephedrine and pseudoephedrine, in Mexico, there have been fewer attempts to illegally import those substances into that country and drug traffickers have therefore found a new route for smuggling ephedrine and pseudoephedrine through Central American countries to clandestine laboratories in Mexico. In 2006, Indian authorities stopped the shipment of 5 tons of ephedrine and 2.5 tons of pseudoephedrine to

Belize. Attempts to divert large quantities of pharmaceutical preparations containing ephedrine and pseudoephedrine were prevented in Costa Rica and El Salvador.

## **North America**

### **Major developments**

367. The increasing influence that organized criminal groups gained over and through drug trafficking is the major drug threat in the region of North America. Organized crime is controlling drug trafficking in Mexico. The role of criminal organizations in drug trafficking in Canada and the United States has expanded, providing them with financial gains that increase their illicit drug manufacturing capacities even further. Despite strong efforts by the Government of Mexico and bilateral efforts in cooperation with the United States, organized crime is engaged in open warfare against the authorities in order to maintain Mexico’s position as the primary transit corridor for most of the cocaine consignments destined for the United States while maintaining their share of the profits derived from the trafficking in heroin, methamphetamine and cannabis found on the United States market.

368. In Canada, apart from motorcycle gangs involved in drug trafficking, various ethnic criminal groups engage in the large-scale illicit production of cannabis and illicit manufacture of and trafficking in methamphetamine and MDMA. In the United States, criminal groups originating in Colombia, the Dominican Republic and Mexico play a major role in illicit drug manufacture and trafficking. The Board, recognizing that national authorities in all of those countries are attempting to counteract those developments by increasing cooperation and joint operations, encourages the national authorities to intensify those efforts in order to adequately respond to those challenges.

369. In Canada, the supply of “safer crack kits”, including the mouthpiece and screen components of pipes for smoking “crack”, has been authorized by the Vancouver Island Health Authority, in contravention of article 13 of the 1988 Convention. Several other cities in Canada, such as Ottawa and Toronto, have also approved programmes for the distribution of drug



paraphernalia, including crack pipes, to chronic drug users. The Board calls upon the Government of Canada to eliminate those programmes, as well as existing programmes providing drug injection sites, which are in violation of the international drug control treaties, to which Canada is a party.

370. After years of apparent stability in the drug trade, significant and sustained increases in cocaine and methamphetamine prices occurred in the illicit drug market in the United States during 2007. At the same time, a drop in purity at the retail level was observed. Contributing causes of those positive developments seem to be: an increase in the flow of cocaine towards Europe; eradication campaigns in Colombia; and intensified efforts by the Government of Mexico, which have disrupted the operating environment of drug traffickers.

371. As a result of those developments, the abuse of cocaine and “crack” in the United States has significantly decreased, but the abuse of prescription drugs has become a major problem. Illegal Internet pharmacies constitute a large part of that problem by providing prescription drugs without the required controls. The particularly high rates for the abuse of prescription drugs, the consequences of which can be fatal, are affecting a larger proportion of young people than in previous years.

372. The United States has nearly reached its goal of reducing the abuse of cannabis, heroin and MDMA among youth by 25 per cent within five years. However, the decrease in the abuse of cannabis among youth in the United States may be offset by an increase in the abuse of prescription drugs. The Board, therefore, encourages the authorities of the United States to vigorously address the problem of the illegal sale and abuse of prescription drugs.

### **Regional cooperation**

373. Regional cooperation for drug control matters is well established in North America. A large number of bilateral investigative activities and joint operations have been carried out in the region, some of them covering the whole range of drug trafficking activities such as Operation All Inclusive 2005-1 and Operation All Inclusive 2006-1. Those two operations focused on South American source areas, the eastern Pacific and western Caribbean parts of the transit areas in Mexico and Central America, and mainland areas of Mexico

and Central America, in order to target in a combined effort the flow of drugs, money and chemicals within those areas. Numerous other joint operations have targeted trafficking in specific drugs, including cocaine, methamphetamine and prescription drugs.

374. United States law enforcement agencies provide the Federal Investigative Agency of Mexico with basic equipment and advanced contraband detection training. Training in the detection and dismantling of clandestine laboratories is also provided to law enforcement personnel to raise the capacity at the local level to bring to justice manufacturers of narcotic drugs and psychotropic substances, particularly methamphetamine. A matter of major concern to Mexico is the use of proceeds from drug trafficking to acquire weapons in the United States for use in Mexico by criminal organizations.

375. The weak control of the financial system of Mexico is exploited by drug traffickers to launder money derived from drug trafficking. That has resulted in an increase in the number of money-laundering cases investigated in 2006 by the financial crime unit of the office of the Deputy Attorney General against organized crimes. In 2006, Mexico became a member of the Financial Action Task Force of South America against Money Laundering (GAFISUD).

376. Two successful examples of cooperation between Canada and the United States are Project North Star, a mechanism for law enforcement coordination, and the joint Integrated Border Enforcement Team initiative. Canada is also cooperating with the United States against illicit drug trafficking along the route leading from South America to North America and has deployed “Maritime Patrol Assets” in support of the Joint Interagency Task Force South. The Integrated Marine Security Operations programme known as Shiprider facilitates effective maritime law enforcement. It allows law enforcement officers from one country to operate from the vessels or aircraft of another country, so that a single vessel can patrol both Canadian and United States waters and pursue suspect vessels.

### **National legislation, policy and action**

377. In the United States, demand reduction strategies targeting youth continue to be monitored in the annual survey “Monitoring the Future”. There has been a reduction in the demand for drugs that has been

attributed to the increasing perception of the risks of drug abuse by youth, strong parental disapproval and effective prevention messages delivered in schools. The National Youth Anti-Drug Media Campaign uses television, radio, printed matter and online communications to enhance young people's ability to perceive the harm caused by drug abuse.

378. The growing problem of abuse of prescription drugs in the United States is being addressed through the cooperation of government offices, research institutes, pharmaceutical companies, medical associations, schools and communities. Activities include educational outreach strategies covering a wide range of groups (including physicians, pharmacists and patients), as well as education, screening, intervention and treatment for persons who abuse prescription drugs, the surveillance of distribution chain integrity and research by the private and public sectors. In spite of those activities, the purchase and abuse of Vicodin<sup>®</sup> (containing hydrocodone) and OxyContin<sup>®</sup> (containing oxycodone), particularly by youth, and the illegal sale of those and other drugs over the Internet have become major problems in the United States.

379. In the United States, the Combat Methamphetamine Epidemic Act of 2005 became fully effective in September 2006. The Act establishes a nationwide standard for precursor control and provides for severe penalties for precursor-related offences and provisions for enhanced international enforcement of laws to prevent the diversion of chemicals. Efforts are being carried out at the national and state levels to regulate more closely the sale of ephedrine and pseudoephedrine in retail outlets.

380. In response to the smuggling of drugs across the border with Mexico, the United States Administration has developed the National Southwest Border Counternarcotics Strategy and Implementation Plan, which was adopted by Congress in December 2006. The Implementation Plan has identified the major goals and objectives and resource requirements for closing gaps in drug control capabilities along the south-west border of the United States.

381. The President of Mexico has identified the fight against drug trafficking and organized crime as the most important tasks of his Government. The Government of Mexico has initiated plans to introduce innovations in law enforcement efforts to combat drug trafficking, through the reform of the justice system,

the creation of a unified federal police force under a single command and the establishment of a unified criminal information system. The Government has also improved the investigative and analytical capabilities of the Federal Investigative Agency of Mexico and the National Centre for Analysis, Planning and Intelligence against Organized Crime of the Attorney General's Office of Mexico. While progress appears to have been achieved during 2007 in the fight against drug traffickers and corruption, the Government has confirmed its commitment to adopting further countermeasures. The presidential veto of the planned changes to the national law, which would have allowed personal possession of drugs, was approved in April 2007 by the commissions of justice, health and legislative studies of the Senate.

382. In Mexico, the clandestine manufacture of and trafficking in methamphetamine have increased in the past few years. Legislative and administrative measures in Mexico have significantly reduced imports of ephedrine and pseudoephedrine, substances required for the illicit manufacture of methamphetamine (see also the 2007 report of the International Narcotics Control Board on the implementation of article 12 of the 1988 Convention).<sup>89</sup> Criminal organizations have reacted to that development by smuggling ephedrine and pseudoephedrine from Central American countries into Mexico, to compensate for the reduced availability of those precursors on the Mexican market.

383. The Board encourages the Government of Canada to implement as soon as possible the new National Anti-Drug Strategy, for combating illicit drug production, preventing illicit drug use and treating illicit drug dependence. The Board notes that the Meth Watch Program, implemented by the Nonprescription Drug Manufacturers Association of Canada, includes the training of retailers to identify suspicious orders for precursors of methamphetamine.

384. In Canada, a bill that received final parliamentary approval in December 2006 will make the national legislation against money-laundering consistent with the recommendations of the Financial Action Task Force on Money Laundering by expanding the

<sup>89</sup> *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2007 ...*

coverage of the legislation to include lawyers and dealers in precious metal and stones.

**Cultivation, production, manufacture, trafficking and abuse**

*Narcotic drugs*

385. North America is one of the main regions used for the production of cannabis. The United States, Mexico and Canada produce about 5,000 tons, 4,000 tons and 800 tons of cannabis, respectively. Some of the cannabis produced in the United States is grown under hydroponic conditions, so as to increase the yield and the potency.

386. The illicit market for cannabis in Canada is mostly supplied by domestic production. Canadian cannabis with high potency is grown indoors on a large scale under laboratory conditions using specialized equipment and fertilizers. The large-scale illicit cultivation of cannabis in Canada appears to be driven by the lack of strict punishment for cannabis growers.

387. In the United States, efforts to eradicate cannabis have increased in recent years; in 2006, a record level of about 6 million cannabis plants were eradicated. The eradication of illicit crops remains a priority of the Mexican army, which eradicated nearly 30,000 hectares of cannabis in 2006 (at least 80 per cent of the total cannabis crop).

388. Cannabis is the most common illicitly used drug in the region. The prevalence of lifetime cannabis users is 40.1 per cent in the United States (according to the 2005 national survey on drug use and health) and 44.5 per cent in Canada (according to the 2004 report on the drug situation). The last survey of prevalence of lifetime cannabis users in Mexico (conducted in 2003) showed a much lower number of cannabis users (prevalence of 4.7 per cent).

389. The sharp increase in cannabis potency in the region is a cause for serious concern. The increase has been attributed to the production of high-potency cannabis in Canada and the United States by criminal groups. The average potency of samples of seized cannabis nearly doubled from 2000 to 2005. Compared with the average tetrahydrocannabinol (THC) content of cannabis in the 1960s, the potency of cannabis has increased by nearly 10-fold. Mexican criminal groups have also started to produce higher-potency cannabis,

derived from cannabis cultivated on outdoor plots on the western coast of the United States.

390. According to the Potency Monitoring Project of the University of Mississippi, cannabis with higher potency accounts for an increasing percentage of samples of seized cannabis in the United States. The percentage of samples containing higher-potency cannabis (THC content of at least 5.0 per cent) increased from 15.8 per cent in 1989 to 60 per cent in 2005. The highest THC content in an analysed sample was 32.3 per cent. According to the Treatment Episode Data Set, 20.1 per cent of drug abusers admitted for treatment in 2005 reported cannabis to be their primary drug of abuse (compared with 6 per cent in 1992).

391. About 1.5 per cent of the population of the United States and 0.9 per cent of the population of Canada reported having abused heroin at least once in their lifetime. While heroin abuse in Mexico still seems to be concentrated in areas along that country's border with the United States, recent surveys indicate that heroin abuse has expanded to other areas in Mexico though the prevalence rate is still quite low. In the United States, heroin abuse among youth has decreased only slightly, and no significant changes in the rate of heroin abuse and the number of first-time heroin abusers have been observed among the general population.

392. Most of the heroin abused in the United States comes from Colombia and Mexico. While South American "white heroin" remains the predominant heroin in use in the United States, Mexican drug trafficking organizations have introduced "black tar" and "brown powder" heroin from Mexico in some of the south-eastern states, as well as in the Midwest, in the United States. A mixture of "black tar" heroin and Tylenol<sup>®</sup> PM (paracetamol) is increasingly being abused in some parts of the United States, where more than a dozen deaths have been reported from such abuse.

393. In 2006, the Government of Mexico reported having eradicated opium poppy covering over 16,831 hectares, less than the more than 20,000 hectares reported for two of the previous three years.

394. Each year, between 1 and 2 tons of heroin are smuggled into Canada, mostly from South-East Asia and South-West Asia and, to a lesser extent, Latin

America. According to a report from Canada, a mixture of heroin and ketamine is being smuggled into Victoria, Canada. The Board requests the Government of Canada to verify the authenticity of that report.

395. In Mexico, cocaine is the second most commonly abused drug; lifetime prevalence of cocaine abuse (use of cocaine at least once in a person's lifetime) is currently 1.45 per cent in that country. In Canada, cocaine is reported to be the third most widely abused drug, according to a 2004 survey; lifetime prevalence of cocaine abuse is 10.6 per cent in that country. In the United States, lifetime prevalence of cocaine abuse is reported to be 13.8 per cent, according to a 2005 survey.

396. According to a 2005 survey, the rate of past-month abuse of cocaine among youth in the United States has been stable in recent years, at about 0.6 per cent, which is significantly below the peak level of 1.9 per cent in 1982. Cocaine abuse among the general population in the United States has also been stable. About 2.4 million persons have abused cocaine in the past month.

397. Most of the cocaine transported to the United States is from countries in South America, particularly Colombia, which supplies about 90 per cent of the cocaine entering the United States, using routes that pass through the Mexico-Central America corridor. Mexican drug trafficking organizations and criminal groups control most of the wholesale distribution of cocaine in the United States. Mexican authorities seized more than 48 tons of cocaine between 1 December 2006, when the new Administration took office, and late October 2007. That is more than double the amount of cocaine seized in the previous year.

398. It is estimated that 15-25 tons of cocaine enter Canada every year; Colombia continues to be the predominant source country. Cocaine enters Canada largely through that country's border with the United States or in shipments from the Caribbean. Canadian criminal organizations are involved in large-scale international networks facilitating the importation of cocaine into Canada and other countries.

399. The abuse of prescription drugs in the United States is higher than the abuse of heroin, cocaine and methamphetamine and second only to the abuse of cannabis. Approximately 6.4 million people in the United States abuse prescription drugs containing

controlled substances, mostly pain relievers (4.7 million). Nearly 10 per cent of students in their final year of secondary school (17-18 years old) reported having abused prescription drugs in the past year (9.7 per cent abused Vicodin<sup>®</sup> and 4.3 per cent abused OxyContin<sup>®</sup>). One third of all new abusers of prescription drugs in that country are 12-17 years old, and prescription drugs are the drug of choice among persons 12-13 years old. The Board is concerned about those developments.

400. In some states in the United States, the abuse of prescription drugs is considered to represent a serious threat to the health and safety of the population. In Maryland, the number of deaths caused by methadone abuse increased by more than 25 per cent between 2005 and 2006. Moreover, the cases involving fentanyl overdose and death increased significantly in 2006. Most of the cases involving death were not related to the abuse of diverted licitly manufactured fentanyl preparations but to the abuse of heroin or cocaine that had been mixed with clandestinely manufactured or diverted fentanyl. In May 2006, a laboratory in Mexico used for the clandestine manufacture of fentanyl was seized after having been identified as one of the main sources for the fentanyl that had been used as an adulterant for the heroin involved in the drug-related deaths in Maryland.

401. The diversion and abuse of OxyContin<sup>®</sup> continue to take place in Canada, particularly in Nova Scotia and Ontario, where an increase in the number of deaths linked to the abuse of that drug has been noted. The increase in trafficking in OxyContin<sup>®</sup> is reflected in the increase in the samples of OxyContin<sup>®</sup> seized and analysed by the Public Health Agency of Canada.

402. The increasing abuse of prescription drugs in the region is the result of several developments, including the sharply increased legitimate sale, availability and accessibility of such drugs, for example through illegally operating Internet pharmacies. From 2000 to 2004, the sale of pharmaceuticals increased by 109 per cent (the sale of drugs containing oxycodone increased by nearly 90 per cent and the sale of drugs containing hydrocodone increased by nearly 70 per cent). In 2006, 34 known or suspected illegal Internet pharmacies dispensed 98,566,711 dosage units of drug products containing hydrocodone. Individuals ordering from illegal Internet pharmacies have been able to obtain 100-200 prescription drug tablets per order, much

larger orders than they would be able to obtain legally, and that has contributed significantly to the increased availability of prescription drugs for abuse.

*Psychotropic substances*

403. In the United States, the rate of abuse of methamphetamine among persons aged 12 and above declined from 0.7 per cent in 2002 to 0.5 per cent in 2005. The decline was even more pronounced among schoolchildren aged 13-18: from 4.2 per cent in 1999 to 2.4 per cent in 2005 and 2.0 per cent in 2006. Thus, the number of first-time abusers of methamphetamine among youth in that country also decreased in 2005, compared with the three previous years. In Mexico, however, methamphetamine abuse has been rising, particularly along the border of that country with the United States. In Canada, there has also been a resurgence in the popularity of methamphetamine. Methamphetamine tablets also continue to be one of the main ingredients in tablets marketed as "ecstasy". It is also used by traffickers to enhance the effects of cannabis, cocaine, heroin and ketamine (a substance not under international control), possibly to accelerate addiction among persons abusing those substances.

404. Reduced illicit manufacture of methamphetamine in the United States has been partially offset by increased manufacture of the drug in Mexico. About 80 per cent of the methamphetamine in the United States is from larger laboratories, increasingly in Mexico, while the remaining 20 per cent comes from small home laboratories. Mexican criminal groups are also the main wholesale distributors in the United States of methamphetamine, including powder methamphetamine and, increasingly, "crystal" methamphetamine (commonly known as "ice").

405. Methamphetamine seizures at the border between Mexico and the United States increased from 777 kg in 2000 to 2,790 kg in 2006. In 2006, Mexican authorities seized four clandestine laboratories capable of manufacturing 0.6 ton of methamphetamine. Seizure data indicate that extensive infrastructure for the illicit manufacture of methamphetamine is in place in Mexico and that the number of methamphetamine laboratories dismantled and the quantities of methamphetamine seized may reflect only a fraction of the actual illicit activity involving that drug.

406. In Canada, methamphetamine is illicitly manufactured mainly in clandestine laboratories in that

country. The involvement of organized crime in methamphetamine trafficking has increased the number of methamphetamine "super labs", laboratories capable of manufacturing 5 kg or more in one 24-hour manufacturing cycle.<sup>90</sup> While the quantities of methamphetamine smuggled out of Canada into the United States are considerably lower than the quantities of "ecstasy" smuggled in that direction, United States authorities fear an increase in the flow of methamphetamine from Canada. One growing problem is the smuggling of methamphetamine from Canada into countries overseas, mostly Japan. Seizures of methamphetamine of Canadian origin have also been reported in Australia and the Republic of Korea.

407. In the United States, the abuse of LSD and MDMA by the teenage population has been declining since 2001, the level of abuse of MDMA decreasing by one half and that of LSD by nearly two thirds in the period 2005-2006.

408. In Canada, illicit drug manufacturers and traffickers are marketing as "ecstasy" a mixture of MDMA and methylenedioxyamphetamine (MDA) in tablet, capsule or powder form. The tablets also contain methamphetamine, ketamine, caffeine, pseudoephedrine and ephedrine.

*Substances not under international control*

409. The abuse of inhalants by young persons remains a problem in Mexico and the United States. In Mexico, inhalants, which are the third most commonly abused group of substances, continue to be the preferred substance of abuse among child workers. In the United States, adolescents represent the main group of inhalant abusers: the average age at first use of inhalants among recent initiates is 16 years.

410. United States authorities are concerned about the growing abuse by adolescents of dextromethorphan, a substance commonly found in over-the-counter cough and cold remedies. According to the Drug Abuse Warning Network, adolescents accounted for nearly one half of all emergency room visits related to the abuse of that substance.

411. In Canada, ketamine and GHB continue to be abused at rave parties and clubs, sometimes in

<sup>90</sup> *Ecstasy and Amphetamines: Global Survey 2003* (United Nations publication, Sales No. E.03.XI.15), p. 89.

combination with other illicit synthetic drugs. Ketamine found on the illicit market is obtained through either domestic or international channels of diversion. Clandestine manufacture supplies the Canadian market for GHB. GBL, required for the manufacture of GHB, is obtained from domestic or foreign sources in "GHB manufacturing kits" ordered via the Internet.

412. Khat is smuggled mainly through the United Kingdom into Canada, where its abuse is mostly limited to groups with origins in the eastern part of Africa.

413. A recently discovered drug of abuse in Canada has BZP as its active ingredient. The drug called "funk pills" has effects similar to MDMA and amphetamine. The Board requests the authorities of Canada to provide any information they may have about the abuse potential and prevalence of abuse of BZP to WHO, as that substance is under consideration for future review.

## South America

### Major developments

414. The region of South America is suffering from the illicit cultivation, on a large scale, of coca bush, opium poppy and cannabis plant, as well as the manufacture and production of and trafficking in the illicit drugs stemming from that cultivation. During the past four years, the total area under illicit coca bush cultivation in South America was stable. In 2006, that total area decreased slightly compared with the previous year, to 156,900 hectares. In 2006, Colombia was the world's leader in illicit coca bush cultivation, accounting for 50 per cent of global coca bush cultivation; it was followed by Peru (33 per cent) and Bolivia (17 per cent). Contrary to the situation in 2005, the decreased illicit cultivation of coca bush in Colombia in 2006 was partly offset by increased illicit cultivation in Bolivia and Peru. Areas under illicit coca bush cultivation measuring less than 100 hectares were found in Ecuador. Marginal illicit coca bush cultivation was also detected in the Bolivarian Republic of Venezuela.

415. The total area of illicit coca bush cultivation eradicated in the three main countries producing coca leaf increased by 23 per cent to 231,313 hectares in 2006, compared with 2005. In Colombia alone, the

total area eradicated in 2006 (213,555 hectares) was almost three times the total area under coca bush cultivation (78,000 hectares), which is a reflection of the intensity of the eradication activity in that country. Priority was also given to eradicating illicit opium poppy cultivation. In 2006, the total area under illicit opium poppy cultivation in Colombia decreased to 1,023 hectares, 48 per cent less than the level of the previous year and about 18 times less than the level of 15 years ago.

416. The continued positive developments in the eradication of illicit coca bush cultivation in the region were offset by the growers' improved cultivation techniques, the planting of new varieties of coca bush and increased efficiency in clandestine laboratories processing coca leaf. As a result, potential manufacture of cocaine in South America remained at 800-1,000 tons annually in the period 1997-2006. In 2006, potential manufacture of cocaine in the region was 984 tons, about the same as in 2005.

417. Although virtually all of the illicit manufacture of cocaine occurs in the three main countries in which coca bush is cultivated, all countries in South America are affected by trafficking in those drugs. The strengthened cooperation and the sharing of intelligence among law enforcement authorities contributed to an improvement of the global cocaine interception rate, which had risen sharply in previous years. According to the latest data provided by Governments, the amount of cocaine seized represents about 40 per cent of global cocaine manufacture. More than half of the cocaine seized worldwide was seized in South America.

418. The nexus between drug trafficking, drug-related organized crime and violence continued to plague several South American countries. For example, in Brazil, drug-related organized crime has in recent years resulted in increased gang violence and murder in large urban areas.

419. The primary drugs of abuse among persons treated for drug problems in South America are cocaine-type drugs (accounting for almost 50 per cent), followed by cannabis (26 per cent). The demand for treatment for the abuse of ATS and opiates is lower, accounting for about 1 per cent of those seeking treatment for abuse. Cocaine abuse continued to rise in all the countries covered in the latest surveys.

### Regional cooperation

420. Representatives of 10 countries and territories, including Brazil, Colombia, Guyana, Suriname and Venezuela (Bolivarian Republic of), and six international organizations participated in the International Anti-Narcotics Conference held in Paramaribo in October 2006. The Conference adopted the Paramaribo Declaration, which contains measures aimed at strengthening coordination and cooperation among participating countries in efforts to fight drug and precursor trafficking and small arms trafficking and the criminal organizations associated with those activities.

421. The sustainability and further improvement of the regional and international cooperation among law enforcement and intelligence services, as well as judicial authorities, of South American countries continued to be discussed at various meetings in South America. In October 2006, South American countries, including Argentina, Bolivia, Brazil, Chile, Colombia, Guyana, Paraguay, Suriname, Uruguay and Venezuela (Bolivarian Republic of), as well as member States of the European Union, Europol and Interpol were among those represented at the European Union-Latin American and Caribbean Drugs Intelligence Sharing Working Group, held in Rio de Janeiro, Brazil. Participants reported on progress made in exchange programmes for law enforcement officers and presented results of recent joint operations. States were invited to participate in the Europol Cocaine Logo System, aimed at identifying links between the drugs seized and the organized crime networks involved.

422. Representatives at the Sixteenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held in Buenos Aires in October 2006, reported on regional cooperation, including the exchange of information on the movement of small vessels at the international level, which has proved to be an effective measure against maritime trafficking in cocaine and other illicit drugs. The Meeting recommended that Governments organizing campaigns to eradicate illicit coca bush cultivation should ensure that those campaigns are accompanied by programmes offering viable commercial alternative livelihoods to assist rural communities in supporting themselves without having to return to illicit crop cultivation.

423. At the fortieth regular session of CICAD, held in Santa Cruz de la Sierra, Bolivia, from 29 November to 1 December 2006, experts reported on issues of common interest, including the control of precursor chemicals and pharmaceutical preparations, the use of the Internet to sell drugs and money-laundering. Representatives of participating countries reported on drug policy issues, including new drug control legislation (Brazil), national policy on the eradication of illicit crop cultivation (Colombia) and the strategy against drug trafficking and for the evaluation of coca leaf, covering the period 2007-2010 (Bolivia).

424. During the Third Ibero-American Meeting of National Drug Observatories, held in Cartagena de Indias, Colombia, in December 2006, the subregional system for drug abuse information and investigation, linking Argentina, Bolivia, Chile, Ecuador, Peru and Uruguay, as well as CICAD and UNODC, was presented as an example of best practice in the region.

425. In 2006, Paraguay built an operational base at its border with Brazil to respond to an increase in organized criminal activities and the presence of drug trafficking groups in the area. During 2006, Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Venezuela (Bolivarian Republic of) and the United States launched the seventh phase of the operation Seis Fronteras, a regional initiative to control chemicals used in the illicit manufacture of cocaine and heroine.

426. In February 2007, Colombia hosted the extraordinary meeting of the European Union/Latin America and the Caribbean Coordination and Cooperation Mechanism on Drugs. The meeting recommended the promotion and financing of initiatives, including preventive alternative development programmes, to assist in generating profitable and long-lasting structural changes in areas affected by illicit drug crop cultivation.

427. In 2007, under the Subregional System for Drug Abuse Information and Investigation, an epidemiological study on the extent of drug abuse among the population was conducted simultaneously in Argentina, Bolivia, Chile, Ecuador, Peru and Uruguay, with a view to obtaining information to be used in support of public policies and drug demand reduction programmes. The countries participating in the study reviewed the progress made at the Technical Meeting

of the Subregional System for Drug Abuse Information and Investigation, held in Lima in March 2007.

428. In May 2007, CICAD approved *The Multilateral Evaluation Mechanism (MEM) Achievements: 1997-2007*, a report evaluating the main accomplishments in the Americas in the area of drug control. According to CICAD, treatment, rehabilitation and aftercare services for drug abusers in many countries in the region need to be further improved. In 2007, OAS and the European Commission launched an initiative to pair up cities in Europe with cities in Latin America and the Caribbean, forming partnerships to improve the treatment and rehabilitation of problematic drug abusers and address other aspects of drug dependency at the municipal level. The initiative will bring together mayors, medical and treatment personnel and judges from cities in both regions in a sustained program of exchanges aimed at sharing best practices, establishing long-term partnerships and developing new approaches to improving the treatment and rehabilitation of drug abusers.

429. The Board noted that in 2007 the Governments of Argentina, Bolivia, Brazil, Chile, Ecuador, Paraguay and Peru participated in Operation Crystal Flow, which focused on the trade in ephedrine and pseudoephedrine, two key precursors of ATS.

#### **National legislation, policy and action**

430. In December 2006, the Government of Bolivia approved the new drug policy, the strategy against drug trafficking and for the evaluation of coca leaf, covering the period 2007-2010. The goals of the strategy include: to reform the present legislative framework through the introduction of two new legal instruments, the regime applicable to coca and the regime applicable to controlled substances; to increase up to 20,000 hectares the total area under coca bush cultivation permitted by Bolivian law; to industrialize coca leaf; and to strengthen the interdiction capacity and efficacy of measures to fight the drug problem.

431. In December 2006, the Government of Bolivia, in line with its drug control strategy, opened one of the three plants envisaged for the production of coca leaf for industrial purposes. The Board notes with concern that the use of coca leaf for industrial purposes, such as the production of coca tea or flour, is in breach of the international drug control conventions. The Board reminds the Government of Bolivia and the

Governments of the other countries concerned that the use and the importation of coca leaf, from which cocaine has not been extracted, for purposes other than those allowed under the 1961 Convention violates the provisions of the international drug control conventions.

432. According to the Government of Bolivia, the abuse of illicit drugs in the country increased between 1992 and 2005. The new drug control strategy includes a number of remedial measures, such as programmes for the prevention of drug abuse and the treatment of drug abusers.

433. In Brazil, there has been an increase in drug trafficking and in criminal acts committed in combination with other serious types of crime, including kidnapping, extortion and arms trafficking organized by criminal groups, mainly in large cities. To tackle those serious problems, the Government of Brazil prepared in 2007 a new plan against crime and violence, focusing on the social security of police officers and the integration of traditional law enforcement action with current social policies. For example, in Brazil, the State of Rio de Janeiro has launched activities to reduce drug trafficking and related crime in slum areas, with a view to making public places safer and providing health services, education and safety for the local population. The private sector has joined forces with the local public institutions in Brazil to prevent drug abuse in the family and the community.

434. In late 2006, Brazil promulgated decree 5.912, which further defines competencies of the national system of public policy on drugs. In Chile, a number of drug-related legislative instruments were adopted during 2006, including supreme decree No. 539 of 18 May 2006, the regulation on the distribution of the Ministry of the Interior's special fund to finance programmes for the prevention of drug abuse and the treatment and rehabilitation of drug addicts. In addition, the special register of users of controlled chemical substances, which will assist in further strengthening the control of precursor chemicals in the country, became operational in April 2007.

435. In 2007, the Government of Colombia launched the Strategy for Strengthening Democracy and Promoting Social Development 2007-2013, also known as Plan Colombia Phase II, aimed at consolidating the results achieved during the completed Plan Colombia.



The Plan foresees maintaining supply reduction components and also emphasizes the importance of including social elements.

436. In 2006, Colombia adopted resolution 15 of 12 May 2006, establishing further measures to control fast boats and fishing boats in order to prevent such boats from being used in maritime drug trafficking. Following the entry into force of ministerial resolution 1478/2006 of 10 May 2006, Colombia modified regulations to improve systems for the control of narcotic drugs, psychotropic substances and precursors. The regulation extended the medical prescription of opioids for 30 days to facilitate the treatment of chronic pain. In addition, a national survey on the availability of opioids has been carried out and a programme to train doctors in palliative care has been launched.

437. Following the positive results achieved by a joint customs and police port control unit in Guayaquil, Ecuador, that became operational in March 2006, a similar unit was established in Manta. The abuse of pharmaceutical preparations containing controlled substances is considered to be a major problem in Ecuador. In November 2006, the Government of Ecuador enacted a regulation defining procedures for trading in and selling pharmaceutical preparations containing controlled substances.

438. In Peru, there were continued resistance and attacks by groups of guerrillas, as well as armed drug traffickers and coca growers, at the end of 2006, following the announcement by the Government of its intention to carry out a peace and development plan aimed at combating the remaining guerrillas and eradicating illicit coca bush cultivation. The Government responded to the attacks by expanding its presence in coca-growing areas. In March 2007, the protests against coca bush eradication efforts led to a controversial agreement with the coca growers on a temporary suspension of eradication until the growers registered with the national coca enterprise. The Board is concerned that that development may lead to a further increase in the number of the registered coca leaf producers in the country.

439. On 22 November 2006, Peru promulgated supreme decree No. 84-2006-PCM to regulate the use of chemicals and certain finished products by retailers. In addition, law No. 28305 entered into force in March 2007, providing measures for the monitoring and

control of chemicals used in the illicit manufacture of drugs.

440. In Peru, in December 2006, the National Commission for Development and Life without Drugs (DEVIDA) presented the rapid impact plan 2007, aimed at strengthening drug control activities in the country. The plan is a part of the national strategy for combating drugs covering the period 2007-2011, the goals of which include a reduction of 40 per cent in the total area under illicit coca bush cultivation, an increase in the seizures of illicit drugs and a decrease of 10 per cent in the rate of drug abuse (past-year prevalence of) among the school-age population.

### **Cultivation, production, manufacture, trafficking and abuse**

#### *Narcotic drugs*

441. Cannabis production takes place in practically all countries in South America. The largest producer in the region is Paraguay, followed (at a much lower level) by Colombia and Brazil. Decreases in cannabis production in Colombia in recent years appear to have been offset by increases in cannabis production in other countries in the region, notably Paraguay.

442. Although Brazil is an important producer of cannabis, it does not produce enough to meet the demand on its illicit markets. In Brazil, most of the cultivation of cannabis plants takes place in fields resembling the fields of plantations. The Brazilian authorities estimate that 60 per cent of cannabis abused in the country is from Paraguay. In the Bolivarian Republic of Venezuela, the total amount of cannabis seized increased gradually after 2003, reaching over 21 tons in 2006. The total amount of cannabis seized in 2006 increased in Ecuador and Peru, but decreased in Chile. Almost 60 per cent of the 5 tons of cannabis seized in Chile originated in Paraguay.

443. The annual prevalence of cannabis abuse among the general population in South America was estimated at 2.3 per cent, which is less than the global average. The results of a recent comparative study of drug abuse confirm that cannabis is the illicit drug of choice among students in secondary schools in all countries in South America, except Brazil, where inhalants are the most widely abused substance. The highest past-year prevalence for cannabis abuse was found in Chile (12.7 per cent), followed by Uruguay (8.5 per cent). In

those two countries, more than 60 per cent of students abuse only cannabis. The lowest abuse rates were found among students in Bolivia, Paraguay and Peru.

444. In 2006, the total area under coca bush cultivation in South America was 156,900 hectares, 29 per cent less than the total in 2000, which was the highest level in the previous 10 years. Potential illicit production of cocaine in 2006 was 984 tons, about the same amount as a year earlier.

445. In Bolivia, the total area under coca bush cultivation in 2006 increased by 8 per cent, compared with 2005, to 27,500 hectares. In the same year, the total cultivated area in which coca bush was eradicated in that country decreased by 17 per cent, to 5,070 hectares. That represents the smallest area eradicated in the previous 10 years. Due to increased coca bush cultivation, in particular in the Chapare area, where the coca leaf yields are higher than in the Yungas area, in the department of La Paz, potential production of cocaine hydrochloride in Bolivia increased in 2006 over the previous year by 14 tons, to 94 tons.

446. In Colombia, the estimated total area under illicit coca bush cultivation decreased in 2006 to 78,000 hectares, which is about half of the peak level of 163,000 hectares reached in 2000. However, in the departments of Nariño and Putumayo, in a belt about 10 km wide along the border of Colombia with Ecuador, total area under illicit coca bush cultivation increased by about 70 per cent in 2006, compared with 2005. A record total of 213,555 hectares of illicitly cultivated coca bush were eradicated in Colombia in 2006 (41,530 hectares manually and 172,025 hectares by aerial spraying), 26 per cent more than in 2005.

447. According to recent estimates, about half of the total area in Colombia in which coca bush was eradicated has been replanted. Improved cultivation methods and intensified use of a variety of agrochemical products developed by growers over the years have contributed to a significant increase in coca leaf yields. In some areas, coca leaf can be harvested up to eight times per year. A recent coca leaf survey revealed that coca bush farmers in Colombia process three quarters of the total coca leaf production into coca paste or cocaine base.

448. According to the Government of Peru, approximately 90 per cent of the coca leaf produced in

the country is destined for illicit markets. After 1999, the total area under coca bush cultivation increased in Peru from a minimum of 38,700 hectares to 51,400 hectares in 2006. The Apurimac-Ene area was among the areas mostly affected by the increased cultivation. In addition, a new coca bush cultivation area was identified between Brazil, Colombia and Peru in the Amazon basin. Based on the results of a survey on coca leaf and cocaine yields conducted in Peru in 2006, potential cocaine production was estimated to be 280 tons.

449. In Peru, 10,136 hectares of illicitly cultivated coca bush were eradicated in 2006 through forced eradication programmes and an additional 2,550 hectares of coca bush were eradicated as part of a voluntary programme. The eradication process in that country has been hampered by the activities of drug traffickers, who ambushed law enforcement officers and hid explosives among illicit crops to deter eradication efforts. The governments of the various regions in Peru are preparing an intervention strategy to address social instability, subversive action and crime, which have increased in recent years.

450. According to a national illicit crop monitoring system, the total area under illicit coca bush cultivation in Ecuador was estimated at less than 100 hectares in 2006. The illicit coca bush cultivation sites, each covering less than a hectare, were located mainly in the provinces of Esmeraldas and Sucumbíos, in the north of the country, not far from illicit coca bush cultivation areas in neighbouring Colombia. In the past five years, the illicit crops in the affected areas have been manually eradicated. In the Bolivarian Republic of Venezuela, 40 hectares of coca bush were eradicated and 18 clandestine laboratories were destroyed during Operation Sierra XVII.

451. In 2006, cocaine seizures increased in Bolivia, Chile, Guyana, Peru and Uruguay and decreased in Colombia and Ecuador.

452. In 2006, the amounts of cocaine hydrochloride and cocaine base seized in Bolivia increased by 22 per cent, to 14.1 tons. According to UNODC, between January and August 2007, the amount of drugs and precursors seized, as well as the number of destroyed laboratories illicitly manufacturing drugs, has increased, supposedly as a result of intensified drug control activities and increased illicit production of drugs in the country. The total area of illicitly

cultivated coca bush eradicated during the first eight months of 2007 was 25 per cent larger than the total area eradicated during the same period in 2006.

453. The National Police of Peru reported a sharp increase in the total amount of coca paste and cocaine hydrochloride seized in 2006. The total amount of seized cocaine hydrochloride increased from 2.1 tons in 2005 to 14.7 tons in 2006. In Ecuador, a decline in the total amount of cocaine hydrochloride seized in 2006 was partly offset by an increase in the total amount of coca paste seized.

454. In 2006, Colombia seized 170.1 tons of cocaine hydrochloride and cocaine base. Though the total amount of those drugs seized was significantly lower than the amount seized in 2005, it was nevertheless higher than the average for the five-year period 2001-2005. According to the Colombian authorities, the decline in the total amount of cocaine seized in 2006 could be attributed to changes in trafficking patterns: in 2005, over 40 per cent of the cocaine seizures were made at sea; in 2006, however, cocaine traffickers in Colombia made increased use of land routes leading to the Bolivarian Republic of Venezuela and Ecuador and from there to countries in the Southern Cone, and Central America and the Caribbean, using different trafficking methods, before the cocaine consignments reached their final destination, mainly the United States and countries in Europe.

455. Illicit cocaine shipments leaving the coasts of South American and Central American countries were also stockpiled in West African countries and trafficked through Africa by land before being smuggled on small airplanes or boats from North Africa into countries in Europe, in particular Spain. Commercial sea containers continue to be one of the main means of transport used to smuggle drugs. In the past few years, traffickers have also used submersible and semi-submersible vessels, constructed using the latest technology available in naval engineering to enable them to carry large cocaine consignments.

456. In 2007, the Colombian police carried out a number of successful operations against drug traffickers. In January 2007, in Operation Mercaderes, the national police dismantled a major criminal organization, responsible for smuggling cocaine and heroin from Colombia into the United States, through Argentina, Brazil, Costa Rica, the Dominican Republic, Ecuador, Mexico, Nicaragua and Panama.

Members of the organizations were arrested in Colombia and other countries in the Americas. During 2007, cooperation among the law enforcement agencies in the region resulted in the capture, in Brazil and Colombia, of the two most wanted Colombian drug traffickers.

457. The trafficking organizations supplying the growing illicit drug market in Brazil continued taking advantage of the geographical position of the country, as well as sparsely inhabited areas of the Amazon forest, to transport coca paste and cocaine from the Andean subregion through the territory of Brazil to Africa, Europe and North America. In particular, the smuggling of coca paste from Bolivia through Brazil increased significantly in 2006, while the smuggling of heroin of Colombian origin through Suriname decreased. The Brazilian authorities estimate that 70 per cent of the cocaine manufactured in Bolivia is smuggled through the Brazilian border.

458. Although cocaine seizures declined in Ecuador in 2006, that country continued to be used as an important storage and trans-shipment area for multi-ton consignments of cocaine destined for illicit markets in Europe and North America. Cocaine and heroin are smuggled by sea, on fishing vessels flying the flag of Ecuador, as well as by air, using couriers on board flights passing through the international airports in Ecuador.

459. According to statistics compiled by the Government, between 2003 and 2006, the total amount of cocaine seized in the Bolivarian Republic of Venezuela ranged from 31 to 58 tons. In mid-September 2007, the authorities of that country seized another 17 tons of cocaine. Over 70 per cent of the cocaine consignments seized in 2006 in the Bolivarian Republic of Venezuela were destined for countries in Europe, above all, Spain, the United Kingdom and the Netherlands in that order.

460. In recent years, cocaine trafficking has increased in Chile and Uruguay. In Uruguay, the total amount of cocaine seized in 2006 (471 kg) was eight times more than in the previous year; furthermore, by August 2007, the amount of cocaine seized in that country had already exceeded the figure for the entire year 2006. According to the Government of Chile, the northern part of that country, which borders drug-producing countries, continues to be the main point of entry for the cocaine and cocaine base smuggled into the

country, mainly through areas outside the official crossing points.

461. Suriname is used as a transit country for large shipments of cocaine and cannabis smuggled on board small aircraft flying from Colombia and Peru. Large amounts of MDMA (“ecstasy”) are smuggled in cargo from the Netherlands into the United States via Suriname.

462. According to UNODC, between 2004 and 2005, laboratories illicitly manufacturing coca paste and cocaine were found in Argentina, Bolivia, Chile, Colombia, Peru and Venezuela (Bolivarian Republic of). In Bolivia, the number of coca paste and cocaine laboratories destroyed in 2006 increased over the previous year by more than 50 per cent, to 4,070; in addition, two precursor laboratories were destroyed in the country. The number of clandestine laboratories processing coca paste from Bolivia also increased in Brazil in 2006.

463. In Colombia, about 2,000 of the over 2,200 clandestine laboratories destroyed in the country in 2006 had been processing coca paste or cocaine base and the rest had been manufacturing cocaine hydrochloride. In 2006, the number of potassium permanganate laboratories destroyed in Colombia (15) was similar to the figure for 2005. The destruction of 11 clandestine laboratories manufacturing cocaine hydrochloride and over 700 laboratories processing coca paste and cocaine base was reported in Peru. Eighteen illicit drug laboratories were found during Operation Sierra XVII in the Bolivarian Republic of Venezuela in 2006. Smaller laboratories manufacturing cocaine hydrochloride for personal use were found in Chile.

464. In November 2006, law enforcement authorities in Ecuador dismantled a laboratory estimated to be capable of illicitly manufacturing 2-3 tons of cocaine a month. Ecuador is also an important source of the essential chemicals that sustain illicit drug manufacture in neighbouring Colombia. The Board notes with concern that the theft of petroleum ether (a chemical that can be misused for processing coca leaf into cocaine) from pipelines of the State-owned oil refinery in the northern province of Sucumbíos in Ecuador continued to be on the increase in 2005 and 2006. The Board urges the Government of Ecuador to adopt measures to prevent that negative development.

465. In late 2006, UNODC and the Inter-American Observatory on Drugs (OID) of CICAD published the first comparative study of drug abuse in the secondary school student population in Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru and Uruguay. According to the study, among students 14-17 years old, the past-year prevalence of drug abuse was the highest in Chile for cannabis abuse (12.7 per cent); in Argentina for cocaine abuse (2.5 per cent); in Colombia for MDMA (“ecstasy”) abuse (3 per cent) and in Paraguay for the abuse of benzodiazepine-type tranquilizers (7.1 per cent).

466. The age of initiation of drug abuse decreased in some countries in South America, including Argentina and Brazil. In Argentina, the abuse of “paco” (coca paste), a highly addictive form of cocaine, has increased significantly during the past two years. “Paco” is often abused by young people, including children as young as 8 or 9 years old, in the poor neighbourhoods of Buenos Aires. The municipal authorities of Buenos Aires are planning to establish specialized centres to provide treatment for addicts less than 18 years old. In Brazil, the use of “crack” cocaine has grown, especially among persons with low income in urban areas, contributing to the already high level of drug-related violence and health problems.

467. The abuse of cocaine base in Chile has not changed significantly in the past 12 years. According to an epidemiological study published in July 2007, the abuse of cocaine hydrochloride among the general population in that country has remained stable and is estimated at 1.2 per cent. While the annual prevalence of cannabis abuse increased from 5.3 per cent in 2004 to 7 per cent in 2006, the perception of the risk of such abuse decreased.

468. In Colombia, as a result of the continued decrease in the illicit opium poppy cultivation, opium production decreased in 2006 to 31 tons (equivalent to 1.3 tons of heroin). During that year, law enforcement agencies destroyed seven laboratories manufacturing heroin in the region of Colombia bordering Ecuador and seized over 500 kg of heroin. The price of heroin in Colombia in 2006 was five times higher than that of cocaine hydrochloride. In Ecuador, more than 200 kg of heroin were seized in 2006, about the same amount as in 2005. According to the Government of Peru, illicit opium poppy cultivation in that country in 2006 did not exceed 100 hectares. In 2006, 88 hectares of

illicit opium poppy were eradicated in Peru, 8 per cent less than in 2005. In 2006, a programme for monitoring crops by satellite was used to support Operation Sierra XVII in the Bolivarian Republic of Venezuela, during which 215 hectares of illicit crops, including 154 hectares of opium poppy, were eradicated.

#### *Psychotropic substances*

469. The abuse of sedatives and tranquillizers, the most widely abused drugs among the general population in Colombia, increased slightly in that country in 2006. According to a 2006 survey of secondary school students in nine countries in South America, past-year prevalence of the abuse of benzodiazepines, such as diazepam and alprazolam, was highest in Paraguay (7.1 per cent), Bolivia (7.0 per cent) and Colombia (6.4 per cent).

470. In Brazil, the rate of consumption of stimulants, mainly as anorectics, is among the highest in the world. Internationally controlled substances continue to be diverted from licit channels and are available without prescription. Pharmaceutical preparations, including counterfeit preparations from Asian countries, are also smuggled into Brazil, as evidenced by a case involving oxycodone originating in China. In February 2007, the Brazilian authorities dismantled a laboratory used for the illicit production of tablets of phenproporex, a psychotropic substance in Schedule IV of the 1971 Convention. The Board urges the Government of Brazil to expedite the adoption of the planned measures to address the diversion and abuse of controlled substances, in particular stimulants.

471. The latest data indicate that the annual prevalence of the abuse of MDMA ("ecstasy") among the general population in South America, estimated at 0.2 per cent, is among the lowest in the world. The lower seizures of ATS in the region, compared with other types of drugs, corroborate those data. In 2006, the Colombian authorities seized 18 kg of MDMA ("ecstasy"). Amounts smaller than 1 kg were also seized in Chile, Ecuador, Peru and Venezuela (Bolivarian Republic of) in 2006. According to the latest UNODC data, no laboratories illicitly manufacturing synthetic drugs were reported in the period 2004-2005 in South America.

472. Between 2001 and 2006, smaller amounts of LSD were seized in Brazil, Chile, Colombia and Uruguay. The latest data on seizures of precursors indicate that

the illicit manufacture of LSD in South America cannot be ruled out.

#### *Precursors*

473. South American countries have in place legislative and administrative control measures for the control of precursor chemicals, yet their law enforcement agencies continued seizing large amounts of solid and liquid chemicals. Moreover, there is no indication that those chemicals are not reaching clandestine cocaine laboratories. In Colombia alone, 100-170 tons of potassium permanganate were seized annually between 2004 and 2006, whereas about 120-130 tons of the substance is needed for potential annual manufacture of cocaine hydrochloride in the country. That indicates that drug traffickers have found a way to circumvent existing controls. The Board encourages the Governments concerned to initiate regional activities to control precursors, in particular to prevent the smuggling of precursors, as well as the diversion of precursors from licit distribution channels.

#### **Missions**

474. In September 2007, a mission of the Board visited Bolivia to review the drug control situation in that country and the Government's compliance with the international drug control treaties.

475. The Board notes that the Government of Bolivia has adopted a national drug control strategy covering the period 2007-2010, which marks a significant shift in the political will and commitment of the Government to the objectives of the international drug control treaties. The Board appreciates that the strategy reaffirms the strong stand of the Government against the illicit manufacture of and trafficking in cocaine and the criminal organizations involved. The Board also welcomes the decision of the Government to strengthen the mechanism for the monitoring and control of coca bush cultivation.

476. The Board notes with concern, however, that the strategy addresses the issue of coca leaf chewing in a manner that is not in line with the obligations of Bolivia under the international drug control treaties, to which Bolivia is a party. The Board requests the Government of Bolivia to comply with its treaty obligations by taking measures to prohibit the sale, use and attempts to export coca leaf for purposes which are

considered not in line with the international drug control treaties.

477. The Government of Bolivia may wish to request assistance from its international development partners to put in place alternative development programmes to tackle the problems of poverty and hunger that prevail in the coca-producing areas of the country. The Board calls on Bolivia's development partners to ensure that assistance provided to the Government of Bolivia is always in line with the international drug control treaties.

478. The Board notes that the Government of Bolivia has introduced the so-called "social control" policy, whereby coca bush growers are in charge of eradication programmes. The Board notes the relative peaceful environment that prevails in the coca bush growing areas. The Board requests the Government to monitor closely its new policy of getting the farmers to cooperate in voluntary eradication efforts. However, consideration should be given to devising alternative measures where the policy does not succeed.

479. The Board notes that the Government of Bolivia has established commissions to review Law 1008, the basic law governing drug control in the country. The commissions are working on two separate laws, one to regulate coca leaf and one to regulate controlled substances. The Board requests the Government to ensure that the laws conform with the international drug control treaties.

480. The Board notes with concern that drug abuse among the general population, as well as among the student population, in Bolivia is on the rise while, at the same time, the age of first use of illicit drugs is declining. The Board requests the Government of Bolivia to formulate and implement education programmes aimed at eliminating coca leaf chewing, as well as other non-medical uses of coca leaf.

481. The short-term objective of such education programmes should be to discourage the practice of coca leaf chewing while preventing the expansion of the practice among students and youth, drivers of public transport vehicles and other vulnerable groups in Bolivia. Such education programmes should be evaluated taking into account the extent and trends of coca leaf chewing, as well as the role that it plays in the progression of drug dependence.

482. The Board notes that the existing mechanism for the monitoring and control of internationally controlled substances is not functioning adequately in Bolivia. The Board requests the Government of Bolivia to take measures to implement the recommendations made during its 2001 mission to that country, including the recommendation on providing adequate resources and trained personnel to all drug regulatory authorities, especially the Ministry of Health, to enable them to perform their control functions.

483. The Board sent a mission to Brazil in December 2006. The Board noted with concern that drug abuse has increased and medical overprescription of stimulants continue despite the recommendations of the Board following its previous mission to Brazil, in 2003. The Board is also concerned about the continued lack of cooperation between agencies at the state level and those at the national level, the low level of resources at the national level, the slowness of the judicial system and reports of corruption in the police and the judiciary. The Board urges the Government to take measures to strengthen interdiction activities in the whole country, particularly in the border areas and to make every effort to ensure the expeditious and fair prosecution of drug-related offences. In view of the involvement of African criminal organizations in drug trafficking in Brazil, cooperation with law enforcement agencies in African countries should be strengthened to enhance the investigation and prosecution of all criminals involved in drug trafficking. The Board notes the efforts of the Government of Brazil in recent years to expand drug demand reduction facilities. Nevertheless, with regard to the new law on drug control, the Board is of the opinion that the provisions related to the treatment of drug abuse cannot be implemented, as services for the treatment of drug abusers are not yet fully available throughout the country. Moreover, the new law may make the investigation and prosecution of illicit drug activities more difficult and may send the message to the public that drug trafficking is being treated more leniently by the Government.

484. The Board urges the Government of Brazil to enhance the inspection of domestic drug distribution channels and the monitoring of transport of precursor chemicals, particularly in areas close to sites used for the illicit manufacture of coca paste or cocaine, and to strengthen the existing control over the licit distribution of narcotic drugs and psychotropic

substances, in view of the diversions to illicit channels. In addition, the Government should enforce the controls applicable to stimulants and strengthen them further, if necessary, to address overconsumption. The level of consumption of opiates used for the treatment of pain in Brazil continues to be low; however, the abuse of synthetic opioids is high, according to the latest household survey. The Board calls upon the Government of Brazil to take further steps to remove any perceived obstacles to the adequate treatment of pain in the country and to improve the rational use of medicines.

485. The Board sent a mission to Colombia in April 2007. The Board acknowledges the commitment and efforts of the Government of Colombia in the fight against illicit coca bush cultivation, drug trafficking and abuse. The Board notes the significant results achieved in the continued reduction of illicit crops and the significant seizures of controlled substances, laboratories and assets derived from drug trafficking. The Board appreciates that the legal framework currently in force in Colombia covers all areas relating to drug control treaties and that good coordination among the competent authorities concerned has resulted in more effective implementation of drug control strategies.

486. The Board notes the difficulties encountered by the Government of Colombia in combating drug production and drug trafficking by the guerrillas and paramilitary groups that exist in many parts of the country. The Board encourages the Government to continue its efforts to eradicate illicitly cultivated coca bush and effectively introduce alternative sources of legitimate livelihood. In this regard, the Board commends the Government for the policies adopted to protect the forests and national parks and welcomes the "forest-ranger families" initiative, where families voluntarily become involved in the eradication of illicit crops, the production of economic crops and the protection of the forest. The Board is of the opinion that the Government should be assisted in its illicit crop eradication efforts by the international community, with a view to protecting the ecosystem from further deterioration caused by the numerous chemicals used to increase the coca leaf yield, as well as with a view to preventing deforestation, in particular in the Amazon area.

487. While the mechanisms for control over the licit movement of narcotic drugs and psychotropic substances are effective, the Government of Colombia needs assistance to gain control over the situation with regard to the smuggling of precursor chemicals into the country. There is a need to improve regional and international cooperation with the Government of Colombia aimed at preventing the smuggling and diversion of chemicals used for the illicit manufacture of cocaine, as well as a need to draw the attention of Governments to the investigation and identification of the sources of the chemicals being smuggled into Colombia and the smuggling routes used. The Board notes that, despite the investment in controlling sea transportation and in aerial surveillance by the Government of Colombia, significant amounts of substitute chemicals continue to reach the country, replacing those currently under control. The Board is of the view that the authorities of Colombia and its neighbouring countries should work together to improve measures to prevent unwanted chemicals from reaching the Andean subregion. In addition, the exchange of information among those countries should be improved.

488. Drug abuse surveys are being conducted and prevention campaigns are being organized regularly in Colombia. The Board encourages the Government of Colombia to continue improving the methodologies used to assess the extent of drug abuse in the country. The Board hopes that a comprehensive demand reduction policy, firmly implemented with a wide range of treatment and rehabilitation programmes, including extensive counselling and psychosocial assistance, will benefit the increasing number of drug abusers in Colombia.

489. The Board sent a mission to Peru in December 2006. The Board notes with appreciation that the Government adopted a comprehensive and balanced national drug policy for the period 2007-2011, with a view to combating drug trafficking and abuse, strengthened control over the licit distribution of narcotic drugs and psychotropic substances and enacted a new law for the control of precursor chemicals. However, the Board notes with concern that the vast majority of the coca leaf produced in Peru is diverted into illicit manufacture and that the provisions of the 1961 Convention concerning licit cultivation of coca bush and the production and use of coca leaf are not being implemented. The Board wishes to remind

the Government that the only legal uses of coca leaf foreseen in the 1961 Convention are for medical or scientific purposes or for the manufacturing of a flavouring agent from which all alkaloids have been removed. The Board requests the Government of Peru to take steps to abolish as soon as possible activities that are not in line with those provisions.

490. The Board was impressed by the efforts undertaken to address the low availability of analgesics in Peru. The Board notes that mandatory reporting on the licit movement of narcotic drugs, psychotropic substances and precursors in Peru has improved. However, the Government should increase its capacity for inspection, in order to prevent the diversion of narcotic drugs and psychotropic substances from licit sources and improve the control of precursor chemicals further, in view of the continued availability of those substances for the illicit manufacture of drugs. With regard to interdiction efforts, coordination between the agencies involved should be strengthened. The Board encourages the Government to strengthen the cooperation of its national law enforcement agency with its counterparts in Africa and Europe, in view of the current trafficking routes and links with criminal organizations in those regions. With respect to demand reduction, the Board notes with satisfaction the action taken to assess the extent and type of drug abuse, to prevent such abuse and to treat drug abusers and reintegrate them into society. The Government should continue expanding its efforts to reverse the increasing trend in drug abuse, including by offering treatment services to the affected segments of society.

## C. Asia

### East and South-East Asia

#### Major developments

491. The region of East and South-East Asia is no longer a major source of illicit opium poppy cultivation. However, some illicit manufacture of heroin remains in the region, and several laboratories involved in the clandestine conversion of cocaine hydrochloride to "crack" have been dismantled. Illicit manufacture of and trafficking in ATS is increasing in countries throughout the region, such as Cambodia, China and Myanmar. Large amounts of precursor

chemicals used in the illicit manufacture of methamphetamine have been seized in the region.

492. The abuse of ATS, methamphetamine in particular, is also increasing throughout East and South-East Asia. The increasing rate of abuse of heroin and methamphetamine by injection is contributing to the spread of HIV/AIDS in the region. In several countries in the region, a large percentage of the HIV infections has been attributed to drug abuse by injection. In order to combat the spread of HIV/AIDS through drug abuse by injection, Governments are taking action at both the national level and the regional level.

#### Regional cooperation

493. The countries in East and South-East Asia continued to work together in the area of drug control through regional organizations such as the Association of Southeast Asian Nations (ASEAN), as well as through bilateral and multilateral channels.

494. The twelfth ASEAN Summit was held in Cebu, Philippines, in January 2007. Participating countries agreed to continue to take collective action to address the challenges posed by regional and international issues such as transnational crime, including drug control.

495. Task Forces of the ASEAN and China Cooperative Operations in Response to Dangerous Drugs (ACCORD) held a number of meetings in 2007: the Task Force on Civic Awareness and the Task Force on Demand Reduction held meetings in Bandar Seri Begawan, Brunei Darussalam, from 30 July to 1 August; and the Task Force on Law Enforcement and the Task Force on Alternative Development held meetings in Yangon in July. The annual meetings bring together the ASEAN member States and China, as well as UNODC and the ASEAN secretariat, to share information, monitor progress and prioritize areas for future activities.

496. Critical issues addressed at the meetings in 2007 included ways to improve the evaluation of the impact of public awareness campaigns; the emergence of ATS as a major drug of addiction; substitution therapy for opioid addicts; priority issues related to drug abuse by injection and HIV; treatment modalities for ATS abuse as well as regional intelligence-sharing; clandestine



drug laboratory seizure and clean-up issues; and the cultivation of cannabis plants.

497. The twenty-seventh annual ASEAN Chiefs of Police (ASEANAPOL) Conference was held in Singapore in June 2007. The ASEANAPOL Conference is the regional platform used by police chiefs from ASEAN member States for interaction, discussion, exchanging views and bringing each other up to date on the latest developments in law enforcement issues. The issues discussed during the Conference included drug trafficking, cybercrime, the provision of training, the exchange of personnel and the launching of the Electronic ASEANAPOL Database System, to facilitate the sharing of intelligence among the police forces of ASEAN member States. Those police forces signed a joint communiqué that included resolutions on cooperation in regional security concerns such as drug trafficking. In addition, in order to foster greater cooperation between ASEANAPOL and Interpol, the two organizations agreed to formalize collaboration involving the Electronic ASEANAPOL Database System and the secure global police communications system (I-24/7) of Interpol, which operates 24 hours a day, 7 days a week.

498. Thailand hosted the 27th Meeting of ASEAN Senior Officials on Drug Matters in Chiang Mai in August 2006. Senior officials from ASEAN member States exchanged information on drug seizures, recent trends in drug trafficking, the treatment and rehabilitation of drug abusers, the use of alternative development to address the problem of illicit crop cultivation and progress related to the implementation of drug control. Participants noted with concern the increasing abuse of and trafficking in ketamine in South-East Asia and agreed to strengthen their efforts to control ketamine through national legislation.

499. The seventh Ministerial Meeting of Signatory Countries of the 1993 Memorandum of Understanding on Drug Control was held in Beijing in May 2007. At the meeting, representatives of Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam pledged to strengthen existing partnerships and commitments related to drug control. The importance of broadening their resource base was also underlined. Moreover, the sixth revised subregional action plan was adopted, including two new thematic areas: "International cooperation on judicial matters" and "Drugs and HIV/AIDS".

500. The annual study programme on drug abuse and narcotics control was held in Tokyo in June 2007. Participants from a number of countries, including Indonesia, Japan, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam, exchanged information on recent developments in drug control in their countries. A study programme for drug control officials from the Democratic People's Republic of Korea was organized by the National Narcotics Control Commission of China in Beijing in June 2007. Six Government officials from the Democratic People's Republic of Korea involved in drug control were trained in various aspects of drug control to facilitate compliance with the provisions of the international drug control treaties, to which the Democratic People's Republic of Korea had recently acceded.

501. Japan is providing training to national and provincial authorities in Cambodia in matters related to drug control, through a project to be implemented from January 2007 to January 2009; the training includes the identification, analysis and control of drugs. Moreover, Japan, through its project for the period 2005-2009, is providing assistance in the form of improving infrastructure, agriculture, health and education in the areas of Cambodia most affected by the eradication of illicit opium poppy cultivation. China is supporting alternative development in Myanmar by providing 10,000 tons of rice in September 2006 to farmers in the northern part of that country who were formerly involved in the illicit cultivation of opium poppy. Thailand continued to provide technical training in areas such as drug interdiction and investigation for law enforcement officers in Cambodia, the Lao People's Democratic Republic and Myanmar.

502. The second meeting of the Asian Collaborative Group on Local Precursor Control and the third International Forum on Control of Precursors for Amphetamine-type Stimulants were held in Tokyo in February 2007. The meetings were organized jointly by the Attorney-General's Department of Australia and the Ministry of Health, Labour and Welfare of Japan. The objective of the Asian Collaborative Group is to promote the adoption of best practices in national regulatory, administrative and legislative policies and practices that address the threat of diversion of precursor chemicals in East and South-East Asia. In the framework of regional cooperation, the International Forum aims to identify and adopt measures for more effective control of precursors used in the illicit

manufacture of ATS. The meetings resulted in the adoption of a joint work programme of the Asian Collaborative Group and the International Forum calling for a regional response to precursor diversion, including the implementation of effective regulations and controls, the exchange of intelligence, cooperation with industry and the development of relevant national technical capacities.

503. Cooperation among law enforcement authorities from China, Myanmar and Thailand, which began in 2005, resulted in major seizures and an arrest in April 2006. Acting on intelligence from their counterparts in Thailand, the authorities in Myanmar seized approximately 15 million methamphetamine tablets, 1 ton of heroin and a significant amount of precursor chemicals, including 1,727 litres of acetic anhydride and 721 kg of ephedrine. Based on information provided by law enforcement authorities in Myanmar, the authorities in China arrested a person who had been under surveillance for suspected involvement in drug trafficking. As a result of the Regional Joint Action against ATS-Related Crimes initiative, an investigation conducted jointly by authorities from China and the Philippines, a clandestine ATS laboratory was uncovered in the Philippines in December 2006. Under the initiative, ASEAN member States and China identify ongoing transnational ATS-related cases, syndicates and fugitives for joint follow-up action. The investigation led to five arrests and the seizure of 30 kg of processed methamphetamine and 200 litres of liquid methamphetamine, along with a large amount of precursor chemicals and laboratory equipment.

504. Although forensic laboratories in East and South-East Asia are collaborating to some extent to improve the use of laboratory data for law enforcement and judicial purposes and for the work of regulatory and health authorities, there is a need for improvement of collaboration among the laboratories, as well as with regulatory and health authorities.

#### **National legislation, policy and action**

505. China continued to enforce its fight against drugs through the implementation of national campaigns including components such as the prevention of drug abuse, the education, treatment, rehabilitation of drug abusers and the control of narcotic drugs, psychotropic substances and precursor chemicals. The Government

of China has placed emphasis on preventing heroin abuse. The Government has established treatment and rehabilitation centres for drug abusers, including 320 clinics that are currently providing methadone maintenance treatment for 38,000 patients. While the Board notes the efforts by the Government to provide treatment for drug abusers, it calls on the Government to ensure that such activities are comprehensive, evidence-based and carried out in compliance with the provisions of the international drug control treaties.

506. In Cambodia, the drug control master plan for the period 2006-2010 is currently being implemented. The plan is aimed at eliminating illicit drug abuse, trafficking and production and the cultivation of illicit drug crops, improving the control of precursor chemicals and strengthening law enforcement. Areas covered by the plan include supply and demand reduction, law enforcement, the reduction of risks caused by drug abuse through a comprehensive approach to HIV/AIDS and the strengthening of international cooperation.

507. Following the decision by the Government of Cambodia to strengthen and reform its drug control system, a new royal decree was issued on 23 June 2006 to replace the decree of 7 September 1995, on the establishment of the National Authority for Combating Drugs of Cambodia. With the new decree, the secretariat of the National Authority was established as an entity in the Ministry of the Interior with its own budget and staff. Since then, the resources allocated to the secretariat have increased considerably. In 2006, the Government initiated the Community Competitive Plan against Drug Offences. The objectives of the plan include: raising the capacity of law enforcement to prevent drug abuse by providing training to law enforcement officers; and disseminating information to raise the awareness of the community about the dangers of drug abuse.

508. In 2006, the Department of Health of the Philippines approved approximately 1,300 drug-testing laboratories, which have been utilized to analyse the results of random drug testing for employees of Government agencies, as well as students.

509. Several countries in East and South-East Asia, including Viet Nam, strengthened their activities related to precursor control. Following the examples set by other countries in the region, such as Cambodia, China, Indonesia, the Lao People's Democratic

Republic, Malaysia, Myanmar, the Philippines and Thailand, Viet Nam has drafted a national action plan on precursor control to identify and address precursor control issues in a more systematic manner. Law enforcement agencies in Thailand worked at the national and regional levels to control the diversion of precursor chemicals, including by becoming involved in regional training on precursor control. Since 2004, Thailand, in collaboration with the Drug Advisory Programme of the Colombo Plan, has hosted and conducted an annual training course on precursor control for drug law enforcement officers from ASEAN member States, as well as China and India. The Board encourages China and India to continue to strengthen controls over the illicit manufacture of and trafficking in precursor chemicals.

510. Several countries in East and South-East Asia, including Malaysia and Viet Nam, introduced measures to combat HIV/AIDS. In order to face the problem of the growing rate of HIV/AIDS in Malaysia, in 2006, the National Strategic Plan on HIV/AIDS 2006-2010 was launched to provide a framework for the country's response to that threat. The Plan is to integrate prevention, treatment and care, with a view to reducing the impact of the high prevalence of HIV infection. One of the priority areas is reducing HIV infection among persons who abuse drugs through the provision of education, counselling, testing, medically supervised drug substitution, treatment and care programmes for such persons. In Viet Nam, the Law on HIV/AIDS Prevention and Control, which includes provisions on needle exchange programmes and drug substitution therapy, entered into effect in January 2007.

511. In 2007, the Government of Malaysia announced its plans to expand its needle exchange programme and methadone maintenance therapy to include all states in the country. Under the expanded programme, 15,000 drug abusers would receive methadone maintenance therapy and 15,000-25,000 persons who abused drugs by injection would be participating in the needle exchange programme by 2010. In Viet Nam, the Ministry of Health approved a pilot project to provide methadone substitution therapy for 700 drug abusers. The project is to be completed by the end of 2008.

512. In 2006, Malaysia strengthened its regulations to restrict the number of wholesale outlets selling tablets or capsules containing buprenorphine, midazolam, zolpidem and zopiclone.

513. In October 2006, the Financial Action Task Force on Money Laundering removed Myanmar from the list of countries and territories considered to be not cooperating in the efforts to counter money-laundering or to have critical deficiencies in their systems for countering money-laundering, as the Financial Action Task Force had determined that Myanmar had made good progress in implementing its system for countering money-laundering.

### **Cultivation, production, manufacture, trafficking and abuse**

#### *Narcotic drugs*

514. Cannabis plants continued to be illicitly cultivated in countries throughout East and South-East Asia, including in Cambodia, Indonesia, the Philippines and Thailand. In the Lao People's Democratic Republic, the illicit cultivation of cannabis plants remains a problem mainly in the central provinces. Such cultivation continued to decline in Cambodia. Cannabis plants are illicitly cultivated along the borders of Cambodia with the Lao People's Democratic Republic and Thailand. Such plants are also illicitly cultivated in some parts of Indonesia, particularly in Aceh and, to a lesser extent, Sumatra and Java. In the Philippines, over 100 illicit cannabis cultivation sites have been identified, including in northern Luzon and central and southern Mindanao.

515. In Indonesia, law enforcement authorities eradicated cannabis plants covering 290 hectares of land in 2006; over 1 million cannabis plants were eradicated, a considerable increase over the figure for the previous two years (215,000 cannabis plants in 2004 and 188,000 in 2005). In many countries, significant seizures of cannabis were reported during 2006. In Malaysia, 2.2 tons of cannabis were seized in 2006, almost twice the amount seized in 2005. In Indonesia over 11.7 tons of cannabis were seized in 2006. Viet Nam reported having seized more than 0.6 ton of cannabis in 2006.

516. Illicit opium poppy cultivation remained at a low level throughout East and South-East Asia in 2007. Myanmar continued to be the country with the largest total area under illicit opium poppy cultivation in the region; it was followed by the Lao People's Democratic Republic.

517. In Myanmar, 90 per cent of the illicit cultivation of opium poppy takes place in Shan State. The total area under illicit opium poppy cultivation in Myanmar decreased from 130,000 hectares in 1998 to 21,500 hectares in 2006, but increased to 27,700 hectares in 2007. That is the first increase recorded after several consecutive years of decline. The area under illicit opium poppy cultivation in the Lao People's Democratic Republic decreased from 2,500 hectares in 2006 to 1,500 hectares in 2007, the lowest level recorded since 1992.

518. In 2006, over 2 tons of opium were seized in Myanmar, the largest total amount of the substance seized in the country in recent years. Viet Nam reported the seizure of a total of 184 kg of opium in 2006, more than triple the amount seized in 2005; the majority of the seizures occurred in 25 border provinces. Japan seized a total of 28 kg of opium in 2006, the largest total amount of the substance seized in that country in recent years.

519. In the Hong Kong SAR of China, two illicit heroin laboratories were dismantled in 2006. A number of States in East and South-East Asia continued to report a large total amount of seized heroin. In 2006, law enforcement authorities in Viet Nam seized a total of 277 kg of heroin. In Cambodia, a total of 21 kg of heroin were seized in 2006, almost double the figure for 2005 (12 kg). Law enforcement authorities in Myanmar detected a new development in trafficking in heroin: between April and October 2006, they identified four cases of trafficking in heroin by air. In the Macao SAR of China, there was an increase in the total amount of heroin seized during 2006. The Islamic Republic of Iran was the source of 16 of 26 heroin consignments seized at their destination, the Hong Kong SAR of China. In China, the total amount of heroin seized decreased from 11 tons in 2004 and 9 tons in 2005 to 6 tons in 2006, the lowest level in seven years.

520. Law enforcement authorities in the Hong Kong SAR of China uncovered five clandestine laboratories involved in the conversion of cocaine hydrochloride to "crack" in 2006. In the Republic of Korea, approximately 5 kg of cocaine were seized during 2006, the largest amount seized in four years.

521. In China (including the Hong Kong SAR and the Macao SAR), Indonesia, Malaysia, Myanmar and Viet Nam heroin is reported to be the most widely

abused drug. Of the 800,000 registered drug abusers in China, 600,000 abuse heroin.

522. HIV/AIDS continued to pose a major threat in many countries in East and South-East Asia. Of the 183,733 registered cases of HIV/AIDS in China, 39 per cent are attributed to drug abuse. In Viet Nam, over 12,900 cases of HIV infections in 2006 were attributed to drug abuse, 52 per cent of newly detected cases of HIV infection were attributed to drug abuse by injection and HIV prevalence among drug abusers was 23 per cent.

#### *Psychotropic substances*

523. An increase in the illicit manufacture of ATS was reported in countries throughout East and South-East Asia, including in Cambodia, China and Myanmar. China dismantled 51 clandestine ATS laboratories in the first half of 2006. Laboratories involved in the clandestine manufacture of methamphetamine continued to be uncovered in countries in East and South-East Asia.

524. In April 2007, for the first time, a laboratory involved in the clandestine manufacture of methamphetamine was dismantled in Cambodia: an estimated 5 tons of precursor chemicals, including more than 3 tons of thionyl chloride (a substance currently not under international control) and acetone and some equipment, were seized at the site, and about 1 ton of chemicals were uncovered in a warehouse in Phnom Penh and 18 suspects were arrested in connection with the seizure; the Cambodian authorities safely disposed of the seized chemicals with the assistance of UNODC. In addition, eight laboratories involved in the clandestine manufacture of methamphetamine were dismantled in Cambodia during 2006. In August 2007, a clandestine methamphetamine laboratory was dismantled in Phnom Penh; the processing equipment included a machine with the capacity to produce 10,000 methamphetamine tablets per hour.

525. In the Philippines, four clandestine methamphetamine laboratories were dismantled during 2006. Law enforcement authorities in Myanmar raided two clandestine laboratories in the eastern part of Shan State in May 2006 and seized 400,000 tablets of methamphetamine, 380 kg of ephedrine, 115 kg of phenylacetic acid and some equipment. In Malaysia, the authorities dismantled the largest clandestine

methamphetamine laboratory ever uncovered in the country in April 2007; the first part of the drug synthesis had been carried out on an oil palm plantation in the southern tip of the country, while the finishing stages had taken place in a town west of Kuala Lumpur; law enforcement authorities seized 123 kg of liquid methamphetamine and some cash. In July 2006, a clandestine laboratory purportedly involved in the illicit manufacture of methamphetamine was dismantled in Malaysia; 160 kg of methamphetamine were seized at the site.

526. In several countries in East and South-East Asia, the total amount of seized ATS continued to be large. During 2006, a total of 1,755,989 tablets of ATS, mostly methamphetamine, were seized in the Lao People's Democratic Republic. The smuggling of ATS in the form of tablets from Myanmar into China and Viet Nam through the Lao People's Democratic Republic remains a problem. Indonesia seized approximately 467,000 amphetamine tablets during 2006, considerably more than the 255,000 tablets seized in 2005. In 2006, Viet Nam reported having seized a total of 62,870 tablets of ATS. Myanmar seized 1.1 million methamphetamine tablets in February 2007 alone. Law enforcement authorities in Cambodia continued to report increasing seizures of methamphetamine tablets: a total of 428,553 methamphetamine tablets was seized in 2006, compared with 338,655 in 2005. In Indonesia, 1,214 kg of methamphetamine were seized in 2006, a significant increase compared with the 368 kg seized in 2005 and the largest total annual amount of seized methamphetamine recorded in the country in seven years. In the Republic of Korea, the total number of seizures of methamphetamine has been steadily increasing, nearly doubling between 2005 and 2006. Smuggling methamphetamine through the postal system was identified as the main method used in the Republic of Korea. Law enforcement authorities in the Republic of Korea detected 36 cases of trafficking in methamphetamine via the Internet in 2006, compared with only 10 in 2005.

527. Countries in East and South-East Asia continued to seize large amounts of MDMA. In Indonesia, approximately 350,000 MDMA tablets were seized in 2006, compared with 255,000 in 2005. Over 242,730 MDMA tablets were seized in Malaysia during 2006, the largest total annual amount of the substance seized in the country in seven years. In Japan,

approximately 195,300 MDMA tablets were seized in 2006, a sharp decrease compared with the 515,483 tablets seized in that country in 2005. Law enforcement authorities in Japan seized over 20,000 tablets of MDMA in December 2006 at Narita International Airport. The Republic of Korea seized 3,000 MDMA tablets in December 2006. In 2006, tablets containing alprazolam and lorazepam were seized in Myanmar; the tablets originated in Pakistan and had been concealed in hand luggage.

528. In Cambodia, Japan, the Lao People's Democratic Republic, the Philippines and Thailand, methamphetamine is the most common drug of abuse. Methamphetamine accounts for approximately 80 per cent of the drugs abused in Cambodia. The abuse of methamphetamine increased in China in 2006. There were an estimated 40,000 methamphetamine abusers in the Lao People's Democratic Republic in 2006. The abuse of MDMA increased in 2006 in China and Viet Nam.

#### *Precursors*

529. Cambodia reported a significant increase in its seizures of safrole and safrole-rich oils, which are frequently used in the illicit manufacture of MDMA, from 570 litres in 2006 to 1,260 litres in 2007.

#### *Substances not under international control*

530. Trafficking in substances not under international control continued to be a matter of concern to the Governments of several countries in East and South-East Asia. Approximately 2 tons of ketamine were seized in China during 2006. Law enforcement authorities in the Hong Kong SAR of China seized 1 ton of ketamine during 2006. Seizures of ketamine also increased in Cambodia during 2006. Law enforcement authorities in Myanmar seized over 3 litres of ketamine hydrochloride in October 2006. An increase in seizures of ketamine hydrochloride during 2006 was reported in the Philippines. A total of 16 kg of ketamine from India was seized in Myanmar in June 2006. Brunei Darussalam reported an increase in seizures of dimethylamphetamine, ketamine and nimetazepam in 2006.

531. Countries in East and South-East Asia, including Cambodia, China and Japan, continued to note with concern the abuse of substances not under international control. Non-governmental organizations working with

drug abusers in Phnom Penh reported a notable increase in ketamine abuse in 2006. During 2006, China reported an increase in the abuse of ketamine; in particular, the Hong Kong SAR of China noted a significant increase in the abuse of ketamine by injection. Japan placed ketamine and methylone under national control as narcotic drugs in 2007.

### Missions

532. The Board sent a mission to the Republic of Korea in October 2007. Through effective drug law enforcement, the Government of the Republic of Korea has achieved some success in reducing the illicit manufacture of methamphetamine on its territory.

533. Drug abuse is reported to be very limited in the Republic of Korea; however, it appears that the Government has not recently undertaken a systematic and comprehensive assessment of drug abuse and instead uses the number of drug-related offenders as an indication of the size of the drug abuse problem. The Board stresses that the number of drug offenders is an imperfect proxy in estimating the extent of the problem. Therefore, the Board urges the Government to carry out an assessment of drug abuse, involving the collection and analysis of data on the incidence, prevalence and other characteristics of drug abuse. Such an objective assessment will assist the Government in developing more targeted drug abuse prevention policies and further improve the efficiency of programmes for the treatment and rehabilitation of drug abusers.

534. The Republic of Korea has one of the highest rates of prescribed stimulants used as anorectics, such as phendimetrazine, in the world. The reason for that high consumption level has not been established. The Board therefore strongly encourages the Government to learn more about the reason behind the extraordinarily high consumption of stimulants, by, *inter alia*, monitoring and analysing prescription patterns more closely. The Government should take the initiative in educating the medical profession, as well as the public, on the rational use of narcotic drugs and psychotropic substances and in promoting sound medical prescription practices.

535. The Government of the Republic of Korea has introduced an electronic system for drug import authorization with a validation website that, because it is not in an official language of the United Nations, is

of little use to the majority of countries exporting internationally controlled drugs to that country. The system is also deficient in several other essential aspects. The Board urges the Government to suspend the electronic system for drug import authorization until the problems are resolved.

536. Precursor chemicals frequently transit the Republic of Korea, which is situated close to countries where methamphetamine is illegally manufactured. There are some indications that the Republic of Korea has already been targeted by traffickers of precursors. The Board therefore calls on the Government to increase its vigilance with regard to precursors, particularly those used in the manufacture of methamphetamine and other ATS. More efforts should be made to examine the legitimate requirements for precursors in the country, to seize suspicious shipments of precursors and to prosecute traffickers of precursors.

537. The Board sent a mission to Viet Nam in October 2007. The Board notes the continued commitment of the Government to the eradication of illicit opium poppy cultivation. The Board encourages the Government to continue its efforts to achieve the goal of complete eradication of illicit opium poppy cultivation, in order to contribute to the ongoing efforts to make ASEAN free of illicit drugs by 2015.

538. The Board is concerned that the compliance of the Government of Viet Nam with its mandatory reporting obligations pursuant to the international drug control treaties has not been satisfactory, particularly with respect to narcotic drugs and psychotropic substances. The Board urges the Government to take all the 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 and to give that matter the highest priority.

539. The Board notes with concern the high rate of relapse among drug abusers in Viet Nam who have undergone treatment. The Board reminds the Government of the importance of evaluating different modalities for the treatment of drug dependence and ensuring that the treatment addresses all types of drugs. The Board recommends the Government to explore the possibility of entering into partnerships with non-governmental organizations and self-help groups working in the field of drug addiction in East and

South-East Asia, as such work may be particularly effective at the local level, targeting voluntary patients.

540. The Board urges the Government of Viet Nam to continue to cooperate with the Governments of neighbouring countries in strengthening regional law enforcement activities targeting drug trafficking and money-laundering. In that connection, the Board notes that in 2005, a decree on money-laundering entered into force in Viet Nam. The Board encourages the Government to draft and implement legislation against money-laundering as soon as possible, with the assistance of UNODC and other international entities.

## South Asia

### Major developments

541. During the past few years, the Board has noted that South Asia has been targeted as an area for cocaine trafficking. The smuggling of cocaine into India, while remaining at a modest level, seems to be organized by West African traffickers who exchange South American cocaine for South-West Asian heroin destined for illicit markets in Europe or North America. International drug trafficking syndicates, mostly involving West African organized criminal groups, have been using India as a major transit country for Europe-bound drug consignments and also as a destination country. Cocaine seizures in 2007 continued to occur with regularity (usually about 1 kg per month).

542. Trafficking in and abuse of cannabis and heroin have increased in countries in South Asia. The porous borders between Bangladesh, Bhutan, India and Nepal contribute to the cross-border smuggling and consequent increased availability of illicit drugs in the region. The quantity of heroin entering India from Pakistan has increased. Law enforcement agencies in the north-western part of India are seizing ever-increasing quantities of heroin originating in Afghanistan and Pakistan and en route to Europe via Pakistan and India.

543. There is evidence that heroin consignments destined for Europe are increasingly passing through Bangladesh. The most common methods and routes used for smuggling heroin into Bangladesh are as follows: by courier along a route leading from Pakistan to Bangladesh; by commercial vehicle or train along a route leading from India to Bangladesh; and by sea via

the Bay of Bengal or overland by truck or public transport along a route leading from Myanmar to Bangladesh. It has been reported that Indian heroin is increasingly becoming available in Bangladesh.

544. According to the Maldives-European Community Strategy Paper 2007-2013, drug abuse has become a serious problem in Maldives, where three quarters of the prison inmates are serving sentences for drug offences. Unemployed young people are the group most vulnerable to drug abuse.

545. In South Asia, the abuse of heroin and pharmaceutical preparations by injection is one of the main factors contributing to the spread of HIV/AIDS infection. In India, the areas most affected by drug-related HIV/AIDS infection continue to be the north eastern part of the country bordering Myanmar and large urban areas; in those areas, there is an extremely high incidence of HIV/AIDS among the population. The HIV/AIDS situation analysis done in Maldives revealed rising levels of drug abuse and addiction. Of the persons who abuse drugs in that country, 20-25 per cent abuse drugs by injection. Of the persons who abuse drugs by injection in Maldives, the majority (90 per cent) are male and about 20 per cent are less than 20 years of age. The percentage of Maldivian drug abusers who have injected drugs increased from 8 per cent in 2003 to 29 per cent in 2006.

546. The smuggling of licitly manufactured pharmaceutical preparations, such as codeine-based syrups, benzodiazepines and buprenorphine, from India into neighbouring countries such as Bangladesh, Bhutan, Nepal and Sri Lanka remains a major concern.

547. Internationally controlled pharmaceutical preparations manufactured locally in India are increasingly being diverted to some European countries and the United States. Each year, the United States Customs and Border Protection intercepts in the mail system thousands of illegal parcels containing pharmaceutical preparations and marked "for personal use". Most of those pharmaceutical preparations appear to have been sold illegally over the Internet.

### Regional cooperation

548. A workshop on capacity-building for law enforcement officials responsible for investigating cases involving money-laundering was held in Colombo in January 2007. Senior officials from

various investigative agencies in Bangladesh, India, Malaysia, Maldives, Pakistan and Sri Lanka participated in the workshop.

549. The fourteenth summit of the South Asian Association for Regional Cooperation (SAARC), held in New Delhi in April 2007, admitted Afghanistan as a new member of SAARC. The Heads of State or Government participating in the summit agreed to work towards the implementation of the provisions of the SAARC conventions to combat transnational crimes, counter trafficking in narcotics and psychotropic substances and counter trafficking in women.

550. In South Asia, bilateral efforts to combat drug trafficking continued. The fourth round of talks at the Home/Interior Secretary level between India and Pakistan on Terrorism and Drug Trafficking was held in New Delhi in July 2007. It was agreed that both countries would enhance mutual cooperation to effectively combat drug trafficking. They also agreed that a memorandum of understanding between their drug control agencies would be signed soon.

551. Bangladesh and Myanmar have signed a bilateral agreement to address the problem of trafficking, including trafficking in precursors. The agreement deals mainly with information exchange and intelligence-sharing.

#### **National legislation, policy and action**

552. Under the current drug control legislation in Sri Lanka, not all the substances under international control are controlled. For example, the current legislation does not contain any provision that allows for the monitoring of precursors and some psychotropic substances to prevent their diversion. The Board notes with satisfaction that, in February 2007, the Sri Lankan Cabinet ordered the drafting of legislation to control precursors. The Board encourages the Government of Sri Lanka to ensure that the amended legislation will also take into account provisions of the 1971 Convention, the 1988 Convention and the 1961 Convention.

553. The national drug control agency of Sri Lanka announced in June 2007 that a rehabilitation programme would be in place for drug-dependent prison inmates. The announcement came after over 400 inmates demanded key reforms, including the

introduction of rehabilitation services at a prison. Around 12,000 Sri Lankans are currently serving prison sentences for drug-related offences.

554. In order to involve the population in apprehending drug smugglers, the Maldives Customs Service decided to give cash awards to those who provide assistance in apprehending persons trying to smuggle drugs and other contraband into Maldives.

555. In Bangladesh, a Financial Intelligence Unit was formed in March 2007 with technical assistance from the United States to combat financial crimes. Established within the framework of the amended money-laundering prevention ordinance of 2007, the Unit will operate as part of the Anti-Money Laundering Department of the Bangladesh Bank.

556. The implementation of the national drug control strategy in Bangladesh involves various partners such as non-governmental organizations and law enforcement agencies; however, proper implementation of the drug control strategy is hampered by the lack of resources and training. The Board encourages the Government of Bangladesh to continue to attach high priority to drug control issues and to ensure that all partners involved in the implementation of the national drug control strategy have the support and resources necessary to enable them to carry out their activities.

557. In Nepal, a comprehensive national narcotics control policy drafted by the Ministry of Home Affairs was adopted by the Cabinet in 2006. The policy consists of strategies for supply control, demand reduction, risk reduction, research and development, and collaboration and resource mobilization. The policy includes provisions for controlling drug production, abuse and trafficking. However, there is still no legislation in place for the control of precursors.

558. In India, the national policy on demand reduction mainly consists of building awareness and educating people about the ill effects of drug abuse, taking into account the culture-specific aspects of the problem. Drug addicts are dealt with through programmes involving motivational counselling, treatment, follow-up and social reintegration. Training in the prevention of drug abuse and the rehabilitation of drug addicts is made available to service providers. There are currently 428 centres that provide counselling, detoxification and rehabilitation services for drug



addicts; those centres are run by non-governmental organizations and funded by the Government.

559. Drug control officials of the SAARC Drug Offences Monitoring Desk based in India and Pakistan regularly share information with their counterparts in Sri Lanka. The Ministry of Home Affairs of Nepal has recently set up a SAARC Drug Offences Monitoring Desk at the international airport at Kathmandu. The Board encourages the SAARC Drug Offences Monitoring Desk in Nepal to increase cooperation with its counterparts in India, Pakistan and Sri Lanka and to share information on drug control efforts.

### **Cultivation, production, manufacture, trafficking and abuse**

#### *Narcotic drugs*

560. Cannabis continues to be illicitly cultivated and abused in most of the countries in South Asia. In Sri Lanka, cannabis grows wild and is also illicitly cultivated on a total of 500 hectares, mostly in dry areas in the eastern and southern provinces of the country; the illicitly cultivated cannabis is for use in the country. Small quantities of cannabis are also cultivated in Bangladesh for local use. About 1-2 tons of cannabis are seized yearly in Bangladesh.

561. In India, large areas of illicitly cultivated opium poppy were destroyed in May 2007. Illicit opium poppy cultivation is reported to cover thousands of hectares in some remote areas of India, including along the border with Bangladesh.

562. In a joint operation conducted in July 2007, the Drug Enforcement Unit and the Internal Intelligence Department of Maldives, with the assistance of DEA of the United States, the Anti-Narcotics Force of Pakistan and the Narcotic Bureau of Sri Lanka, seized 7.8 kg of heroin.

563. The geographical nature of Bangladesh, in particular its long borders with India and Myanmar, makes it particularly suitable for heroin trafficking. The Bangladeshi police believe that drugs are smuggled out of the country via the provincial airports at Sylhet and Chittagong; the seaport of Chittagong seems to be the main exit point for drugs leaving the country. It was reported that a number of individuals have attempted to carry heroin through the international airport at Dhaka, on their way from Pakistan to Europe. Drug abuse has spread to rural

areas in Bangladesh. The most frequently abused drug is heroin, followed by codeine based cough syrup and cannabis.

564. Pharmaceutical preparations containing narcotic drugs, mainly codeine, are widely trafficked and abused in South Asia. Codeine-based syrups are diverted from the licit market in India and smuggled into Bangladesh, where they are abused.

565. According to research conducted in Sri Lanka in 2006, people from rural areas seeking jobs in the cities are vulnerable to drug abuse. In 2006, 12,551 drug-related arrests took place; 4 per cent of the persons arrested were women. Drug-related arrests increased by 6 per cent in 2006, compared with 2005; most of those arrested in the western province of the country were aged 30 or younger. The drug abuse situation in Sri Lanka continues to be stable: it is estimated that 200,000 persons abuse cannabis and 45,000 persons abuse heroin.

#### *Psychotropic substances*

566. The smuggling into Bangladesh, Bhutan, Nepal and Sri Lanka of pharmaceutical preparations containing psychotropic substances such as buprenorphine originating in India continues to be a major problem in the countries concerned. The Board again calls on the Government of India to reinforce its control over the national and international trade in psychotropic substances.

567. In Bangladesh, prescription controls are not adequately enforced at the retail level. In addition, pharmaceutical preparations are stolen from hospitals and pharmacies. The Board urges the Government of Bangladesh to strengthen controls over the distribution of pharmaceutical preparations at all levels.

568. In Bangladesh, "Yaba", a tablet containing methamphetamine and caffeine that is widely available in South-East Asia, is reported to be gaining popularity among young people from middle-class and upper-middle-class families and in areas near the border with Myanmar.

569. Organized criminal groups are involved in trafficking in ATS in India. In 2006, the Narcotics Control Bureau and the Central Bureau of Narcotics of India dismantled a clandestine ATS laboratory in the vicinity of New Delhi. In February 2007, Operation Pharma resulted in the dismantling in India of an

international drug trafficking operation that had been involved in distributing psychotropic substances, primarily phentermine, and money-laundering through Internet pharmacies.

570. According to recent seizure data reported by both Bangladesh and India, the use of courier services for drug trafficking seems to be on the rise. In 2007, drug traffickers used Bangladeshi and Indian courier services to ship illicit drugs to Canada and South Africa. In February 2007, a parcel containing 550 kg of ephedrine was seized in a Bangladeshi company providing courier services; the parcel was destined for Canada. In July 2007, the Narcotics Control Bureau of India stopped two parcels containing more than 1 kg of heroin in a courier office in New Delhi; one parcel was destined for Canada and the other was destined for South Africa.

### **Missions**

571. In February 2007, the Board sent, for the first time ever, a mission to Bhutan. For many years, information on the drug control situation in Bhutan had been lacking. The purpose of the mission was to obtain information on how the Government of Bhutan was meeting its obligations under the international drug control treaties.

572. The Government of Bhutan has adopted comprehensive drug control legislation and has established an administrative structure for drug control. The Board encourages the Government to continue strengthening its administrative structure for drug control and ensuring the proper functioning of the structure through the provision of adequate human and material resources. The Board recommends that the Government make the prevention of drug trafficking one of the key priorities of law enforcement agencies.

573. The Board notes that, in Bhutan, there are no facilities to provide adequate treatment for drug addiction and no reliable data on drug abuse in the country. The Board encourages the Government to take the necessary measures to address and remedy the situation. Those measures should be taken in full collaboration with the medical professionals in the country. The measures could include the expansion of the current facilities in the national hospital for the treatment of alcohol abuse so that those facilities could be used for the treatment of drug abuse as well.

574. The Board notes with concern the considerable difficulties that Bhutan is facing in controlling the licit trade in narcotic drugs and psychotropic substances from India. The Board recommends that urgent measures be taken to establish control mechanisms in that area.

575. The Board sent a mission to Nepal in March 2007 to discuss with the Government progress in implementing the Board's recommendations pursuant to its previous mission to the country, in 1992. The Board notes that Nepal has taken several positive steps in recent years to strengthen drug control, including acceding to the 1971 Convention in February 2007. The Government of Nepal has also made considerable effort in the areas of law enforcement and supply reduction, for example by the establishment of a specialized unit dealing with drug-related offences.

576. The Board is concerned that, despite the fact that Nepal has been a party to the 1988 Convention since 1991, legislative provisions for the control of precursors have yet to be adopted by the Government. In view of the geographical location of Nepal, which is particularly vulnerable to trafficking in precursors, the Board urges the Government to take such measures as a matter of priority. The Board is also concerned about the lack of legislation to ensure the full implementation of the 1971 Convention. The Board urges the Government to remedy that situation as well.

577. The Board, noting the lack of adequate data on the abuse of drugs in Nepal, encourages the Government to collect such data on a regular basis, with the assistance of UNODC, as appropriate.

## **West Asia**

### **Major developments**

578. The illicit cultivation of opium poppy in Afghanistan has continued to increase at an alarming level, despite the Government's efforts and the assistance provided to the Government by the international community over the past five years. In 2006, the total area under illicit opium poppy cultivation in Afghanistan reached 165,000 hectares, an increase of 59 per cent compared with 2005. In 2007, that figure increased by 17 per cent, to 193,000 hectares. The estimated crop yield reached a record 8,200 tons in 2007, an increase of 34 per cent

over the figure for 2006 (6,100 tons). Given that sharp increase in potential opium production, the Board is seriously concerned that precursor chemicals, acetic anhydride in particular, continue to be available for the illicit manufacture of heroin in Afghanistan. All Governments are reminded that Afghanistan has no legitimate need for the substance.

579. Afghan opiates are smuggled predominantly through Iran (Islamic Republic of) and Pakistan and countries in Central Asia. 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 abuse of opiates in the world.

580. The Board once again urges the Government of Afghanistan, as well as the international community, to take effective measures to eradicate illicit opium poppy cultivation and to ensure that opium poppy growers are provided with sustainable, legitimate livelihoods. The Board wishes to emphasize that eradication of opium poppy cultivation in Afghanistan will require a strong political will and determination by the Government of Afghanistan and by all the major donors and neighbouring countries.

581. Trafficking in narcotic drugs along the northern route, through Central Asia, persists: an estimated 21 per cent of heroin and morphine of Afghan origin passed through Central Asia in 2006. The total amount of opium seized in the subregion doubled, mostly because of a large increase in the amount of opium seized in Tajikistan, Turkmenistan and Uzbekistan, countries that share a border 2,300 km long with Afghanistan. The increased availability of opiates in Central Asia, with its population totalling 60 million, resulted in an alarming rise in drug-related crime, the abuse of narcotic drugs and the spread of HIV/AIDS.

582. The southern Caucasus is increasingly being used as a transit area for consignments of opiates from Afghanistan and, as a result, drug abuse is on the rise in that subregion. In view of their long borders with Iran (Islamic Republic of), the Russian Federation and Turkey and their access to the Black Sea and the Caspian Sea, the Board remains concerned that the situation with regard to drug trafficking and abuse in Armenia, Azerbaijan and Georgia will deteriorate further unless increased attention is given to information-sharing, more efficient border control and

regional and national coordination of drug control activities.

583. The abuse of ATS continues to spread in various countries in West Asia, including Iran (Islamic Republic of), Turkey and several countries on the Arabian peninsula.

#### **Regional cooperation**

584. The Governments of Afghanistan, Iran (Islamic Republic of) and Pakistan are intensifying their regional cooperation. The Governments of Afghanistan and Iran (Islamic Republic of) signed a memorandum of understanding on counter-narcotics cooperation at a meeting held in Kabul in June 2006, pursuant to the Kabul Declaration on Good-neighbourly Relations.<sup>91</sup> During a meeting held in June 2007 on strengthening border control and activities to deal with the drug problem, the Inter-Governmental Technical Committee was re-established.

585. A trilateral ministerial meeting held in Vienna in June 2007 brought together high-level officials from Afghanistan, Iran (Islamic Republic of) and Pakistan. The Board notes with appreciation that the representatives of all three countries expressed their full commitment to stepping up regional cooperation in the form of the Triangular Initiative. The Triangular Initiative will lead to the implementation of the strategic policy outline, developed by UNODC, through joint border projects in Afghanistan, Iran (Islamic Republic of) and Pakistan, other exchanges at the technical level and regular meetings on policy coordination.

586. The twenty-first conference on anti-narcotics policy and strengthening Arab cooperation was held in Tunis in June 2007. Representatives of members of the League of Arab States attended the conference, which was organized by the secretariat of the Council of Arab Ministers of the Interior. Participants discussed the need to improve efforts to control drugs and counter various types of drug-related crime, such as the illegal sale of drugs via the Internet and the smuggling of drugs by couriers, which had emerged in recent years in several Arab countries. The participants adopted

<sup>91</sup> "Letter dated 24 December 2002 from the Permanent Representative of Afghanistan to the United Nations addressed to the President of the Security Council" (S/2002/1416, annex).

recommendations on, among other things, action against money-laundering and the financing of terrorism and on the creation of additional rehabilitation centres for drug abusers.

587. The Government of Kuwait has intensified its participation in regional and international cooperation mechanisms in recent years. Representatives of Kuwait participated in the Arab Conference for Protecting Youth from Drug Abuse, held in Cairo in June 2005, the nineteenth Arab conference on combating drugs, held in Tunis in July 2005, and the eighth meeting of the neighbouring countries of Iraq, held in Istanbul, Turkey, in April 2005, which concluded with the signing of security cooperation agreements on the sharing of information and cooperation to counter drug trafficking and organized crime.

588. Governments of countries in Central Asia are increasing their bilateral and multilateral cooperation in areas such as reduction of illicit drug supply and demand, precursor control, border management, countering spread of HIV/AIDS and fighting organized crime and money-laundering. They have also been participating in various regional projects and international operations under the auspices of the Commonwealth of Independent States (CIS), the Collective Security Treaty Organization (CSTO), the Shanghai Cooperation Organization (SCO) and the signatories to the 1996 Memorandum of Understanding on Subregional Drug Control Cooperation (Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan). Similarly, an increasing number of joint programmes are being implemented and supported by the United Nations, the European Union, the Organization for Security and Cooperation in Europe, the World Bank, the World Customs Organization, Interpol, the Paris Pact<sup>92</sup> Policy Consultative Group, the North Atlantic Treaty Organization (NATO)-Russia Council, mini-Dublin groups and individual Governments.

589. At a coordination conference held in Astana in April 2007, competent national authorities of CIS member States adopted a cooperation programme on countering organized crime and illicit drug and

precursor trafficking for the period 2008-2010. At the Shanghai Cooperation Organization summit held in Bishkek in August 2007, heads of SCO member States discussed regional security matters and common threats, including border control concerns and joint action against drug trafficking; the Heads of State of Afghanistan, India, Iran (Islamic Republic of), Pakistan and Turkmenistan also attended the summit. The drug trafficking situation and possible ways to expand cooperation among CSTO member States were discussed at several high-level meetings and working sessions organized by the secretariat of CSTO in 2007.

590. CSTO member States (Armenia, Belarus, Kazakhstan, Kyrgyzstan, Russian Federation, Tajikistan and Uzbekistan) are actively involving Afghanistan, as well as Interpol and the Governments of Azerbaijan, China, Estonia, Finland, Iran (Islamic Republic of), Latvia, Lithuania, Mongolia, Poland, Ukraine and the United States, in intergovernmental operations such as operation Channel, which in 2006 resulted in the detection of over 9,000 cases related to drug trafficking and the seizure of 24 tons of illicit drugs, including 774 kg of heroin, 838 kg of "hashish" (cannabis resin) and 165 tons of precursors. In 2007, the operation resulted in seizures of illicit drugs totalling 10.8 tons, including 194 kg of heroin, 4.3 tons of opium, 4.8 tons of cannabis and cannabis resin and over 223 tons of precursors.

591. The Governments of Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan continued to cooperate in subregional drug control initiatives within the framework of the 1996 Memorandum of Understanding. The necessary legal and institutional basis for establishment of the Central Asia regional information and coordination centre has already been developed and finalized. All but one of the Governments (the Russian Federation) have signed the agreement on the establishment of the centre. While the centre is expected to be fully operational as soon as the agreement is ratified by the parliaments of at least four of the countries, a pilot phase of the operation of the centre will commence soon. The Board urges the Governments involved to support the pilot phase and expedite the process of ratification of the agreement and to consider including other countries in West Asia and the Caucasus, in order to ensure greater cooperation in collecting, exchanging and analysing drug-related intelligence, organizing and coordinating

<sup>92</sup> 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.

joint international operations and carrying out other supply reduction efforts and training in West Asia.

592. Under the auspices of the Paris Pact Policy Consultative Group, several round-table meetings of experts, focusing on drug trafficking routes in Central Asia, were held in 2006. The meeting held in Vienna in May 2007 focused on the control of precursors used in the manufacture of heroin and on the evaluation of various international initiatives, such as Operation Trans-shipment and Operation Containment. The meeting resulted in, among other things, the endorsement of the UNODC action plan targeting precursors used in heroin manufacture. As follow-up to the meeting held in May 2007, a meeting on operations targeting the smuggling of acetic anhydride in and around Afghanistan was held in Vienna in October 2007. Under the auspices of the NATO-Russia Council pilot project on counter-narcotics training for law enforcement personnel from Afghanistan and countries in Central Asia, training is being provided by mobile teams travelling to those countries, as well as at training facilities in the Russian Federation and Turkey.

593. The European Union continues to implement various programmes in Central Asia, such as the Central Asian Drug Action Programme, the Border Management Programme in Central Asia, and the Central Asian Regional Drug Information Network (CARDIN), focusing on strengthening capacities at main airports and border crossings, improving the effectiveness of border control and supporting forensic training, HIV prevention in prisons, research into drug trafficking, awareness-raising campaigns and the training of sniffer dogs. The fifth annual review meeting of CARDIN, held in Tashkent in March 2007, was attended by national focal points and representatives of services for the treatment of abuse from Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan and Uzbekistan.

#### **National legislation, policy and action**

594. The Counter-Narcotics Trust Fund (CNTF), established by the Government of Afghanistan to provide funding for drug control, continues to have difficulties. As at 30 June 2007, 22.3 million United States dollars have been allocated to 27 projects in 29 provinces, and US\$ 42.3 million (of the US\$ 74.6 million in pledges) have been received for CNTF. The approved projects include 21 projects in the

area of alternative livelihoods and 2 projects in each of the following areas: drug demand reduction, institution-building and raising public awareness.

595. According to the Ministry of Counter Narcotics of Afghanistan, the main reasons behind the slow progress in the implementation of CNTF projects are the limited capacity and resources in the Government ministries, conflicting procurement procedures between the ministries and the United Nations Development Programme and lack of knowledge regarding new rules of procurement. In response, CNTF launched a project to enhance the capacity of the ministries, to fast-track the procurement process and to increase the quality and coordination of CNTF project proposals.

596. The Government of Afghanistan implemented measures, such as the Good Performance Initiative, under which each province that is free of opium poppy receives US\$ 500,000 in funding for development projects and an additional US\$ 500,000 if the poppy-free status is maintained. Provinces in which only a small amount of opium poppy is cultivated also receive funding. In addition to being compensated for having reduced opium poppy cultivation, provincial governments are rewarded for having increased their eradication efforts. For example, Balkh province has been awarded a total of US\$ 3 million in recognition of its outstanding performance and for maintaining its poppy-free status.

597. In 2006, in a move to strengthen provincial institutions, the Ministry of Counter Narcotics of Afghanistan established five provincial offices to handle all areas of counter-narcotics at the local level. Those new provincial offices will implement pilot programmes for the development of alternative livelihood projects. Within the framework of the Afghanistan National Development Strategy,<sup>93</sup> a national regulatory body was created to supervise the import and export of licit drugs. The Government of Afghanistan also created, within the Intelligence Department of the Counter-Narcotics Police, a unit specializing in precursor control.

<sup>93</sup> "Letter dated 14 February 2006 from the Permanent Representative of Afghanistan to the United Nations addressed to the President of the Security Council" (S/2006/105, annex).

598. The Government of Afghanistan has also been taking measures to deal with the growing problem of drug abuse. By May 2007, the Government had established facilities for the treatment of drug abuse in 17 of the 34 provinces in the country, and another 8 further centres were being planned for the same year. Campaigns for the prevention of drug abuse are conducted by religious organizations in Afghanistan, and drug abuse prevention has been incorporated in the curricula of primary schools.

599. The Government of the Islamic Republic of Iran has adopted general policies on the fight against narcotic drugs and, in addition to special treatment programmes designed for male drug addicts, has been strengthening measures for the provision of treatment for female drug addicts. In late 2006, the Government opened the first rehabilitation centre for female drug addicts in Tehran, providing facilities for 3,000 addicts; the centre also includes a kindergarten. Two other provinces in the country have similar facilities. A drop-in centre for female addicts was established in Tehran in March 2007, and the Government has announced that it is considering proposals for conducting research on the situation of female drug addicts in the country.

600. The Board is concerned that, in Pakistan, the Policy Review Board, a committee responsible for the coordination of national drug control policy, bringing together all the relevant agencies, is not functioning properly. A mission of the Board to Pakistan in 2004 identified the need for improving coordination among Government agencies involved in drug control. Subsequent to those findings, the Board recommended that the Policy Review Board be strengthened accordingly. In September 2007, Pakistan promulgated legislation against money-laundering in the form of an ordinance providing for the establishment of an independent financial monitoring unit and a national executive committee to combat money-laundering. The Government of Pakistan is preparing a draft of the national drug control master plan for the period 2008-2012, which is to be submitted to the Federal Cabinet.

601. Drug trafficking and abuse are deteriorating on the Arabian peninsula. In particular, the Board notes that drug control legislation in Palestine needs to be examined and updated, with the assistance of UNODC.

602. Governments of countries in Central Asia have continued to improve their national laws, bringing

them in line with the provisions of the international drug control treaties. The parliament of Kyrgyzstan is reviewing a draft law that would amend the Narcotic Drugs, Psychotropic Substances and Precursors Act of the Kyrgyz Republic of 24 April 1998. The amendment would enhance the provisions of the Act relating to licit drug control, drug abuse prevention and the treatment of drug abusers.

603. In 2006, Kyrgyzstan adopted legislation on countering money-laundering and on confiscating assets derived from criminal activity; in addition, financial intelligence units were established in the country. In Uzbekistan, in accordance with the presidential decrees issued in 2007, the implementation of the main provisions of the law against money-laundering, which had entered into force in 2005, has been suspended until 2013. The Office of the President of Tajikistan is preparing a draft law against money-laundering.

604. National strategies aimed at preventing the spread of HIV/AIDS have been drafted and are in the process of being adopted by the Governments of countries in Central Asia. Following the adoption of a similar programme in Tajikistan in 2006, the Government of Uzbekistan is expected to adopt in 2007 a national programme for the period 2008-2010 addressing HIV/AIDS and the problem of drug abuse.

605. While implementation of its national programme against drug abuse and trafficking in narcotic drugs and psychotropic substances, covering the period 2001-2006, continues, the Government of Azerbaijan is in the process of adopting a new programme, covering the period 2007-2012.

606. In 2006, the Government of Georgia created a consultative council for drug control policy. The council, which includes representatives of the Ministry of Health and the Ministry of Internal Affairs, as well as non-governmental organizations and medical practitioners, has developed a national drug control strategy and an action plan, to be implemented in 2007.

### **Cultivation, production, manufacture, trafficking and abuse**

#### *Narcotic drugs*

607. According to the Afghanistan Opium Survey 2007, in Afghanistan opium poppy cultivation covered 193,000 hectares in 2007, an increase of 17 per cent

over 2006. A larger share of opium production in provinces where yields have traditionally been higher resulted in a proportionally larger increase in opium production compared with the increase in the total cultivated area. As a result, the average opium yields in all areas of Afghanistan (42.5 kg per hectare) in 2007 were also higher than in 2006 (37.0 kg per hectare). Given the increase in the total area under illicit opium poppy cultivation and the favourable weather conditions, Afghanistan produced an extraordinary 8,200 tons of opium in 2007 (34 per cent more than in 2006), supplying 93 per cent of the global market for opiates.

608. In south-western Afghanistan, opium poppy cultivation has reached an unprecedented level. In 2007, 70 per cent of the opium poppy cultivation in Afghanistan took place in five provinces along that country's border with Pakistan. The province of Helmand currently accounts for more than 50 per cent of the entire opium production in Afghanistan.

609. In some areas of Afghanistan opium cultivation has diminished. In the northern and central parts of the country, illicit opium poppy cultivation was almost brought to a halt; in Balkh province, for example, the area under opium poppy cultivation fell from 7,200 hectares in 2006 to nil in 2007. However, the Board continues to be concerned that in some areas, such as Balkh province, illicit opium poppy cultivation is being replaced by the illicit cultivation of cannabis plants, which reached 68,850 hectares in 2007. In addition, the Board urges the Government to ensure that farmers are provided with means for alternative livelihoods, which should contribute to the elimination of poverty and discourage the illicit cultivation of drug crops.

610. There is a strong link between security conditions and illicit opium poppy cultivation in the southern provinces of Afghanistan. Information collected by UNODC indicates that the overwhelming majority of villages with poor security are involved in opium poppy cultivation. Drug traffickers and criminal groups encourage villagers to grow opium poppy, guaranteeing the protection of their opium poppy fields and, in some cases, using threats and intimidation to force the villagers to engage in illicit opium poppy cultivation.

611. Information released by UNODC in August 2007 indicates that some 19,000 hectares of opium poppy

have been eradicated in Afghanistan, 24 per cent more than the area eradicated in 2006 (15,300 hectares) and 280 per cent more than the area eradicated in 2005 (5,000 hectares). However, taking into account the large scale of opium poppy cultivation in Afghanistan in 2007, the area eradicated represents only 9 per cent of the total area cultivated with opium poppy (compared with 8 per cent in 2006). In Helmand, the main province in which opium poppy is cultivated, the official target set for the eradication of opium poppy cultivation was 50 per cent; only a fraction of that area was eradicated.

612. Though eradication efforts in Afghanistan were much more intense in 2007 than in 2006, resistance to eradication was much more severe. Several security incidents, including violent incidents involving armed resistance, took place, resulting in over a dozen deaths. In areas of the country controlled by the Taliban, eradication efforts have had little chance of success.

613. In the Islamic Republic of Iran, no significant illicit cultivation of opium poppy takes place and no manufacture of illicit drugs was reported in 2006. As the Islamic Republic of Iran has not reported seizures of precursor chemicals since 2002 and acetic anhydride is manufactured in the country, the Board urges the Government to ensure that mechanisms for the control of domestic distribution of such chemicals are sufficient to prevent their diversion.

614. The Islamic Republic of Iran continues to seize more opiates than any other country in the world. In the first half of 2007, a total of 180 tons of opium were seized in the Islamic Republic of Iran (an increase of 37 per cent over the first half of 2006), mainly on that country's eastern border with Afghanistan. While opium accounts for 71 per cent of the total amount of opiates seized in the Islamic Republic of Iran, in 2007 heroin seizures almost doubled, seizures of morphine increased by 51 per cent and seizures of cannabis increased by 22 per cent. Over 50 per cent of the inmates in the country's prisons are reported to have been convicted for drug-related crimes.

615. Pakistan continues to be used as a major transit area for Afghan opiates, but to a lesser extent than the Islamic Republic of Iran. According to Pakistan officials, 35 per cent of illicit opiates of Afghan origin are smuggled through Pakistan.

616. Government data show a dramatic increase in Afghan opiates seized in Pakistan in 2006, the last year for which data are available. The total amount of seized opiates increased from 25 tons of heroin equivalent in 2005 to 36.4 tons of heroin equivalent in 2006, an increase of 46 per cent. Analysis of seizure data suggests that there is increased smuggling of Afghan opiates through Pakistan into China. The total amount of cannabis resin seized in Pakistan also increased, from 93.5 tons in 2005 to 115.4 tons in 2006, an increase of 23 per cent, partly reflecting an increase in cannabis production in Afghanistan.

617. Until recently, Iraq had been used as a transit area for smuggling Afghan heroin through the Islamic Republic of Iran into Saudi Arabia and other countries in the area of the Persian Gulf. Illicit drug trafficking and the risk of illicit cultivation of opium poppy have been increasing in some areas with grave security problems. Though official data are lacking, it appears that drug abuse in Iraq has increased dramatically, including among children from relatively affluent families.

618. Some cultivation of opium poppy and cannabis takes place in Lebanon, mainly for local use. According to the Internal Security Forces of Lebanon, approximately 27 hectares of opium and 64 hectares of cannabis were eradicated in 2005. In 2006, the Government's eradication efforts resulted in the destruction of 380 hectares of illicitly cultivated crops. Despite some successes achieved in curtailing drug trafficking, heroin, cocaine and psychotropic substances, such as MDMA and counterfeit Captagon tablets (which nowadays contain mainly amphetamine and caffeine instead of fenetylline), are reportedly being smuggled through Lebanon into Kuwait, Saudi Arabia and the United Arab Emirates, out of Jordan, the Syrian Arab Republic and Turkey, as well as from countries in Europe and South America.

619. According to law enforcement authorities in Israel, there is a high demand for cannabis, "hashish" (cannabis resin), opium, heroin, cocaine and MDMA ("ecstasy") in that country. Police data indicate that, while the total amount of cannabis seized is declining, the total amount of heroin and cocaine seized is increasing and there continues to be a significant amount of "ecstasy" seized. In 2005, 12.5 tons of cannabis, over 1 ton of cannabis resin, 145 kg of

heroin, 161 kg of cocaine and 245,000 MDMA tablets were seized in Israel.

620. According to officials in Palestine, cannabis is illicitly cultivated both on the West Bank and in the Gaza Strip. Drug trafficking is increasing in Palestine, as evidenced by the fact that 1 out of 10 cases involving serious crime is drug-related. In 2005, 1.2 tons of opium, 12.9 tons of cannabis and over 10 kg of heroin and various heroin mixtures were seized.

621. The Syrian Arab Republic is used as a transit country for illicit consignments of cannabis, cocaine and heroin (mainly from Lebanon and Turkey), morphine (from Afghanistan, Iran (Islamic Republic of) and Turkey) destined for Jordan and Lebanon, as well as counterfeit Captagon tablets (containing mainly amphetamine) destined for countries in the area of the Persian Gulf. The total amount of drugs seized has been increasing in recent years in the Syrian Arab Republic.

622. Cannabis grows wild in Kazakhstan and Kyrgyzstan, and small-scale cultivation of opium poppy continues to take place in several countries in Central Asia and the southern Caucasus. The opium produced is mostly used locally or smuggled, on a small scale, into the Russian Federation. The Governments of those countries should continue their efforts aimed at identifying and eradicating illicitly cultivated drug crops.

623. A total of 36.4 tons of drugs were seized in Central Asian countries in 2006. That total includes 27 tons of cannabis, 84 per cent of which was seized in Kazakhstan. Opium seizures more than doubled, from 2.7 tons in 2005 to 5.7 tons in 2006, and a significant change in the incidence of seizures of opiates was noted throughout Central Asia. While, from 2005 to 2006, there was a decrease in the share of the opium seized in Kazakhstan (from 24 to 11 per cent) and in Tajikistan (from 40 to 24 per cent), there was an increase in the share of the opium seized in Turkmenistan (from 27 to 46 per cent) and Uzbekistan (from 4 to 13 per cent).

624. In 2006, the quantity of heroin seized in Central Asia decreased from 3.8 to 3.7 tons. Compared with 2005, there was a decrease of 11 per cent in the quantity of heroin seized in Kazakhstan (from 626 to 555 kg) and Tajikistan (from 2.3 to 2.1 tons), although



those two countries still accounted for 73 per cent of the total quantity of heroin seized in countries in Central Asia. The quantity of seized heroin increased in Kyrgyzstan (by 29 per cent), Turkmenistan (by 11 per cent) and Uzbekistan (by 15 per cent).

625. Turkmenistan, with its extensive borders with Afghanistan (745 km), Iran (Islamic Republic of) (992 km), Kazakhstan (379 km) and Uzbekistan (1,621 km), continues to be used as a transit country for Afghan opium and heroin destined for illicit markets in the Russian Federation and countries in Western Europe. Afghan opiates are smuggled in trucks and automobiles, in maritime shipments (on the Caspian Sea) and in air cargo through Azerbaijan and Turkey. Official statistics released by the Government of Turkmenistan indicate that, in 2006, the total quantity of seized heroin, opium and cannabis exceeded 3 tons, almost tripling the figure for the year before. That sharp increase was attributed mainly to an increase of 255 per cent in the quantity of opium seized.

626. Uzbekistan continues to be used as a transit country for Afghan opiates that are being smuggled into the Russian Federation, mainly by road and rail, out of Kyrgyzstan and Tajikistan, as well as directly out of Afghanistan. In 2006, the total quantity of drugs seized in Uzbekistan increased by 70 per cent, mostly as a result of an extraordinary increase of 605 per cent in the quantity of opium seized, which increased significantly from 108 kg in 2005 to 759 kg in 2006. The combined quantity of cannabis, opium and heroin seized in Kyrgyzstan increased from 2.3 tons in 2005 to 3 tons in 2006.

627. The available data suggest that, while the quantity of cannabis trafficked through the southern Caucasus remains stable, the combined quantity of heroin, opium and cocaine is increasing. In 2006, 531 kg of drugs were seized in Azerbaijan, including 141 kg of cannabis (down from 150 kg in 2005) and 49 kg of heroin (up from 13 kg in 2005). However, according to some estimates, the total quantity of drugs being smuggled through Azerbaijan is approaching 1,000 tons per year, and Afghan opiates are entering the country from the Islamic republic of Iran and countries in Central Asia on their way to Georgia, the Russian Federation and countries in Western Europe.

628. The quantity of drugs seized in Armenia, while remaining low, has increased. In 2006, a total of

26.3 kg of narcotic drugs (mostly cannabis) were seized, representing an increase of 33 per cent compared with the previous year. Due to weak border control, drugs appear to be entering Armenia from its neighbouring countries: cannabis is entering Armenia from Georgia; opium, mainly from the Islamic Republic of Iran; heroin, from Iran (Islamic Republic of) and Turkey; and buprenorphine (Subutex<sup>®</sup>), from France.

629. In 2006, drug-related crime increased by 31 per cent in Georgia. In addition, trafficking in heroin increased (from 2.59 kg in 2005 to 4.8 kg in 2006), while the quantity of seized cannabis declined (from 23.3 kg in 2005 to 11 kg in 2006). The quantity of seized buprenorphine (Subutex<sup>®</sup>) continued to rise in Georgia.

630. The abuse of opiates continues to pose a major problem in countries neighbouring Afghanistan and even in countries near Afghanistan. Nearly all those countries have high rates of drug abuse; the Islamic Republic of Iran, for example, has the world's highest abuse rate for opiates: an estimated prevalence rate of 2.8 per cent. Drug addiction continues to be a growing problem in the Islamic Republic of Iran: reportedly over 2 million people in the country abuse drugs. Pakistan also has a high abuse rate for opiates: the estimated prevalence rate among the population aged 15-64 in 2006 was 0.7 per cent. Many countries in Central Asia have similar levels of drug abuse, with heroin abuse having replaced cannabis and opium abuse as the main drug problem. In Central Asia, the incidence of heroin dependence among registered drug abusers ranges from 50 to 80 per cent, the highest rates being recorded in Tajikistan and Uzbekistan.

631. Despite their high estimates of drug abuse, many countries in West Asia, including the Islamic Republic of Iran, have not collected comprehensive data on drug abuse for some years. The Board notes that some Governments are taking measures in that area; for example, the results of a national drug abuse assessment survey carried out in Pakistan in 2006 have been recently released. The survey suggests that 77 per cent of the 628,000 opioid users in that country abuse heroin. The prevalence of drug abuse by injection (125,000 persons) was estimated to be about 0.14 per cent of the adult population in 2006, which is twice the rate in 2002. The Board encourages other Governments to follow suit and conduct comprehensive surveys and

rapid assessments of the drug abuse situation in their countries.

632. Drug-related crime and drug abuse are growing in Palestine. While the smoking of cannabis and the injection of heroin have increased significantly in recent years, polydrug use and the abuse of over-the-counter medicines are also spreading. According to the available data, 10,000 people in the Gaza Strip and the West Bank are registered as drug abusers, and there may be another 15,000 drug abusers in Jerusalem. There are currently no rehabilitation facilities for drug abusers in the West Bank or the Gaza Strip.

633. Oman is increasingly being used as a transit country for illicit drug consignments. Because of the porous land borders, cannabis, opium and heroin shipments from Afghanistan, Iran (Islamic Republic of) and Pakistan are smuggled through Oman. The latest statistics indicate that there are over 1,000 individuals registered as drug abusers and receiving free treatment for drug abuse in Oman.

634. Cannabis, ephedra, opiates and synthetic drugs are abused in Central Asia. Increasing drug addiction and a shift from cannabis and opium abuse to heroin abuse are common to all countries in the subregion.

635. In 2006, the number of officially registered drug addicts in Kazakhstan increased by 834 to 54,411 persons (or 0.5 per cent of the population aged 15-64); there has been a continued shift from cannabis abuse to opium and heroin abuse. A total of 7,842 persons in Kyrgyzstan (or 0.2 per cent of the adult population) were officially registered drug abusers in 2006, an increase of 8 per cent over 2005. The number of persons abusing illicit drugs is increasing in Tajikistan as well; according to official statistics, in 2006, there were 7,865 registered drug abusers in the country (or 0.2 per cent of the adult population), of which 91 per cent were abusing opioids. In Uzbekistan, 19,964 persons (or 0.1 per cent of the adult population) were officially registered as drug addicts in 2006; according to some estimates, 80,000 persons in the country abuse heroin by injection. No statistics on drug abuse or the spread of HIV/AIDS are available for Turkmenistan.

636. Drug abuse by injection is increasing in many countries in West Asia, often contributing to a growing HIV problem. It is a major factor behind the spread of HIV in Kazakhstan and Uzbekistan, the two countries

in the region in which the virus has spread the fastest. Up to 93 per cent of new cases of HIV infection in Tajikistan are related to drug abuse. The same phenomenon has been noted in Pakistan and countries in the southern Caucasus.

637. The number of officially registered cases of HIV/AIDS in Central Asia increased by 30 per cent, from 14,799 cases in 2005 to 19,197 in 2006, drug abuse by injection being a major factor contributing to that increase. That total includes an increase of 31 per cent in Kazakhstan (from 5,657 to 7,402 cases), an increase of 30 per cent in Kyrgyzstan (from 826 to 1,070 cases), an increase of 40 per cent in Tajikistan (from 506 to 710 cases) and an increase of 28 per cent in Uzbekistan (from 7,810 to 10,015 cases).

#### *Psychotropic substances*

638. In Turkey, the quantity of seized synthetic drugs, predominantly MDMA and Captagon (mainly amphetamine), increased in 2006 to the highest level ever (an increase of 71.6 per cent, compared with 2005). The quantity of MDMA seized in the country continued to increase rapidly, from 94,027 units in 2002 to 1,457,698 units in 2006. In 2006, the amount of Captagon seized also reached the highest level: 19,971,625 units. According to the Government, Turkey is used as a transit country for illicit consignments of Captagon, while MDMA is smuggled into the country largely to be sold on its growing illicit market.

#### *Precursors*

639. The amount of acetic anhydride seized in Turkey has increased in recent years, but it remains at a low level compared with the large amount of seizures before. A total of 5.2 million litres of acetic anhydride were seized in 2006, compared with over 18.0 million litres in 2002. Although the number of illicit heroin laboratories dismantled in the country is decreasing and there are indications that Afghan morphine base is largely being transformed into heroin before it reaches Turkey, the Board calls on the Government of Turkey to continue its supply reduction and border control measures in order to ensure that no illicit manufacture of heroin takes place on its territory.

## D. Europe

### Major developments

640. After a decade of significant increases, cannabis use appears to have stabilized or even declined in most Western European countries. However, cannabis continues to be the most commonly abused drug in Europe. Western Europe remains the largest market for cannabis resin in the world. Seizures of cannabis resin have decreased in some countries in Europe, a development that may be linked to the decline in cannabis resin production in Morocco.

641. Europe is the second largest illicit market for cocaine in the world. In most countries in Western Europe, particularly those on the Iberian peninsula, a significant increase in cocaine seizures has been reported. In Portugal, for example, cocaine seizures, which were already at a high level, have almost doubled. Cocaine is increasingly being smuggled into Europe via countries in Western Africa. The abuse of cocaine has increased in Western Europe but has remained stable in Central and Eastern Europe. The Board welcomes the launching of an action plan in Spain to address the increasing level of cocaine abuse and encourages other States in Europe with high prevalence rates to adopt similar measures.

642. Increased seizures of opiates of Afghan origin in the Russian Federation reflect the rise in trafficking in opiates in the region. The southern branch of the Balkan route, which passes through Istanbul, Sofia, Belgrade and Zagreb, is being increasingly used. The abuse of opiates has remained stable or declined in Western and Central Europe but has reportedly been increasing in the Russian Federation and in countries in Eastern Europe, as well as in some countries in South-Eastern Europe along the Balkan route. In Europe, the demand for treatment for the abuse of opiates is higher in Eastern Europe (61 per cent) than in Western Europe (55 per cent).

643. Europe remains an important source of ATS. The illicit manufacture of ATS in South-Eastern and Eastern Europe continues to rise. The dismantling of laboratories illicitly manufacturing such stimulants has been frequently reported in Moldova and Slovakia and occasionally reported in Bulgaria, Lithuania and Ukraine. The level of MDMA abuse is stable or declining in most countries in Western Europe. The

illicit manufacture and abuse of methamphetamine continue to be limited to only a few countries in Western and Central Europe (the Czech Republic, Estonia, Latvia, Lithuania and parts of Germany).

644. Over the past few years, the increased drug trafficking and abuse in Eastern Europe has contributed to an increase in the spread of HIV/AIDS. A significant number of new cases of HIV infection are attributable to the sharing of drug-injecting equipment or risky sexual behaviour resulting from the effects of the drugs. One of the fastest-growing HIV epidemics in the world is taking place in Eastern Europe.

### Regional cooperation

645. A ministerial conference on the theme new signals for drug policies across Europe was organized by the Pompidou Group of the Council of Europe in Strasbourg, France, in November 2006. The conference adopted a six-platform programme against drug abuse that focuses on young people. Activities will be undertaken under each of the following six platforms in the fight against drug abuse and trafficking: prevention, treatment, ethics, airports, research and criminal justice. One such activity is the MedNET Network, initiated by France and the Netherlands, which is aimed at facilitating and supporting dialogue, cooperation and the exchange and transfer of knowledge and experiences between Europe and North Africa. As a follow-up to the ministerial conference, an online database of European research on drugs was launched in January 2007.

646. An operational body to tackle the smuggling of drugs into Europe by sea has been set up within the framework of the European Union. In September 2007, Ministers of seven European Union member States (France, Ireland, Italy, Netherlands, Portugal, Spain and United Kingdom) signed an agreement to establish the Maritime Analysis and Operation Centre-Narcotics (MAOC-N). The mission of MAOC-N is to enhance criminal intelligence and coordinate police action on the high seas, with a view to intercepting vessels carrying cocaine and cannabis. Naval and law enforcement bodies will participate in MAOC-N.

647. In Poland, the 18th International Conference on the Reduction of Drug Related Harm was held in Warsaw in May 2007. The Conference was organized by WHO, UNODC, UNAIDS, the World Bank and the Government of Poland. Some 1,200 persons

participated in the Conference, representing Governments, governmental and non-governmental organizations and other institutions from civil society. Some of the themes covered at the Conference were the provision of training to raise awareness of HIV/AIDS, HIV prevention and HIV/AIDS in prisons in Central Asia and Eastern Europe.

648. Representatives of 29 countries participated in the Seventh Meeting of Heads of National Drug Law Enforcement Agencies, Europe, held in Vienna in June 2007. The participants examined the current situation with respect to regional and subregional cooperation aimed at countering drug trafficking and adopted recommendations relating to cocaine trafficking in Europe, transnational law enforcement investigation techniques, criminal groups operating illicit drug trafficking networks within Europe and money-laundering.

649. The Collaborative Harmonised Amphetamine Initiative on amphetamine profiling has been launched in the European Union. This initiative aims at identifying links between seizures and criminal groups through forensic profiling of ATS in different laboratories in various member States of the European Union.

650. The customs authorities of the Russian Federation regularly participate in the joint international operation "Baltic Strike", aimed at detecting and closing routes used for smuggling cocaine on cargo ships travelling from Latin American countries to the Russian Federation and other countries in Europe. The partners of the Russian Federation in the operation are the law enforcement and customs authorities of Germany, Latvia, Lithuania, Sweden, the United Kingdom and the United States.

651. The Russian Federation, together with Armenia, Belarus, Kazakhstan, Kyrgyzstan and Tajikistan, participated in several large-scale interdiction operations called "Channel" between 2003 and 2006. The main goal of the operations was to build an enhanced system of collective security to prevent drug trafficking in drugs from Afghanistan. The operations resulted in substantial seizures of drugs, including 774 kg of heroin in 2006.

### National legislation, policy and action

652. Results of a Eurobarometer survey published in January 2007 indicate that the majority of young people in Europe are against the legalization of cannabis use. Only one quarter of the citizens of European Union member States agree that personal consumption of cannabis should be legalized throughout Europe, while more than two thirds (68 per cent) disagree. 57 per cent of respondents aged 15 to 24 years expressed their opposition to the legalization of personal use of cannabis. It must be noted, however, that opinions varied from country to country. In Finland (8 per cent), Romania (9 per cent) and Sweden (9 per cent), the idea of legalizing personal use of cannabis was strongly rejected, whereas 40 per cent of respondents in Spain and 49 per cent of respondents in the Netherlands felt that personal use of cannabis should be legalized throughout Europe.

653. A report by the European Commission published in April 2007 shows that programmes for the exchange of needles and syringes are available to drug abusers in 24 European Union member States; in 15 of those member States, such programmes are available nationwide. Programmes using methadone and buprenorphine for substitution treatments are available in all European Union member States, and the availability of such programmes has increased over the past decade.

654. UNODC continues to support law enforcement operations in Europe. In Albania, UNODC provided in 2007 examination facilities at the border crossing at Qafe Thane, a primary gateway between Albania and the former Yugoslav Republic of Macedonia. The new refurbished vehicle examination facility at the border crossing at Qafe Thane was opened on 26 June 2007.

655. In March 2007, regulations for drug substitution treatment were strengthened in Austria with a view to, among other things, limiting the diversion of slow-release morphine into illicit channels. The number of people registered for drug substitution treatment in Austria increased continuously in the 10-year period 1996-2005, from 2,941 to 7,554. The rise in the number of drug abusers undergoing substitution treatment reflects both an increase in the availability of treatment and a possible increase in the abuse of opiates.

656. In 2006, the Government of Belarus approved its national programme against crime for the period 2006-2010, which includes programmes for the prevention of drug abuse and the rehabilitation of drug abusers. Under the new national programme, the State Security Committee, the State Customs Committee and the Ministry of Internal Affairs, the Ministry of Public Health and the Ministry of Foreign Affairs will conduct their own activities against trafficking in narcotic drugs and psychotropic substances.
657. In Bulgaria, UNODC supports a project aimed at strengthening the Anti-Drugs Intelligence Capacity of the National Customs Agency of Bulgaria. The project began in 2007.
658. In France, the Ministry of Health adopted in November 2006 a plan for the treatment and prevention of all forms of addiction for the period 2007-2011. About 77 million euros will be spent annually for five years to strengthen and coordinate existing facilities and further increase resources for the prevention and treatment of not only addiction to drugs, but also addiction to tobacco, alcohol and gambling.
659. In Greece, the National Strategy on Drugs 2006-2012 and the action plan on drugs for the period 2006-2008 address both demand and supply reduction, with special emphasis on preventing and combating organized crime. The main goals of the Strategy include improving the effectiveness of demand reduction activities, increasing access to treatment for drug dependence, decreasing drug-related deaths and developing alternatives to imprisonment for drug-dependent offenders. The action plan on drugs sets out measures to be taken to achieve the objectives of the Strategy.
660. In Ireland, the Criminal Justice Act 2007 was signed into law by the President in May 2007. The Act contains a number of changes to the criminal justice system, including increased detention powers for the Irish police and the introduction of mandatory sentencing for a range of offences. Many of the changes have been introduced in the context of growing concern about drug-related crime.
661. The Board notes the publication in March 2007 of the results of the first survey of prevalence of the use of sedatives, tranquillizers and anti-depressants in the period 2002-2003 in the Republic of Ireland and Northern Ireland of the United Kingdom. The survey found that the lifetime prevalence rate of persons aged 35-64 (16 per cent) was double that of persons aged 15-34 years (8 per cent). A higher prevalence rate was found among female respondents than among male respondents. In addition, the survey found correlations between various indicators of deprivation and higher prevalence rates.
662. In May 2007, the Government of the Netherlands submitted to the lower house of Parliament a document on the continuation of the policy on synthetic drugs. The policy focuses on tighter law enforcement of the trade in and production of synthetic drugs, a vigorous prevention and information policy and closer international cooperation. The policy targets the entire chain of criminal activities, starting from the production of raw materials to trading in the end product. The policy was introduced in 2001; in the five-year period that followed, more than 20 million tablets of MDMA and thousands of litres of precursors were seized by law enforcement agencies in the Netherlands. The Government has reported that the illicit manufacture of ATS in the Netherlands appears to have decreased.
663. In October 2007, a State Drug Control Committee on Additional Measures to Counter Illicit Trade in Narcotic Drugs, Psychotropic Substances and Precursor Chemicals was established by Presidential Decree in the Russian Federation. While the Federal Drug Control Service maintains its responsibility of coordinating law enforcement activities against illicit drug trafficking, the Committee has the mandate to monitor and coordinate the decision-making process and implementation of executing agencies at all levels of the Government.
664. In the Russian Federation, the Government is considering drafting legislation on compulsory treatment for drug addicts. The Federal Drug Control Service expects that, once adopted, the new law will lead to the establishment of special medical centres where drug addicts will undergo treatment on the basis of a court decision.
665. In Spain, the number of indictments for possession and use of drugs in public places has increased steadily since 1997, virtually tripling from 1996 to 2004. In 2006, there was a record number of 218,656 indictments, exceeding the total for the previous year by 26.3 per cent. Indictments for

possession or use of cannabis accounted for more than three quarters (77.32 per cent) of the total for 2006.

666. In June 2007, an action plan against cocaine for the period 2007-2010 was introduced by the Minister for Health of Spain. The plan is being implemented as a response to the significant increase in cocaine abuse in that country. Over the past few years, annual prevalence of cocaine abuse in Spain has quadrupled among teenagers and has doubled among the general population. The action plan is aimed at, inter alia, reducing cocaine abuse, increasing awareness of the risks associated with cocaine abuse and improving assistance provided to cocaine abusers. One of the central elements of the plan is to dispel wrong perceptions about cocaine and to raise awareness of the dangers of cocaine abuse. Implementation of the plan has already started. The annual cost of the plan is estimated at about 7 million euros.

667. In Sweden, the national action plan on narcotic drugs for the period 2006-2010 emphasizes the need to identify political priorities and mobilize local resources in order to deal with drug-related issues, and it underscores the fact that it is important to maintain a balance between efforts to reduce both the supply of and demand for drugs. The national action plan also highlights the importance of involving children and their parents in drug abuse prevention activities. Surveys carried out by the Swedish National Institute of Public Health show that Sweden is one of the countries with the lowest lifetime and monthly prevalence rates in Europe.

668. In the United Kingdom, the largest ever public consultation on the national drug control strategy was launched in July 2007. The consultation is aimed at stimulating fresh and constructive ideas on how best to reduce the harm caused by drugs. The Government has requested the Advisory Council on the Misuse of Drugs to review the classification of cannabis, which was downgraded some years ago, and to examine national policies regarding cannabis in the light of the increasing potency of the drug. The consultation process will include a series of workshops and events in communities, inviting families and current and former drug abusers to discuss ways in which the harm caused by drug abuse can be reduced further. In addition, the Government plans to distribute 200,000 leaflets about the consultation to police stations, libraries and community groups throughout

the country, in order to spread the word and involve people further in what should be a national discussion.

669. In July 2007, in the United Kingdom, the All Party Parliamentary Group on Drug Misuse, a cross-party group of parliamentarians, launched an inquiry into the scale and nature of the abuse of prescription and over-the-counter drugs. The inquiry will include an in-depth study of an area of drug abuse that is often unrecognized, although it affects a large number of people. The findings of the inquiry will be published in a report in 2008.

670. In the United Kingdom, an action plan to reduce drug-related harm was published in May 2007. The action plan sets out the broad streams of action to be taken in England to enhance harm reduction activities in the area of treatment for drug abuse, with a view to reducing the number of drug-related deaths or blood-borne virus infections among drug abusers. The approach to harm reduction combines work aimed directly at reducing the number of drug-related deaths and blood-borne virus infections with the wider goals of preventing drug abuse and encouraging stabilization in the treatment and support provided for drug abusers. Activities will include a health promotion campaign, improving delivery of services and surveillance-related activity such as improving the quality of available data on drug-related deaths and blood-borne infections. Activities will be supported by a dedicated funding programme of about 2 million pounds. The action plan will be delivered using an integrated approach at the national, subnational and local levels.

### **Cultivation, production, manufacture, trafficking and abuse**

#### *Narcotic drugs*

671. Cannabis remains the most prevalent drug in Europe. In addition, the region is the largest market in the world for cannabis resin. Cultivation of cannabis plants is reported in many countries in Western Europe. Some 2,000 kg of cannabis grown in the Netherlands ("Nederwiet") were seized in that country in 2005. According to the Federal Criminal Police Office (BKA) of Germany, the illicit cultivation of cannabis plants in professionally equipped indoor sites is gaining importance in Germany, where the number of confiscated cannabis plants has increased since 2002. While initially, the area of Germany near its border with the Netherlands played a dominant role, the

phenomenon of indoor cultivation of cannabis plants appears to have spread to other areas. The Federal Police of Belgium reported an increase in seized cannabis plants, from 74,140 seized plants in 2005 to 107,249 in 2006. Cannabis is also cultivated in the United Kingdom but the extent of such cultivation is unknown.

672. The illicit cultivation of cannabis plants has also been reported in Bulgaria. About one half of the cannabis illicitly produced 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. Albania continues to be a major exporter of cannabis. Albanian cannabis is smuggled by road through the former Yugoslav Republic of Macedonia and Bulgaria to Turkey, as well as to Croatia, Bosnia and Herzegovina, Serbia, Montenegro, Slovenia and countries in Western Europe.

673. The quantity of cannabis resin seized in Europe has decreased, a development that may be linked to a decline in cannabis resin production in Morocco. In Spain, the country that seizes by far the most cannabis resin in the world, the quantity of seized cannabis resin declined by 31 per cent from 2005 (669 tons) to 2006 (459 tons). The drop in seized cannabis resin was even more marked in Portugal (70 per cent), where 8 tons were seized in 2006, compared with 28 tons in 2005. A lower volume of seized cannabis resin was also reported in France. In Belgium, however, the Federal Police reported a single seizure of 45 tons of cannabis resin in February 2007.

674. According to the French Monitoring Centre for Drugs and Drug Addiction (OFDT), cannabis use in France has seen a general increase over the past 15 years. More 18- to 25-year-olds are currently using cannabis on a monthly basis than was the case in 2002. In addition, the regular use of cannabis (at least 10 times in the preceding 30 days) saw a significant increase from 2000 to 2005 (from 1.7 to 2.7 per cent) among persons aged 18 to 64, both men and women. In Germany, however, the regular use of cannabis among 18- and 19-year-olds declined from 6.4 per cent in 1993 to 4.3 per cent in 2007.

675. In the UNODC publication *World Drug Report 2007*,<sup>94</sup> it is noted that Italy and Spain have the highest annual prevalence rate for cannabis use in Western Europe. Annual prevalence of cannabis use among youth and adults in Italy has increased steadily, from 6.2 per cent in 2001 to 7.1 per cent in 2003 and 11.2 per cent in 2005. In Spain, however, cannabis use remained almost unchanged between 2003 (11.3 per cent) and 2005 (11.2 per cent).

676. In the United Kingdom, both the annual and monthly prevalence rates for cannabis are dropping in England and Wales. The annual prevalence rate for cannabis use among persons aged 16-59 fell from 10.3 per cent in 1998 to 8.7 per cent in the period 2005-2006 and the monthly prevalence rate declined from 6.1 per cent to 5.2 per cent over the same period. The lowest annual prevalence rates for cannabis are reported from Malta, Romania, Bulgaria and Greece.

677. Europe remains the second most common destination for cocaine consignments. Already in 2005, the quantity of cocaine seized in the region reached an all-time high of almost 107 tons, an increase of 48 per cent compared with 2004. In 2006, that figure increased even further and the trend appears to have continued throughout 2007. The quantity of seized cocaine has increased significantly in many parts of the region. In Spain, the country in which most of the cocaine in Europe is seized, the volume of cocaine seizures increased (by 2.52 per cent) to 49.6 tons in 2006. In Portugal, seizures of cocaine increased significantly, from 18 tons in 2005 to 34 tons in 2006; as a result, Portugal is currently considered to be a major European gateway for cocaine. In Ireland, cocaine seizures also rose considerably from 2002 to 2006, from only 17 kg to about 270 kg. The quantity of cocaine seized in Germany increased by 59 per cent from 2005 (1,079 kg) to 2006 (1,717 kg). Cocaine seizures in Switzerland increased significantly (by 25 per cent) in 2006, to 354 kg, compared with 2005 (283 kg). Increased cocaine seizures were also reported in Finland in 2006, while cocaine seizures declined in Austria.

678. The abuse of "crack" cocaine continues to be marginal in all countries in Western Europe, with the possible exception of the United Kingdom. Less than

<sup>94</sup> United Nations publication, Sales No. E.07.XI.5.

4 kg of “crack” were seized in Germany in 2006. About 98 per cent of the total quantity seized was confiscated in Hamburg and Hessen. The cities of Hamburg and Frankfurt are used as focal points for the traffic in “crack” in Germany.

679. Over the past few years, cocaine abuse has significantly increased in Western and South-Eastern Europe and remained stable in Central and Eastern Europe. The highest annual prevalence rates for cocaine abuse are in Spain (3 per cent), the United Kingdom (2.4 per cent) and Italy (2.1 per cent).<sup>95</sup> In Spain, cocaine abuse has increased significantly over the period 1995-2005. According to a household survey conducted in Spain in the period 2005-2006, the annual prevalence rate for the abuse of cocaine powder among the general population increased from 1.8 per cent in 1995 to 3 per cent in 2005; and the annual prevalence for cocaine abuse among minors quadrupled from 1994 (1.8 per cent) to 2004 (7.2 per cent). The Government of Spain has taken action to address the problem.

680. In the United Kingdom, the abuse of cocaine powder in England and Wales increased from 2.0 per cent in the period 2004-2005 to 2.4 per cent in the period 2005-2006. There were 421 drug-related deaths in Scotland in 2006, 85 (25 per cent) more than in 2005. In Italy, the annual prevalence rate for cocaine abuse among youth and adults increased steadily from 1.1 per cent in 2001 to 1.2 per cent in 2003 and 2.1 per cent in 2005, reaching a level well above the European average of 0.8 per cent. The countries in Western Europe with the lowest annual prevalence rates for cocaine abuse are Greece (0.1 per cent) and Sweden (0.2 per cent).

681. Virtually all of the heroin on the illicit drug markets in Europe originates in Afghanistan. Due to its geographical location, Turkey continues to be used as the main corridor for heroin consignments destined for Europe, serving as a starting point for the Balkan route. In addition, heroin continues to be smuggled along the so-called “silk route” through Central Asia into the Russian Federation, where it is abused locally or transported further to European Union member States. Heroin is also smuggled along a southern route leading

from Afghanistan to Pakistan and from there, by air or sea, to Europe.

682. In most countries in Western Europe, the quantity of heroin seizures appears to have declined. In Portugal, for example, the quantity of seized heroin declined by 21 per cent from 2005 (182 kg) to 2006 (144 kg). In Switzerland, heroin seizures decreased by 10 per cent from 2005 (256 kg) to 2006 (231 kg). In Spain, 471 kg of heroin were seized in 2006, representing a significant increase compared with 2002 (71.57 per cent) and 2005 (170.74 per cent). Increasing heroin seizures were also reported in Germany, where 879 kg of heroin were seized in 2006, 12 per cent more than in 2005 (787 kg).

683. The total number of heroin abusers in Europe is estimated at 3.3 million people. Heroin abuse has remained largely stable or even declined in Western and Central Europe. In France, for example, lifetime prevalence of heroin abuse among persons aged 18-44 remained stable between 1995 and 2005, at approximately 1 per cent. In Germany, the number of problematic heroin abusers ranges between 78,000 and 158,000. Heroin is increasingly being smoked in Germany. Increasing abuse of opiates has been reported in countries in Eastern Europe, particularly in member States of the Commonwealth of Independent States (CIS) and in countries in South-Eastern Europe situated along the Balkan route. In Eastern Europe, the number of heroin abusers is estimated at about 1.75 million, or 1.2 per cent of the population aged 15-64.

684. According to the Government of the Russian Federation, the total number of registered drug abusers was 350,267 as of 1 January 2007. The majority of drug abusers (87.7 per cent) abuse opiates. In 2006, from the total number of patients in treatment for drug abuse, 12 per cent were infected with HIV. Drug abuse by injection continues to be the main route of transmission of HIV infection in the Russian Federation.

#### *Psychotropic substances*

685. Europe continues to be a major source of amphetamines. In Western Europe, the country with the highest volume of seizures of amphetamines is the Netherlands, followed by the United Kingdom and Germany. Seizures of amphetamines have increased steadily in Germany; in 2006, they increased by 8 per

<sup>95</sup> The data for the various countries are for different years and therefore may not necessarily be comparable in all cases.



cent, totalling 723 kg. ATS are also manufactured in the Russian Federation, as evidenced by the fact that in 2006 Russian authorities detected 1,700 facilities used to illicitly manufacture synthetic drugs, including 136 chemical laboratories.

686. Seizures of MDMA appear to be on the decline in Europe. In Spain, the amount of MDMA seized in 2006 was 16 per cent less than in 2005 and 66 per cent less than in 2002, when the amount reached a peak. A total of 481,583 units of MDMA were seized in Spain in 2006, compared with 572,871 units in 2005. In Germany, the amount of seized MDMA decreased by 32 per cent between 2005 and 2006.

687. Of the seized MDMA tablets for which the origin or transit route could be established, by far the largest portion came from the Netherlands. As in the case of amphetamine, many of the MDMA tablets were on their way to Southern and Eastern Europe when they were seized.

688. In the United Kingdom, the largest amphetamine market in Europe, annual prevalence of amphetamine abuse among the general population has been declining steadily since 2000, reflecting intensified prevention efforts and supply reduction measures. In Western Europe, the abuse of MDMA is highest in an area in the United Kingdom (Northern Ireland), where the annual prevalence rate is 1.6 per cent; however, that rate has declined by 46 per cent since 2000. MDMA abuse has also reportedly declined elsewhere in the United Kingdom (in England and Wales), as well as in Spain.

### **Missions**

689. A mission of the Board visited Albania in November 2007. The Board notes that there has been some improvement in the political will and commitment of the Government to the objectives of the international drug control treaties. The Government's efforts to address the drug problem in the country have shown progress and its cooperation with the Board has improved since the 2002 mission of the Board to that country. The Board notes that Albania has taken some steps in recent years to strengthen its drug control efforts, but a number of problems continue to exist in that area. A national drug control strategy covering the period 2004-2010 has been drafted, but its status remains unclear.

690. Over the past few years, Albania has emerged as an important segment of the Balkan route. The Board notes the efforts made by the Government in combating illicit drug production and trafficking. However, the Board is concerned that, despite successful law enforcement efforts, such as the recent moratorium on speedboat traffic along the Albanian coast, drug trafficking organizations remain powerful and continue to impede drug control efforts in Albania and in other countries in Europe. The Board urges the Government to curb the influence and activities of criminal organizations, including those run by Albanian nationals, and to fight corruption at all levels. The Board recommends that the Government further strengthen its efforts to eliminate the cultivation of cannabis plants and drug trafficking in the region.

691. The Board encourages the competent national authorities of Albania to carry out, if necessary with assistance from WHO and UNODC, an assessment of the drug abuse situation in the country, in order to be able to plan and implement appropriate drug control measures and to provide a comprehensive drug abuse prevention and treatment programme. The Board urges the Government of Albania to take all steps necessary to enhance coordination and cooperation among institutions and agencies that are responsible for drug control and to establish and maintain an appropriate drug control mechanism in compliance with the requirements of the international drug control treaties.

692. The Board sent a mission to Bosnia and Herzegovina in June 2007 to discuss with the Government the implementation of the international drug control treaties and comprehensive drug control legislation, in particular the law on the prevention and suppression of the abuse of narcotic drugs, adopted in that country in February 2006. The Board notes that measures to implement the new legislation have still not been adopted by the Government. In particular, the implementation of the provisions on creating a national inter-ministerial commission for drug control coordination, as well as a drug regulatory agency, as required under the new legislation, were pending. The Board is of the opinion that additional efforts in the area of demand reduction are necessary, particularly with regard to data collection, as there is currently no comprehensive, reliable information regarding the drug abuse situation in Bosnia and Herzegovina.

693. The Board encourages the Government of Bosnia and Herzegovina to implement the new drug control legislation without further delay. Such action would clarify the respective roles and responsibilities of various competent national authorities involved in the implementation of the international drug control treaties and would allow for effective cooperation with the Board, including the submission of reports, in accordance with the treaties. The Government is invited to create a drug regulatory agency, to prepare a comprehensive national strategy on drug abuse and to provide adequate resources and training to the competent national authorities involved in drug control.

694. In November 2006, a mission of the Board visited Lithuania. The Board notes that the Government of Lithuania has shown the political commitment and the will to deal with drug abuse, drug trafficking and organized crime. Apart from the ministries responsible for specific areas of drug control, such as the ministries of the interior, health, justice, social security and education, drug control matters are also handled by the parliamentary drug addiction prevention commission. The drug control department directly under the Government of Lithuania is the main body responsible for the implementation of prevention and drug control policies. In addition, 60 municipal drug control commissions have been established.

695. In addition to cannabis, the most widespread drugs of abuse in Lithuania are amphetamines and "ecstasy". Significant drug abuse is reported to be taking place in nightclubs, discos and other recreational settings. The main drug problem in Lithuania is the increasing abuse of synthetic drugs. The illicit market is supplied by clandestine manufacture of amphetamines in the country, as well as by the smuggling of "ecstasy" into the country, mostly from the Netherlands. Amphetamines illicitly manufactured in Lithuania are smuggled into Norway and Sweden, as well as, more recently, Iceland. The Board notes the efforts by the Government to establish comprehensive treatment programmes for the treatment of drug abuse.

696. Lithuanian authorities have reported a problem involving the use of prescription drugs. The drug control department estimates that about 20 per cent of the adult population is misusing or abusing prescription drugs. The smuggling of flunitrazepam by

Lithuanian organized criminal groups into Scandinavian countries continues. As the diversion of flunitrazepam from licit markets has been closed down, genuine flunitrazepam tablets have been replaced by counterfeit flunitrazepam smuggled through Lithuania. With regard to trafficking in precursors, Lithuanian law enforcement officers seized significant amounts of precursors in 2006, most of which had been smuggled out of Belarus and Ukraine (PMK and BMK) and destined to be used in the illicit manufacture of amphetamines in Lithuania or to be smuggled into other countries for the illicit manufacture of MDMA ("ecstasy"). The Board recognizes the importance of collaboration among neighbouring countries in counteracting drug trafficking and the smuggling of precursors.

697. The Board sent a mission to the United Kingdom in October 2007, to discuss with the Government, inter alia, cooperation in maintaining a global balance between the licit supply of and demand for opiate raw materials. The mission also examined with the authorities steps to be taken to ensure full reporting to the Board by the United Kingdom on narcotic drugs and psychotropic substances, in accordance with the international drug control treaties. The Board trusts that the Government will strengthen the human resources of the Home Office responsible for collecting data and furnishing statistical information to the Board. The Government should also ensure adequate functioning of the inspection system for licit activities with narcotic drugs and psychotropic substances.

698. The Board welcomes the strong commitment of the Government to address the drug problem through comprehensive measures against drug abuse and illicit drug trafficking. The Government will announce its new drug control strategy in early 2008. The Board notes that the Government puts major emphasis on the prevention of drug abuse and the provision of treatment for young drug abusers. The drug control policy of the United Kingdom includes harm reduction activities. The Board appreciates the commitment of the Government to ensuring that such activities are in line with the provisions of the international drug control treaties and that no facilities where drug abusers could abuse with impunity drugs acquired on the illicit market would be allowed to operate in the United Kingdom.

699. The Board notes the vigorous actions taken by the law enforcement authorities of the United Kingdom to prevent illicit trafficking in narcotic drugs and psychotropic substances. The Serious Organised Crime Agency, which became operational in 2006, endeavours to apply an intelligence-led, holistic approach to tackling all forms of organized crime, including drug trafficking. The Board invites the Government of the United Kingdom to share experiences from the work of the Agency with other Governments, the Board and relevant international organizations.

700. The United Kingdom participates in the efforts of the international community to stop the flow of precursors, in particular acetic anhydride, to Afghanistan. The Board invites the Government to share pertinent information with the Board and to support the relevant international initiatives, such as the activities under Project Cohesion.

## **E. Oceania**

### **Major developments**

701. The clandestine manufacture of ATS, including methamphetamine, continues in Oceania. The island States in Oceania, because of their geographical remoteness, porous maritime borders and relatively weak control measures, are extremely vulnerable to exploitation by drug traffickers. In addition, as transportation links to Asia, North America and South America expand, the countries in Oceania are increasingly being used as trans-shipment areas for the smuggling of ATS and other illicit drugs of abuse. Recent seizures of pseudoephedrine and ephedrine, precursor chemicals frequently used in the illicit manufacture of ATS, suggest that criminals may be turning to smuggling pharmaceutical preparations containing precursor chemicals for use in the clandestine manufacture of ATS in the region, particularly in Australia and New Zealand. The postal systems of countries in the region are increasingly being used to smuggle psychotropic substances in particular and, to a lesser extent, precursor chemicals. Trafficking in substances not under international control, such as GBL and ketamine, continues to be a problem in the region.

702. The prevalence of abuse of cannabis and ATS in Oceania continues to rate among the highest in the world, and cannabis continues to be the most abused drug in the region. Abuse of cannabis is particularly prevalent in Australia, Micronesia (Federated States of), New Zealand and Papua New Guinea. A high rate of abuse of ATS was reported in countries of the region, including Australia and New Zealand.

### **Regional cooperation**

703. Australia and New Zealand continue to provide other countries in Oceania with technical assistance to enhance border security. The two countries support the Pacific Regional Policing Initiative, which aims to improve the effectiveness of policing in small island States in Oceania so that they can contribute more to regional security. Australian law enforcement authorities provided training on the detection, dismantling and disruption of syndicates engaged in organized transnational crime to police, customs and immigration officers from Kiribati, Papua New Guinea, Samoa, Tonga and Vanuatu in Apia, Samoa, in June 2007. New Zealand, as part of the steering committee, has continued to assist in the development and promotion of the Customs Asia Pacific Enforcement Reporting System, a regional customs reporting system and database. Australia launched the South Pacific Precursor Control Forum, a regional initiative aimed at strengthening cooperation in responding to issues related to the diversion of precursors and the manufacture of ATS. The Forum, which comprises 13 members (countries and regional organizations), held a meeting in Sydney, Australia, in February 2007 to discuss a strategic plan for the region.

704. In October 2006, law enforcement authorities of New Zealand worked with Australian authorities to uncover a regional smuggling syndicate, purportedly involved in smuggling cocaine from South America through New Zealand into Australia. The teamwork began in June 2006, when more than 18 kg of cocaine were found hidden in a sea cargo shipment destined for Australia. In September 2006, authorities in New Zealand found another 8 kg of cocaine hidden in a sea cargo shipment bound for Australia. Those seizures resulted in the identification and arrest of members of the syndicate in Australia.

### National legislation, policy and action

705. Australia has further strengthened its legislation to combat the illicit manufacture of controlled substances. In June 2006, the Drug Misuse and Trafficking Amendment (Hydroponic Cultivation) Act 2006 of New South Wales, Australia, made it an offence to expose children under the age of 16 to the manufacture of illicit drugs or to substances being stored for use in such manufacture. In November 2006, the Parliament of New South Wales criminalized the possession of tableting machines for the manufacture of MDMA under the Crimes and Courts Legislation Amendment Act 2006. Similar legislation was approved by the Parliament of Queensland in April 2006 and the Parliament of Victoria in August 2006. The Board encourages the other states of Australia to review existing legislation and strengthen it, as necessary.

706. In September 2006, the Drug Misuse and Trafficking Regulation 2006 of New South Wales amended the existing legislation to allow persons who abuse drugs by injection to be supplied with sterile hypodermic syringes and associated equipment in order to prevent the spread of contagious diseases and minimize health risks associated with drug abuse by injection. The revised regulation also provides for the dissemination of information concerning hygienic practices in the use of hypodermic syringes to prevent the spread of contagious diseases. The Board calls on Australia to ensure that such activities are carried out in compliance with the provisions of the international drug control conventions.

707. The Drug Misuse and Trafficking Regulation 2006 of New South Wales gave greater powers to police to monitor the diversion of precursor chemicals and take action against individuals and companies that are not complying with relevant regulations.

708. In December 2006, the Parliament of New South Wales amended existing legislation on the prescription of internationally controlled substances. The Poisons and Therapeutic Goods Amendment Regulation 2006 enables the Director-General of the Department of Health to allow for electronic prescriptions; enables pharmacists to supply restricted medications, including internationally controlled substances, to nursing homes for use in emergencies; and provides that doctors do not require authorization to prescribe buprenorphine if it is in the form of transdermal patches.

709. Following the introduction of more restrictive national controls on pseudoephedrine in January 2006, Australia enacted further legislation to control the sale of that substance. Since April 2006, all medications containing pseudoephedrine, such as liquid formulations containing more than 800 milligrams of pseudoephedrine, and all combination and single ingredient products, such as capsules and tablets containing more than 720 mg of pseudoephedrine, have been rescheduled and can be sold only with a doctor's prescription.

710. In Australia, the State of Queensland introduced in 2006 Project Stop, an online intelligence and sales monitoring system. The system enables real-time monitoring of sales of pseudoephedrine-based medications at retail pharmacy outlets. It helps pharmacists to determine, on the basis of recent purchases, whether a customer has a legitimate medical need for the medication being sought, in addition to providing police with intelligence on illicit activities. The database, which is currently being used successfully in Queensland, will be implemented at the national level in 2007. The Board appreciates the initiative taken in Queensland and encourages other states in Australia to implement the system.

711. In 2006, the Australian Customs Service opened an improved postal screening facility in Melbourne. The facility screens all international mail for illicit goods, including drugs, using a combination of X-ray machines, detector dogs and physical examination.

712. Other countries in the region have introduced additional control measures. In August 2006, the Senate of Palau passed a law requiring all elected officials to undergo testing for the abuse of illicit drugs.

### Cultivation, production, manufacture, trafficking and abuse

#### *Narcotic drugs*

713. Cannabis is illicitly cultivated throughout Oceania. Although some cannabis from the highlands in Papua New Guinea has been smuggled into Australia and cannabis seeds have been purchased online from the Netherlands through the postal system, most of the cannabis found in Australia continues to be from illicit cultivation sites in the country. The illicit cultivation of

cannabis also continues to be widespread in New Zealand.

714. In Fiji, law enforcement authorities have been engaging local communities in the fight against drugs. In 2006, several areas of Fiji joined an ongoing effort to eradicate the illicit cultivation of cannabis plants. In two earlier operations in 2003, law enforcement authorities had worked with local communities to destroy 6,280 cannabis plants.

715. In the period 2005-2006, Australian customs authorities seized more than 47 kg of cannabis, most of which had originated in Papua New Guinea and, to a lesser extent, in Canada and the United States. That represents a considerable increase compared with the total of less than 5 kg seized in the period 2004-2005. Most seizures of cannabis in Australia involved small quantities of the drug.

716. South-East Asia remains the main source of the heroin that is smuggled into Australia, and demand for heroin remained stable in 2006, at a level significantly lower than the levels reported prior to 2001. The most common method of smuggling heroin into Australia is using air couriers from Cambodia and Viet Nam. However, in April and May 2006, almost 8 kg of heroin from India were intercepted in the postal system in 164 envelopes, each containing a small quantity of the drug. In 2006, four clandestine laboratories used for the illicit manufacture of heroin were dismantled in Australia, and eight clandestine laboratories used to extract morphine from opium poppy seeds were dismantled in New Zealand.

717. In March 2007, Australian law enforcement authorities in Sydney seized 141 kg of cocaine that had been concealed in an airfreight shipment originating in the Hong Kong SAR of China; that was the fifth largest seizure of cocaine ever made in Australia. In December 2006, authorities in New Zealand seized at Auckland International Airport approximately 4 kg of cocaine from South America; the cocaine was purportedly being shipped to Australia via the Cook Islands.

718. Cannabis remains the most abused drug in countries in Oceania, in particular in Australia and New Zealand, and the level of cannabis abuse is particularly high in Micronesia (Federated States of) and Papua New Guinea, each of which has a rate of abuse of over 29 per cent. In Australia, however, the annual prevalence rate for cannabis abuse decreased by

37 per cent between 1998 and 2004; currently, 11 per cent of the population aged 14 years and older abuse cannabis. No significant increase in cannabis abuse has been observed in Australia in recent years.

#### *Psychotropic substances*

719. In Australia, the supply of ATS is dominated by clandestine manufacture within the country, most of which appears to be based in Queensland. Australian authorities have linked motorcycle gangs to the illicit manufacture of ATS in several states, including New South Wales and Queensland. During the period 2005-2006, 280 clandestine laboratories used for the illicit manufacture of ATS were dismantled in Australia. In New Zealand, 211 clandestine laboratories purportedly used in the illicit manufacture of methamphetamine were dismantled in 2006. The number of laboratories dismantled in New Zealand has increased for three consecutive years, 2006 being the year with the highest number ever. Most of the ATS tablets (excluding MDMA) that were smuggled into Australia and seized in the period 2005-2006 originated in the Netherlands and India. Methamphetamine imports originated mainly, in descending order, in Canada, the Hong Kong SAR of China, mainland China, the Netherlands, the United States, Japan, South Africa, Malaysia and Thailand. In 2006, 111 kg of methamphetamine were seized in New Zealand, 10 times more than the amount seized in 2005; most of the seized methamphetamine originated in China.

720. In the period 2005-2006, seven laboratories involved in the illicit manufacture of MDMA were dismantled in Australia. The main methods used for smuggling MDMA into Australia continue to be misuse of the postal system and concealment in sea cargo shipments. The countries of origin of the seized MDMA included Belgium, Canada, France and the United Kingdom. In April 2007, law enforcement authorities in Sydney, Australia, seized 113 kg of MDMA concealed in a shipment of solar hot water systems originating in Israel. In 2006, 350 kg of MDMA were found in a shipping container of ink originating in Canada.

721. More than 440 seizures of benzodiazepine-based sedatives and tranquillizers, most of which was detected in the postal system, were reported in Australia in the period 2005-2006. The countries of

origin included Argentina, India, Pakistan, the Philippines and Thailand.

722. In 2007, the National Drug Law Enforcement Research Fund released the results of a study<sup>96</sup> that it had conducted on the illicit drug markets in Australia, focusing on illicit markets for benzodiazepine and pharmaceutical preparations containing opioids, their abuse and their impact on crime. The study targeted three jurisdictions (Melbourne, Hobart and Darwin) in which there was evidence of illicit markets for prescription drugs. The study found that Melbourne appears to have illicit markets for benzodiazepines, buprenorphine and morphine. The emergence of those illicit markets may be partly attributable to the reduction in the supply of heroin, the main illicit drug of abuse in that city. The findings suggested that, in Hobart and Darwin, there were illicit drug markets, primarily for methadone and morphine. The study also found that the illicit markets for benzodiazepine and pharmaceutical opioids appeared to be supplied mainly by small-scale diversion from a number of sources, including legitimate prescriptions and forged prescriptions, rather than being supplied through theft from pharmacies or by diversion from wholesale and manufacturing locations, or by other sources such as Internet pharmacies and smuggling. The Board notes with concern the abuse of prescription pharmaceutical drugs in Australia and urges the Government to take the necessary steps to address the problem.

723. The level of abuse of ATS in Australia and New Zealand is among the highest in the world. ATS continued to be the second most abused drug in Australia. New Zealand has reported a recent increase in the abuse of methamphetamine and MDMA. There is also evidence of the abuse of drugs, including ATS, in Fiji and Samoa.

#### *Precursors*

724. In the period 2005-2006, 22 laboratories used for the illicit manufacture of precursor chemicals were dismantled in Australia, mostly in the state of South Australia.

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<sup>96</sup> Craig Fry and others, *Benzodiazepine and Pharmaceutical Opioid Misuse and Their Relationship to Crime: an Examination of Illicit Prescription Drug Markets in Melbourne, Hobart and Darwin* (Hobart, Tasmania, National Drug Law Enforcement Research Fund, 2007).

725. Countries in Oceania continue to report significant seizures of pseudoephedrine and ephedrine, which are precursor chemicals frequently used in the illicit manufacture of ATS. In June 2006, Australia reported the seizure of over 2 million tablets containing a total of 120 kg of pseudoephedrine, in a sea cargo container originating in Indonesia. In 2006, seizures of ephedrine and pseudoephedrine continued to be reported in Australia. Many of the smuggling cases involved the use of the postal system. In May 2006, 150 kg of pseudoephedrine were seized in New Zealand from shipping containers originating in China. In addition, several pharmaceutical preparations available without prescription and containing pseudoephedrine were seized in New Zealand in clandestine laboratories purportedly used for the illicit manufacture of methamphetamine. In April 2006, 7 kg of ephedrine were found in Australia in an air cargo shipment originating in South Africa.

726. In April 2007, Australian law enforcement authorities seized in Melbourne 125 kg of phenylacetic acid, a precursor chemical frequently used in the illicit manufacture of amphetamine. That was among the largest seizures of the substance to date in Australia.

#### *Substances not under international control*

727. In 2006, Australian customs authorities seized 40 shipments of GBL, a precursor of GHB. The majority of the shipments were detected in the postal system, while a few were concealed in air cargo. For example, two consignments of GBL, each containing 20 litres of the substance, were intercepted in Sydney in March 2006 after they had been hidden in air cargo from China; the countries of origin of the seized GBL included China, Japan, Singapore, South Africa, Thailand, the United Kingdom and the United States. In addition, eight seizures of ketamine were reported for the period 2005-2006, compared with three seizures in the period 2004-2005; all eight of the consignments of ketamine had been sent using the postal system. Countries in the region, including Australia and New Zealand, continued to report seizures of small quantities of khat in 2006.

## IV. Recommendations to Governments, the United Nations and other relevant international and regional organizations

728. In exercising its mandate to monitor the application of the international drug control treaties, the Board, on an ongoing basis, examines the functioning of the international drug control regime at both the national and international levels and makes recommendations to Governments and international and regional organizations. In the present chapter, the Board highlights key recommendations. The Board invites all those concerned to examine the recommendations and to implement them, as appropriate.

729. Governments and relevant organisations should keep the Board informed of the implementation of these and other recommendations, as well as developments in drug control in their respective jurisdictions.

730. The Board reminds Governments and relevant organizations that the recommendations contained in chapter I of its annual reports are generally not included in chapter IV. The recommendations in both chapters should be considered for implementation, as appropriate.

### A. Recommendations to Governments

731. 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; the Internet and smuggling by postal and courier services; and smuggling and abuse of counterfeit preparations containing narcotic drugs and psychotropic substances.

#### Treaty adherence

732. The international drug control treaties, namely 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:* There are a few States which are not yet parties to one or more of the international drug control treaties. **The Board reiterates its request to States that are not parties to the international drug control treaties to take the necessary action to accede to those treaties.**<sup>97</sup>

#### Treaty implementation and control measures

733. Universal treaty adherence will, however, not be sufficient without effective and universal implementation of all the provisions of the international drug control treaties and the application of the necessary control measures by all Governments.

*Recommendation 2:* Timely provision to the Board of information required under the international drug control conventions 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 conventions. All Governments are encouraged to seek from the Board any information that will help them in meeting their reporting obligations under the conventions.**

<sup>97</sup> The following States are not parties to the international drug control treaties and/or the 1972 Protocol amending the 1961 Convention:

(a) States not parties to the 1961 Convention as amended by the 1972 Protocol or to the 1961 Convention in its unamended form: Cook Islands, Equatorial Guinea, Kiribati, Nauru, Samoa, Timor-Leste, Tuvalu and Vanuatu.

(b) States not parties to the 1972 Protocol amending the 1961 Convention: Afghanistan, Chad and Lao People's Democratic Republic.

(c) States not parties to the Convention of 1971: Cook Islands, Equatorial Guinea, Haiti, Kiribati, Liberia, Nauru, Samoa, Solomon Islands, Timor-Leste, Tuvalu and Vanuatu.

(d) States not parties to the 1988 Convention: Equatorial Guinea, Holy See, Kiribati, Marshall Islands, Namibia, Nauru, Palau, Papua New Guinea, Solomon Islands, Somalia, Timor-Leste and Tuvalu.

*Recommendation 3:* In some countries, the delay in the submission of statistical data to the Board is partly the result of Governments providing insufficient resources to the authorities responsible for the collection and reporting of data on licit activities related to narcotic drugs, psychotropic substances and precursors. **The Board urges all Governments to allocate adequate resources to their national competent authorities to meet their treaty obligations by submitting complete statistical data to the Board in a timely manner.**

*Recommendation 4:* The system of control measures laid down in the 1961 Convention 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 exports of narcotic drugs are not in excess of the total of the importing country's estimates for those narcotic drugs.**

*Recommendation 5:* For Governments that did not provide estimates for narcotic drugs for 2008, the estimates have been established by the Board. **The Board urges the Governments concerned to examine their requirements for narcotic drugs for 2008 and furnish their own estimates to the Board for confirmation, in order to prevent any possible difficulties in importing the quantities of narcotic drugs required for medical and scientific use in their countries.**

*Recommendation 6:* In accordance with article 19, paragraph 3, of the 1961 Convention, Governments may submit supplementary estimates for narcotic drugs during the year for which the estimates apply. **The Board requests all Governments to determine their annual estimates of requirements for narcotic drugs as accurately as possible, so that resort to supplementary estimates is reserved for unforeseen circumstances or when developments in medical treatment, including the use of new medications and scientific research, result in additional requirements for narcotic drugs.**

*Recommendation 7:* The practice of chewing coca leaves continues in Bolivia and Peru. The countries in the region are suffering from the illicit manufacture of and trafficking in cocaine. **The Board calls upon the Governments of Bolivia and Peru to initiate action without delay with a view to eliminating uses of coca leaf, including coca leaf chewing, that are contrary to the 1961 Convention. The Governments of those countries and Colombia should strengthen their efforts against the illicit manufacture of and trafficking in cocaine. The Board calls on the international community to provide assistance to those countries towards achieving those objectives.**

*Recommendation 8:* The Commission on Narcotic Drugs decided in March 2007 to include oripavine in Schedule I of the 1961 Convention. That decision became effective on the date of receipt by each State party of the note verbale of the Secretary-General on this matter, dated 27 June 2007. **The Board requests all Governments to implement without delay the provisions of the 1961 Convention with respect to oripavine, including by complying with the system of estimates and providing statistical reports to the Board.**

*Recommendation 9:* A number of Governments have for several years not updated the assessments of their requirements for psychotropic substances. Those earlier assessments may no longer reflect their actual medical and scientific requirements for psychotropic substances, as evidenced by the fact that several importing countries continue to issue import authorizations for psychotropic substances in absence or in excess of the corresponding assessments. **The Board encourages all Governments to ensure that their assessments correspond to their actual legitimate needs and that no imports exceeding the assessments are authorized.**

*Recommendation 10:* The system of import authorizations for all psychotropic substances has proved particularly effective in the identification of diversion attempts. **The Board reiterates its request to all Governments that have not yet done so to introduce a system of import and**



**export authorizations for 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 of 27 July 1993 and 1996/30 of 24 July 1996.**

*Recommendation 11:* Diversions of psychotropic substances from international trade are often attempted using falsified import authorizations. **The Board invites all Governments to continue to pay attention to the legitimacy of orders for psychotropic substances and, if necessary, to consult with the Governments of the importing countries on any suspect order prior to approving the exports. The Board encourages the national competent authorities of exporting countries to regularly check import orders against the assessments of the actual requirements for psychotropic substances of the relevant importing countries before authorizing the exports.**

*Recommendation 12:* Information obtained in investigations into seizures or intercepted shipments of precursors is important for the identification of new trends in illicit drug manufacture and trafficking in precursors. **The Board therefore calls upon all competent authorities effecting seizures or intercepting shipments of precursors to investigate those cases and to inform the Board of the results of those investigations.**

*Recommendation 13:* The PEN Online system has facilitated communication among Governments and has been instrumental in identifying suspicious transactions and preventing diversion. **The Board encourages all Governments that have not yet done so to register for and use the PEN Online system.**

*Recommendation 14:* The annual legitimate requirements of ephedrine, pseudoephedrine, 3,4-MDP-2-P and P-2-P have been published in the 2006<sup>98</sup> and 2007<sup>99</sup> reports of the Board on the

implementation of article 12 of the 1988 Convention. In addition, a table showing the reported annual legitimate requirements for substances frequently used in the manufacture of ATS is available on the website of the Board (www.incb.org); the table is updated regularly. **The Board again requests all competent authorities to provide information on annual legitimate requirements of the above-mentioned precursor chemicals, to review the reported information and to amend it as necessary. The Board also invites competent authorities to inform the Board of any methodologies that they have found useful for estimating their national requirements for those precursor chemicals.**

*Recommendation 15:* Due to inadequate precursor control legislation and weaker monitoring and control mechanisms in many African countries, traffickers have been placing orders for precursor chemicals to be delivered to countries in Africa, from where the consignments are smuggled to the Americas. Moreover, the authorities of many African countries do not respond to pre-export notifications and to inquiries about the legitimacy of shipments of precursors in a timely manner. **The Board urges the Governments of the African countries affected by such transit traffic to put in place, as a matter of priority, the necessary legislative and institutional framework to effectively combat the smuggling of precursors through their territory. In addition, Governments should allocate adequate resources for staff development to enable the competent authorities to perform their regulatory and enforcement roles efficiently. In particular, the Board calls on the Governments of all countries in Africa to strengthen their controls over the import of precursors of ATS and the movement of such precursors within their territory. Countries and territories exporting ephedrine and pseudoephedrine are urged to confirm the**

<sup>98</sup> *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 V.

<sup>99</sup> *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2007 ...*, annex V.

**legitimacy of shipments of ephedrine, pseudoephedrine or preparations containing those substances to any country before approving such shipments.**

*Recommendation 16:* The problem of diversion of precursor chemicals from domestic distribution channels for smuggling to areas where drugs are illicitly manufactured continues to exist. **In order to address the problem, the Board recommends that Governments should take additional measures to monitor more closely the manufacture and domestic distribution of precursor chemicals.**

*Recommendation 17:* Activities undertaken within the framework of Project Prism have confirmed that, in most parts of the world, traffickers are increasingly trying to obtain large amounts of pharmaceutical preparations containing ephedrine or pseudoephedrine from licit trade at the national and international levels. **The Board recommends that all Governments control pharmaceutical preparations containing ephedrine or pseudoephedrine the same way as they control the raw chemicals ephedrine and pseudoephedrine. At the very least, pre-export notifications for shipments of such preparations should be sent.**

*Recommendation 18:* It is important that the Board is provided with detailed information on the use of non-scheduled substances in the illicit manufacture of ATS so that it may alert all relevant competent authorities of the latest trends in diversion and trafficking. **The Board encourages Governments to put in place effective mechanisms for identifying and investigating suspicious transactions involving such non-scheduled substances.**

#### **Prevention of illicit drug trafficking and abuse**

734. 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 19:* The diversion from domestic distribution channels and abuse of

pharmaceutical preparations containing narcotic drugs or psychotropic substances pose problems in many countries. **The Board invites all Governments concerned to examine the issue of diversion of pharmaceutical preparations containing internationally controlled substances and to adopt adequate countermeasures, as appropriate. The Governments are invited to raise awareness in their countries about the consequences of the abuse of such preparations.**

*Recommendation 20:* The diversion from licit distribution channels of pharmaceutical preparations containing buprenorphine, an opioid which is used as analgesic and for the treatment of opioid addicts, has become a matter of growing concern. **The Board calls on all Governments to increase their vigilance with regard to the diversion and abuse of and trafficking in buprenorphine and to inform the Board of new developments. The Board encourages all Governments concerned to consider enhancing existing mechanisms for control over that substance, as necessary.**

*Recommendation 21:* The Board notes that worldwide consumption of methadone has significantly increased mostly as a result of the growing use of methadone for substitution treatment. At the same time, there has been an increasing number of reports on the abuse and diversion of methadone. **The Board requests the authorities of countries where methadone is used for medical purposes to prevent its diversion from licit sources into illicit channels.**

*Recommendation 22:* Trafficking in and abuse of fentanyl and its analogues continue to pose a problem in some countries. **The Board calls upon Governments that reported seizures of fentanyl or its analogues to systematically collect data on the extent of the problem and to adopt measures to counter trafficking in and abuse of those drugs, as necessary. The Board encourages Governments to ensure that forensic laboratories include in their programmes the analysis of fentanyl and its analogues seized in their countries and to**

report to the Board on the prevalence of fentanyl abuse.

*Recommendation 23:* Abuse of diverted pharmaceutical preparations containing fentanyl, including used and discarded fentanyl patches, has been reported in some countries. **The Board calls upon the Governments of countries in which fentanyl patches are manufactured to examine, in cooperation with the pharmaceutical industry, possible ways to address the issue of the residue of fentanyl in used patches without impeding access to an otherwise useful medicine. The Board requests the Governments of all countries in which fentanyl patches are used to adopt measures for the disposal of used patches, in order to prevent their diversion for abuse.**

*Recommendation 24:* The Board notes with concern that drug injection rooms continue to operate in a small number of countries, mainly in Europe. The Board reiterates its position that facilities where persons can abuse with impunity drugs illegally acquired, contravene the most fundamental principle of the international drug control conventions: drugs should be used only for medical and scientific purposes. **The Board urges the Governments of countries where drug injection rooms are operated for the purpose of administering illicitly obtained drugs, to close those facilities and to provide appropriate evidence-based medical services and facilities for the treatment of drug abusers.**

*Recommendation 25:* In accordance with article 38 of the 1961 Convention and article 20 of the 1971 Convention, parties are required to take all practicable measures for the prevention of abuse of narcotic drugs and psychotropic substances. **The Board calls upon all Governments that have not yet done so to establish a system to regularly assess trends in drug abuse in their territory and to establish drug demand reduction programmes to counter those trends, as necessary. The Board also encourages Governments of countries with existing drug demand reduction programmes, whenever possible and appropriate, to share national and local**

**experiences with Governments of other countries.**

*Recommendation 26:* Under the “Data for Africa” initiative, UNODC is working with Governments of countries in Africa to strengthen their data collection and reporting capacities, in order to remedy the inadequacy of information on drugs and crime in the region. **The Board encourages the Governments concerned to cooperate with UNODC in implementing the “Data for Africa” initiative.**

*Recommendation 27:* In Commission on Narcotic Drugs resolution 50/3, entitled “Responding to the threat posed by the abuse and diversion of ketamine”, the Commission encouraged Member States to consider adopting a system of precautionary measures for use by their government agencies to facilitate the timely detection of the diversion of ketamine. **The Board calls on all Governments to implement Commission resolution 50/3 without delay, to inform the Board of their national regulatory control measures for ketamine and to provide to the Board and to WHO all available information on the abuse of ketamine in order to assist WHO in its evaluation of ketamine for possible scheduling under the 1971 Convention.**

*Recommendation 28:* During the past several years, the abuse of and trafficking in piperazine-derived compounds have been noted. In a number of countries, some of those substances have already been placed under national control. The Board requested WHO in March 2007 to consider reviewing piperazine-derived compounds for possible scheduling under the 1971 Convention. **The Board urges all Governments to provide to WHO and the Board any information on the abuse of and trafficking in piperazine-derived compounds.**

*Recommendation 29:* Rising levels of cocaine abuse have been reported in many European Countries. **The Board encourages the Governments concerned to adopt comprehensive measures to prevent trafficking in and abuse of cocaine.**

*Recommendation 30:* There is a continued trend to use Africa for trans-shipment of large consignments of cocaine illicitly manufactured in South America. **The Board encourages Governments of countries in Africa and South America to further strengthen measures against trafficking in cocaine and to improve their cooperation in that regard.**

*Recommendation 31:* The Board notes with grave concern that the level of illicit opium poppy cultivation in Afghanistan reached a new peak in 2007. The Board wishes to emphasize the serious short-term and long-term consequences of such cultivation in Afghanistan and elsewhere, including the large number of drug-related deaths that are occurring in many countries. **The Board once again urges the Government of Afghanistan to meet the commitments made to the Board as part of the consultations under article 14 of the 1961 Convention and to take immediate measures to ensure a significant and sustainable reduction in illicit opium poppy cultivation. The Board urges the international community to increase the assistance provided to the Government of Afghanistan to address its drug problem, particularly with regard to the illicit cultivation of opium poppy.**

*Recommendation 32:* The Board notes with grave concern that corruption is hindering efforts to eradicate illicit opium poppy cultivation and to strengthen drug control in Afghanistan. **The Board urges the Government of Afghanistan to take appropriate action against corruption and to ensure accountability at all levels of Government.**

*Recommendation 33:* **In the light of the increased illicit manufacture of heroin in Afghanistan, the Board urges the Governments of Afghanistan and its neighbouring countries to implement measures to counter the smuggling of precursor chemicals, in particular acetic anhydride, into Afghanistan. The Governments of Afghanistan and its neighbouring countries should also cooperate fully with the Project Cohesion Task Force in taking measures to intercept**

**consignments of acetic anhydride that are being smuggled into Afghanistan.**

#### **Availability and rational use of narcotic drugs and psychotropic substances for medical purposes**

735. A 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 34:* The consumption levels of narcotic drugs and psychotropic substances continue to differ widely depending on the country and region. While such differences can sometimes be explained by cultural diversity in medical practice and variations in prescription patterns, the issue of excessively high or low levels of drug consumption merits special attention. **The Board requests all Governments to identify unusual trends in the consumption of internationally controlled substances and to promote rational use of those substances, including the use of opioids for the treatment of pain, in accordance with the pertinent recommendations of WHO.**

*Recommendation 35:* In cooperation with the Board, WHO prepared the Access to Controlled Medications Programme, which addresses, inter alia, causes for underuse of opioid analgesics in some countries. **The Board encourages all Governments concerned to cooperate with WHO in the implementation of the Access to Controlled Medications Programme, with a view to promoting rational use of controlled substances by health-care professionals, in compliance with current best practices and scientific evidence. The Board calls on Governments to provide resources to WHO for the implementation of the Programme.**

*Recommendation 36:* Pursuant to Commission on Narcotic Drugs resolutions 44/15, 45/5, 46/6 and 50/2, the Board urges Governments to notify the Board of restrictions in their national jurisdictions applicable to travellers under medical treatment with internationally controlled drugs. The Board will disseminate such information on a regular

basis. **The Board calls on all Governments that have not yet done so to inform the Board of their current national regulations and restrictions applicable to travellers carrying medical preparations containing internationally controlled substances for personal use. Governments should notify the Board of any changes in their scope of control of narcotic drugs and psychotropic substances relevant to travellers under medical treatment carrying preparations containing internationally controlled substances.**

#### **The Internet and smuggling involving postal and courier services**

736. In view of the global nature of the problems of the illegal sale of pharmaceutical preparations containing internationally controlled substances through the Internet and the misuse of postal and courier services for such smuggling, 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 37:* There is a growing number of cases involving the illegal sale by Internet pharmacies of pharmaceutical preparations containing narcotic drugs or psychotropic substances. **The Board calls on all Governments to accord adequate importance to the detection and investigation of such cases and to undertake all measures necessary to ensure that legislative and regulatory provisions are in force in their territory to effectively counteract such illegal transactions. Governments should also ensure that customers of Internet pharmacies are made aware of the potential health risk associated with consuming pharmaceutical preparations obtained from illegal Internet pharmacies. In addition, Governments should seek the cooperation of professional and consumer interest groups in identifying and implementing measures to counteract illegal activities of Internet pharmacies.**

*Recommendation 38:* The Board continues to collect information on the activities undertaken

by Governments to counteract illegal sales of pharmaceutical preparations containing controlled substances. **All Governments are encouraged to provide the Board with information on national legislation related to Internet services and sites, national cooperation mechanisms, practical experience in the control and investigation of illegal Internet pharmacies and contact details of national focal points for activities related to the issue of illegal Internet pharmacies.**

*Recommendation 39:* Some Governments have reported to the Board cases involving the misuse of courier services for drug smuggling. **The Board invites all Governments to provide it with pertinent information on the smuggling of controlled drugs involving the misuse of courier services.**

#### **Smuggling and abuse of counterfeit preparations containing narcotic drugs and psychotropic substances**

737. Pharmaceutical preparations containing narcotic drugs or psychotropic substances found in the illicit traffic are not necessarily always diverted from licit manufacture or trade. In some cases, increased demand for a specific pharmaceutical preparation containing a controlled substance has led to the manufacture of counterfeit preparations.

*Recommendation 40:* While the diversion of flunitrazepam from both international trade and domestic distribution channels continues to exist, it appears that the majority of the Rohypnol tablets seized nowadays are counterfeit products. **To accurately assess illicit drug manufacture and trafficking trends, the Board encourages all Governments that experience problems with abuse of Rohypnol tablets to test the seized tablets, whenever possible, in order to determine if they are counterfeit. The Board also encourages those Governments to share information on the physical appearance of seized tablets with other concerned Governments through a profiling network and to report their findings to the Board.**

## B. Recommendations to the United Nations Office on Drugs and Crime and to the World Health Organization

738. 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 treaty-based function of WHO is to provide recommendations, based on medical and 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.

*Recommendation 41:* 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 invites UNODC to increase its support to Governments in their efforts to implement the provisions of the international drug control treaties regarding the control of licit activities involving internationally controlled substances.**

*Recommendation 42:* The Board is concerned about the steadily increasing trend in the diversion and abuse of pharmaceutical preparations containing internationally controlled substances. **The Board invites UNODC to support Governments in their efforts to monitor consumption trends and prevent the diversion and abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances (see also the corresponding request addressed to Governments in recommendation 19 above).**

*Recommendation 43:* The Board notes the increase in the abuse of and trafficking in fentanyl and its analogues and concerned that many Governments are still not in a position to counteract that problem due to, inter alia, inadequate laboratory analysis. **The Board requests UNODC to support Governments in their efforts to include the analysis of fentanyl and fentanyl analogues in the programmes of their forensic laboratories (see also the**

**corresponding request addressed to Governments in recommendation 22 above).**

*Recommendation 44:* Misuse of the Internet and postal and courier services has become an important method of obtaining drugs for abuse. **The Board invites UNODC to develop programmes to address the problem of illegally operating Internet pharmacies and the smuggling of internationally controlled substances by mail and to share its experiences in the implementation of those programmes with the Board.**

*Recommendation 45:* Abuse of and trafficking in some piperazine-derived compounds, such as *N*-benzylpiperazine (BZP) and 1-(3-chlorophenyl)piperazine (*m*CPP), have been reported in many countries. There appear to be no current therapeutic uses for those compounds. **The Board invites WHO to take the necessary measures to assess piperazine-derived compounds in order to determine whether to recommend that they be placed under international control (see the corresponding request addressed to Governments in recommendation 28 above).**

## C. Recommendations to other relevant international organizations

739. 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 and regional organizations, including Interpol, UPU, the World Customs Organization and the European Union.

*Recommendation 46:* An increase in the clandestine manufacture of and trafficking in synthetic opioids, such as fentanyl, has been noted in some regions. Similarly, reports on increasing seizures of ketamine and piperazine-derived compounds have been received from a number of countries. **The Board requests Interpol and the World Customs Organization to share with the Board and with the international organizations concerned, such as WHO and UNODC, any information they may**

have on new developments regarding the clandestine manufacture of and trafficking in synthetic opioids, such as fentanyl, and seizures of ketamine and piperazine-derived compounds.

*Recommendation 47:* The Board reiterates the need to address the problems of illegally operating Internet pharmacies and the smuggling of controlled substances by mail. **The Board invites international organizations, in particular UPU, Interpol and the World Customs Organization, to share with the Board relevant experiences gained from any programmes they are implementing to address the problems of illegally operating Internet pharmacies and the smuggling of controlled substances by mail (a similar request is addressed to UNODC in recommendation 44 above).**

*Recommendation 48:* **Technical assistance would be required for Bosnia and Herzegovina to prepare a comprehensive national strategy**

**on drug abuse and to assess the extent and nature of the drug problem in the country. Such assistance would help the Government to fully implement the provisions of the international drug control treaties. The Board draws the attention of the European Union to the need to offer assistance to Bosnia and Herzegovina in institution- and capacity-building, including the training of personnel of the competent authorities involved in drug control.**

(Signed)  
Philip O. Emafo  
President

(Signed)  
Sevil Atasoy  
Rapporteur

(Signed)  
Koli Kouame  
Secretary

Vienna, 16 November 2007

## Annex I

### Regional groupings used in the report of the International Narcotics Control Board for 2007

The regional groupings used in the report of the International Narcotics Control Board for 2007, 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; 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 (1984-2004); member of the Narcotics Control Board of Ghana (1990-2004); Chairman, Subcommittee on Demand Reduction, Narcotics Control Board of Ghana (since 1991). Part-time lecturer in psychiatry, University of Ghana medical school (1991-2004). 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 local expert network in West Africa (LENwest) (2002-2004).

Member of the International Narcotics Control Board (since 2005). Member of the Standing Committee on Estimates (2006). Chairman of the Committee on Finance and Administration (2007).

#### 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 (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 (2006) and Member (2007) of the Standing Committee on Estimates. Rapporteur of the Board (2007).

### **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); and 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 (2006) and Chairman (2007) of the Standing Committee on Estimates. Second Vice-President of the Board (2007).

## **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, 2006 and 2007).

## **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 (D.P.M.), United Kingdom (1974); Doctor of Philosophy (Ph.D.), University of London (1976); and Doctor of Science (D.Sc.), 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).

### **Carola Lander**

Born in 1941. National of Germany. Former Head of the Federal Opium Agency of Germans (1992-2006).

Pharmacist, University of Bonn (1968); doctoral degree in natural science, University of Berlin (1974); Certified Specialist in Public Health (2001). Research assistant (1970-1974) and assistant professor (1974-1979), University of Berlin; person in charge of

pharmaceutical quality control of herbal drugs, Federal Institute for Drugs and Medical Devices in Berlin (1979-1990); guest professor, Instituto Nacional de Controle de Qualidade em Saúde, Rio de Janeiro, Brazil (1989); member of the German delegation to the Chemical Action Task Force (1990-1991); head of the division for the control of manufacturers of narcotic drugs, Federal Opium Agency of Germany (1990-1992); member of the German delegation to the Commission on Narcotic Drugs (1990-2006); person responsible for submitting statistical returns for Germany to the International Narcotics Control Board (1992-2006); Chairperson of the federal expert group on narcotic drugs (1992-2006); lecturer on drug regulatory affairs, University of Bonn (2003-2005). Invited speaker at numerous national and some international meetings: Conference on Herbal Drugs in the Traditional Medicine, Rio de Janeiro, Brazil (1989); International Conference on Chemical Operations, Rome (1993); International Conference on Drug Abuse, Taipei, Taiwan Province of China (2001); International Symposium for Scientific Approach on Drug Control Strategy, Seoul (2005). Author of numerous works including in the areas of research on active lipophilic substances in *Piper sanctum* (three publications); research in the field of herbal drugs with widespread use in Germany (many lectures and 16 publications). Co-author (since 1992) of *Deutsches Betäubungsmittelrecht: Kommentar*, an annual commentary on German legislation regarding narcotic drugs, psychotropic substances and precursors. Recipient of a certificate of appreciation for outstanding contributions in the field of drug law enforcement, awarded by Drug Enforcement Administration of the United States of America (1993); recipient of a certificate of appreciation awarded by the former Yugoslav Republic of Macedonia (1995).

Member of the International Narcotics Control Board (2007). Member of the Standing Committee on Estimates (2007).

### **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 (since 2006).

United States diplomat for 35 years, serving as, inter alia, Ambassador of the United States to Brazil (1994-1998); Assistant Secretary of State for International Narcotics Matters (1989-1993); Executive Secretary and Special Assistant to the Secretary of the United States Department of State (1987-1989); Ambassador of the United States to Bulgaria (1984-1987); Deputy Director, Voice of America (1983-1984); Deputy Assistant Secretary of State for Human Rights and Humanitarian Affairs (1982-1983); Officer-in-Charge for Bilateral Relations, Office of Soviet Union Affairs (1975-1978); Political Officer, United States Embassy in Moscow (1973-1975); Consul, United States consulates in Frankfurt, Germany (1963-1965), and Belem, Brazil (1965-1967). 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 and 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 of the 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. Listed in *Who's Who in American Politics*, *Who's Who in American Government* and *Who's Who in American Education*.

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).

### **Maria Elena Medina-Mora**

Born in 1953, National of Mexico. Director, Division of Epidemiology and Psychosocial Research, National Institute of Psychiatry, Mexico City (since 1999). Member of the Board of Adjudication and

Researcher, National Institute of Health. Researcher, National System of Researchers. Member of the Colegio Nacional (since 2006).

Recipient of a Bachelor of Arts degree (with honours) in Psychology (1976) and a Master of Arts degree (with honours) in Clinical Psychology (1979), Ibero-American University, Mexico; recipient of a doctoral degree in Social Psychology, Universidad Nacional Autónoma de México (1992). Member of the Board of Governors, Universidad Nacional Autónoma de México (since 2003). Member of the WHO Expert Committee on Addictions (since 1986). Research collaborator, WHO project on increasing comparability of drug use surveys (1976-1980) Researcher with WHO, the International Labour Organization, the United Nations Children's Fund (UNICEF), the Addiction Research Foundation, Toronto, Canada, and the Alcohol Research Group, California, United States, as well as with the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse of the National Institutes of Health, United States. Cooperated with the working group of the international board of drug surveillance in developing the Lisbon consensus document for drug reporting (2000) and with the working group that developed the draft Declaration on the Guiding Principles of Drug Demand Reduction (1997). Member of the Scientific Advisory Committee, Inter-American Drug Abuse Control Commission (CICAD). Member of the National Academy of Sciences (since 1992), National Association of Psychologists of Mexico (since 1991) and the National Academy of Medicine (since 1994). Member of the Board of Directors, National Institute of Public Health (1997-2005) and National Institute on Neurology and Neurosurgery (since 2006). Professor at the undergraduate and graduate levels and adviser for 67 Bachelor of Arts, Master of Arts and doctoral theses (since 1976). Member of the editorial board of *Revista de Psicología Social y Personalidad*, *Salud Mental*, *Revista Mexicana de Psicología* and *Salud Pública de México*, *Public Psychiatry*, *Addictions*, *Hispanic Journal of Behavioral Sciences*, *Addiction Disorders and Their Treatment* and *Revista Brasileira de Psiquiatria*. Recipient of the "Gerardo Varela" national award in public health, for meritorious research (1986); the award for professional excellence, presented by the Ibero-American University to distinguished former alumni (1990); first prize for contributions to research in the fields of psychology and health, presented

during the International Congress on Psychology and Health (1990); national prize in psychology, awarded by the National Association of Psychologists (1991); national prize in psychiatrics, presented by the Camelo Foundation (1993); second prize for an article entitled "Gender and addictions", awarded by the United Nations Educational, Scientific and Cultural Organization, the United Nations International Drug Control Programme, the World Bank, WHO and the Special Programme for Research and Training in Tropical Diseases (1997). Recognized as distinguished health professional by the Mexican Society of Geography and Statistics (2002) and as honorary member by the Sociedad Mexicana de Psicología (2006). Recipient of the Woman of the Year Award (2006). Author of more than 163 research papers in journals and of four books.

Member of the International Narcotics Control Board (2000-2004 and 2007). Rapporteur (2002) and Second Vice-President (2003) of the Board. Member of the Standing Committee on Estimates (2000-2004 and 2007). Chairman of the Standing Committee on Estimates (2004).

### **Sri Suryawati**

Born in 1955. National of Indonesia. Former Head of Clinical Pharmacology, Faculty of Medicine, Gadjah Mada University, Indonesia. Member of the Executive Board of the International Network for the Rational Use of Drugs (INRUD), WHO Expert Advisory Panel for Medicine Policy and Management. Director, Centre for Clinical Pharmacology and Medicines Policy Studies, Gadjah Mada University. Coordinator, Master Degree Program for Medicine Policy and Management, Gadjah Mada University.

Specialist in pharmacology (1985); doctoral degree in clinical pharmacy (1994). Worked in clinical pharmacokinetics and bioequivalence testing (since 1984), drug evaluation and new drug application (since 1987) and medicines policy and promoting the quality use of medicines (since 1990). Member of the WHO Expert Committee on Drug Dependence (2002 and 2006). Member of the WHO Expert Committee on the Selection and Use of Essential Medicines (2002, 2003, 2005 and 2007). Member of the United Nations Millennium Project Task Force on HIV/AIDS, Malaria and Tuberculosis and Access to Essential Medicines



(Task Force 5) (2001-2005). Supervisor for over 100 postgraduate theses and research works in the areas of medicine policy and management, improving quality use of medicines in health facilities, community empowerment to improve self-medication, and clinical pharmacokinetics (since 1996). International consultant in essential medicine programmes and promoting the rational use of medicines in Bangladesh (2006-2007), Cambodia (2001-2005), China (2006-2007), the Lao People's Democratic Republic (2001-2003), Mongolia (2006-2007) and the Philippines (2006-2007). International consultant in medicine policy and drug evaluation in Cambodia (2003, 2005 and 2007), China (2003), Indonesia (2005-2006) and Viet Nam (2003). Facilitator in various international training courses in medicine policy and promoting the rational use of medicines, including: WHO and INRUD courses on promoting the rational use of medicines, Yogyakarta, Indonesia (1994), Manila (1996), Dhaka (1997), New Delhi (1999), Padang, Indonesia (2000), Tehran (2002 and 2003), Islamabad and Bhurban, Pakistan (2004), and Brunei (2007); the WHO and Management Sciences for Health international courses on drugs and therapeutics committees, Penang, Malaysia (2001), Yogyakarta, Indonesia (2001), Mumbai, India (2002) and Brunei (2007); and WHO/Boston University international courses on drug policy issues for developing countries, Yogyakarta, Indonesia (2002), and Tashkent and Samarkand, Uzbekistan (2003). Author of numerous lectures presented at international conferences, including the following: "Indicator-based monitoring strategies to improve drug use in health facilities", Symposium on Rational Drug Use, World Conference on Clinical Pharmacology and Therapeutics, Florence, Italy (2000); "The role of clinical pharmacology in promoting rational drug use in developing countries", World Conference on Clinical Pharmacology and Therapeutics, Brisbane, Australia (2004); "Strategies to promote quality use of medicines: best mix of strategies for improving medicine use, case studies from developing countries", National Medicines Symposium, Brisbane, Australia (2004); "Decentralization as a challenge to improve the quality use of medicine: Indonesia experience", World Conference on Clinical Pharmacology and Therapeutics, Brisbane, Australia (2004); "Innovative strategies to improve prescribing: the pleasant journey from field-test to institutional programs", World Conference on Improving Use of Medicines, Chiang Mai, Thailand (2004); "Strategies to improve the use of

medicines: what makes them effective and sustainable?", EURO Conference: Mastering Anti-Infective Therapies, Paris (2005); "Irrational use of medicines damages health and wastes resources: what can we do about it?", 58th World Health Assembly, Geneva (2005); "Problems of medicine use in the region", Asia Social Health Forum, Penang, Malaysia (2005).

Member of the International Narcotics Control Board (2007).

### **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 and 2007). Member of the Committee on Finance and Administration (2007).

### **Brian Watters**

Born in 1935. National of Australia. Chairman, Australian National Council on Drugs (2005).

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. Patron, "Drug Arm, Australia"; Board member, "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). First Vice-President of the Board (2007).

### **Raymond Yans**

Born in 1948. National of Belgium.

Graduate in Germanic philology and in philosophy (1972). Belgian Foreign Service: Attaché, Jakarta (1978-1981); Deputy-Mayor of Liège (1982-1989); Consul, Tokyo (1989-1994); Consul, Chargé d'affaires, Luxembourg (1999-2003); Head of the Drug Unit, Ministry of Foreign Affairs (1995-1999 and 2003-2007); Chairman of the Dublin Group (2002-2006); Chairman of the European Union Drug Policy Cooperation Working Group during the Belgian Presidency of the European Union; charged with the national coordination of the ratification and implementation process of the Convention on

Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1995-1998); liaison between the Ministry of Foreign Affairs and the National Police for drug liaison officers in Belgian embassies (2003-2005); participation in the launching by the European Union Joint Action on New Synthetic Drugs of an early warning system to alert Governments to the appearance of new synthetic drugs (1999); active in the creation of the Cooperation Mechanism on Drugs between the European Union, Latin America and the Caribbean (1997-1999). Author of numerous articles, including: "The future of the Dublin Group" (2004) and "Is there anything such as a European Union Common Drug Policy" (2005). Member of the Belgian delegation to the Commission on Narcotic Drugs (1995-2007); all the preparatory sessions (on amphetamine-type stimulants, precursors, judicial cooperation, money-laundering, drug demand reduction and alternative development) for the twentieth special session of the General Assembly; representative of Belgium at the Meeting of Heads of National Drug Law Enforcement Agencies, Europe (1995-2005); Conference of the International Narcotics Control Board on the Control of Psychotropic Substances, Strasbourg (1995 and 1998); International Conference on Drugs, Dependence and Interdependence, Council of Europe, Lisbon (1996); European Union Seminar on Best Practices in Drug Enforcement by Law Enforcement Authorities, Helsinki (1999); Joint European Union/Southern African Development Community Conferences on Drug Control Cooperation, Mmabatho, South Africa (1995) and Gabarone (1998); European Perspectives on Policies on Drugs, Oslo (2005); United Nations Office on Drugs and Crime/Paris Pact round tables, Brussels (2003), Tehran and Istanbul (2005); meetings of the Paris Pact Policy Consultative Group, Rome (2003) and Vienna (2005); meetings of the High-level Dialogue on Drugs between the Andean Community and the European Union, the European Community/Andean Bilateral Drug Precursors Agreements and the European Union/Latin America and the Caribbean Coordination and Cooperation Mechanism, Lima (2005) and Vienna (2006).

Member of the International Narcotics Control Board (2007). Member of the Standing Committee on Estimates (2007). Member of the Committee on Finance and Administration (2007).

## Yu Xin

Born in 1965. National of China. Clinical Professor of Psychiatry, Institute of Mental Health, Peking University (since 2004). Licensed Psychiatrist, China Medical Association (since 1988). President, Chinese Psychiatrist Association (since 2005); Chairperson, Credential Committee for Psychiatrists, Ministry of Health of China; Vice-President, Chinese Society of Psychiatry (since 2006); Vice-President, Management Association for Psychiatric Hospitals (since 2007); Vice-Chairman, Alzheimer's Disease, China (since 2002).

Bachelor of Medicine, Beijing Medical University (1988); Fellow in Psychiatry, University of Melbourne, Australia (1996-1997); Fellow in Substance Abuse, Johns Hopkins University (1998-1999); Doctor of Medicine (M.D.), Peking University (2000); Senior Fellow in Social Medicine, Harvard University (2003). Residency in psychiatry (1988-1993) and Psychiatrist (1993-1998), Institute of Mental Health, Beijing Medical University; Head, Associate Professor of Psychiatry, Geriatric Psychiatrist, Department of Geriatric Psychiatry, Institute of Mental Health, Peking University (1999-2001); Assistant Director (2000-2001) and Executive Director (2001-2004), Institute of Mental Health, Peking University. Author and co-author of numerous works on various topics in psychiatry, such as psychopharmacology, early intervention of schizophrenia, mental health and HIV/AIDS and drug use, mental health outcome of harmful alcohol use, neuropsychology of mental disorders, neuroimaging of late life depression, late onset psychosis, and assessment, treatment and care for dementia. Editor of several textbooks, including *Geriatric Psychiatry*, *Textbook of Psychiatry for Asia* and *Psychiatry for Medical Students*. Recipient of the Outstanding Clinician Award, Beijing Medical University, and the Innovation and Creation Award, Beijing Medical Professional Union (2004).

Member of the International Narcotics Control Board (2007). Member of the Standing Committee on Estimates (2007).



## **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 World Customs Organization.

### **Functions**

The functions of INCB are laid down in the following treaties: the Single Convention on Narcotic Drugs of 1954 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
- 2006: Internationally controlled drugs and the unregulated market

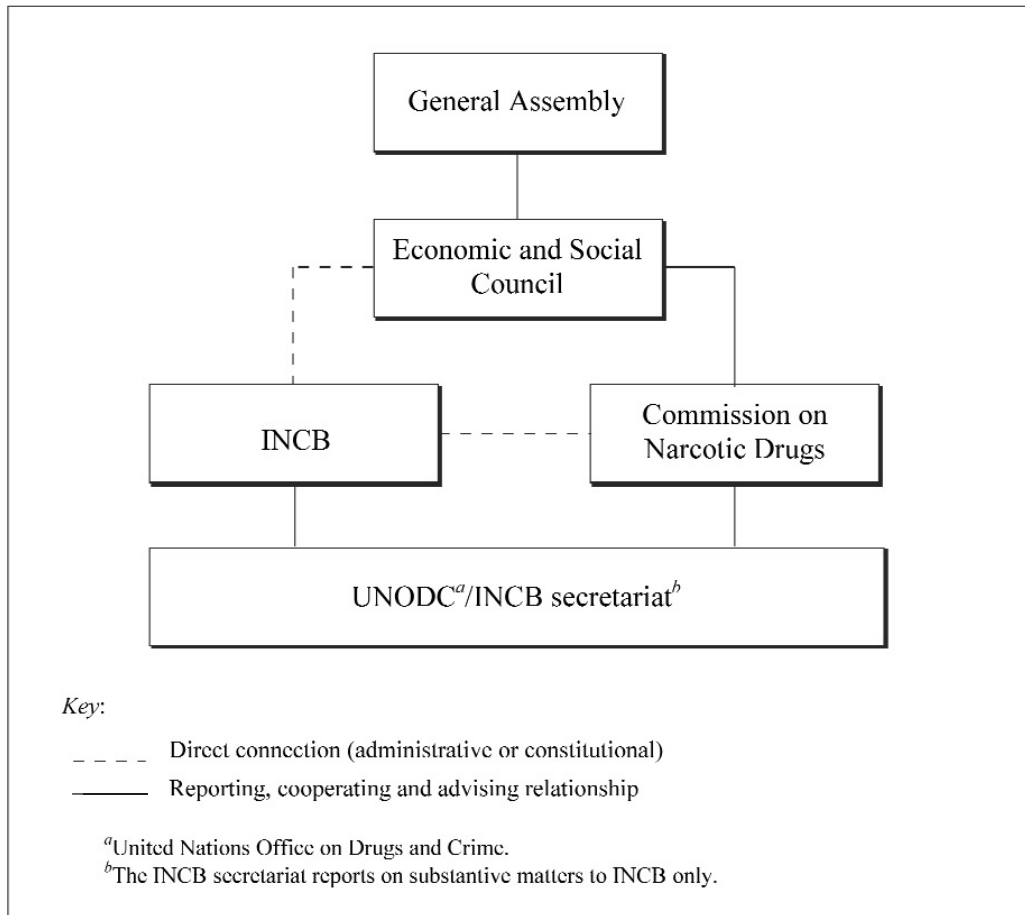
Chapter I of the report of the International Narcotics Control Board for 2007 is entitled “The principle of proportionality and drug-related offences”.

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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