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Psychotropic Substances: Statistics for 2007; 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/2008/3)

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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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INTERNATIONAL NARCOTICS CONTROL BOARD

Report

of the International Narcotics Control Board for 2008



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Foreword

In a few months, the international community will commemorate 100 years of international drug control.

A hundred years ago, substances that are internationally controlled today were unregulated and widely abused. The consumption of opiates in China alone was estimated to be more than 3,000 tons in morphine equivalent, far in excess of global consumption, both licit and illicit, today. In the United States, about 90 per cent of narcotic drugs were used for non-medical purposes. As drug abuse spread, an increasing number of people became familiar with the wretchedness, misery and evil connected with that affliction.

The International Opium Commission, convened in Shanghai in 1909, brought an end to decades of indifference towards drug problems and is rightly regarded as having laid the foundation for the current international drug control system. From it, an international treaty system was created and expanded over the decades that followed. Today, the three main international drug control treaties form the foundation of that system: the Single Convention on Narcotic Drugs of 1953, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

With over 95 per cent of Member States being parties to the international drug control conventions, multilateral drug control should be considered one of the greatest achievements of the twentieth century.

For its part, the International Narcotics Control Board has managed, for the past 40 years, a global control system that has continuously expanded. The number of internationally controlled substances has increased from a few dozen to more than 200 today. In addition, national legitimate requirements for narcotic drugs and psychotropic substances have soared.

Despite the ever-increasing scope of the international drug control system, diversions of narcotic drugs from the licit to the illicit market are virtually non-existent. While diversions of psychotropic substances occur, the implementation of the 1971 Convention has resulted in a substantial reduction in the prescription of barbiturates and other hypnotics. The success of international cooperation in controlling the licit manufacture of and trade in narcotic drugs and most psychotropic substances has forced traffickers to resort to illicit drug manufacture.

However, to pretend that challenges do not exist would be to deny reality. One such challenge is ensuring the availability of narcotic drugs used for medical purposes. For years, the Board has called on Governments to fulfil that treaty obligation and make the availability of drugs a priority public health issue. Nevertheless, large discrepancies in the consumption of those medicines remain. As a result of the underutilization of these drugs in many countries, the World Health Organization (WHO) estimates that perhaps as many as 86 million persons suffer from untreated moderate-to-severe pain each year. The problems behind this phenomenon are complex and defy simplistic solutions. Together with WHO, the Board has developed the Access to Controlled Medications Programme, which addresses the causes of the problems and assists Governments in their endeavours to prevent

unnecessary suffering. I encourage Governments to make use of the Programme to improve the availability of drugs for medical purposes, where appropriate.

The treatment of addicts remains a difficult medical task. Such treatment should be carried out in line with sound medical practice and should not be used as an instrument to establish or maintain social control. Much attention has been paid recently to drug substitution programmes, which were initially developed as a last resort for those drug abusers who, for a variety of reasons, had not succeeded in overcoming their dependence through the use of other treatment modalities. While these programmes have their place in drug control policy, they should not necessarily be regarded as the ultimate goal but as an interim stage that would eventually lead to the development of a healthy, drug-free lifestyle. Moreover, drug substitution programmes should be supported by psychosocial care. The Board agrees to the use of substitution therapy in the treatment of drug dependence, always providing that this is delivered with appropriate medical supervision and can be reconciled with adequate measures to prevent abuse and diversion. Governments must also seriously address the other questions of demand reduction, particularly drug abuse prevention. We should recall the clear message of the twentieth special session of the General Assembly, held in 1998: drugs represent a danger for our societies, and drug control, control of both demand and supply, is the shared responsibility of all nations.

The international community may wish to review the issue of cannabis. Over the years, cannabis has become more potent and is associated with an increasing number of emergency room admissions. Cannabis is often the first illicit drug that young people take. It is frequently called a gateway drug. In spite of all these facts, the use of cannabis is often trivialized and, in some countries, controls over the cultivation, possession and use of cannabis are less strict than for other drugs.

Drug regulations are not a panacea. Regulations alone cannot eliminate illicit drug trafficking and abuse. I can therefore understand that the following question is often raised: Would it would be more economical to do away with all drug regulations and leave it to market forces to regulate the situation? I believe that this is the wrong question, similar to questioning whether it is economical to try to prevent car accidents or to treat infectious diseases. History has shown that national and international control of drugs can be effective and it is therefore the choice to be made.



Hamid Ghodse
President
International Narcotics Control Board

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Explanatory notes

The following abbreviations have been used in this report:

ADD	attention deficit disorder
AIDS	acquired immunodeficiency syndrome
ASEAN	Association of Southeast Asian Nations
BZP	<i>N</i> -benzylpiperazine
CARICOM	Caribbean Community
CICAD	Inter-American Drug Abuse Control Commission (Organization of American States)
CIS	Commonwealth of Independent States
CONADIC	National Council against Addictions (Mexico)
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)
ECAD	European Cities against Drugs
ECOWAS	Economic Community of West African States
Europol	European Police Office
FLO	Fairtrade Labelling Organizations International
FUNDASALVA	Anti-Drugs Foundation of El Salvador
GBL	<i>gamma</i> -butyrolactone
GHB	<i>gamma</i> -hydroxybutyric acid
ha	hectare
HIV	human immunodeficiency virus
IMPACT	International Medical Products Anti-Counterfeiting Taskforce (World Health Organization)
INTERPOL	International Criminal Police Organization
LSD	lysergic acid diethylamide
MDMA	methylenedioxymethamphetamine
3,4-MDP-2-P	3,4-methylenedioxyphenyl-2-propanone
MEM	Multilateral Evaluation Mechanism
MeOPP	1-(4-methoxyphenyl)piperazine
MERCOSUR	Common Market of the South
MINUSTAH	United Nations Stabilization Mission in Haiti

NAFDAC	National Agency for Food and Drug Administration and Control (Nigeria)
OARRS	Automatic Rx Reporting System
OAS	Organization of American States
OEI	Organization of Ibero-American States for Education, Science and Culture
OPBA	Operation Bahamas, Turks and Caicos
P-2-P	1-phenyl-2-propanone
PEN Online	Pre-Export Notification Online
PMA	Paramethoxyamphetamine
SAARC	South Asian Association for Regional Cooperation
SADC	Southern African Development Community
SARPCCO	South African Regional Police Chiefs Cooperation Organization
SENAD	National Secretariat on Drug Policies (Brazil)
THC	tetrahydrocannabinol
UNODC	United Nations Office on Drugs and Crime
UNPOL	United Nations police
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 2008
could not be taken into consideration in
preparing this report.

I. The international drug control conventions: history, achievements and challenges

1. The focus of the present chapter is the origins of international drug control, in particular how it has evolved in the course of the twentieth century. The chapter also includes a discussion of the challenges currently facing the international community in applying the conventions, how Governments are responding to them and what further action they might wish to take.

2. The historical development of international drug control is viewed through the lens of an increasingly globalized world, over a century that has seen the massive growth and transformation of commerce, finance, transport and communications. The falling away of barriers to trade and communications has contributed significantly to human development and brought immense benefits to society, but those benefits have been distributed unevenly. Poverty and economic inequality, the scarcity of vital resources, conflict, environmental degradation and climate change have created new tensions, and the most vulnerable sectors of society have been hit the hardest. Those factors in turn have created new challenges for the implementation of international drug control.

3. Some of the challenges discussed in this chapter fall under the explicit authority of the conventions; other challenges were not envisaged at the time the conventions were being drawn up, yet they affect the capacity of Governments to implement the conventions. Those challenges include:

(a) *Health-related challenges*: how to ensure adequate availability of narcotic drugs and psychotropic substances to meet medical and scientific requirements for pain relief and for the treatment of drug-related health problems;

(b) *Legal challenges*: how to deal with differing interpretations and the implementation of the conventions;

(c) *The challenge of drug abuse prevention*: how to identify and disseminate reliable programmes and best practices that deter young people and other vulnerable segments of society from experimenting with drugs;

(d) *The challenge of globalization*: how to deal with the costs and benefits of globalization within the international drug control system.

A. History

4. Drug control developed during a long process of global change and movement. The congresses of Westphalia (1648), Utrecht (1713) and Vienna (1814-1815) created a series of international norms, such as the juridical equality of all States and the principle that each State was sovereign within its own territory. A consensus also emerged on the need for a balance of power. The growth of a body of international law and diplomacy led to the formation of the League of Nations and ultimately the United Nations. At the same time, international institutions were gradually established for financial and trade cooperation, boosted by the growth of trade in manufactured goods and by the increasing expansion and mobility of private capital.

5. The introduction of controls over the opium trade in the early twentieth century occurred due to an exceptional confluence of interests of three important nations at that time. China, Great Britain and the United States of America all had different reasons for wishing to curb the opium trade: the Government of China, which had long resisted the importation of opium from India by the British, began a renewed campaign against domestic opium smoking and production. The Government of the United States wished to introduce laws against smoking opium on its territory and in homes to put an end to the smuggling of opium from the Philippines (which it had occupied in 1898). In Great Britain, the newly elected Liberal Government, strongly backed by the church-inspired anti-opium movement, began to reverse the pro-opium trade policies of previous Governments. The momentum brought 13 States together to discuss international drug control for the first time at the International Opium Commission, convened in Shanghai, China, in February 1909. The recommendations made in Shanghai were enshrined in the first legally binding, multilateral treaty of its kind

three years later: the International Opium Convention signed at The Hague on 23 January 1912.¹

6. Parties to the 1912 Convention agreed to control the production and distribution of opium and to impose limits on the manufacture and distribution of certain drugs; a mandatory system of record-keeping was imposed. The principle of drug use only for medical and scientific purposes was enshrined in international law for the first time. Germany, with backing from France and Portugal, insisted that all States should ratify the 1912 Convention before it could enter into force; however, the ensuing delay meant that the Convention entered into force only after the First World War, when ratification was incorporated into the 1919 Treaty of Versailles.

7. In 1920, international drug control came under the auspices of the League of Nations, and further international drug control treaties were enacted. The International Opium Convention signed at Geneva on 19 February 1925² introduced many provisions that were later incorporated into the Single Convention on Narcotic Drugs of 1961,³ such as the furnishing of statistics on the production and stocks of opium and coca leaf, the system of import certificates and export authorizations for licit international trade in controlled drugs and controls over “Indian hemp”, as cannabis was known. The Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, signed at Geneva on 13 July 1931,⁴ limited world manufacture of narcotic drugs to the amounts needed for medical and scientific purposes by introducing a mandatory system of estimates. The Convention of 1936 for the Suppression of the Illicit Traffic in Dangerous Drugs,⁵ signed at Geneva, was the first treaty explicitly targeting international drug trafficking, but it was signed by only 13 States and had limited impact because it entered into force in 1939, when the Second World War began. The Protocol for Limiting and Regulating the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in, and Use of Opium,⁶ done at New York on

23 June 1953 under the auspices of the United Nations, introduced strict provisions on the consumption, production, export and stockpiling of raw opium, but did not enter into force until after the signing of the 1961 Convention, which superseded it.

8. The function of the 1961 Convention was to merge all existing multilateral treaties in the drugs field, to streamline the mechanisms of drug control and to extend the existing control system to the cultivation of plants grown as the raw material of narcotic drugs. Its aim, as with the previous treaties, was to ensure the provision of adequate supplies of narcotic drugs to be used for medical and scientific purposes, to prohibit all non-medical consumption of such drugs and to prevent the diversion of such drugs into the illicit market. The 1972 Protocol amending the Single Convention on Narcotic Drugs of 1961⁷ called for increased efforts to prevent the illicit production of, traffic in and use of narcotic drugs and to provide treatment and rehabilitation services for drug abusers.

9. During the 1950s, concerns began to emerge about amphetamine and barbiturate abuse and the overprescription of sedatives and hallucinogens. Those issues were discussed by the World Health Organization (WHO) and by the Commission on Narcotic Drugs starting in the early 1960s. While there was agreement over the need to bring those substances under greater control, there was disagreement over whether to place them under the control of the 1961 Convention or create a new treaty. There were fears of diluting the impact of the 1961 Convention and of deterring prospective parties from ratifying the Convention by adding a large number of substances to the list of controlled drugs. Moreover, many of the substances that needed to be brought under control were contained in pharmaceutical preparations that were being prescribed on a very large scale. The question of the dependence-producing effects of hallucinogens was also under debate.

10. The Convention on Psychotropic Substances of 1971⁸ dealt with a more heterogeneous range of substances than the 1961 Convention and its scheduling arrangements also differed. In the 1971 Convention, as in the 1961 Convention, substances were classified into four schedules

¹ League of Nations, *Treaty Series*, vol. VIII, No. 222.

² *Ibid.*, vol. LXXXI, No. 1845.

³ United Nations, *Treaty Series*, vol. 520, No. 7515.

⁴ League of Nations, *Treaty Series*, vol. CXXXIX, No. 3219.

⁵ *Ibid.*, vol. CXCVIII, No. 4648.

⁶ United Nations, *Treaty Series*, vol. 456, No. 6555.

⁷ *Ibid.*, vol. 976, No. 14151.

⁸ *Ibid.*, vol. 1019, No. 14956.

according to their potential therapeutic use and their liability to abuse; however, the so-called “similarity concept” appearing in article 3 of the 1961 Convention – that every new substance that is “liable to similar abuse and productive of similar ill effects” as substances already controlled by the Convention is brought under the same degree of control as those substances – did not appear in the 1971 Convention. That has led to more complicated evaluation procedures and delays in scheduling, as the International Narcotics Control Board has noted in the past.⁹ Essentially, under the 1961 Convention narcotic drugs were considered hazardous until it was proved that they were not; psychotropic drugs remained uncontrolled unless WHO advised that there was “substantial evidence” that they were liable to abuse or constituted a public health and social problem that would warrant their placement under international control.¹⁰ The system of estimates was excluded from the 1971 Convention in the interests of the pharmaceutical manufacturing States, although that and many other gaps were corrected subsequently through recommendations made by the Board and sanctioned by the Economic and Social Council in its resolutions. A slower rate of accession meant that after it was opened for signature, the 1971 Convention took almost six years to enter into force, compared with less than four years for the 1961 Convention.

11. The scheduling arrangements for both the 1961 Convention and the 1971 Convention contain inconsistencies from a scientific perspective: cannabis and cannabis resin are narcotic drugs while some of their active ingredients are psychotropic substances and fall under a weaker control system. Coca leaf and cocaine are both narcotic drugs but amphetamines that have similar stimulating effects are psychotropic substances. No plant material is controlled under the 1971 Convention; thus, the raw materials khat and ephedra remain uncontrolled, while their derivatives cathinone and ephedrine are controlled under the 1971 Convention and the United Nations Convention

against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,¹¹ respectively.

12. The 1988 Convention was perceived as necessary because of the growing transnational organized crime and drug trafficking and the difficulties of pursuing persons involved in drug-related crime and money-laundering at the international level, issues that the 1961 Convention and the 1971 Convention had not addressed in any detail. The aims of the 1988 Convention were to harmonize the definition and scope of drug offences at the global level; to improve and strengthen international cooperation and coordination among the relevant authorities; and to provide them with the legal means to interdict international drug trafficking more effectively. Compared with the other two conventions, the 1988 Convention is a more practical, “hands-on” legal instrument, with specific recommendations on the use of law enforcement techniques. It entered into force less than two years after it was opened for signature.

B. Achievements

13. The international control system for narcotic drugs and psychotropic substances can be considered one of the twentieth century’s most important achievements in international cooperation: over 95 per cent of the Members of the United Nations (representing 99 per cent of the world’s population) are States parties to the three conventions. The number of substances controlled under the 1961 Convention and the 1971 Convention has risen steadily over the years: there are currently 119 narcotic drugs and 116 psychotropic substances under international control. At the same time, demand for narcotic drugs and psychotropic substances has soared: for example, global consumption of morphine rose from less than 5 tons in 1987 to 39.2 tons in 2007.¹² Despite this, no cases involving the diversion of narcotic drugs from international trade were detected in 2007 and no cases involving the diversion of psychotropic substances in Schedules I or II from international trade have been

⁹ *Effectiveness of the International Drug Control Treaties: Supplement to the Report of the International Narcotics Control Board for 1994* (United Nations publication, Sales No. E.95.XI.5), para. 65.

¹⁰ István Bayer, “Genesis and development of the international control of psychotropic substances”, paper prepared for the National Institute on Drug Abuse, United States of America, 1989, pp. 42-43.

¹¹ United Nations, *Treaty Series*, vol. 1582, No. 27627.

¹² *Narcotic Drugs: Estimated World Requirements for 2009; Statistics for 2007* (United Nations publication, Sales No. E/F/S.09.XI.2).

detected since 1990,¹³ although overprescription, theft and diversion continue to occur at domestic level.

14. The 1971 Convention was less successful in the beginning, for the reasons outlined above and because the majority of psychotropic substances are essential ingredients of widely consumed prescription drugs. However, improvements in control procedures, resulting from Economic and Social Council resolutions, have succeeded in preventing the diversion of substances in Schedule III or IV from international trade. The resolutions have also led to improved prescribing practices, particularly with regard to barbiturates and other hypnotics, while article 13 of the 1971 Convention has provided parties with a legal basis for bilateral and multilateral cooperation and action against diversion. The 1988 Convention has facilitated the implementation of measures such as judicial cooperation, extradition, controlled deliveries and measures against money-laundering. It has also made it mandatory for States to control and monitor certain precursors, chemicals and solvents frequently used in illicit drug manufacture and has facilitated communication between Government authorities to identify suspicious transactions and prevent diversion.

15. As reported by the United Nations Office on Drugs and Crime (UNODC) in 2008, progress has been made towards achieving the goals set in 1998 by the General Assembly at its twentieth special session. In the period 1998-2007, the number of countries affected by illicit drug crop cultivation was reduced; however, where such cultivation continues to occur, the problems have become more acute for the population as a whole. A prime example of this is Afghanistan, where opium is increasingly processed into morphine or heroin and where there has been an upsurge in cannabis cultivation. Afghanistan's problems are not caused by illicit drug crop cultivation but in many respects they are aggravated by it, and they form part of a cycle of conflict and instability that is proving hard to break. Ongoing security problems, together with poor transport infrastructure, corruption and the lack of viable markets for alternative products have limited opportunities for sustained alternative economic development.

16. Progress has also been slow in parts of Oceania. Not all States in that region have acceded to the international drug control conventions. Africa is the region that made the least progress over the 10-year period 1998-2007. In that region, a series of complex developments, including political instability, weak monitoring capabilities, environmental degradation, economic underdevelopment and disadvantages resulting from subsidies given by developed countries to domestic agricultural and commodities markets, have caused a low level of implementation in all areas of drug control.

C. Challenges

1. Health challenges

17. The international drug control conventions, backed by the Declaration on the Guiding Principles of Drug Demand Reduction,¹⁴ obliges parties to take steps to protect the health and welfare of their populations. Governments must ensure the provision of narcotic drugs and of psychotropic substances for medical and scientific purposes; they must take all practicable measures to prevent and reduce or eliminate drug abuse, to provide services for the treatment and rehabilitation of drug abusers and to establish effective measures to reduce the adverse health and social consequences of drug abuse. Meeting those obligations constitutes a major challenge for all Governments, but it is particularly difficult for less developed countries, whose Governments are often struggling to provide primary health care for their populations.

18. When the 1961 Convention and the 1971 Convention were drawn up, neither HIV nor the hepatitis C virus had been identified, and no reference is made in those conventions to the problem of blood-borne infections associated drug abuse by injection. That link was identified by international health authorities only in the mid-1980s. Governments were subsequently encouraged to expand treatment capacity and to take measures to limit the transmission of blood-borne diseases, in order to deal with that

¹³ *Report of the International Narcotics Control Board for 2007* (United Nations publication, Sales No. E.08.XI.1), paras. 77 and 107.

¹⁴ Adopted by the General Assembly at its twentieth special session in 1998 (Assembly resolution S-20/3, annex), the Declaration outlines the priority policies and strategies for reducing the demand for drugs worldwide.

problem.¹⁵ The 1988 Convention, primarily an international criminal law treaty, makes only generic references to health issues, requiring parties to adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering (art. 14, para. 4). In the mid-1980s, some Governments, faced with increasing problems involving drug abuse by injection, viewed “harm reduction” as a pragmatic response, if not a solution, to those problems, and began to introduce measures to deal with that challenge.¹⁶ It was not until 1998, when the Declaration on the Guiding Principles of Drug Demand Reduction was adopted, that specific international policy guidelines were introduced to reduce the demand for drugs and reduce the adverse consequences of drug abuse to individuals and to society.

19. Additional challenges have been created by the rising cost of health care in developed and developing countries. Developing countries have been particularly affected by HIV/AIDS, which in turn has been linked to a resurgence of tuberculosis, and malaria continues to afflict many parts of the globe. In developed countries, the ageing of populations, together with low birth rates, has reduced the share of the working population with respect to the population of retired persons, causing problems for health-care funding. Widespread recourse to so-called “lifestyle drugs”, relating to obesity, sexual performance and stress-related conditions, has also caused health problems in many regions. Individuals in all walks of life are increasingly looking to drugs, whether prescribed or illicitly acquired, as a palliative for the problems of the modern world.

20. The primary objective of the 1961 and 1971 Conventions is to ensure the availability of controlled drugs for medical and scientific purposes and to prevent the non-medical use of those drugs. Access to narcotic drugs such as morphine and codeine, both on the WHO Model List of Essential Medicines, is considered by WHO to be a human right as defined by the International Covenant on Economic, Social and Cultural Rights (General Assembly resolution 2200 A (XXI), annex).¹⁷ Yet, according to WHO, access to controlled medicines is non-existent, or almost non-existent, in over 150 out of the 193 member States of WHO, while almost 90 per cent of controlled medicines are consumed in Europe and North America. It is estimated, with a wide margin of uncertainty, that perhaps as many as 86 million persons suffer from untreated moderate-to-severe pain annually.¹⁸

21. The Board has long been concerned that, despite the existence of plentiful supplies of opiate raw materials to meet global needs, many Governments do not ensure the wider availability of the essential medicines that derive from them.¹⁹ Even in countries that grow the raw materials from which those medicines are derived, it can happen that less than 1 per cent of the population has access to appropriate pain relief.

22. The reasons are varied and complex and may relate to longstanding cultural traditions. In many countries, medical schools provide little or no training in palliative medicine; tight restrictions and excessive paperwork deter doctors from prescribing opioids, and fears persist among patients and clinical staff alike with regard to the addictive potential of opioids – largely without foundation when administered under

¹⁵ *Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17-26 June 1987* (United Nations publication, Sales No. E.87.I.18), chap. I, sect. A, “Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control”, target 33, para. 389.

¹⁶ There is no universally agreed definition of harm reduction; however, it is generally taken to mean a range of practical measures and policies that are aimed at reducing the negative consequences of drug abuse and that do not necessarily include abstinence. The Board believes that the goal of any programme to prevent drug abuse should be abstinence.

¹⁷ “General Comment No. 14 (2000): the right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights)” (E/C.12/2000/4, 11 August 2000), para. 17.

¹⁸ World Health Organization, *Access to Controlled Medications Programme: Biennial Report 2006-2007* (Geneva, 2008), pp. 1-2.

¹⁹ *Report of the International Narcotics Control Board for 1999* (United Nations publication, Sales No. E.00.XI.1), paras. 30 and 40.

medical supervision in the treatment of moderate-to-severe pain.²⁰

23. In order to deal more effectively with this challenge, in 2005 the World Health Assembly, in its resolution WHA 58.22, and the Economic and Social Council, in its resolution 2005/25, called on WHO to improve access to opioid analgesics. That led to the creation of the Access to Controlled Medications Programme, an initiative in which the Board is an active participant. The Board has been drawing attention to those problems for many years, and it will continue to promote that Programme. The Board calls on Governments to increase their support for the Programme.

24. In addition to improving access to pain-relieving opioids, Governments are faced with the challenge of ensuring adequate supplies of controlled substances to meet the increasing demand for opioid substitution therapy, while at the same time preventing the diversion of those substances for illicit purposes. The Economic and Social Council, in its resolution 2004/40, emphasized that psychosocially assisted pharmacological treatment was one of the treatment options available for improving the health, well-being and social functioning of persons dependent on opioids and for preventing the transmission of HIV and other blood-borne diseases. Such treatment is also associated with reducing the illicit use of opioids, criminal activity and deaths attributable to overdoses.²¹

25. The Board acknowledges the challenge of preventing HIV transmission among persons who abuse drugs by injection and recognizes a spectrum of treatment modalities, including the use of substitution therapy in the treatment of drug abuse. However, substitute drugs should only be provided under a medically supervised treatment programme aimed at eventual abstinence and should be accompanied by adequate measures to prevent the abuse and diversion of drugs.

2. Legal challenges

26. The three international drug control conventions, like other international treaties, are not self-executing, and their provisions must be incorporated into domestic law by legislative acts. However, it is a principle of international law that the definition of offences lies solely within the powers of a State. Some of the provisions of the conventions state categorically that parties “shall provide...” or “shall furnish...”. Others are predicated with what is called a safeguard clause: “Having due regard to their constitutional, legal and administrative systems, ...”; or “Subject to its constitutional principles and the basic concepts of its legal system...”.

27. The process of translating legal obligations from the international to the national sphere may introduce discrepancies between national legal provisions and international norms and may also be coloured by political considerations. The Board acknowledges the respect accorded to national legal systems under the conventions but is concerned that differing interpretations of international obligations are weakening the overall efficacy of the control system.

28. According to article 26 of the 1969 Vienna Convention on the Law of Treaties,²² “every treaty in force is binding upon the parties to it and must be performed by them in good faith.” A State that has contracted international obligations cannot excuse non-observation of them by recourse to a deficiency or contradiction in domestic law.²³ The fact that certain terms used in the conventions, such as “drug abuse”, “medical and scientific purposes” or measures adopted “with a view to reducing human suffering”, are not defined allows Governments to interpret them in diverse ways. In the Board’s view, some Governments interpret their international obligations in ways that call into question their commitment to pursuing the aims of the conventions.

29. The Board considers that certain “harm reduction” measures are not in conformity with the

²⁰ World Health Organization, “Briefing note: Access to Controlled Medications Programme”, March 2007.

²¹ World Health Organization, Joint United Nations Programme on HIV/AIDS and United Nations Office on Drugs and Crime, “Policy brief: reduction of HIV transmission through drug-dependence treatment”, Evidence for action on HIV/AIDS and injecting drug use series (WHO/HIV/2004.04).

²² United Nations, *Treaty Series*, vol. 1155, No. 18232.

²³ J. Obitre-Gama, “The application of international law into national law: policy and practice”, paper commissioned by the World Health Organization for the International Conference on Global Tobacco Control Law: towards a WHO Framework Convention on Tobacco Control, New Delhi, 7-9 January 2000.

conventions and serve primarily as a form of social control. Those measures include the establishment of so-called “coffee shops” where the sale, possession and consumption of small quantities of cannabis is tolerated, and so-called “drug consumption rooms”, where the illicit possession and consumption of controlled drugs are permitted. The Board accepts that any narcotic drug or psychotropic substance may be prescribed and administered under controlled medical and scientific conditions; however, the 1961 and 1971 Conventions do not permit the illicit possession and use of controlled drugs that have not been medically prescribed.

30. In a few countries a legal impasse has developed between international and national law with regard to the implementation of provisions concerning coca leaf. At the time the 1961 Convention was drawn up, the phasing out of coca bush cultivation was seen as beneficial for the people living in the Andean subregion, as well as a means to eliminate or reduce the illicit manufacture of and trafficking in cocaine at the international level. Today, there is a movement to elevate the status of the coca leaf to that of a symbol of national and ethnic identity used by indigenous peoples to reaffirm their cultural roots and historic rights. A few Governments have continued to permit the cultivation of coca bush and the use of coca leaves, and even to encourage those practices.

31. The Board believes that drug control must be, and is, fully reconcilable with respect for human rights. However, the international drug control conventions do not accept the existence of a “right” to possess narcotic drugs or psychotropic substances unless they are to be used for medical or scientific purposes. The position of coca leaf in Schedule I of the 1961 Convention is clear: non-medical consumption of the coca leaf without prior extraction of its principal active alkaloids, including cocaine, is prohibited. In 1992, following a request from the Government of Bolivia to examine the issue, the WHO Expert Committee on Drug Dependence decided against recommending any change of control measures on the grounds of extractability: “coca leaf is appropriately scheduled ..., since cocaine is readily extractable from the leaf”.²⁴

²⁴ WHO Expert Committee on Drug Dependence: *Twenty-eighth Report*, WHO Technical Report Series, No. 836 (Geneva, World Health Organization, 1993).

32. Despite the fact that Bolivia, on signing the 1988 Convention, made a reservation with regard to article 3, paragraph 2, on the grounds that the provisions of that paragraph were “contrary to principles of its Constitution and basic concepts of its legal system”, Bolivia is still bound, according to article 25 of the 1988 Convention, by its prior obligations under the 1961 Convention. The Board reminds the Government of Bolivia of those obligations and invites it to remain committed to fulfilling its international treaty obligations.

33. The inconsistent implementation of provisions on cannabis control is a legal challenge of a different nature, since no Government has legalized the cultivation of cannabis for non-medical use. The original objective of the 1961 Convention was to prohibit the use of cannabis in a few countries where its non-medical use was traditional. Today, its non-medical use has virtually disappeared, and cannabis has become the most widely used illicit drug worldwide. In the past two decades, new, more potent forms of cannabis have been developed, mostly in industrialized countries. Sophisticated growing technologies produce cannabis with tetrahydrocannabinol (THC) levels that are considerably higher than that of the cannabis produced during the 1980s. That development may be associated with the increased demand for cannabis-related treatment services in several countries. Apart from the known risks of smoking tobacco, with which cannabis is frequently mixed, there are indications that cannabis consumption may be associated with an increased risk of psychotic disorders and schizophrenia.

34. The Board believes that cannabis represents a challenge on several counts:

(a) The tolerance of “recreational” use of cannabis in many countries is at odds with the position of cannabis in Schedules I and IV of the 1961 Convention;

(b) The relationship between the cannabis policies implemented in different countries and impact of those policies on patterns of illicit use is unclear;

(c) Public perceptions of the alleged “medical” uses of cannabis and its “recreational” use are overlapping and confusing;

(d) Developing countries that struggle to eliminate illicit cannabis cultivation are discouraged by

the tolerant policies of their wealthier neighbouring countries and, perhaps as a consequence, receive little alternative development assistance.

3. The challenges of prevention

35. The issue of cannabis is closely related to the challenge of primary prevention for young people and other groups vulnerable to illicit drug use, given that cannabis tends to be the first and most widely used illicit drug. The welfare and protection of the young are priorities within the United Nations treaty system: the Convention on the Rights of the Child²⁵ (art. 33) requires parties to the Convention to “take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances ... and to prevent the use of children in the illicit production and trafficking of such substances” (art. 33).

36. During the past century, considerable resources have been devoted to understanding the “preventive” and “risk” factors that influence first drug use. A study of youth in ethnic and indigenous groups revealed that social exclusion and isolation, perceived social and economic inequalities and an absence of community networks were among the significant risk factors.²⁶ A global review of prevention programmes indicated that retention and engagement within education were critical protective elements of the structural environment shaping young people’s development. Truancy and exclusion from school may contribute to the development and consolidation of social networks and values that favour regular drug use and may exacerbate problems among the most marginalized and vulnerable youth.²⁷

37. The problem of drug abuse does not necessarily derive from age. The stresses of modern life and the constant pressure to achieve are frequently presented in terms that encourage reliance on pharmacological assistance. There is a sense, often reinforced by

targeted advertising, that artificial and chemical remedies can provide an answer to life’s problems. Youth are particularly vulnerable to marketing pressure and to the importance of “image”. The challenge for Governments, in the Board’s view, is to identify and disseminate policies appropriate to the national setting that are consistent with a more holistic or “ecological” approach to health and well-being and that encourage individuals to value and manage their own health.

38. At the end of the 10-year reporting period 1998-2007, the Executive Director of UNODC noted that, despite some improvements, progress in using prevention as part of the global response to the drug problem had been “modest at best”.²⁸ For all Governments, understanding what prevention policies work and why is one of the greatest challenges. Most Member States (94 per cent) reported having carried out public information campaigns in 2007, but only half of those States reported that the results had been evaluated.²⁹ The early onset of drug abuse has been identified as a predictor of the development and severity of subsequent health and social problems for the individual and for society as a whole. For that reason, the Board believes that intensified, sustained efforts by Governments to give priority to drug abuse prevention programmes targeting youth and other vulnerable groups would be cost-effective.

39. The Board notes that there are evidence-based programmes for drug abuse prevention in a variety of geographical and socio-economic settings. Wider dissemination of the experiences gained in those programmes might help Governments to meet the challenge of reducing the demand for illicit drugs. There is evidence indicating that drug abuse prevention programmes can be most effective when:

(a) They are linked to the prevention of other problem behaviours such as alcohol and tobacco abuse;²⁹

(b) They are based on reliable information on the nature and extent of the drug abuse situation and on

²⁵ United Nations, *Treaty Series*, vol. 1577, No. 27531.

²⁶ *Drug Abuse Prevention among Youth from Ethnic and Indigenous Minorities* (United Nations publication, Sales No. E.04.XI.17), p. 10.

²⁷ David Hawks, Katie Scott and Nyanda McBride, *Prevention of Psychoactive Substance Use: a Selected Review of What Works in the Area of Prevention* (Geneva, World Health Organization, 2002).

²⁸ “Fifth report of the Executive Director on the world drug problem: drug demand reduction” (E/CN.7/2008/2/Add.1, 21 February 2008), paras. 10 and 42.

²⁹ *Preventing Amphetamine-Type Stimulant Use among Young People: a Policy and Programming Guide* (United Nations publication, Sales No. E.07.XI.7), p. 9.

the risk and protective factors that prevail in the community;³⁰

(c) Programmes are tailored to age, gender and ethnicity, pay attention to the norms, values, aspirations and language of youth culture and involve the target group in planning, testing and evaluation;³¹

(d) The approach extends beyond the focus on drugs: life-skills education approaches are those with the most solid evidence of effectiveness,³² while parent- and family-based interventions can be useful in reinforcing family bonding and relationships;³³

(e) More vulnerable youth and families can be identified by health, education and social services and should be offered appropriate psychosocial support;

(f) Media prevention campaigns are coordinated with corresponding activities at the grass-roots level. It has been shown that media campaigns alone are unlikely to change attitudes or behaviour, despite effectively changing levels of information and awareness.³⁴

4. The challenges of globalization

40. Globalization has been facilitated by successive technological revolutions that have cut the costs of transportation, information and communications, bringing benefits to many. There are now more opportunities for developing countries to become integrated into the world economy, but the process is imperfect and incomplete and the benefits have been unevenly distributed. The educational and knowledge requirements imposed by global technologies and markets may marginalize or exclude those who lack the appropriate background, and that potentially limits the

availability of the new technologies to a few countries, social groups and enterprises.³⁵

41. Increased trade and foreign direct investment have been accompanied by the growing influence of transnational corporations, with the result that Governments have less influence over the labour environment than in the past, particularly with regard to their more vulnerable populations. In many countries, there has been a weakening of social safety nets once provided by the state, the employer and the family, and a consequent reduction of social capital.

42. Other problems such as poverty, climate change, environmental degradation, flooding, drought and the search for new sources of energy have resulted in shortages of staple foodstuffs and inflated prices of raw materials. Those consequences, together with the unknown consequences of the current global financial crisis, may contribute to social and political instability, conflicts over scarce resources and waves of economic migration. According to the Centre for Research on the Epidemiology of Disasters in Brussels, displacements resulting from environmental disasters such as floods and cyclones affected 197 million people in 2007, Asia being the continent most badly hit.³⁶ Refugee flows linked to conflict have the greatest impact on developing countries: the poorest of those countries receive 80 per cent of all refugees. According to United Nations data, at the end of 2007 there were about 11.4 million refugees: Iran (Islamic Republic of) and Pakistan together were hosting about 3 million refugees, almost all of them from Afghanistan, and the Syrian Arab Republic was hosting 1.5 million Iraqi refugees.³⁷

43. In the Board's view, those developments pose serious challenges to the capacity of Governments to fulfil their international drug control obligations. It has been shown, for example, that the involvement of

³⁰ Ibid., p. 10.

³¹ Ibid., p. 13.

³² "Fifth report of the Executive Director on the world drug problem: drug demand reduction" (E/CN.7/2008/2/Add.1, 21 February 2008), para. 14.

³³ United States of America, Department of Health and Human Services, National Institutes of Health, *Preventing Drug Use among Children and Adolescents: a Research-Based Guide for Parents, Educators, and Community Leaders*, 2nd ed., NIH publication No. 04-4212(A) (Bethesda, Maryland, National Institute on Drug Abuse, 2003), p. 2.

³⁴ "Fifth report of the Executive Director on the world drug problem: drug demand reduction" (E/CN.7/2008/2/Add.1, 21 February 2008), para. 41.

³⁵ United Nations, Economic Commission for Latin America and the Caribbean, *Globalization and Development* (LC/G.2157(SES.29/3)), report prepared for the twenty-ninth session of the Commission (2002).

³⁶ Secretariat of the International Strategy for Disaster Reduction, "Disaster figures for 2007", (UN/ISDR 2008/01, 18 January 2008).

³⁷ Office of the United Nations High Commissioner for Refugees, *2007 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons* (Geneva, June 2008).

small farmers in drug cultivation in the Andes is linked to poverty, insecurity and exclusion from mainstream society. There is no doubt that where unemployment is high and government presence is low or compromised, illicit drug crop cultivation and production can provide income. It is also true that the challenge of offering sustainable alternative livelihoods in rural and urban areas has been inadequately addressed: alternative development projects have reached an estimated 23 per cent of growers of illicit crops in the Andes and only 5 per cent of such growers in Asia.³⁸ Very few alternative development projects have been initiated in Africa, despite the extensive illicit cannabis cultivation in that region and the severity of the problems faced by its populations struggling to survive.

44. As noted by the Board, alternative development must overcome a series of challenges, primarily related to cost and long-term sustainability. Significant resources are needed to improve infrastructure in remote rural areas with fragile ecosystems. Other problems include a lack of technical expertise, market price instability for alternative crops and the absence of public service provision for health, education, law and order and for agricultural credit facilities.³⁹

45. A growing number of organic coffee, fruit and other agricultural cooperatives are now under the umbrella of Fairtrade Labelling Organizations International (FLO), which unites labelling initiatives in North America, Europe and Oceania with networks of producer organizations from Africa, Latin America and the Caribbean and Asia. The aim is to improve the trading position of producer organizations in the southern hemisphere by providing sustainable livelihoods for farmers, workers and their communities. About 600 certified producer organizations in 59 countries now belong to FLO, with benefits reaching 7 million people, while consumers spent about 2 billion United States dollars on such products in 2006, an increase of 40 per cent over 2005.⁴⁰ The Board is aware that alternative

development projects in illicit drug crop cultivation areas are faced with difficult challenges. In the Board's view, however, initiatives such as those mentioned above, which benefit directly from the opening up of markets through globalization, offer encouragement to efforts to extend the scope and sustainability of alternative development projects.

46. The Board has noted that the deregulation and liberalization of commercial practices in the licit drug market has tended to weaken the regulatory power of Governments in terms of public control over trading and access to drugs, their prices and marketing practices.⁴¹ The existence of regional free trade areas such as the North American Free Trade Agreement, the Common Market of the South (MERCOSUR) and the European Union has had, in addition to many benefits, the unintended consequence of making it more difficult for Governments to monitor the movement of chemicals that are used in a wide variety of legitimate industrial uses but also in illicit drug manufacture. Advances in technology that enable tiny changes to be made to the molecular structure of substances, together with the fact that almost all pure substances are now easily recoverable, have blurred the distinction between licit and illicit manufacture and have led to rapid growth in the clandestine synthesis of "designer drugs". Criminals now design and manufacture psychotropic drugs with the explicit aim of bypassing the restrictions imposed by international drug control regulations and then distribute those drugs in parallel markets outside the control system. Those developments pose particular challenges to the implementation of the international drug control conventions.

47. The Board has long been concerned about the role of the Internet in the sale and distribution of controlled and uncontrolled substances and is aware of numerous cases involving illegal Internet pharmacies. While it recognizes that purchasing pharmaceuticals online can be beneficial, especially in areas where hospitals and pharmaceutical services are widely dispersed, it is alarmed that "rogue" pharmacies are encouraging drug abuse among vulnerable groups. In the United States, where the abuse of prescription

³⁸ "Fifth report of the Executive Director on the world drug problem: Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development" (E/CN.7/2008/2/Add.2, 17 December 2007), paras. 9 and 58.

³⁹ *Report of the International Narcotics Control Board for 2005* (United Nations publication, Sales No. E.06.XI.2), para. 27.

⁴⁰ See the website of the Fairtrade Foundation

(www.fairtrade.org.uk).

⁴¹ *Report of the International Narcotics Control Board for 2000* (United Nations publication, Sales No. E.01.XI.1), para. 33 (d).

drugs by young adults has risen sharply since 2002,⁴² it was reported that 34 illegal Internet pharmacies had dispensed more than 98 million dosage units of hydrocodone products during 2006. Given that in 84 per cent of cases a valid prescription was not required for purchase, the risks for youth or other vulnerable groups is clearly high.⁴³

48. According to the European Monitoring Centre for Drugs and Drug Abuse, more and more online drug retailers have the potential to spread new drug-taking practices or products, and they use targeted marketing strategies that respond rapidly to users' demands and to changing legal and market situations.⁴⁴

49. The Board, convinced that a coordinated global response is needed to address the illegal sale of drugs on Internet pharmacies and websites, has developed the Guidelines for Governments on Preventing Illegal Sales of Internationally Controlled Substances through the Internet.⁴⁵ The Guidelines include recommendations promoting measures to facilitate national and multilateral cooperation, on legal steps such as the registration and licensing of Internet pharmacies and on campaigns to raise public awareness of the risks involved in online purchases.

50. Linked to the growth of illegal Internet drug sales is another challenge for public health and drug control bodies: the advertising and sale of counterfeit drugs, defined by WHO as medicines that have been "deliberately and fraudulently mislabelled with respect to identity and/or source". WHO, which has launched the International Medical Products Anti-Counterfeiting Taskforce (IMPACT), believes that 7-10 per cent of all pharmaceuticals may be counterfeit. In some African countries, the figure may be as high as 30-40 per cent. According to a study carried out in the United States, worldwide counterfeit drug sales will reach an

estimated US\$ 75 billion in 2010, an increase of more than 90 per cent over the figure for 2005.⁴⁶

51. In addition to violating copyright provisions and constituting an economic crime, counterfeit medicines undermine national health-care systems, result in loss of confidence in drug control and law enforcement systems and pose serious health risks to users. Counterfeiting is inevitably greatest in regions where regulatory oversight is weakest and where vulnerable populations can be more easily exploited. While counterfeiting has become a lucrative international criminal activity, the response of law enforcement has continued to be ineffective, weak and focused on offences such as fake handbags and watches. Technology far outpaces the regulatory environment, and there is a lack of generally accepted norms at the international level.⁴⁷

52. Analysts of organized crime predicted some years ago that cybercrime, which can be defined as crime that is enabled by or directed against electronic communications devices, would increasingly be initiated from jurisdictions that have few if any laws against cybercrime and/or little capacity to enforce such laws. Nowadays, drug traffickers are reportedly among the most widespread users of encryption for Internet messaging and are able to hire high-level computer specialists to help evade law enforcement, coordinate shipments of illicit drugs and launder money. The Convention on Cybercrime,⁴⁸ which entered into force on 1 July 2004, is to date the only multilateral treaty dealing with that problem. It was drafted by member States of the Council of Europe, together with Canada, Japan, South Africa and the United States, and is envisaged not as a European instrument but as a global instrument, to be supported on all continents.

53. The challenges to the international drug control system are at least as daunting today as they were a century ago and perhaps more complex. The conventions continue to be highly relevant in the face of contemporary problems and challenges; in fact, they may be more necessary now than in the past. As global

⁴² United States, Office of National Drug Control Policy, *Current State of Drug Policy: Successes and Challenges* (Washington D.C., March 2008), p. 7.

⁴³ *Report of the International Narcotics Control Board for 2007 ...*, paras. 250-251.

⁴⁴ European Monitoring Centre for Drugs and Drug Abuse, *Annual Report 2007: the State of the Drugs Problem in Europe* (Luxembourg, Office for Official Publications of the European Communities, 2007), p. 74.

⁴⁵ "Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet", to be subsequently issued as a United Nations publication.

⁴⁶ World Health Organization, "Counterfeit medicines", *Fact Sheet*, No. 275 (revised), November 2006.

⁴⁷ United Nations Interregional Crime and Justice Research Institute, *Counterfeiting: a Global Spread, a Global Threat* (Turin, Italy, 2007).

⁴⁸ Council of Europe, *European Treaty Series*, No. 185.

requirements for narcotic drugs and psychotropic substances increase, the conventions provide the framework to ensure that licit medical and scientific demand is matched by adequate global supply. Where globalization has weakened the power of Governments and strengthened corporate influence, there is all the more need for the rigour of independent multilateral oversight. The effectiveness of international drug control depends increasingly on a robust United Nations system to promote universal health and welfare with impartiality and responsibility.

54. The international drug control system has stood the test of time with credit, but it is not perfect. It is undoubtedly capable of improvement; for that reason, there are procedures for its modification. The Board recognizes the difficulties faced by Governments in meeting their international treaty obligations and invites them to adopt constructive approaches to overcoming those obstacles instead of seeking individual solutions that may undermine the coherence and integrity of the international drug control system.

D. Recommendations

55. To ensure more effective implementation of the international drug control conventions, the Board:

(a) Invites Governments to consider how best to ensure the efficient functioning of the 1961, 1971 and 1988 Conventions;

(b) Encourages Governments to make greater investments in prevention, especially with regard to youth and vulnerable groups, and to utilize the experiences and best practices tested in a variety of settings;

(c) Invites Governments to study the discrepancies between international and domestic law with a view to fulfilling their obligations under the international drug control conventions and, in that context, to consider their “good faith” in pursuing the aims of the conventions;

(d) Encourages Governments of countries where the consumption of opioid analgesics is low to stimulate rational use of those drugs through measures promoted by the Access to Controlled Medications Programme and to ensure that such incentives are accompanied by measures to prevent the diversion of

such drugs; and suggests (as it did in its report for 1999)⁴⁹ that Governments might consider working with the pharmaceutical industry with a view to making high-quality opioid analgesics more affordable in the poorest countries and that organizers of international aid programmes might consider donating essential drugs as part of their aid programmes;

(e) Recommends that Governments study the Fairtrade model (www.fairtrade.org.uk) with a view to improving the trading position and market access for products from alternative development projects in areas affected by illicit drug crop cultivation, taking into consideration the appropriateness and feasibility in each case;

(f) Urges Governments to make use of the Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet;

(g) Encourages Governments to support multilateral initiatives against cybercrime.

⁴⁹ *Report of the International Narcotics Control Board for 1999 ...*

II. Operation of the international drug control system

A. Narcotic drugs

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

56. As at 1 November 2008, the number of States parties to the 1961 Convention or that Convention as amended by the 1972 Protocol⁵⁰ 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 upon those three States to accede as soon as possible to the 1972 Protocol amending the 1961 Convention. 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. The high number of States in Oceania that have not yet become parties to the 1961 Convention is a matter of a particular concern to the Board.

2. Cooperation with Governments

Submission of annual and quarterly statistical reports on narcotic drugs

57. Parties to the 1961 Convention must submit statistical information on narcotic drugs pursuant to article 20 of the 1961 Convention. The statistical data and other information received from Governments are used by the Board in monitoring licit activities involving narcotic drugs throughout the world. This allows the Board to determine whether Governments have enforced 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 the availability of narcotic drugs for legitimate purposes.

58. Parties to the 1961 Convention furnish to the Board annual statistical reports on production,

manufacture, consumption, stocks and seizures of narcotic drugs. They are also required to submit to the Board quarterly statistics on imports and exports of narcotic drugs. As at 1 November 2008, a total of 168 States and territories had submitted annual statistics on narcotic drugs for 2007; that figure represents 80 per cent of the 211 States and territories required to furnish such statistics. A total of 188 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2007; that figure represents 89 per cent of the 211 States and territories requested to furnish those statistics. The rate of submission of annual statistics and of quarterly statistics is similar to that for previous years. Details of the statistical data received, including the status of compliance by individual parties with their reporting obligations, are included in the 2008 technical report of the Board on narcotic drugs.⁵¹

59. Some States, including Belgium, China, Iran (Islamic Republic of), the Netherlands and the United States did not provide in 2008 the requested statistics in a timely manner. The late submission of reports makes it difficult for 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 legitimate purposes, as well as its analysis of the global balance between the supply of opiate raw materials and the demand for those materials.

60. Difficulties experienced in submitting the required statistical data have different reasons in different countries, including lack of qualified personnel, lack of financial resources and inadequate technological support. The Board examined that issue in detail in its report for 2007.⁵² The Board reiterates its concern that some Governments have been paying less attention to the control of licitly manufactured narcotic drugs, despite the growing abuse of those drugs. The Board calls again upon the Governments concerned to provide adequate resources to ensure the compliance of those authorities with all their control

⁵⁰ United Nations, *Treaty Series*, vol. 976, No. 14152.

⁵¹ *Narcotic Drugs: Estimated World Requirements for 2009; Statistics for 2007 ...*

⁵² *Report of the International Narcotics Control Board for 2007...*, paras. 236-241.

functions, including reporting obligations under the 1961 Convention.

61. The Board provides assistance to Governments in complying with their reporting obligations under the 1961 Convention. In 2008, as in previous years, the Board provided to several Governments, at their request, explanations on issues regarding reporting requirements for narcotic drugs. Training material on the control of narcotic drugs and guidelines on reporting on those drugs for use by national competent authorities are available on the website of the Board (www.incb.org). Reporting requirements were discussed during an informal consultation on reporting, organized for selected Governments by the Board during the fifty-first session of the Commission on Narcotic Drugs, in March 2008. All Governments are encouraged to seek from the Board any information that they may consider useful regarding the control of narcotic drugs pursuant to the 1961 Convention, including reporting requirements.

Submission of estimates of requirements for narcotic drugs

62. The system of estimates for narcotic drugs is a very important tool for international control of narcotic drugs. Governments need to ensure the full and proper application of the system of estimates, as it is a prerequisite for the functioning of the international control system for narcotic drugs. Estimates should be established at the levels that are adequate to ensure access to narcotic drugs for medical treatment and to prevent diversion into illicit channels.

63. As at 1 November 2008, a total of 167 States and territories had submitted their estimates of requirements for narcotic drugs for 2009; that figure represents 79 per cent of the 211 States and territories required to furnish the annual estimates for confirmation to the Board. The rate of submission of estimates is similar to that for previous years. For those States and territories that did not submit their estimates in time for examination and confirmation, the Board established estimates in accordance with article 12, paragraph 3, of the 1961 Convention. The estimates established by the Board are based on estimates and statistics reported in the past by the respective Governments. If Governments have not provided estimates and statistics for several years, however, the estimates established by the Board may be set lower

than the estimates furnished in the past by the respective Governments, as a precaution against diversion. Therefore, the Governments for which estimates were established by the Board are urged to examine closely their requirements for narcotic drugs for 2009 and provide their own estimates to the Board for confirmation, in order to prevent any possible difficulties in importing the quantities of narcotic drugs required for legitimate purposes.

64. The estimates for all States 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.

65. The Board examines annual estimates received from Governments in order to limit the use of narcotic drugs to the amount required for medical and scientific purposes and to ensure adequate availability of those drugs for such purposes. Governments are requested to adjust their estimates or to provide explanations whenever the Board considers the estimates to be inadequate. In 2008, the Board was, for the most part, satisfied with the promptness of the responses from Governments that had been requested to adjust their estimates or provide clarifications.

66. Supplementary estimates are an important tool to meet the shortfalls in availability of narcotic drugs. 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 for 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

67. In analysing the statistics and estimates received from Governments, the Board brings inconsistencies in national reports to the attention of the Governments concerned and requests them to clarify the inconsistencies and resolve the problems that have led to those inconsistencies. Deficiencies in reporting may reflect problems in the implementation of the treaty provisions in those countries, such as lapses in national laws or administrative regulations or the failure by some operators to comply with their obligations

pursuant to national legislation, including their obligation to provide to the national authorities timely and accurate reports on their transactions involving narcotic drugs. The Board reiterates its request to all Governments concerned to identify the causes for deficiencies in reporting statistics and/or estimates to the Board, with a view to resolving those problems and ensuring adequate reporting.

68. The Board notes that some Governments have submitted the same estimates for several years. The Board requests those Governments to regularly assess their requirements for narcotic drugs to ensure that the estimates furnished to the Board for confirmation reflect their actual needs for narcotic drugs during the year in question. The Board is at the disposal of all Governments for explanations regarding the system of estimates for narcotic drugs.

3. Prevention of diversion of narcotic drugs into the illicit traffic

Diversion from international trade

69. 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 2008, as in recent years, no cases of diversion of narcotic drugs from licit international trade into the illicit traffic were detected.

70. The effective control of international trade in narcotic drugs is, to a large extent, a result of the vigilance of exporting countries when authorizing the export of narcotic drugs. The vast majority of exporting countries strictly observe the limits set in the system of estimates for narcotic drugs for the importing countries. However, in 2008, as in previous years, a few cases were identified where a specific export of narcotic drugs was authorized in excess of the estimates of the respective importing countries, thereby contravening the provisions of article 31 of the 1961 Convention. Such exports of quantities above the estimates set by the importing country may result in the diversion of narcotic drugs into illicit channels. The Board has therefore reminded the Governments concerned of their obligation to comply with the provisions of article 31 and has requested 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.

71. The Board notes an investigation in Denmark and Norway of a case involving the loss of a consignment of 15 kg of codeine phosphate that was shipped by air from Oslo to Singapore, via Copenhagen, but did not arrive at its destination. The Board encourages all Governments to ensure that traders and transporters of internationally controlled substances employ adequate safety and security measures when transporting such substances. In cases in which a consignment containing such substances is lost or stolen, there should be adequate investigation procedures in place to determine the circumstances of the loss.

Diversion from domestic distribution channels

72. The diversion and abuse of pharmaceutical preparations containing narcotic drugs are taking place in an increasing number of countries. The narcotic drugs most often diverted and abused include codeine, dextropropoxyphene, dihydrocodeine, fentanyl, hydrocodone, methadone, morphine, oxycodone, pethidine and trimeperidine. According to information received from Governments, the most abused pharmaceutical preparations are usually those which are also the most available 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.

73. The abuse of pharmaceutical preparations containing narcotic drugs is reported in many countries. In some countries, the extent of the abuse of those preparations has surpassed the extent of the abuse of illicitly manufactured or produced drugs. In the United States, the abuse of pharmaceutical preparations, in particular those containing oxycodone and hydrocodone, is higher than the abuse of any illicitly manufactured or produced drug except cannabis (see also paragraphs 445 and 446 below).

74. Abusers of pharmaceutical preparations containing narcotic drugs often mistakenly consider those preparations to be not harmful. That misconception may be partly attributable to the fact that such preparations are often widely available. Governments need to pay increased attention to the diversion and abuse of pharmaceutical preparations containing narcotic drugs. In particular, Governments

should include such preparations in national surveys on drug abuse to obtain information on the nature and extent of the problem. The Governments concerned need to use their drug abuse prevention programmes to draw attention to the high risks associated with the abuse of pharmaceutical preparations containing narcotic drugs.

75. The abuse of pharmaceutical preparations containing narcotic drugs constitutes a serious health risk. For example, death cases related to abuse of methadone have been observed in several countries. In certain states in the United States, methadone preparations are more frequently implicated than heroin in cases involving death. In the United Kingdom of Great Britain and Northern Ireland, methadone was, in the first half of 2007, implicated in cases involving death more often than any other psychoactive drug except heroin/morphine.

76. The Board has repeatedly brought to the attention of Governments reports received from several countries about the abuse of fentanyl patches. In its annual report for 2007, the Board referred to the diversion and abuse of used and discarded patches, which contain significant quantities of fentanyl. While the Board recognized the medical usefulness of fentanyl patches in the treatment of pain, it recommended that specific measures be taken for the safe disposal of used fentanyl patches.⁵³

77. The Board calls upon the Governments of countries in which fentanyl patches are manufactured to investigate, in cooperation with the pharmaceutical industry, means to reduce the residual content in used fentanyl patches. The range of residual content in used patches is wide, and that large margin could allow pharmaceutical companies to invest in forms with lower residual content. In addition to the efforts of industry, Governments are requested to ensure that the disposal of such patches is carried out with adequate safety and security measures in order to prevent any diversion to illicit markets.

78. In Belgium, Germany and Ireland, where fentanyl patches are manufactured, specific control measures have been introduced at the manufacturing stage to prevent any diversion of unused or remaining material to the illicit market. The Board encourages the Governments of all other countries in which fentanyl

patches are manufactured and in which there is an interest in learning more about such control measures to contact the Board for further information.

79. The abuse of pharmaceutical preparations containing narcotic drugs is not always caused by dependency on the narcotic drug contained in the preparation. For example, in Germany, pharmaceutical preparations containing tilidine were diverted and consumed by street gang members in order to raise their pain threshold in preparation for gang fights. Such specific, non-medical use of narcotic drugs constitutes abuse and may result in drug dependency. The Board invites all Governments to be vigilant with regard to this form of abuse of pharmaceutical preparations containing narcotic drugs and to take measures to prevent the diversion of those preparations.

80. The Board also urges Governments to remain vigilant with regard to the abuse of pharmaceutical preparations containing substances that are not internationally controlled. For example, the abuse of dextromethorphan, a substance that was excluded from Schedule I of the 1961 Convention and is therefore not under international control, appears to be increasing. Since preparations containing dextromethorphan are available as over-the-counter medications, Governments may wish to consider whether additional control measures are not warranted (see also paragraph 467 below).

4. Misuse of poppy straw for illicit drug manufacture

81. Until the mid-1990s, the abuse of poppy straw extracts containing alkaloids represented the most serious drug abuse problem in several countries in Central and Eastern Europe. In those countries, opium poppy was cultivated primarily for culinary purposes. The Board recommended that the Governments concerned should apply various measures to enhance national measures for the control of opium poppy cultivation, in accordance with their specific situation. The measures ranged from licensing opium poppy cultivation and promoting the cultivation of poppy varieties with low morphine content to totally prohibiting opium poppy cultivation, as envisaged in article 22 of the 1961 Convention.

82. The Board has collected information regarding the misuse of poppy straw from countries where the

⁵³ Ibid., paras. 242-249.

licit cultivation of opium poppy takes place. The Board notes that in most countries in Central and Eastern Europe various measures have been implemented to prevent the misuse of poppy straw, in accordance with the Board's recommendations. As a consequence of those measures, the misuse of poppy straw for the illicit manufacture of alkaloids has declined in most countries in those subregions. The decline in the abuse of poppy straw extracts was, however, also attributable to an increase in the availability and abuse of other opioids, in particular heroin.

83. The pattern of abuse of opioids may vary in the different parts of a country. According to the latest information provided by the Government of Poland, the share of drug abusers admitted to treatment in Warsaw who reported having abused poppy straw extracts within 30 days prior to admission for treatment declined from almost 35 per cent in 1995 to less than 2 per cent in 2005; however, in the city of Krakow, the share was 20 per cent in 2005.

84. In Ukraine, the abuse of poppy straw extracts continues to represent the most serious drug abuse problem. Such extracts are reportedly abused by 98 per cent of all injecting drug abusers in the country. The licit cultivation of opium poppy for culinary purposes has expanded in recent years in Ukraine, and poppy straw has been diverted from such licit cultivation for illicit use. The Board requests the Government of Ukraine to take effective measures against the misuse of poppy straw for illicit drug manufacture (see paragraphs 734-736 below). The Board encourages the Governments of all countries in the region to remain vigilant with regard to the illicit manufacture and abuse of poppy straw extracts.

85. The misuse of poppy straw is extremely limited in the countries where opium poppy, with high morphine content, is cultivated for the extraction of alkaloids. That is because a system for licensing the cultivation of opium poppy has been introduced in most of those countries, and regulatory and law enforcement authorities control producers and industrial users of poppy straw in a coordinated manner, in conformity with the relevant recommendations by the Board.

86. The technological progress in the cultivation of opium poppy for the extraction of alkaloids has resulted in significant increases in the concentration of alkaloids in opium poppy plants, which increases the

potential for misuse. In some countries where poppy straw is produced for the extraction of alkaloids, a licensing system to control the cultivation of opium poppy has not yet been established and less strict control regimes continue to apply, such as a system for the registration of producers or a system of mandatory contracts between the producers and the company purchasing the poppy straw. The Board calls on the Governments of all countries where opium poppy is cultivated for the extraction of alkaloids to remain vigilant to the danger of narcotic drugs being diverted from such cultivation. The Board recommends to the Governments of producing countries that have not yet done so to establish a system for licensing the cultivation of opium poppy.

5. Control over trade in opium poppy seeds

87. The Economic and Social Council, in its resolution 1999/32, called upon Member States to take the following measures to fight the international trade in opium poppy seeds from countries not permitting the cultivation of opium poppy:

(a) Poppy seeds should only be imported if they originated in countries where opium poppy was grown licitly in accordance with the provisions of the 1961 Convention;

(b) Governments should be encouraged, to the extent possible and where national circumstances so required, to obtain an appropriate certificate from the exporting countries on the country of origin of opium poppy seeds as the basis for importation and should give notification of export of opium poppy seeds, as far as possible, to the competent authorities of the importing countries;

(c) Information on any suspicious transactions involving poppy seeds should be shared with other Governments concerned and with the Board.

88. The Board has repeatedly encouraged Governments to implement Economic and Social Council resolution 1999/32 and has reported on the control over trade in opium poppy seeds in various countries.⁵⁴ In its resolution 51/15, the Commission on Narcotic Drugs requested the Board to continue gathering information regarding the implementation of

⁵⁴ *Report of the International Narcotics Control Board for 2005 ...*, paras. 76-78.

Council resolution 1999/32 by Member States and to share that information with Member States. To that end, the Board sent a questionnaire to the Governments of the countries most involved in the international trade in poppy seeds and the Governments of countries neighbouring those countries where opium poppy is illicitly cultivated. Several Governments have already responded to the questionnaire. The Board trusts that the other Governments concerned will also furnish the requested information. The Board will examine the information received from Governments and report on the results of the analysis in its report for 2009.

6. Ensuring the availability of narcotic drugs for medical purposes

Supply of and demand for opiate raw materials

89. Pursuant to the 1961 Convention and relevant resolutions of the Commission on Narcotic Drugs and the Economic and Social Council, the Board examines on a regular basis developments affecting the supply of and demand for opiate raw materials. The Board strives, in cooperation with Governments, to maintain a lasting balance between supply and demand. A detailed analysis of the present situation with regard to the supply of opiate raw materials and demand for those materials worldwide is contained in the 2008 technical report of the Board on narcotic drugs.⁵⁵

90. To analyse the situation regarding supply and demand, the Board uses information from Governments of countries producing opiate raw materials, as well as from countries where those materials are utilized for the manufacture of opiates or substances not controlled under the 1961 Convention. The Board calls upon the Governments of countries producing and/or utilizing opiate raw materials to ensure that their estimates and statistics are of a high quality and to keep the Board informed of any new developments that may have an impact on future developments in the supply of and demand for those materials.

91. Global stocks of opiate raw materials should cover global demand for about one year to ensure the availability of opiates for medical and scientific purposes.⁵⁶ At the end of 2007, total stocks of opiate

raw materials rich in morphine were sufficient to cover global demand for more than 15 months. Total stocks of opiate raw materials rich in thebaine were sufficient to cover global demand for less than one year; however, that was compensated by the high level of stocks of thebaine and opiates derived from thebaine, which were sufficient at the end of 2007 to cover global demand for those opiates for almost 22 months.

92. In 2008, production of opiate raw materials rich in morphine was less than planned in several producing countries due to adverse weather conditions. However, the global supply of opiate raw materials rich in morphine (production and stocks) remained fully sufficient to cover global demand.

93. For 2009, Governments of producing countries are planning to extend the area cultivated with opium poppy rich in morphine to ensure that the production will be sufficient to cover demand during that year and to increase the stocks.

94. For opiate raw materials rich in thebaine, information available to the Board indicates that global production exceeded global demand in 2008. According to the plans of the producing countries, global production will exceed global demand in 2009 as well. The stocks of opiate raw materials rich in thebaine are therefore expected to increase to a level exceeding the demand for one year. The global supply of opiate raw materials rich in thebaine (production and stocks) will continue to be fully sufficient to cover global demand.

95. Global demand continues to increase for both types of opiate raw materials: those 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 availability of opioid analgesics, global demand for opiates and opiate raw materials will continue to rise (see paragraphs 102 and 103 below).

Prevention of the proliferation of production of opiate raw materials

96. Pursuant to the relevant resolutions of the Commission on Narcotic Drugs and the Economic and Social Council, 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

⁵⁵ *Narcotic Drugs: Estimated Requirements for 2009; Statistics for 2007 ...*

⁵⁶ *Report of the International Narcotics Control Board for*

2005 ..., para. 85.

and to cooperate in preventing the proliferation of sources of production of opiate raw materials. In its resolution 51/9, the Commission on Narcotic Drugs 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 appeals to all Governments to comply with Commission resolution 51/9.

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

97. *Papaver bracteatum* is a variety of opium poppy for which no control provisions are contained in the 1961 Convention as amended by the 1972 Protocol. 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. The Board addressed the issue of the cultivation and utilization of *Papaver bracteatum* in its report for 2007.⁵⁷

98. Several Governments provided the Board with their views on 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 a lasting balance between the supply of and demand for opiate raw materials. Those Governments agreed with the view of the Board that the cultivation of *Papaver bracteatum* and the resulting production of poppy straw, if undertaken for commercial purposes, must be taken into consideration when balancing the supply of and demand for opiate raw materials. The Governments also supported the view of the Board that *Papaver bracteatum* should be placed under international control in case of its commercial cultivation.⁵⁸

99. Commercial cultivation of *Papaver bracteatum* has not yet been reported by any Government. The Board requests all Governments to keep it informed of any plans in their countries to begin cultivating *Papaver bracteatum* for commercial purposes. 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.

7. Consumption of narcotic drugs

100. 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. The increase in consumption has taken place mainly in countries in Europe and North America. Of the opioids under international control, fentanyl, morphine and oxycodone are those most frequently used as analgesics for the treatment of moderate to severe pain. In 2007, 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 98 per cent of global consumption of oxycodone.

101. Although the overall level of consumption of opioid analgesics for the treatment of pain is relatively high in Europe, higher consumption levels have been reported by countries in the western and northern parts of that region rather than in the other parts. However, over the past decade, several countries in central, eastern and southern Europe have significantly increased their consumption of opioid analgesics. For example, in the Czech Republic, Greece, Hungary, Italy, Poland and Spain, the average level of consumption of opioid analgesics for the treatment of moderate to severe pain was more than five times higher in 2007 than it was 10 years earlier. That increase is mainly the result of a steady rise in the consumption of fentanyl in those countries.

102. Although there is sufficient supply of opiate raw materials worldwide, Governments need to take specific measures to ensure adequate access to opioid analgesics for the populations in their countries. The consumption of opioid analgesics for the treatment of pain in many developing countries remains low. While several developing countries more than doubled their level of consumption of opioid analgesics during the past decade, their original level of consumption was very low. The Board again urges all Governments concerned to identify the impediments in their countries to adequate use of opioid analgesics for the

⁵⁷ *Report of the International Narcotics Control Board for 2007 ...*, paras. 91-95.

⁵⁸ *Demand and Supply of Opiates for Medical and Scientific Needs* (United Nations publication, Sales No. E.82.XI.4), paras. 357-358.

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.

103. 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. Activities of the programme are expected to address various impediments to adequate availability of opioids, focusing on regulatory, attitude and knowledge impediments. The Board will provide expertise to WHO in those areas of the programme related to its mandate. The Board urges all Governments and the international entities concerned, such as UNODC, to cooperate with WHO in the implementation of the programme. The Board again calls upon Governments to provide resources to WHO for the implementation of the programme.

104. 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. In 2007, the United States accounted for over 99 per cent of global consumption of hydrocodone and 83 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 5 S-DDD per 1,000 inhabitants per day. The Board wishes to remind all Governments of the need to closely monitor trends in the consumption of pharmaceutical products containing narcotic drugs and to adopt measures to counter their diversion and abuse, as necessary.

105. 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. Countries in North America (Canada and the United States) and in Europe (Germany, Italy and Spain) continue to report the highest levels of consumption of methadone. However, in recent years, consumption has also increased significantly in some countries in other

regions, in particular in China and Iran (Islamic Republic of). The Board requests the authorities of those and other countries where methadone is used for medical purposes to be vigilant with regard to cases involving methadone diversion, trafficking or abuse and to take effective countermeasures, if necessary.

B. Psychotropic substances

1. Status of adherence to the Convention on Psychotropic Substances of 1971

106. As at 1 November 2008, the number of States parties to the Convention on Psychotropic Substances of 1971 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, particularly those in Oceania, where the number of non-parties is highest, to accede to that Convention without further delay.

2. Cooperation with Governments

Submission of statistical data

107. Under the 1971 Convention, parties are obliged to furnish to the Board annual statistical reports on psychotropic substances. In addition, the Economic and Social Council, in its resolutions 1985/15 and 1987/30, 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 reflected in the technical report of the Board on psychotropic substances.⁵⁹

108. The majority of States regularly comply with the above reporting requirements by submitting the

⁵⁹ *Psychotropic Substances: Statistics for 2007; 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.09.XI.3).

mandatory and voluntary statistical reports, and most of the reports are submitted in a timely manner. As at 1 November 2008, a total of 157 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 2007 in conformity with the provisions of article 16 of the 1971 Convention. That accounts for 74 per cent of the States and territories required to furnish such statistics. A total of 130 Governments voluntarily submitted details on the countries of origin of imports and countries of destination of exports of substances listed in Schedules III and IV of the 1971 Convention. In addition, for the year 2007, 108 Governments submitted voluntarily all four quarterly statistical reports on imports and exports of substances listed in Schedule II.

109. Late submission of mandatory annual statistical reports creates difficulties for the international control of psychotropic substances. The Board regrets that some countries, including major manufacturing and exporting countries such as Israel, the Netherlands and the United Kingdom, have continued to experience difficulties in submitting the annual statistical report on psychotropic substances before the deadline (30 June). In addition, some Governments have not provided information 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. Incomplete or inaccurate information on exports and imports hinder the identification of discrepancies in trade statistics, thereby jeopardizing international drug control efforts. The Board urges the Governments concerned to identify the reasons that prevented them from submitting on time accurate statistical reports to the Board and to take all measures necessary to ensure their compliance with the provisions of the 1971 Convention.

Assessments of requirements for psychotropic substances

110. Governments are requested to provide to the Board assessments of annual domestic medical and scientific requirements for psychotropic substances pursuant to Economic and Social Council resolution 1981/7 with respect to substances in

Schedule II of the 1971 Convention and pursuant to Council resolution 1991/44 with respect to substances in Schedules III and IV of that Convention. The assessments are communicated to all States and territories to assist the competent authorities of exporting countries when approving exports of psychotropic substances. As at 1 November 2008, the Governments of all countries had submitted to the Board at least once their assessments of annual medical requirements for psychotropic substances.

111. The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. In January 2008, all Governments were asked to review and, if necessary, update the assessments of their annual medical and scientific requirements for psychotropic substances. As at 1 November 2008, 93 Governments had submitted to the Board a full revision of the assessments of their requirements for psychotropic substances and an additional 41 had submitted modifications to assessments for one or more substances.

112. However, 22 Governments have not submitted a revision of their legitimate requirements for psychotropic substances for at least three years. That is a matter of concern to the Board, as the assessments valid for those countries and territories may no longer reflect their actual medical and scientific requirements for psychotropic substances. When assessments are lower than the actual legitimate requirements, the importation of psychotropic substances needed for medical or scientific purposes may be delayed. When assessments are significantly higher than legitimate needs they may increase the risk of psychotropic substances being diverted into illicit channels. The Board encourages all Governments to review and update their assessments on a regular basis and to keep it informed of all modifications.

3. Prevention of diversion of psychotropic substances into the illicit traffic

Diversion from international trade

113. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention is limited to sporadic transactions involving no more than a few grams per year, since, under the provisions of the 1971 Convention, those substances may only be used for scientific and very limited medical purposes. As a

result, there have hardly been any attempts to divert such substances from international trade. The last attempt to divert a substance in Schedule I took place in December 2000, and it was unsuccessful. No diversion of a substance in Schedule I from licit international trade has ever been reported.

114. With regard to the substances in Schedule II of the 1971 Convention, the situation is similar. While, in the past, diversion of those substances from licit international trade was one of the main means used to supply illicit markets, cases involving the diversion of such substances from international trade have become rare, thanks to the introduction of additional voluntary control measures at the national and international levels.

115. Fenetylline, a substance in Schedule II of the 1971 Convention, was one of the substances most frequently diverted from international trade during the 1980s (several hundred kilograms per year) and abused in the form of Captagon preparations. After the licit manufacture of Captagon preparations was stopped in 1985, international control measures and vigilance in manufacturing and trading countries increased. No diversion of the licitly manufactured raw material fenetylline has been reported since 1998. However, as the demand for Captagon on the illicit market has continued, counterfeit Captagon tablets continue to be manufactured illicitly, using illicitly manufactured fenetylline or amphetamines. Nowadays, most of the seized tablets contain amphetamines, as well as stimulants not under international control. The countries most affected by trafficking in counterfeit Captagon tablets are in West Asia. The counterfeit Captagon tablets seized in the various countries number in the millions. Most of the seized tablets were en route to countries on the Arabian peninsula. The Board urges the countries affected by trafficking in counterfeit Captagon tablets to collaborate with other countries in the region in order to establish a network for the exchange of information and the promotion of cooperation between law enforcement authorities, in particular with a view to establishing profiles for determining the countries of origin of seized tablets.

116. Among the substances in Schedule II of the 1971 Convention, only amphetamines and methylphenidate are manufactured and traded for licit purposes in large quantities, mostly for the treatment of attention deficit disorder (ADD); in addition,

amphetamines are used in large quantities for industrial processes. Since 1990, no diversion of those substances from licit international trade has been identified. This positive development is attributable to the control measures set forth in the 1971 Convention for substances in Schedule II, notably the import and export authorization system, which is supplemented by additional voluntary control measures recommended by the Board and endorsed by the Economic and Social Council, such as assessments by countries of their licit requirements for psychotropic substances and the quarterly reporting of trade statistics.

117. A similar decline has been observed in cases involving diversion from international trade of substances in Schedules III and IV, although licit international trade in those substances is widespread, involving thousands of individual exports each year and most of the countries in the world. This positive development is attributable to the additional voluntary control measures over international trade recommended by the Board, endorsed by the Economic and Social Council and adopted by the majority of all countries, notably the requirement of import and export authorizations for trade in substances in Schedules III and IV and the assessment by countries of their licit requirements for psychotropic substances.

118. Since 1 November 2007, there has been only one case involving the attempted diversion from international trade of substances in Schedule III and in that case the diversion was prevented with the assistance of the Board. The case involved the attempted diversion of 25 kg of flunitrazepam from the Netherlands to Guinea-Bissau. The competent authorities of the Netherlands requested the assistance of the Board in verifying the legitimacy of an import certificate and other supporting documentation that appeared to have been falsified. The Board was able to determine that the related import certificate and other supporting documentation had been falsified, and the planned export was stopped. Flunitrazepam continues to be one of the most frequently abused benzodiazepines. In 1995, after it was demonstrated that preparations containing flunitrazepam, notably Rohypnol, were frequently diverted and abused, flunitrazepam was transferred from Schedule IV of the 1971 Convention to Schedule III. Although the illicit market for flunitrazepam appears to be supplied mainly through the diversion of the substance from domestic distribution channels, attempts at diverting the

substance from international trade continue to take place. The Board notes that many countries, including the main countries manufacturing and importing the substance, have, in close cooperation with the pharmaceutical industry, adopted strict control policies on flunitrazepam. The Board calls upon all Governments that have not yet done so to follow that example.

119. With regard to substances in Schedule IV, two attempts at the diversion of alprazolam were prevented with the assistance of the Board. One involved the attempted diversion of 2 million tablets containing alprazolam (totalling 4 kg of the substance) from India to the Dominican Republic, and the other involved the attempted diversion of 30,000 alprazolam tablets from Austria to Serbia. In both cases, the method used was falsification of the import authorizations. Thanks to the vigilance of the national competent authorities, the implementation by Governments of the treaty provisions for substances in Schedule IV of the 1971 Convention and the enforcement of additional controls over international trade, it was possible to thwart both of those attempts at diversion. The Board urges all countries that have not yet done so to introduce mandatory import authorizations for all substances in Schedules III and IV of the 1971 Convention, as that measure has proved to be particularly effective in the identification of diversion attempts. The Board also urges all exporting countries to use the assessments of requirements of psychotropic substances, which are published by the Board on a regular basis, to verify the legitimacy of placed orders. Trade transactions identified as suspicious because the import orders exceed the established assessments should be verified with the Board prior to approving the export of those substances or brought to the attention of the importing country.

Diversion from domestic distribution channels

120. While most cases involving the diversion of psychotropic substances from domestic channels, particularly at the retail level, involve relatively small quantities, the total quantity being diverted to illicit markets may not be negligible. The substances diverted most often are stimulants (especially methylphenidate), benzodiazepines (especially flunitrazepam and diazepam) and the analgesic buprenorphine.

121. The non-medical use of prescription drugs containing psychotropic substances remains a serious and growing problem in many countries. For instance, according to information provided by United States authorities, prescription drugs containing controlled substances are one of the most commonly abused groups of substances, ranked second only to cannabis and above cocaine, heroin and methamphetamine. During the four-year period 2004-2007, over 175,000 benzodiazepine drug items were analysed by forensic laboratories in the United States. It was found that the most frequently abused benzodiazepines in that period were alprazolam, clonazepam and lorazepam, in that order.

122. In recent years, the diversion (from licit distribution channels) and abuse of preparations containing the analgesic buprenorphine have been a cause for concern. The abuse of the substance has been increasing above all in countries where buprenorphine is used for the treatment of opioid addicts. Preparations containing buprenorphine have been smuggled between those countries and have also been smuggled out of those countries and into countries in other regions.⁶⁰

123. With a view to identifying possible gaps in the control measures applied to buprenorphine that might facilitate those diversions, the Board continues to request the governments of countries and territories authorizing licit consumption of buprenorphine to inform it of details of the control measures applicable to buprenorphine in their respective territory. Judging from the information received, it appears that buprenorphine is subject to the same control measures applied to narcotic drugs in 47 per cent of the 49 countries and territories responding to the request by the Board. In an additional 20 per cent of the countries and territories, some of the controls for narcotic drugs are applied to the distribution of buprenorphine when it is used for the treatment of opiate addicts. Moreover, over 90 per cent of the countries and territories trading in buprenorphine apply the import and export authorization system to orders involving that substance in accordance with the relevant Economic and Social Council resolutions.

⁶⁰ See, for example, *Report of the International Narcotics Control Board for 2006* (United Nations publication, Sales No. E.07.XI.11), paras. 190-192, and *Report of the International Narcotics Control Board for 2007...*, para. 114.

124. The Board calls upon all Governments to increase their vigilance regarding trafficking in and abuse of preparations containing buprenorphine and to consider enhancing existing control measures applied to the domestic distribution of such preparations and the use of such preparations for the treatment of addicts, as necessary. The Board requests Governments to monitor the consumption levels of prescription drugs containing psychotropic substances, with a view to identifying possible diversions, and to raise public awareness about the consequences of the abuse of such drugs.

125. The Board notes that the diversion of preparations containing controlled psychotropic substances through illegally operating Internet sites continues unabated. Significant amounts of those substances are abused, not only in the countries in which they are diverted, but also in the countries into which they are smuggled. There are indications that mail is used for drug trafficking to a considerable extent in many countries and that improved cooperation between postal, customs and police authorities at the national and international levels is required to deal with that problem effectively.

4. Control measures

Assistance to Governments in verifying the legitimacy of import transactions

126. The Governments of many exporting countries continue to request the assistance of the Board in verifying the legitimacy of import authorizations for psychotropic substances. The Board maintains a collection of samples of official certificates and authorizations used for importing narcotic drugs, psychotropic substances and precursor chemicals. Those samples may be compared with questionable import documents, thus assisting Governments in the verification of the authenticity of such documents. As at 1 November 2008, 116 Governments (57 per cent of those requested to do so) had provided the Board with a copy of the import authorization currently used by their authorities when authorizing imports of controlled substances into their countries. The Government of every major trading country except Ireland and Singapore has provided such a sample. However, the Board is concerned that many smaller trading countries and territories have not yet done so, which might result in the undue delay of legitimate imports. The Board

calls on the Governments of all countries that have not yet provided such samples to the Board to do so without further delay.

127. The Board notes that some responses to its requests for confirmation of the legitimacy of import orders are received after considerable delay. The Board would like to draw the attention of the Governments concerned to the importance of responding in a timely manner. Failure to confirm the legitimacy of import orders 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

128. Experience has shown that the import and export authorization system is the most effective tool for preventing the diversion of controlled substances from international trade. The Board notes with appreciation that in 2007 the Governments of Algeria, Iran (Islamic Republic of), Montenegro, Papua New Guinea, the Philippines, the Republic of Korea, Singapore and Uruguay extended the system of import and export authorizations to include some substances that had previously not been covered. At present, export and import authorizations are required by law for substances in Schedules III and IV in more than 160 countries and territories.

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

130. Governments are encouraged to consider revising 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 to inform the Board of any revisions of the requested information.

131. In addition to the import and export authorization system, the system for the assessment of medical and scientific needs of psychotropic substances, established by the authorities of each country and territory, is the most 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 established to cover their medical and scientific needs. The Board appreciates the cooperation of authorities of exporting countries who contact the Board when they receive import authorizations for imports of psychotropic substances in excess of the assessed legitimate requirements. During 2007, the authorities of seven countries issued import authorizations for substances in Schedule III or IV of the 1971 Convention without having established assessments for those substances. In addition, the authorities of 29 countries and 1 territory issued import authorizations for substances in Schedule II, III or IV in quantities that significantly exceeded their assessments. The Board notes with appreciation that Governments have become more vigilant when issuing import authorizations for psychotropic substances as those figures have been decreasing over recent years. The Board reiterates its request to Governments that have not yet done so to establish a mechanism for ensuring that their assessments correspond to their actual legitimate needs and not to authorize imports in quantities exceeding their assessments.

5. Consumption of psychotropic substances

132. As noted by the Board in previous reports, the consumption levels of psychotropic substances continue to differ widely depending on the country and region, reflecting cultural diversity in medical practice and related variations in prescription patterns. However, high and low levels of drug consumption are matters of concern to the Board. Increased availability of psychotropic substances that is not medically justified may lead to the diversion and abuse of the substances in question, as shown in the examples below. Very low levels of consumption of psychotropic substances in some countries may reflect the fact that those substances are almost inaccessible to certain

parts of the population. In response to the demand among those segments of the population, those substances, or counterfeit medicaments allegedly containing the substances, may be offered on unregulated markets. The Board reiterates its recommendation to all Governments to compare the consumption patterns in their countries with those in other countries and regions, with a view to identifying unusual trends requiring attention and taking remedial action, where necessary.

Stimulants in Schedule II of the 1971 Convention that are used for the treatment of attention deficit disorder

133. Methylphenidate, amphetamine and dexamphetamine, substances in Schedule II of the 1971 Convention, are used mainly for the treatment of ADD (primarily in children) and narcolepsy. Those substances have traditionally been used much more extensively in the Americas than elsewhere.

134. Of the stimulants in Schedule II of the 1971 Convention, methylphenidate is the one most widely used. The manufacture and use of methylphenidate for the treatment of ADD continue to grow. The sharp rise in global manufacture and use of methylphenidate reflect mainly developments in the United States, where the substance is frequently publicized, including in advertisements directed at potential consumers. Although calculated consumption of methylphenidate in the United States declined considerably in 2007, that country continued to account for nearly 80 per cent of the calculated global consumption of methylphenidate in the years 2005-2007. The use of the substance for the treatment of ADD has increased (albeit to a much lower level) in the rest of the world as well, rising sharply in many countries. The countries reporting a significant increase in the consumption of methylphenidate during the last five years include Iceland, Norway, Sweden, Belgium, Germany and Canada, in that order.

135. The Board reiterates its concern that the diversion and abuse of stimulants in Schedule II of the 1971 Convention have taken place in some countries, in particular in countries with high prescription levels for those substances. The Board requests all Governments to ensure that the control measures foreseen in the 1971 Convention are applied to stimulants in Schedule II and calls on the Governments

concerned to increase their vigilance with regard to the diversion of, trafficking in and abuse of those substances. The Board invites Governments to inform it of any new development in that area.

Buprenorphine

136. Buprenorphine, listed in Schedule III of the 1971 Convention since 1989, belongs to the family of opioids used mainly as analgesics. Since the late 1990s, however, buprenorphine has increasingly been used in the detoxification and substitution treatment of opioid addicts and new preparations containing high doses of buprenorphine (Subutex®) or buprenorphine with naloxone (Subuxone®) have been introduced in several countries for the treatment of drug addicts. As a result, global manufacture of buprenorphine has increased substantially and increasing use of buprenorphine has been reported in many countries. For instance, the manufacture of buprenorphine increased more than 10-fold during the period 1998-2007, from 460 kg in 1998 to 5 tons in 2007. During the same period the number of countries reporting imports of buprenorphine increased from 10 to 60. Currently, the majority of those countries use the substance for the treatment of opioid addiction.

137. The increased use of buprenorphine for medical purposes has been accompanied by increased diversion of buprenorphine preparations. As stated in the report of the Board for 2006,⁶¹ in many countries buprenorphine that has been diverted from domestic distribution channels or smuggled is used to meet demand for the substance on illicit markets. The Board reiterates its requests to all Governments to monitor closely the distribution of buprenorphine, including pharmaceutical products containing buprenorphine, and to strengthen the controls applied to that substance, where necessary, in order to stop the diversion of that substance from the supply chain.

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

138. The stimulants in Schedule IV of the 1971 Convention are mainly used as anorectics. The most frequently used stimulant in Schedule IV is phentermine, followed by fenproporex, amfepramone,

phendimetrazine and mazindol. The Board follows closely developments in the consumption of those substances to identify consumption levels that may be inappropriate for medical purposes and might therefore lead to the diversion and abuse of the substances in question.

139. Throughout the 10-year period 1998-2007, calculated consumption levels of stimulants in Schedule IV of the 1971 Convention were highest in the Americas. During the period 2005-2007, average calculated consumption of stimulants in Schedule IV was 11 S-DDD per 1,000 inhabitants per day in the Americas (compared with 2 S-DDD in Europe and Oceania, 1 S-DDD in Asia and 0.2 S-DDD in Africa). Argentina, Brazil and the United States (in that order) continue to be the countries with the highest calculated per capita consumption of the stimulants in Schedule IV. The Board is pleased to note that in 2006 Brazil started to apply stricter control measures to the stimulants listed in Schedule IV and that, since then, the calculated consumption level for those substances has declined in that country compared with previous years. In 2007, the consumption level for those substances declined also in Argentina and the United States. However, Argentina, Brazil and the United States together accounted in 2007 for 78 per cent of global calculated consumption of those stimulants, expressed in S-DDD.

140. In 2007, calculated consumption of stimulants in Schedule IV of the 1971 Convention declined in some countries in Asia, such as the Republic of Korea and Singapore, where in the past the level of consumption of those stimulants had been high. In the period 2005-2007, the average consumption level in those two countries was about half of that calculated for the Americas. Average calculated consumption levels for the stimulants in Schedule IV have been decreasing in recent years in Asia as a whole, and in Europe and Oceania as well.

141. The Board encourages Governments reporting high levels of consumption of stimulants in Schedule IV of the 1971 Convention to monitor the situation closely with a view to identifying possible overprescribing of anorectics or any other unprofessional practice by the medical profession and to ensure that domestic distribution channels are adequately controlled.

⁶¹ *Report of the International Narcotics Control Board for 2006 ...*, paras. 190-192.

C. Precursors

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

142. As at 1 November 2008, 182 States had become parties to the 1988 Convention. The Board again urges Equatorial Guinea, the Holy See, Kiribati, the Marshall Islands, Namibia, Nauru, Palau, Papua New Guinea, Solomon Islands, Somalia, Timor-Leste and Tuvalu to implement the provisions of article 12 and ratify the Convention without further delay. While all States that are major manufacturers, exporters and importers of scheduled chemicals are parties to the 1988 Convention, nearly half of the States in Oceania have not ratified the Convention. During 2008, attempted diversions of precursors occurred in that region, underlining the urgent need for all States to become parties to the 1988 Convention.⁶²

2. Cooperation with Governments

Submission of statistical data on seizures

143. Article 12 of the 1988 Convention requires all parties to submit each year information on chemical substances used in the manufacture of illicit drugs. As at 1 November 2008, 133 States and territories, including the European Commission (on behalf of the member States of the European Community), had submitted that information. The Board notes that Honduras, the Libyan Arab Jamahiriya, the Niger, the Sudan and Togo, which had failed to submit that information in previous years, have resumed providing such information to the Board. The Board notes that Serbia has submitted that information for the first time.

144. Although Angola, Burundi, Gabon and the Gambia are States parties to the 1988 Convention, those States have never submitted the required information. The Board wishes to remind those States

of their obligation under the Convention to report such information and of the importance of reporting to the Board.

145. While 50 Governments reported seizures of precursor chemicals in 2007, only a few of them provided the Board with supplementary information on non-scheduled chemicals, methods of diversion and stopped shipments. The Board urges the Governments of all countries, especially major importing and exporting countries such as China, Japan and Pakistan, to provide comprehensive information on investigations related to seizures and intercepted shipments of precursors, since that information is crucial in identifying new and emerging trends in illicit drug manufacturing 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

146. The Board wishes to emphasize that it is important for Governments to provide it with information on licit trade in, uses of and requirements for substances in Tables I and II of the 1988 Convention. That information has proved to be useful in identifying suspicious transactions and enabling authorities to prevent the diversion of precursor chemicals. Since 1995, the Board has been requesting Governments to voluntarily provide that information, pursuant to Economic and Social Council resolution 1995/20.

147. By 1 November 2008, 112 States and territories had submitted data for 2007 on the licit trade in precursors. In addition, 104 Governments had provided information for 2007 on licit uses of and requirements for those substances. The European Commission has also supplied such information for its member States. Considering that those efforts have been undertaken on a voluntary basis, the Board expresses its appreciation to all Governments that have submitted information on the licit movement of precursor chemicals and invites all Governments to adhere to that practice.

3. Control measures

148. It is essential for Governments to have in place effective measures for controlling the movement of precursor chemicals at the national level. Those measures, when appropriately enforced, allow Government authorities to carefully monitor trade in

⁶² For a comprehensive report on recent developments related to precursors, see *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2008 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.09.XI.4).

precursor chemicals and prevent the diversion of such chemicals. The Board notes that new legal measures were introduced to strengthen precursor control in Australia, Belize, China, El Salvador, Honduras, Mexico, Nicaragua and South Africa.

149. There is evidence that because of the successes achieved in monitoring international trade in precursors over the past few years, traffickers are having to look for new distribution channels. To obtain precursor chemicals for their illicit drug laboratories, most traffickers divert the chemicals from domestic trade or smuggle them across national borders. That applies, for example, to chemicals used in the illicit manufacture of heroin in Afghanistan and in the illicit manufacture of cocaine in countries in South America. The Board therefore urges Governments to pay due attention to their domestic measures for precursor control.

Estimates of legitimate requirements for precursors

150. The Commission on Narcotic Drugs, in its resolution 49/3, requested member States to provide to the Board annual estimates of their legitimate requirements for 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), 1-phenyl-2-propanone (P-2-P), ephedrine and pseudoephedrine and, to the extent possible, estimated requirements for imports of preparations containing those substances that could be easily used or recovered by readily applicable means. As at 1 November 2008, the Governments of 109 States had provided their annual estimates of those legitimate requirements. Those estimates have been published in the reports of the Board on the implementation of article 12 of the 1988 Convention since 2006. In addition, the Board continues to publish updated annual estimates of countries' legitimate requirements for precursors of amphetamine-type stimulants on its website (www.incb.org). That information has assisted Governments in identifying shipments with the potential for diversion. Therefore, given the usefulness of the data, the Board encourages all Governments to continually revise the estimates of their requirements and to provide accurate information on that subject in a timely manner. In the meantime, the Board is in the process of analysing best practices in national methodologies for establishing estimates for annual estimates of legitimate requirements for precursors of amphetamine-type stimulants.

4. Online system of pre-export notifications

151. Pre-Export Notification Online (PEN Online), the online system for the exchange of pre-export notifications, has already had an impact on the control of international shipments of precursor chemicals. By 1 November 2008, 98 countries and territories had registered to use the PEN Online system. Since its introduction in March 2006, approximately 20,000 pre-export notifications have been sent to 179 countries and territories through the PEN Online portal. The Board is pleased to note that an increasing number of Governments of importing countries have authorized access to the Web-based application. The Board welcomes Security Council resolution 1817 (2008), in which the Council, inter alia, urged the Governments that had not yet done so to register with and utilize the PEN Online system.

152. PEN Online has established itself as an important means of communication that can be used for strengthening precursor control, giving Governments of importing countries an opportunity to instantly provide initial feedback on the legitimacy of suspicious shipments. Nevertheless, the Board has noted that many of the Governments registered with the PEN Online system do not use all of the functions available in the system, particularly the one that allows for the provision of feedback. For example, particular attention should be paid to the time frame set by Governments of exporting countries for providing feedback on pre-export notifications. In order to reduce unnecessary delays in legitimate trade, the Board strongly encourages Governments to utilize all of the functions available in the PEN Online system, including the provision of feedback to the Government of the exporting country, where necessary.

5. Prevention of diversion of precursors into the illicit traffic

153. The Board continues to support Project Cohesion and Project Prism. Both initiatives have yielded results identifying trafficking in non-scheduled substances, weaknesses in control mechanisms and diversion methods and routes. Between 2 January and 30 September 2008, Project Prism conducted activities focusing on trade in ephedrine and pseudoephedrine (including pharmaceutical preparations and ephedra and identifying shipments), P-2-P and phenylacetic acid in Africa, the Americas, West Asia and Oceania.

As a result of those activities, a total of 37.1 tons of ephedrine and pseudoephedrine (enough to manufacture 23.4 tons of methamphetamine) were prevented from reaching illicit drug laboratories. The intended destination of the precursor chemicals was, in most cases, in North America, but the chemicals were being diverted through Africa, West Asia and Central America, using Europe as a trans-shipment area.

154. While in some countries mechanisms for controlling and monitoring trade in ephedrine and pseudoephedrine have been strengthened, traffickers have been exploring new means of supplying their illicit drug laboratories. New substances are being used as precursors in the manufacture of illicit drugs and new distribution routes are being utilized. In addition, traffickers are placing orders through licit pharmaceutical companies and using such companies to divert preparations containing ephedrine and pseudoephedrine, particularly in Africa and West Asia. In Africa, for example, the Democratic Republic of the Congo, Ethiopia, Nigeria, South Africa, Uganda, the United Republic of Tanzania and Zambia were among the countries targeted by traffickers for operations involving the diversion or attempted diversion of those substances.

155. Measures introduced by the Government of Mexico to prohibit the import of ephedrine and pseudoephedrine continue to have an impact on the movement of precursors in Central America, where imports of those substances have increased significantly. Trafficking networks are obtaining precursors in Central America and South America and establishing illicit drug laboratories. While in some countries new legislation is being adopted, legislative provisions need to be implemented at a faster pace. The Board therefore encourages the Governments of countries in Central America and South America to strengthen their mechanisms for monitoring precursor chemicals and to work together with the Board in providing information to help identify all the stages of the illicit manufacture of amphetamine-type stimulants.

156. A time-bound activity was carried out within the framework of Project Cohesion from 1 April to 30 September 2008. The activity focused on the exchange of information related to seizures, diversion attempts and suspicious shipments of acetic anhydride, as well as other chemicals used in the illicit manufacture of heroin. During the activity, 20 cases

involving seizures, diversions and attempted diversions of precursors were reported to the Board.

157. The Board welcomes the positive results achieved in the period 2007-2008 in preventing the diversion of some of the acetic anhydride destined for Afghanistan. The efforts of the international community to counter trafficking in chemicals in Afghanistan increased noticeably in the period 2007-2008. A number of relevant international meetings took place, such as the International Conference in Support of Afghanistan, held in Paris on 12 June 2008. During 2008, within the framework of Project Cohesion, the Board was informed of significant seizures of acetic anhydride in Afghanistan, Hungary, India, Iran (Islamic Republic of), Pakistan, the Republic of Korea, Slovenia and Turkey.

158. The diversion and smuggling of chemicals for use in the illicit manufacture of heroin in Afghanistan continue to pose problems, and the Board is concerned that the control mechanisms currently in place in the country may not be sufficient. The Board urges the Government of Afghanistan to take additional measures, such as strengthening precursor control measures, investigating and reporting to the Board all seizures of chemicals effected in the country. Moreover, the Board wishes to remind all Governments of Security Council resolution 1817 (2008), in which the Council invited all Member States, in particular those producing precursor chemicals, Afghanistan, neighbouring countries and all countries on the trafficking routes to increase their cooperation with the Board, notably by fully complying with the provisions of article 12 of the 1988 Convention, in order to eliminate loopholes utilized by criminal organizations to divert precursor chemicals from licit international trade (see also paragraph 224 below).

159. The Board continues to be concerned about the origins of the diverted potassium permanganate in South America, as well as the methods used to divert the substance. The number of identified or prevented diversions of shipments containing chemicals used in the illicit manufacture of cocaine from international trade continues to decrease. Nevertheless, there is no shortage of those chemicals. There are indications that traffickers have found ways to obtain the precursor chemicals they need by diverting the chemicals from domestic trade or smuggling the chemicals across national borders within the region. The Board urges

Governments to continue to strengthen their controls over domestic distribution channels and invites the Governments of countries in the Americas to take advantage of the experience acquired during Project Cohesion, focusing on acetic anhydride, and to design similar strategies to combat the diversion of chemicals used in the illicit manufacture of cocaine.

D. Promoting universal application of the international drug control treaties

160. In discharging its mandate under the international drug control treaties, the Board maintains an ongoing dialogue with Governments through various forms, such as regular consultations and country missions. That dialogue has been instrumental in the Board's efforts to assist Governments in complying with the provisions of the international drug control treaties.

1. Evaluation of overall treaty compliance by selected Governments

161. The Board reviews, on a regular basis, the drug control situation in various countries and Governments' compliance with the provisions of the international drug control treaties. The review covers different 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 abuse and illicit trafficking, and Governments' fulfilment of their reporting obligations under the international drug control treaties. The findings of the review, as well as the Board's recommendations for remedial action, are conveyed to the Governments concerned for consideration.

162. The Board, as a result of the review, adopts, when necessary, positions on particular drug control issues. Those positions, which are based on the Board's interpretation of the provisions of the international drug control treaties, are communicated to the Governments concerned and, when appropriate, made public through its annual report.

163. In 2008, the Board reviewed the drug control situation in Brazil, Haiti, Myanmar and the Netherlands, as well as measures taken by the Governments of those countries to implement the international drug control treaties. In doing so, the

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

Brazil

164. The Board has taken note of information recently received from the Government of Brazil regarding enhanced regulation of the trade in and distribution and consumption of psychotropic substances, in particular stimulants. The Board notes that the consumption of stimulants in Brazil has recently started to decline. In addition, the Board has received information on the control measures taken by the Government to prevent the diversion of precursor chemicals into illicit channels.

165. The Board, while noting the above positive developments, remains concerned that drug abuse in Brazil has increased substantially; over-prescription of stimulants controlled under the 1971 Convention has been widespread, and the consumption of stimulants in Schedule IV of the Convention continues to be high; the diversion of pharmaceutical preparations containing controlled substances into illicit markets has increased; and the availability of opioid analgesics for pain relief continues to be inadequate, well below the needs estimated for the population of Brazil. Although seizures of precursor chemicals continue to be made, the quantity seized is still small.

166. Since its mission to Brazil in 2003, the Board has maintained a close dialogue with the Government, through regular communications, as well as meetings, with Government officials. In 2006, the Board sent another mission to Brazil to review, together with the competent national authorities, the measures taken and progress made by the Government in the area of drug control. The Board's objective has been to promote the Government's compliance with the international drug control treaties.

167. The Board notes that a new law adopted in Brazil in September 2006 represents a significant shift in the national drug control policy. According to the new law, drug abusers, while remaining subject to penalties, are not to be punished exclusively with imprisonment, whereas drug traffickers are subject to more stringent penalties. The Board views the new law as a positive development and urges the Government to provide adequate facilities as part of its efforts to address the growing drug abuse problem, including treatment, counselling and rehabilitation facilities for drug

abusers. The Board stresses that it is important to strengthen measures aimed at drug abuse prevention, in view of the significant challenges that the Government is facing in addressing the drug problem.

168. The Board trusts that the Government of Brazil will continue strengthening its efforts in drug control. The Board stands ready to continue its dialogue with the Government and to provide necessary assistance when required.

Haiti

169. In recent years, Haiti has experienced increasing problems involving trafficking in and abuse of drugs, particularly cannabis and cocaine. The Board notes that national drug control efforts in Haiti have been undermined by a lack of coordination within the Government and inadequate legislation. The country also suffers from insufficient law enforcement and judicial capacity, and rule of law is practically non-existent.

170. The Board is concerned that Haiti continues to be the only country in the Americas that is not yet a party to the 1971 Convention. Furthermore, the Board notes that new drug control legislation, which was drafted in the early 2000s, has yet to be adopted. The Board urges the Government of Haiti to take steps to accede to the 1971 Convention and adopt the new legislation as soon as possible.

171. The Board notes that, despite the existence of a national drug control commission in Haiti, the Government has yet to approve a long-term national drug control strategy. The Board remains concerned about the continued lack of information on drug trafficking and seizures in Haiti, particularly in view of the fact that its geographical position makes the country vulnerable to trafficking in drugs, particularly cocaine.

172. The Board recognizes the considerable difficulties that the Government of Haiti is facing in its efforts to improve the overall economic and social situation, particularly in the light of the recent natural disasters, which have caused additional suffering among the population. However, the Board remains concerned that there is little or no information available on the measures taken by the Government to counter drug abuse and drug trafficking, and that

makes it difficult for the Board to evaluate the situation.

173. The Board urges the Government of Haiti to take, as a matter of priority, measures to strengthen drug control and calls on members of the international community, particularly the United Nations, to provide Haiti with the assistance necessary to address the situation.

Myanmar

174. Myanmar is in a region that, for many years, was used as the world's main area for the illicit cultivation of opium poppy. Since 1999, the Government of Myanmar has been implementing a 15-year drug control plan calling for the elimination of all illicit drug production and trafficking by 2014, and sustained efforts by the Government to ensure the eradication of opium poppy have, over the years, achieved significant results. Between 1999 and 2006, an estimated 85 per cent of the total area under illicit opium poppy cultivation was eradicated, with some international assistance.

175. The Board is concerned, however, about the fact that illicit opium poppy cultivation in Myanmar increased by 29 per cent in 2007, and potential opium production increased by 46 per cent due to a higher yield. That was the first time since 2000 that illicit opium poppy cultivation had increased considerably over the previous year, and there are indications that such cultivation might have increased again in 2008.

176. The Board notes that in Myanmar the provision of legitimate alternative livelihoods for farming communities engaged in illicit opium poppy cultivation continues to pose challenges. The Board, while acknowledging the efforts of the Government of Myanmar in the eradication of illicit opium poppy cultivation, encourages the Government to work with the international community to address that problem and to take adequate measures to provide legitimate alternative livelihoods for those farming communities.

177. Many communities that were previously engaged in illicit opium poppy cultivation have switched to the illicit manufacture of methamphetamine, which takes place on a large scale in Myanmar and fuels the abuse of that substance in many countries in East and South-East Asia. While recognizing the difficulties the Government of Myanmar has faced in expanding its

control over areas in the country where illicit drug activities take place, the Board urges the Government to continue strengthening its efforts to address the illicit manufacture of methamphetamine, in cooperation with the Governments of neighbouring countries.

Netherlands

178. The Board has longstanding concerns regarding certain policies adopted by the Government of the Netherlands, in particular the policy that allows small amounts of cannabis to be sold and abused in so-called “coffee shops”. The Board is also concerned about the operation of so-called “drug consumption rooms”, facilities where drug addicts can abuse illicit drugs. The medical prescription of cannabis and the heroin maintenance programme in the Netherlands are also issues that the Board is monitoring closely.

179. The Board has maintained an ongoing dialogue with the Government of the Netherlands on those and other issues over the years. Some progress has been made: in 2003, the Government informed the Board that it was terminating its “pill-testing” programme (in which persons at clubs and other venues could have illicit drugs tested for their “safety”), as it had realized that the programme gave young persons the wrong message about drug abuse. The Board welcomed that decision and urged other Governments conducting similar programmes to follow suit.

180. Furthermore, in August 2004, the Government of the Netherlands informed the Board of an important change in its policy on cannabis. In an inter-ministerial policy paper on cannabis, the Government acknowledged that “coffee shops” were “not blameless” in the maintenance of the illicit drug trade and were not satisfactory in terms of suppressing drug-related crime. Pursuant to that policy change, the Government has been taking measures towards reducing the number of “coffee shops” located near schools and in border areas and has been taking action against uncontrolled outlets. The Board notes that those measures have not yet been fully implemented, and will continue to closely monitor the situation. The Government has also conducted campaigns informing the public, in particular young persons, of the dangers of cannabis abuse.

181. The Board notes that drug control is an issue of high priority in the Netherlands and that the

Government continues to spend considerable resources in that field. The control of licit activities related to narcotic drugs, psychotropic substances and precursor chemicals in the Netherlands is strict and effective, and the Government has cooperated closely with the Board on most issues. The Government has continued to strengthen law enforcement efforts to address the problem of illicit manufacture of amphetamine-type stimulants, in particular methylenedioxymethamphetamine (MDMA), and to cooperate with the Board in joint operations to improve precursor control.

182. The Board welcomes the shift in the policy of the Government of the Netherlands regarding “coffee shops”, which is an important step towards full compliance with the provisions of the international drug control treaties. The Board trusts that the Government will also review its policy on “drug consumption rooms” and urges the Government to take the measures necessary to terminate the operation of such facilities. The Board notes that the Government has commissioned an independent evaluation of the national drug control policy. The Board trusts that the evaluation, to be conducted in 2010, will provide an opportunity for the Government to reconsider the above-mentioned aspects of its policy and to comply fully with its international obligations under the international drug control conventions.

183. At the invitation of the Board, a high-level delegation from the Government of the Netherlands attended the ninety-third session of the Board, in November 2008, to discuss and exchange views with the Board on issues related to the Government’s implementation of the international drug control conventions. The Board appreciates the detailed information presented by the delegation regarding the drug control situation in the Netherlands and looks forward to continuing its ongoing dialogue with the Government regarding the compliance of the Netherlands with the international drug control conventions and on other drug control issues.

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

184. As part of its ongoing dialogue with Governments, the Board conducts, on a yearly basis, an

evaluation of the implementation of its recommendations pursuant to its missions to countries.

185. In 2008, the Board invited the Governments of the following six countries to provide information on the implementation of its recommendations pursuant to its missions to those countries in 2005: Bangladesh, Ghana, Lesotho, Mexico, Russian Federation and Saudi Arabia. The Governments of those countries were requested to provide information on the implementation of the Board's recommendations, including any achievements made and difficulties encountered.

186. The Board appreciates the timely submission of information by the Governments of Bangladesh, Ghana, Mexico and the Russian Federation. The information received enabled the Board to assess the drug control situation in those countries and the Governments' compliance with the international drug control treaties. Information provided by the Government of Lesotho was received too late for review by the Board and will therefore be presented in the report of the Board for 2009.

187. The Board regrets that, despite its repeated requests, no information was received from the Government of Saudi Arabia. The Board urges the Government to provide the requested information without further delay.

Bangladesh

188. The Board notes that the Government of Bangladesh has been making efforts to strengthen drug control since the mission of the Board to that country in 2005. In particular, the Board notes that additional resources have been allocated to the Department of Narcotics Control of Bangladesh and that the National Narcotics Control Board, the inter-ministerial body responsible for coordinating drug control policy in the country, has resumed its activities. Bangladesh has also improved its cooperation with neighbouring countries, particularly India, in the field of law enforcement.

189. At the same time, the Board is concerned that much work remains to be done in Bangladesh in strengthening the control at the retail level of pharmaceutical preparations containing controlled substances. Though legislation and regulations in this area are by and large adequate, the Government of Bangladesh has been unable to ensure adequate

compliance, and it is often possible to obtain those preparations without a prescription. The Board requests the Government to take urgent measures in that area to ensure that the distribution of controlled substances at all levels is closely monitored and that such substances are used only for medical and scientific purposes.

190. The Board continues to be concerned about the inadequate measures for reducing illicit drug demand in Bangladesh. The availability of facilities for the treatment of drug abuse continues to be limited, and there is a lack of reliable data on the drug abuse situation in the country. The Board notes that the Government is taking measures to strengthen its capacity in those areas through, for example, the establishment of centres for the treatment of drug abuse throughout the country. The Board encourages the Government to continue its demand reduction efforts.

Ghana

191. The Board notes that some progress in drug control has been made by the Government of Ghana since the mission of the Board to that country in 2005. Following major restructuring in the field of drug control, including the introduction of a number of measures to strengthen coordination among the relevant Government agencies, the Narcotics Control Board, the main coordinating body for drug control in the country, resumed its activities in December 2007. The Narcotics Control Board has established an inter-agency committee on demand reduction. It has also developed a strategic plan for the period 2008-2010 to strengthen drug law enforcement, control of the licit trade in scheduled substances and drug abuse prevention.

192. The Government of Ghana has acted on the Board's recommendation on complying with the reporting obligations under the international drug control treaties and, as a result, substantial progress has been made in that area in recent years. The Government has also acted upon the Board's recommendations on demand reduction. Since its establishment in January 2007, the Demand Reduction Directorate has actively conducted awareness-raising activities in schools and has initiated programmes for the training of medical doctors in the principles of rational prescription of opioids, as well as programmes for the rehabilitation and reintegration of drug abusers.

The Board encourages the Government to conduct a rapid assessment survey of the drug abuse situation in the country, in order to address the problem of drug abuse in a more effective manner.

193. The Board notes that little progress has been made in ensuring the availability of narcotic drugs for medical purposes in Ghana. The availability of opiates for the treatment of pain in medical institutions continues to be inadequate. The Board requests the Government to examine the current situation and take the steps necessary to ensure that narcotic drugs, particularly opiates, are made available for medical purposes.

194. In addition, lack of legislation on precursor control and the absence of a designated competent authority for the implementation of the provisions of article 12 of the 1988 Convention continue to be areas that the Government of Ghana needs to address. The Board urges the Government to make additional efforts so that progress is made in those areas. The Board trusts that the Government will continue its efforts to comply fully with the international drug control treaties.

Mexico

195. The Board notes that, since its 2005 mission to Mexico, the Government has taken measures to implement the recommendations of the Board. Progress has been made in certain areas of drug control.

196. Shortly after the Board's last mission to Mexico, the Government formally invoked article 12 of the 1988 Convention regarding pre-export notifications for the importation of all precursors. The Government has also strengthened controls over ephedrine and pseudoephedrine, introducing additional control mechanisms such as regulations on the prescription of preparations containing pseudoephedrine and on limiting the quantities of the two substances that can be imported. The Government, while eradicating the illicit cultivation of opium poppy and cannabis, has continued carrying out alternative development projects covering 75 per cent of the areas where such illicit cultivation takes place. The Government has also taken concrete steps towards addressing the problem of corruption.

197. The Board, while acknowledging those positive developments, notes that there remain significant

challenges for the Government of Mexico. Though the Government continues to make considerable efforts, corruption remains a serious obstacle in drug control activities at the national, state and local levels, and organized criminal organizations wield considerable power in some areas of the country. Despite the concrete steps taken by the Government, the abuse of drugs remains high, particularly among school children and the young population. There continues to be substantial illicit cultivation of opium poppy and cannabis, and drug trafficking continues to pose serious problems.

198. The Board notes that there continue to be weaknesses in the inspection of retail outlets in Mexico for pharmaceutical preparations containing controlled substances. There is also a need to provide training for pharmacists in ensuring that the dispensing of controlled substances is closely monitored and that such substances are used only for medical purposes. The Board encourages the Government to continue its efforts to ensure the adequate availability of opiates for medical purposes, following the adoption in 2006 of the guidelines on normative standards for the diagnosis and administration of palliative medicines.

199. The Board acknowledges the commitment of the Government of Mexico to drug control and trusts that continued measures will be taken against illicit crop cultivation, illicit drug manufacture and trafficking, the diversion of controlled substances and drug abuse in the country.

Russian Federation

200. Drug trafficking and abuse have increased substantially in the Russian Federation since the 1990s, following the breakup of the Soviet Union. The abuse of opiates, in particular heroin, is a matter of major concern, drug abuse by injection being the main factor behind the rapidly growing HIV epidemic. The Government has recognized that the drug problem poses a major threat to national security and has continued taking measures in various areas of drug control to address the problem.

201. The Board notes that steps have been taken by the Government of the Russian Federation to implement the recommendations made pursuant to the Board's mission to that country in 2005. In particular, the Government has strengthened administrative structures in drug control to improve national coordination,

including by creating the State Anti-Drug Committee. The recently created Committee is comprised of a wide range of government agencies, including those responsible for issues related to the media and culture. The Board welcomes that effort to ensure that drug control involves all segments of society.

202. The Government of the Russian Federation has continued taking steps to strengthen supply reduction and law enforcement. Measures have been taken to strengthen border control: new equipment has been purchased and training has been provided to the border control agencies and, as a result, there has been an increase in drug seizures. The Government has also changed the approach of law enforcement, from one targeting individual drug abusers to one with an emphasis on combating organized crime. Furthermore, the Government has acted upon the Board's recommendation on reporting obligations and improved the timeliness of its statistical reports submitted to the Board pursuant to the international drug control treaties.

203. One of the Board's key recommendations following its 2005 mission was that the Government of the Russian Federation should maintain a balanced approach to drug control, not only continuing to strengthen its efforts in supply reduction, but also making more efforts in the area of demand reduction. The Board notes that the Government has taken measures in that area since the 2005 mission. The Board trusts that the Government will continue to make progress towards ensuring a comprehensive approach to addressing the drug abuse problem in the country.

204. The Board notes that there is still no possibility for non-violent drug offenders in the Russian Federation to receive alternative sentences in lieu of imprisonment. The Board notes the provisions of the international drug control conventions on this issue, in particular article 3, paragraph 4 (b) and (c), of the 1988 Convention, according to which States parties may provide measures such as treatment, education, aftercare, rehabilitation or social reintegration in appropriate cases. The Board encourages the Government of the Russian Federation to adopt such measures.

205. The Board has received information from the Governments of Indonesia, Pakistan and Thailand on the implementation of the Board's recommendations pursuant to its missions to those countries in 2004. As that information was received too late to be included in its report for 2007, the Board has published the outcome of its review in the present report.

Indonesia

206. The Board notes that progress has been made by the Government of Indonesia in some areas of drug control, following its mission to that country in 2004. In particular, the Government has taken considerable measures in the area of precursor control, including the adoption of regulations to strengthen import and export licensing of precursors used for both pharmaceutical and industrial purposes. The Government has also adopted a second national action plan on precursor control, covering the period 2006-2010. The action plan includes the revision of legislation to enhance controls on precursors and the establishment of provincial and municipal task forces for precursor control. The Board welcomes those measures and trusts that the Government will fully implement the national action plan.

207. The Board also notes that the Government of Indonesia has continued its efforts in demand reduction, for example through the development of facilities for the treatment of drug abuse and community-based prevention programmes. The Board, in view of the worsening situation of drug abuse in Indonesia, urges the Government to further strengthen its efforts in that area. In particular, the Board encourages the Government to conduct a nationwide assessment of the drug abuse situation and to take all necessary measures, in accordance with the international drug control treaties, to address the problem.

208. The Board notes that there appears to be a lack of progress in several other areas, including the strengthening of coordination among national ministries and agencies involved in drug control, and the ensuring of adequate availability of narcotic drugs for medical needs, particularly pain management. The Board trusts that the Government of Indonesia will take the measures necessary to ensure that progress is made in those areas as well.

Pakistan

209. The Board notes that efforts have been made by the Government of Pakistan in the implementation of the Board's recommendations following its mission to that country in 2004. The Government has allocated considerable resources in addressing the problem of drug abuse in the country, with its ongoing efforts in the areas of prevention, treatment and rehabilitation of drug addicts. In 2005, the Government established two model addiction treatment and rehabilitation centres in the country, with the active involvement and contribution of non-governmental organizations in that area. In 2006, the Government conducted a national assessment of drug abuse in the country, with the assistance of UNODC. The Board encourages the Government to continue its efforts in the area of demand reduction, in particular in strengthening systems for the collection of data on trends in drug abuse in the country.

210. While welcoming the above positive developments in drug control, the Board is concerned that its recommendations to strengthen the control of pharmaceutical preparations containing controlled substances have not yet been implemented and that there is significant abuse of those preparations in the country. The Board urges the Government to expedite the process of making new regulations for effective control of those substances in order to prevent their diversion from licit distribution channels and their abuse.

211. Furthermore, the Government has yet to put in place efficient control mechanisms for precursor chemicals passing through Pakistan destined for Afghanistan and to take law enforcement measures against the illegal distribution of pharmaceutical preparations containing controlled substances through Internet pharmacies located in the country. Measures should also be taken to address the resurgence of illicit opium poppy cultivation in the country. The Board trusts that the Government will continue its efforts in drug control, particularly in those areas where progress is lacking, to ensure that the provisions of the international drug control treaties are fully implemented in Pakistan.

Thailand

212. The Board sent a mission to Thailand in 2004 to review the drug control situation in the country,

including measures taken by the Government as part of the "war on drugs". The "war on drugs" was a national campaign conducted by the Government in early 2003, when Thailand had the highest rate of abuse of amphetamine-type stimulants (specifically methamphetamine) in the world. The "war on drugs" resulted in a large number of killings, many in what could only be described as suspicious circumstances.

213. The mission found that independent committees had been established to examine every killing that had taken place during the national campaign and, if necessary, to bring charges against any official implicated. Pursuant to the findings of the mission, the Board has requested the Government of Thailand to keep it informed of any developments with regard to those investigations. Since then, the Board has been in close contact with the Government on that issue.

214. The Board notes that, according to information recently received from the Government of Thailand, a total of 55 law enforcement officers are to be prosecuted for possible involvement in killings during the "war on drugs". The Government has also informed the Board that it does not intend to recommence the "war on drugs" and that any measure taken by the Government against drug trafficking will be in accordance with human rights principles. The Board notes that current efforts of the Government to counter drug trafficking and abuse are aimed at, among other things, increasing community involvement in combating drug problems, at least partially to monitor Government measures and ensure that legal bounds are respected.

215. The Board also recommended that the Government ensure greater availability of opiates for pain management in Thailand. The Board notes that the availability of those substances remains low in the country and encourages the Government once again to evaluate its procedures in that area.

3. Promoting dialogue with Governments

216. Pursuant to the international drug control treaties, the Board invites, when appropriate, Government delegations to its sessions with a view to promoting dialogue with Governments on treaty compliance. In 2008, the Board invited delegations from Bolivia, the Netherlands (see paragraph 183 above) and Switzerland.

Bolivia

217. At the invitation of the Board, a high-level Government delegation from Bolivia attended the ninety-third session of the Board, in November 2008, to discuss and exchange views with the Board on issues related to the country's implementation of the international drug control conventions. The Board appreciates the detailed information presented by the delegation on the drug control situation in Bolivia and on measures taken by the Government in drug control.

218. While noting the explanations provided by the delegation, the Board continues to be concerned about certain aspects of drug control policy in Bolivia that contravene the international drug control conventions. National legislation allows the cultivation and consumption of coca leaf for non-medical purposes, in particular coca leaf chewing. That is contrary to the provisions of the 1961 Convention, in particular article 4 of the Convention, which obligates States parties to "limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs".

219. The Board notes that the Government of Bolivia is currently reviewing national drug control legislation, with a view to allowing the use of coca leaf for traditional purposes and for a wide range of industrial products, some of which are for export. The Board urges the Government to ensure that any measure adopted complies with Bolivia's obligations under the 1961 Convention.

Switzerland

220. A high-level Government delegation from Switzerland was invited to the ninety-second session of the Board, in May 2008, to discuss and exchange views with the Board on issues related to Switzerland's implementation of the international drug control treaties. The Board appreciates the detailed information presented by the delegation regarding the drug control situation in Switzerland and measures taken by the Government against drug trafficking and abuse.

221. The Board notes, in particular, that the plan to propose the decriminalization of cannabis has been rejected and that the Government has recently informed the Board of its decision to establish a national cannabis agency, pursuant to article 28 of the

1961 Convention. The Board welcomes those positive developments in drug control in Switzerland.

222. The Board, while noting the explanations given for the operation of "drug consumption rooms" in Switzerland, urges the Government to provide adequate treatment facilities to drug addicts in accordance with the provisions of the international drug control treaties. The Board will maintain its dialogue with the Government of Switzerland and looks forward to continued close cooperation with the Government in that and other drug control matters.

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

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

223. 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 into conformity with the conventions. Most of those States have taken remedial measures, which has led to the Board's decision to terminate action under article 14 of the 1961 Convention and article 19 of the 1971 Convention.

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

224. In 2008, the international community continued its efforts towards rebuilding Afghanistan and addressing drug-related problems in that country. The Security Council adopted resolution 1817 (2008), in which it called upon all Member States to increase international and regional cooperation in order to counter the illicit drug production and trafficking in Afghanistan, including by strengthening the monitoring of the international trade in chemical precursors and to prevent attempts to divert the substances from licit international trade for illicit use in Afghanistan. In addition, the International

Conference in Support of Afghanistan was held in Paris in June 2008, resulting in a significant amount of funds being pledged for assistance for the Government of Afghanistan. The Board welcomes those important events and, as an independent treaty body, will continue to monitor the drug control situation in Afghanistan to ensure that progress is made by the Government pursuant to article 14 of the 1961 Convention.

225. The Board invoked article 14 of the 1961 Convention against Afghanistan in 2000. The Board's action was based on its assessment that the Government's inability to stop the illicit cultivation of opium poppy was seriously endangering the aims of the 1961 Convention. In 2001, the Board called the attention of the international community, in particular the Commission on Narcotic Drugs and Economic and Social Council, to the situation in Afghanistan.

226. Over the past few years, the Board has made interventions vis-à-vis the Government and the international community as appropriate. In particular, the Board has maintained close contact with the Government of Afghanistan, including by sending high-level missions to the country and inviting the Government to send delegations to its sessions for discussion. The Board has also provided technical assistance to Afghanistan, for example in the form of training for Afghan authorities in the implementation of the international drug control treaties.

227. The Board notes with concern that Afghanistan remains the source of over 90 per cent of all the illicitly cultivated opium poppy in the world. In 2008, the area under illicit opium poppy cultivation in Afghanistan totalled over 157,000 hectares (ha), and the country's opium production, estimated at 7,700 tons, was the second largest in history. The Board, while noting that in 2008 illicit opium poppy cultivation decreased by 19 per cent and opium production decreased by 6 per cent, urges the Government and the international community to continue their efforts to eliminate illicit opium poppy cultivation in Afghanistan.

228. About 98 per cent of the illicit opium poppy cultivation in Afghanistan takes place in seven provinces in the southern and south-western parts of the country, where security remains problematic. That underlines the fact that the situation cannot truly be reversed without the Government exercising effective

control over all areas of the country. That fact is evidenced by the limited progress made in the opium poppy eradication campaign carried out in 2008. Only 5,017 ha of illicitly cultivated opium poppy were eradicated that year, compared with 19,047 ha in 2007 and 15,300 ha in 2006. The total area of opium poppy eradicated in 2008 represented only 10 per cent of the target set for that year.

229. The illicit cultivation of opium poppy is not the only drug control problem in Afghanistan. The Board notes with concern that the illicit cultivation of cannabis plants in the country has increased significantly over the past few years. In 2008, illicit cannabis cultivation was reported in 14 provinces, not only in areas in which opium poppy is illicitly cultivated but also areas that have been declared free of opium poppy. Farmers have been switching from opium poppy cultivation to cannabis cultivation, as cannabis cultivation is becoming increasingly lucrative in Afghanistan and no action has been taken by the Government to prevent such cultivation. The Board strongly urges the Government to take measures to address the situation. The Board calls upon the international community to provide assistance to the Government of Afghanistan to facilitate its efforts to eliminate all illicit drug activity on its territory, including the illicit cultivation of cannabis plants.

230. The Board notes that, although there has been no legitimate use for acetic anhydride in Afghanistan, orders for that substance to be sent to Afghanistan have continued to be placed in some countries in Asia and Europe. During 2007 and 2008, the Board was informed of significant seizures of acetic anhydride in countries in West Asia, including Afghanistan, and of deliveries totalling several hundred tons of acetic anhydride being prevented in a number of countries outside that region. Most of the acetic anhydride seized had been diverted from domestic distribution channels.

231. As discussed in more detail in paragraphs 677-678 below, the control mechanisms currently being applied, particularly those for precursor chemicals, are not sufficient to prevent the flow of diverse chemicals into Afghanistan and their diversion for use in the illicit manufacture of heroin. The Board urges the Government of Afghanistan to strengthen precursor control in Afghanistan, to increase the interdiction and investigation capacity of the national law enforcement authorities and to report to the Board on any seizures

of chemicals effected on its territory. The Board wishes to remind all Governments, in particular the Governments of Afghanistan and of the countries neighbouring Afghanistan, of the importance of implementing Security Council resolution 1817 (2008) (see the 2008 report of the Board on the implementation of article 12 of the 1988 Convention).

232. The Board notes with concern that excessive and easy availability of illicit drugs in Afghanistan has contributed to an increase in drug abuse in the country. A drug abuse survey in Afghanistan conducted by UNODC in 2005 indicated growing problems involving the abuse of opiates and cannabis, as well as significant abuse of pharmaceutical preparations. To address those problems, the Government adopted in 2008 an action plan on demand reduction covering the period 2008-2012. The Board welcomes that development and urges the Government to take the steps necessary to ensure its implementation. The Board urges the Government to ensure that adequate measures are taken to address drug abuse among particularly vulnerable groups in the country, including women.

233. As pointed out by the Board in its annual reports, drug-related corruption in Afghanistan is a widespread and deep-seated problem that has seriously impeded the Government's efforts to address other drug-related problems. The Board notes with concern that corrupt officials allow drug traffickers to continue to operate with impunity, while officials attempting to address the situation are often subjected to harassment, violence or death threats. The Board wishes to reiterate that success in addressing drug-related corruption requires strong political will and firm action by the Government and that clear, measureable results are needed in this area. The Board urges the Government to take effective measures against corrupt officials at any level of government who are involved in illicit drug activities and to make public the outcome of any such measures.

234. Afghanistan is a party to the three international drug control treaties. However, despite the serious drug control problems in the country, it remains one of the very few countries that has yet to become party to the 1972 Protocol amending the 1961 Convention. The Board calls on the Government of Afghanistan to accede to that legal instrument as a matter of priority.

F. Special topics

1. Follow-up to the twentieth special session of the General Assembly

Preparations for the high-level segment of the fifty-second session of the Commission on Narcotic Drugs

235. As part of the follow-up to the twentieth special session of the General Assembly, the Board conducted in 2007 an evaluation of the worldwide implementation of the international drug control treaties, based on information submitted by Governments through a questionnaire. Consequently, a report on the findings of the evaluation was submitted to the Commission on Narcotic Drugs at its fifty-first session, in March 2008, for consideration by Governments.

236. A report on the follow-up to the Twentieth Special Session has been published by the Board.⁶³ The report outlines the activities undertaken by the Board and progress made in following up the twentieth special session of the General Assembly. The report also identifies the significant challenges that remain and presents the Board's recommendations on further action to be taken by Governments and relevant international organizations in the area of drug control.

237. Furthermore, pursuant to Commission on Narcotic Drugs resolution 51/4, the Board has been actively involved in the preparations for the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, related to the follow-up to the twentieth special session of the General Assembly. The Board participated in and contributed substantively to the five open-ended intergovernmental expert working groups. In particular, the Board provided the expert working groups with papers on five topics: (a) drug demand reduction; (b) supply reduction; (c) countering money-laundering and promoting judicial cooperation; (d) international cooperation on the eradication of illicit drug crops and on alternative development; and (e) control of precursors and of amphetamine-type stimulants.

⁶³ *Report of the International Narcotics Control Board on Follow-up to the Twentieth Special Session of the General Assembly* (United Nations publication, Sales No. E.09.XI.7).

238. The papers provided to the working groups reflect the views of the Board on the different topics under discussion, outlining progress made and challenges in those areas, as well as recommendations of the Board. The Board notes that its views have been reflected in the deliberations of the working groups and in the final outcome of the process of reviewing the follow-up to the twentieth special session of the General Assembly.

239. The Board wishes to underline that the goals set for 2008 by the General Assembly at its twentieth special session continue to be as relevant and as important as they were in 1998 and that new challenges to international drug control have emerged. The Board calls upon Governments and the entire international community to continue their efforts to achieve further progress in addressing the world drug problem. The Board will continue to work closely with Governments and relevant international organizations towards the adoption at the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, to be held in March 2009, of a political declaration and action plans for future action.

Important role of civil society in drug control

240. The Board takes note of the declarations and resolutions adopted at “Beyond 2008”, a forum of non-governmental organizations held in Vienna from 7 to 9 July 2008. The Board has always believed that, with their knowledge and experience, members of civil society, including non-governmental organizations, play an important role in international drug control. In this regard, the Board may use relevant information in its assessment of the drug control situation in various countries and of Governments’ compliance with the international drug control treaties.

The first World Forum against Drugs

241. The first World Forum against Drugs was held in Stockholm from 8 to 10 September 2008. The main theme of the Forum was 100 years of drug prevention. More than 600 participants representing 82 countries attended the Forum. The President of the Board participated in the Forum. The Forum presented an opportunity to bring together researchers and representatives of organizations dealing with illicit drug problems in all parts of the world. The Forum concluded by adopting a resolution against the non-

medical use (abuse) of narcotic drugs. The Forum marked the start of a global network of organizations united in their support of the international drug control treaties.

2. Cocaine trafficking in West Africa

242. In recent years, there has been a marked increase in the smuggling of cocaine consignments from South America through West Africa into Europe. Drug traffickers target countries with weak governmental structures that have limited capacity to defend themselves against drug trafficking and its consequences, such as corruption and drug abuse. The Board has serious concerns that drug trafficking will undermine political, economic and social structures in those countries, weakening the control of Governments over their territories and institutions.

243. It is estimated that about 27 per cent (40 tons) of the cocaine abused each year in Europe was smuggled through West Africa. Drugs are smuggled through almost all the countries in West Africa: Cape Verde, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Nigeria, Senegal and Sierra Leone. Governments of countries in the region reported seizures of cocaine totalling about 3 tons in 2006 and over 6 tons in 2007; in previous years, the total quantity seized was significantly lower.

244. The increase in seizures is a welcome development, indicating that there is a growing awareness among law enforcement authorities in those countries about cocaine trafficking and that the political will to address the problem exists. However, cocaine seizures in West Africa are often haphazard, and law enforcement and judicial capacity to investigate and prosecute drug traffickers is inadequate in many countries in West Africa. Many countries also have serious problems involving corruption, making them prime targets for drug trafficking organizations.

245. As cocaine trafficking has increased, the abuse of the drug has also increased in West Africa, although the level still remains low compared with that of other regions. The rise in cocaine abuse is a matter of serious concern, particularly in view of the fact that, in many of those countries, law enforcement and judicial capacity is inadequate, and demand reduction programmes have yet to be developed.

246. Increased cocaine trafficking through West Africa will have a significant impact on the drug control situation not only at the national level, but also at the regional and international levels. The situation needs to be urgently addressed by the Governments concerned, as well as by the international community.

247. The Board notes that the international community has responded actively to the surge in cocaine trafficking in West Africa. Following a call by the Security Council for the leaders of Guinea-Bissau to take action against drug trafficking, the international community committed funds to support drug control efforts in that country. The Board calls upon the international community, particularly the United Nations, to provide Governments of countries in West Africa with all the assistance necessary to address the problem (see paragraphs 298 to 300 below).

3. Distribution of internationally controlled substances in the unregulated market

248. The Board welcomes the adoption of Commission on Narcotic Drugs resolution 51/13, in which the Commission requested Member States and the international community to take appropriate measures to deal with the continuing problem of distribution of internationally controlled substances in unregulated markets. The Board shares the concern of the Commission over the fact that the distribution of those substances in the unregulated market is increasingly characterized by the involvement of organized criminal networks and by the expansion of the range of products containing narcotic drugs or psychotropic substances on the market. The consumption of medicaments containing internationally controlled substances found in unregulated markets, regardless of whether they have been diverted from legitimate channels or are counterfeit drugs, has exposed patients to serious health risks, including dependence, and can sometimes have lethal consequences.

249. In its report for 2006, the Board drew the attention of Governments to the widespread practice of selling internationally controlled drugs in the unregulated market and recommended measures to be taken by all affected Governments to counter that problem. In particular, the Board emphasized the need for all the parties concerned to strictly enforce the applicable control requirements and the need for Member States to enforce existing legislation.

Governments must further ensure that narcotic drugs and psychotropic substances are not illegally manufactured, imported or exported and are not diverted to the unregulated market. Furthermore, Governments should conduct inspections of manufacturers, exporters, importers and distributors and assess their requirements of narcotic drugs and psychotropic substances in a systematic manner to ensure sufficient supplies to meet legitimate demand.⁶⁴ The Board appreciates that the Commission on Narcotic Drugs, in its resolution 51/13, requested Member States to give consideration to implementing the recommendations of the Board to address the problem of the unregulated market. The Board appeals to all Governments to take all steps necessary to implement the international drug control regime, including the related resolutions of the Economic and Social Council⁶⁵ and measures recommended by the Commission⁶⁶.

250. The Board believes that the elimination of the unregulated market must be done through a concerted effort involving Governments and relevant parties such as the pharmaceutical industry, professional associations and international organizations. The Board welcomes the forty-first report of the WHO Expert Committee on Specifications for Pharmaceutical Preparations,⁶⁷ published in 2007, which provides guidance to Governments in combating problems of counterfeit and substandard medicines. The Board appreciates the measures taken by the International Medical Products Anti-Counterfeiting Taskforce (IMPACT) of WHO with a view to preventing the trade in and distribution of counterfeit products or medicaments of poor quality.

251. The Board notes that, in response to the recommendations made in its report for 2006⁶⁸ and pursuant to Commission on Narcotic Drugs resolution 51/13, UNODC, in cooperation with WHO, is exploring ways to provide technical assistance to

⁶⁴ *Report of the International Narcotics Control Board for 2006 ...*, para. 38.

⁶⁵ In particular, Council resolutions 1991/44 and 1996/30.

⁶⁶ In particular, Commission resolutions 48/5 and 50/11.

⁶⁷ *WHO Expert Committee on Specifications for Pharmaceutical Preparations: Forty-first Report*, WHO Technical Report Series, No. 943 (Geneva, World Health Organization, 2007).

⁶⁸ *Report of the International Narcotics Control Board for 2006 ...*, para. 39.

Member States that require such support in order to be able to deal more effectively with problems associated with the unregulated market.

4. Guidelines for Governments on preventing the illegal sale of internationally controlled substances through the Internet

252. The illegal sale and purchase through the Internet of pharmaceutical preparations containing internationally controlled substances have been a matter of concern to the Board for a number of years. The Board has drawn the attention of Governments to developments in that area and has called upon Governments to pay adequate attention to the detection and investigation of such illegal transactions, to implement legislative and regulatory provisions to counteract those transactions and to raise the awareness of customers of Internet pharmacies about the potential health risks involved. The Board has repeatedly called on Governments to fully cooperate with one another in investigative efforts and to increase the awareness of law enforcement, regulatory and drug control authorities about the need to counter the illegal selling of internationally controlled substances by Internet pharmacies.

253. The Board has over the years collected from national authorities information on their experience in addressing the problem of the illegal sale of pharmaceuticals through the Internet and on the measures taken to counteract such transactions. The information received from Governments indicates that most countries do not have sufficient legislation, administrative regulations and cooperative mechanisms to counter those activities. The Board therefore decided to develop guidelines on matters related to Internet pharmacies for use by competent national authorities.

254. The Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet have been developed by the Board with the help of national experts, experts from relevant international organizations (such as UNODC, Universal Postal Union (UPU), International Criminal Police Organization (INTERPOL), World Customs Organization), Internet service providers, financial services and pharmaceutical associations. The Guidelines, which are sent to all Governments and are available on the Board's website (www.incb.org), are intended to provide assistance to Governments 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, exporting and/or importing internationally controlled substances.

255. The Guidelines include recommendations for action to be taken at international and national levels and are divided into three parts: legislative and regulatory provisions; general measures; and national and international cooperation. The Guidelines are intended to help each Government to identify the control measures most appropriate for its country. Some of the recommendations, particularly those relating to the provisions of the international drug control treaties, should be implemented in all countries. To ensure concerted international action, basic requirements for information exchange and cooperation should also be implemented in all countries.

256. The Board invites all Governments to use the Guidelines and to inform the Board of their experience in implementing the Guidelines. The Board hopes that the Guidelines will serve as a starting point for successful international cooperation and, in the long term, will lead to an international agreement in that area.

257. The Commission on Narcotic Drugs and the Economic and Social Council share the Board's concern regarding the illegal sale of internationally controlled substances through the Internet. 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 enable the Board to fully assess trends relevant to that issue. In the same resolution, the Commission 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 internationally controlled licit substances.

258. The Board has developed a format to be used by countries to report in a standardized manner on seizures of narcotic drugs and psychotropic substances illegally sold through the Internet and delivered through the mail. The format will be brought to the attention of Governments in early 2009. The Board

invites all Governments to use the format in reporting the relevant information to the Board. The Board also invites Governments to continue to inform the Board of national legislation related to the sale of internationally controlled substances through the Internet, national cooperative mechanisms and practical experience in the control of such sales, as well as details of national focal points for activities related to illegal Internet pharmacies.

5. Smuggling of drugs by courier services

259. In the past two years, the Board has collected information from Governments on the misuse of courier services by drug traffickers. The information received shows that the misuse of courier services for drug trafficking has occurred in all regions. Drug traffickers have realized that using courier services is a relatively secure method of illegal drug transportation. Some Governments have identified the use of courier services as a major *modus operandi* for drug smuggling.

260. The actual extent of the problem may not be known in all countries, as several Governments have indicated that they are not in a position to determine its extent. However, in countries where law enforcement has been sensitized to the problem of smuggling drugs through courier services, a significant number of such incidents have been detected.

261. The drugs smuggled through courier services include illicitly manufactured drugs, as well as pharmaceutical preparations containing narcotic drugs and psychotropic substances that have been diverted from licit distribution channels. The most commonly smuggled drugs are heroin, cocaine, cannabis, MDMA (commonly known as “ecstasy”), lysergic acid diethylamide (LSD) and amphetamines. Smuggled pharmaceutical preparations include psychotropic substances such as benzodiazepines and narcotic drugs such as codeine. Although relatively small amounts of drugs are smuggled in individual letters or parcels, they add up to significant quantities, which reflects the importance attached by drug trafficking organizations to that smuggling method.

262. It was reported that the use of courier services for drug smuggling was increasing because, with courier services: (a) drugs could be concealed with ease; (b) it was possible to send small quantities of drugs frequently; (c) the operational costs were low; (d) it

was possible to send consignments from one location to various destinations; and (e) it was difficult to verify whether information provided by the sender was valid.

263. Most Governments that have recorded drug smuggling incidents involving the use of courier services are of the opinion that, though the illicit activity is carried out without the complicity of the courier company, it constitutes misuse of the company services, sometimes with the involvement of an individual company employee. In such cases, the safety and control provisions of courier companies have been found to be insufficient. No courier services, including the larger courier services, are secure from drug smuggling attempts. However, reports from some countries indicate that small courier companies are more frequently targeted than large ones, since large ones routinely require details about shipments and utilize a tracking system, which facilitates monitoring of the movement of the shipment from the sender to the consignee.

264. The Board notes that in many countries there is no need to introduce specific control measures for courier services. Existing postal control measures and regulations, if fully applied to courier services, are sufficient to counter the smuggling of narcotic drugs and psychotropic substances. The Board encourages all Governments that have not yet done so to establish legislative and administrative measures ensuring adequate safeguards against the misuse of postal and courier services for the purpose of drug trafficking. Governments are invited to take similar measures against the shipment of cannabis seeds and drug paraphernalia such as equipment specifically intended for the illicit cultivation and abuse of cannabis.

265. The import and export of internationally controlled substances by courier services are subject to all control provisions required for international trade in such substances, including the issuance of authorizations or permits. It should be routine procedure for a sender to be required to have a copy of the authorization ready for inspection and for courier services to request the sender to present the authorization when sending a letter or parcel. Courier services should also ensure that shipment delivery agreements include information about prohibited and controlled substances.

266. Legislative provisions and administrative regulations with respect to security measures for the

transport of controlled substances are crucial to limiting the risk of theft or loss. Some Governments have issued special regulations for the transport of narcotic drugs and psychotropic substances. Courier services should comply with those regulations.

267. The Board notes that in most countries courier services are responsible for checking parcels and alerting the authorities of suspicious transactions. Before accepting consignments, the details of the sender and the recipient should be obtained and recorded. Those details should be verified against reliable identity documents and should accompany the parcel. All parcels for which proper identification is not possible should be opened and examined. If a courier company employee picks up a parcel from a given address, the address should be kept on record.

268. The Board recognizes the importance of providing adequate training for employees of postal and courier services. Special training and regular information exchange, including alerts, should be used to sensitize the employees of those services to the risks of drug smuggling. Such training needs to be provided regularly to inform the employees about new attempts to use postal and courier services for drug smuggling. It may be useful to provide employees of courier services with guidelines on identifying suspicious shipments.

269. Governments should strengthen institutions responsible for the control of postal and courier services and establish channels for the exchange of information between regulatory authorities, law enforcement authorities, the judiciary, postal administration and courier services to enable the rapid investigation of drug trafficking cases. Regular meetings between law enforcement authorities and postal and courier services could be used to provide information on current trends in drug trafficking, modus operandi of drug trafficking syndicates and concealment methods, such as common types of packaging.

270. Appropriate checking techniques such as random checks, as well as checks after profiling (based on risk indicators and intelligence), have proved to be useful in preventing drug smuggling. Information made available prior to the arrival of international shipments by courier services facilitate the identification and speed up the selection of suspicious consignments for inspection by the customs.

271. Governments should cooperate in preventing the misuse of courier services for drug smuggling. The technique of controlled delivery was reported by several Governments as being the most effective way to counter the smuggling of drugs through courier services. Controlled delivery allows authorities to identify the smuggling method and the recipient of the contraband and to collect evidence essential to dismantling the criminal organization involved in the smuggling. The Board encourages all Governments concerned to use the technique of controlled delivery when appropriate and to cooperate with other Governments in that regard.

272. The Board encourages regional and international cooperative efforts to counteract the misuse of courier services for drug smuggling. In this respect, the Board notes that the Tripoli Action Plan adopted at the Arab Regional Symposium on Counteracting Drug Trafficking and Money-Laundering using the Mail, organized with the help of UNODC in November 2007 (see paragraph 303 below), which includes specific measures on cooperation and information-sharing.

273. Governments should observe existing international agreements and use them to further cooperation against the misuse of courier services for drug smuggling. The Universal Postal Convention regulates the international shipments of mail by state postal services. The Board encourages Governments to apply the provisions of that Convention to private courier services and amend their national legislation accordingly. The Board invites UPU to extend the relevant provisions of the Convention applicable to state postal services so that they are also applicable to private courier services.

274. The Board requests all Governments to increase their vigilance with regard to cases involving the misuse of courier services for drug smuggling and to adopt measures to effectively counter that illicit activity. The Board invites all Governments concerned to continue to provide the Board with pertinent information on that subject.

6. Abuse of cough syrups containing narcotic drugs

275. There is evidence that cough syrups containing narcotic drugs, such as codeine, dihydrocodeine, ethylmorphine, hydrocodone and pholcodine, have been diverted and abused in some countries. However,

data on the extent of the diversion and abuse of such cough syrups have been limited. Therefore, the Board sent a questionnaire in 2008 to the Governments of about 50 countries in all regions to obtain information on the diversion and abuse of cough syrups containing narcotic drugs, including details on the main cough syrups abused, the extent of their abuse and the supply sources for abusers, as well as the measures taken by Governments to counter such diversion and abuse. In addition, information was obtained from reports by Governments and relevant international organizations to complement the data obtained through the questionnaire.

276. The abuse of cough syrups containing narcotic drugs was reported by several Governments. While the extent of abuse of cough syrups is limited in most countries, in some countries it represents a significant problem. According to a survey conducted in Bangladesh, 4.3 per cent of patients seeking drug addiction treatment in 2007 indicated cough syrups containing codeine as their primary drug of abuse. In the Islamic Republic of Iran, according to a Government estimate, about 100,000 persons abuse cough syrups containing codeine, frequently in combination with benzodiazepines. In the United States, the abuse of cough syrups containing narcotic drugs is reported as common in some states such as Texas, where law enforcement authorities identified cough syrups containing hydrocodone and codeine as the most commonly abused pharmaceutical drugs in 2006.

277. Cough syrups are mainly abused by teenagers and young adults. Abusers of cough syrups are often polydrug users. In most countries, drug abusers obtain cough syrups containing narcotic drugs, in particular codeine, through purchases in pharmacies and other licit distribution outlets, since a prescription is not required by law for some of those preparations. In countries where a prescription is required, abusers obtain cough syrups through illegal purchases from pharmacies without a prescription or purchases in the illicit market. Illicit markets are supplied by cough syrups diverted from licit distribution channels, in particular through illegal purchases from wholesalers and through theft from wholesalers, pharmacies and hospitals.

278. Cough syrups are diverted in some countries for subsequent smuggling into other countries. For

example, cough syrups containing codeine are smuggled out of India and into Bangladesh, Nepal and Thailand. The Board calls on the Governments concerned to take measures against the diversion and smuggling of cough syrups.

279. Several Governments have reported on certain measures that proved effective in preventing the diversion and abuse of cough syrups in their countries. The measures included introducing stricter control and supervision of the channels of distribution of cough syrups and programmes for drug abuse prevention among youth to increase awareness of the risks associated with inappropriate use of cough syrups.

280. Cough syrups containing narcotic drugs are an effective medication for many patients and are important in medical practice and health care. However, the Board calls on all Governments to be on the alert for problems involving the abuse of cough syrups and to adopt, if necessary, measures to effectively prevent the diversion and abuse of cough syrups.

7. Ketamine

281. 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.⁶⁹ Ketamine is abused in a number of countries, particularly in the Americas, East and South-East Asia, South Asia and Oceania.

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

⁶⁹ *Report of the International Narcotics Control Board for 2004* (United Nations publication, Sales No. E.05.XI.3), para. 390; *Report of the International Narcotics Control Board for 2005 ...*, paras. 385, 431, 471 and 641; *Report of the International Narcotics Control Board for 2006 ...*, paras. 199-204 and 457-458; and *Report of the International Narcotics Control Board for 2007 ...*, paras. 222-225.

283. In order to enable Governments to take appropriate measures against the diversion and abuse of ketamine, the Commission on Narcotic Drugs, in March 2006, adopted resolution 49/6, in which it called upon Member States to consider controlling the use of ketamine by placing it on the list of substances controlled under their national legislation, where the domestic situation so required. In March 2007, the Commission adopted resolution 50/3, in which it 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.

284. The Board, in view of the fact that the abuse of and trafficking in ketamine had been occurring in a large number of countries for many years, welcomed the adoption by the Commission on Narcotic Drugs of its resolutions 49/6⁷⁰ and 50/3⁷¹ and called on all Governments to implement them without delay. In addition, the Board decided to request all Governments to provide it with information on the specific legal or administrative measures adopted pursuant to Commission resolution 49/6, including information on measures to control ketamine and on ketamine imports, exports, seizures, abuse and trafficking. In line with that decision, a questionnaire was sent to all Governments in August 2008.

285. As at 1 November 2008, the Board had received the requested information from 63 countries and 4 territories, of which 34 reported that ketamine had already been placed on the list of substances controlled under national legislation, pursuant to Commission on Narcotic Drugs resolution 49/6, and 32 countries reported that legal provisions or administrative measures had been adopted to implement that resolution. Of the countries and territories that had not yet placed ketamine under control, 9 reported that their domestic situation would require doing so, mainly because of the extent of abuse of the substance.

286. With regard to the control of licit international trade in ketamine, 35 of the countries responding to the questionnaire had introduced the requirement of import and export authorization for imports and exports of

ketamine, and one country was in the process of doing so; two other countries had introduced the requirement of import authorizations only. The vast majority (78 per cent) of the responding countries and territories were in a position to provide precise information on total manufacture, imports and exports of ketamine per year.

287. Twenty-one countries and territories provided details on the abuse of and illicit trafficking in ketamine, including information on seizures of ketamine. While most reported many seizures involving small quantities of ketamine, some reported having seized large quantities of the substance. Australia reported having seized the largest quantity of ketamine (15.2 tons during the period 2007-2008). The other countries were China (1 ton in 2006), followed by Germany, Malaysia, Philippines and Thailand.

288. In line with its past practice of conveying all relevant information on ketamine trafficking and abuse to WHO, the Board has communicated the above-mentioned information to WHO for use in its critical review of ketamine in 2009. The Board again requests all Governments to continue to provide it and WHO with all information available on the abuse of ketamine in their countries in order to assist the WHO Expert Committee on Drug Dependence in its efforts to assess ketamine for possible inclusion in one of the schedules of the international drug control conventions.

289. In order to facilitate the verification, by Governments, of the legitimacy of imports and exports of ketamine, the Board is publishing information on measures introduced by Governments for the control of ketamine, notably information on the national requirements already in place in individual countries for import and export authorizations for ketamine. The Board requests all Governments that have not yet done so to furnish it with updated information on their national regulatory control measures for ketamine. The Board encourages all Governments to consult that information before authorizing imports or exports of ketamine.

⁷⁰ *Report of the International Narcotics Control Board for 2006 ...*, para. 203.

⁷¹ *Report of the International Narcotics Control Board for 2007 ...*, para. 222.

III. Analysis of the world situation

A. Africa

1. Major developments

290. Cocaine consignments destined mainly for illicit markets in Europe are increasingly being smuggled through Africa. An increasing number of cocaine seizures have been effected on the high seas of the Gulf of Guinea and on the African mainland, which indicates that West Africa has become one of the world's major hubs for smuggling cocaine from South America into Europe. Reports point to increasing levels of abuse of cocaine in some countries affected by such trafficking. Reports also indicate the spread of cocaine trafficking through landlocked countries in the Sahel area. The Board is seriously concerned about those developments and welcomes the Security Council's interest in the problem, which poses a serious threat to stability and development in that subregion, in particular in countries emerging from conflict and civil strife.

291. Cannabis production, trafficking and abuse continue to represent major challenges in Africa. Cannabis is the main drug of abuse in Africa: it is estimated that the substance is abused by over 42 million people in the region. Cannabis is illicitly cultivated and is then smuggled within Africa and beyond, mainly into Europe and North America. Africa accounts for an estimated 26 per cent of global cannabis production. While cannabis herb is illicitly produced in countries throughout Africa, Morocco has remained one of the world's largest producers of cannabis resin.

292. East Africa is the major conduit for smuggling heroin from South-West Asia into Africa, mainly through the major airports of Addis Ababa and Nairobi. From East Africa, the heroin is smuggled into Europe and North America, either directly or indirectly through countries in West Africa (especially Côte d'Ivoire, Ghana and Nigeria) and, to a lesser extent, through countries in North Africa. The abuse of heroin has become a matter of concern in some East and Southern African countries, in particular Kenya, Mauritius, South Africa and Zambia.

293. Illicitly manufactured pharmaceutical preparations or prescription drugs containing narcotic

drugs and psychotropic substances that had been diverted from licit distribution channels continue to be available on the unregulated markets in many countries in Africa. The situation remains unresolved because of the inadequate legislative frameworks, ineffective administrative mechanisms and insufficient resources for the proper enforcement of controls such as licensing and the inspection of distribution channels.

294. In recent years, Africa has emerged as a major area targeted for the diversion of ephedrine and pseudoephedrine to be used in the illicit manufacture of methamphetamine in the Americas and elsewhere. During 2008, numerous suspicious shipments of those precursors were stopped en route to Africa and almost 30 tons of ephedrine and pseudoephedrine were prevented from being diverted to or through Africa.

2. Regional cooperation

295. Drug control issues continue to remain high on the agenda of the African Union. In December 2007, the Ministerial Conference of the African Union endorsed the Revised African Union Plan of Action on Drug Control and Crime Prevention (2007-2012), which was subsequently adopted at the meeting of the Heads of State of the African Union held in Addis Ababa from 30 January to 2 February 2008. A number of priority areas were identified in the Revised Plan of Action, including enhanced and effective policy formulation, coordination and collaboration in drug control to address drug trafficking, organized crime and corruption at the regional, subregional and national levels; institutional capacity-building for law enforcement, criminal justice and forensic service systems on drug control and crime prevention; mainstreaming drug and crime concerns into development strategies; and capacity-building and human resource development for the prevention of drug abuse and the treatment and rehabilitation of drug abusers. The Board encourages the Governments of African countries to take all the steps necessary to ensure the successful implementation of the Revised Plan of Action.

296. The Board notes that the threats posed by the rapidly increasing transit traffic in drugs through some countries in West Africa are becoming a matter of concern to the international community. In June 2008,

the Security Council voiced concern at the major threat posed by drug trafficking and organized crime to the consolidation of peace in Guinea-Bissau and warned of the danger that the illicit drug trade posed for a country struggling to make political and economic progress. The Board welcomes the call by the Council to the international community to continue to provide assistance to Guinea-Bissau. The Board urges all Governments to extend their support to that country to enable it to meet its obligations under the international drug control treaties (see also paragraph 247 above).

297. Within the framework of the Economic Community of West African States (ECOWAS), the Governments of West African countries are involved in joint efforts to combat the rapidly increasing transit traffic in drugs, in particular cocaine from Latin America passing through West Africa to Europe. During the seventeenth session of the Commission on Crime Prevention and Criminal Justice, held in April 2008, a special informal meeting of the ministers of justice, the interior and security of Burkina Faso, Cape Verde, Chad, Ghana, Guinea, Mali, Mauritania, the Niger, Senegal and Togo, as well as representatives of Côte d'Ivoire and Nigeria, was held to pave the way for a high-level conference on cocaine trafficking through West Africa that would develop a concerted approach to improving the responses of national security sectors to the new threats of drug trafficking by transnational organized criminal groups (see also paragraph 247 above).

298. That high-level conference, the ECOWAS Conference on Drug Trafficking as a Security Threat to West Africa, was convened jointly by ECOWAS, UNODC and the United Nations Office for West Africa in Praia in October 2008. Participants included the ministers of justice and the ministers of the interior of the 15 member States of ECOWAS, and representatives of major international development partners and of major Latin American partners in the drug control effort, such as Austria, Brazil, France, Italy, Luxembourg, Portugal, Spain, Switzerland, the United Kingdom, the United States and Venezuela (Bolivarian Republic of). Important international entities participated as well, including the Department of Peacekeeping Operations of the Secretariat and other United Nations entities, the African Union, the European Commission, the European Police Office (Europol), INTERPOL and the World Customs Organization. The Conference adopted two documents

to be endorsed by Heads of States in December 2008, namely, a political declaration on the prevention of drug abuse, drug trafficking and organized crime in West Africa and a regional action plan listing regional initiatives to be undertaken by the ECOWAS Commission with the aim of complementing national drug control plans, strategies and programmes of action, including specific commitments for assistance by external partners.

299. The Eighteenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was hosted by the Government of Côte d'Ivoire in Yamoussoukro in September 2008. The Meeting was attended by representatives of national drug law enforcement agencies from 25 African countries, as well as by 10 observers. The participants examined the current situation with respect to regional and subregional cooperation in countering drug trafficking and developed strategies to address trafficking in cannabis, amphetamine-type stimulants and precursor chemicals in Africa.

300. To assist the Governments of countries in West Africa in their efforts to combat the smuggling of drugs through their territory, UNODC in 2007 launched a two-year programme on law enforcement and intelligence cooperation against cocaine trafficking between West Africa and Latin America and the Caribbean. The programme, which is financed by the European Commission, aims at enhancing the exchange of information and intelligence between law enforcement agencies in the two areas by providing an electronic communications platform, training and mentoring on the collection, collation and analysis of intelligence. The countries participating in the programme are: in West Africa, Cape Verde, the Gambia, Ghana, Guinea-Bissau, Senegal and Togo; and, in Latin America and the Caribbean, Bolivia, Brazil, Colombia, the Dominican Republic, Ecuador, Jamaica, Peru and Venezuela (Bolivarian Republic of).

301. An expert round-table meeting for East Africa was organized in Nairobi in September 2008 in the framework of the Paris Pact Initiative, a UNODC-led international partnership to counter traffic in and abuse of Afghan opiates. The meeting brought together senior experts on drug law enforcement and drug demand reduction from East Africa and neighbouring countries, as well as from Paris Pact partners in the subregion. The objective of the meeting was to assess the drug

abuse situation in East Africa, with particular emphasis on the abuse of opiates, to identify good practices, current challenges, priority actions and targets in the field of drug demand reduction and to develop appropriate measures at the national and regional levels to counter the smuggling of Afghan opiates into and through East Africa.

302. Cooperation in drug control matters among countries in the subregion of Southern Africa is organized in the framework of the Southern African Development Community (SADC) and the Southern African Regional Police Chiefs Cooperation Organization (SARPCCO). In April 2008, the Government of Malawi hosted a regional SADC workshop on drug trafficking and the cultivation, production and eradication of cannabis plants. The workshop, attended by senior officials of the drug control police from Botswana, Lesotho, Malawi, Mauritius, Namibia, South Africa, Swaziland, Zambia and Zimbabwe, as well as by representatives of INTERPOL, agreed on an operational strategy on drug interdiction in the subregion, cross-border operations and new initiatives to prevent the diversion of precursor chemicals. Also, SARPCCO heads of forensic science institutions held a meeting in Livingstone, Zambia, in April 2008 to improve technical cooperation activities in the subregion and to develop a subregional network of forensic laboratories. In August 2008, the thirteenth annual general meeting of SARPCCO was held in Windhoek. The meeting, which was hosted by the Government of Namibia, adopted measures for building the capacity of police and forensic services in Southern Africa and joint cross-border initiatives against transnational crime.

303. The Board notes that a number of African States have undertaken additional initiatives against drug trafficking and money-laundering. In November 2007, the Arab Regional Symposium on Countering Drug Trafficking and Money-Laundering using the Mail, held in Tripoli, adopted the Tripoli Action Plan on Countering Drug Trafficking and Money-Laundering using the Mail. The Action Plan foresees measures to combat drug trafficking and money-laundering through the international mail, such as cooperation and information-sharing, developing human resources, awareness-raising and the role of the media in combating drug trafficking through the mail. The symposium was attended by representatives of the League of Arab States, UPU, INTERPOL and UNODC,

as well as by representatives of entities in the private sector dealing with mail services (see also paragraph 272 above).

304. In April 2008, a subregional seminar on combating money-laundering and the financing of terrorism was held for member States of the Central African Economic and Monetary Community and the Economic Community of Central African States in Gabon. About 30 officials from Burundi, Cameroon, the Central African Republic, Chad, the Congo, the Democratic Republic of the Congo, Gabon and Sao Tome and Principe attended the seminar. The participants adopted recommendations on strengthening the legal and institutional frameworks against money-laundering and the financing of terrorism, on asset forfeiture mechanisms and on inter-agency and international cooperation.

305. In August 2008, at the eighth meeting of the Council of Ministers of the Eastern and Southern Africa Anti-Money Laundering Group,⁷² held in Mombasa, Kenya, the second three-year strategic plan, covering the period April 2009-March 2012, was adopted. The plan sets out nine strategic objectives to combat money-laundering and financing of terrorism, including policy formulation, regional cooperation, capacity-building, training, awareness-raising and advisory services to member States.

3. National legislation, policy and action

306. In response to the urgent problems confronting the Government of Guinea-Bissau in combating cocaine trafficking through its territory, UNODC and the Ministry of Justice of Guinea-Bissau have prepared an integrated multidisciplinary programme aimed at combating drug trafficking and organized crime in that country (see also paragraph 247 above). The programme, which began in April 2008, will support the Government of Guinea-Bissau in its efforts to reform its security sector, to stabilize the peace process and protect the social development of the country, with activities in the fields of law enforcement

⁷² The Eastern and Southern Africa Anti-Money Laundering Group is a Financial Action Task Force (FATF)-style regional body for East and Southern Africa established in 1999. Current members are Botswana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe.

capacity-building, institutional reform and nationwide training. The programme will allow a more effective response to recommendations made by the Security Council on Guinea-Bissau. Similar programmes are planned by UNODC for other countries in the subregion, including Liberia, Mali, Mauritania, the Niger and Sierra Leone.

307. A new law adopted by the parliament of Senegal in December 2007 provides for a significantly increased penalty for drug trafficking: 10-20 years of hard labour, which is double the previous penalty. Senegal has recently been targeted by massive smuggling of cocaine from Latin America into Europe, as illustrated by two major seizures of cocaine in that country in June 2007. In Nigeria, draft legislation is before parliament that will provide for stricter and more effective penalties for major drug traffickers. Furthermore, updated drug control legislation is being drafted in Sierra Leone, with the assistance of UNODC.

308. The Government of Ghana has taken a number of legislative and administrative measures to address the increase in drug trafficking through its territory. Legislation to control maritime activities are being updated, a national drug control strategy for the period 2008-2010 has been developed and the Narcotics Control Board of Ghana has been restructured and provided with additional resources. With technical cooperation from the Government of the United Kingdom, security at the international airport at Accra has been strengthened. The Joint Port Control Unit, comprising police and customs and established in Ghana in 2007 under the UNODC-World Customs Organization Global Container Project, continues to operate at the port of Tema.

309. The Government of Ethiopia has taken steps to address drug trafficking through the international airport at Addis Ababa. With technical cooperation from UNODC, a joint airport control team was established at the airport in 2007. The strategic geographical location of Ethiopia in the Horn of Africa and the extensive flight routes of Ethiopian airlines have made the airport at Addis Ababa one of the major hubs for drug trafficking in Africa, especially for smuggling heroin from Asia into West Africa and Europe.

310. The National Drug Law Enforcement Agency of Nigeria has strengthened its control measures at

several airports, including those at Lagos and Kano, which provide direct international flights to European and West Asian countries. The Agency has also introduced a visa clearance programme to curb drug trafficking by Nigerian nationals abroad. That programme, voluntarily supported by Governments with embassies in Nigeria, makes it an additional requirement for visa applicants to obtain a certificate of drug trafficking reporting clearance from the Agency.

311. The Board notes the efforts of the National Agency for Food and Drug Administration and Control (NAFDAC) of Nigeria in combating counterfeit drugs in that country. In recent years, NAFDAC has strengthened the regulatory framework, improved the drug registration processes and closed down many companies importing counterfeit medicines destined for unregulated markets in Nigeria and beyond. In May 2008, NAFDAC seized a 20-foot container containing counterfeit pharmaceutical products on a vessel in Lagos. Since 2005, NAFDAC has been spearheading the work of the West African Drug Regulatory Agencies Network, a platform for interacting and exchanging strategies against counterfeit medicines.

312. In April 2008, the Government of South Africa strengthened its precursor control legislation by including ephedrine and pseudoephedrine in its Medicines and Related Substances Act of 1965. The South African parliament is currently considering new legislation on the prevention and treatment of drug abuse. The Prevention of and Treatment for Substance Abuse Bill, which replaces the Prevention and Treatment of Drug Dependency Act of 1992, will regulate the establishment, registration and management of treatment centres, inpatient and outpatient services and community-based services and will define the mandate of the Central Drug Authority, whose responsibility it is to monitor and oversee the implementation of the national drug control master plan.

313. The Board is concerned about the alarming increase in Côte d'Ivoire in the number of facilities, locally dubbed *fumoirs*, where drugs obtained from illicit sources are abused. The Board acknowledges the efforts of the Ivorian law enforcement authorities, which led to the successful dismantling of 29 such facilities during 2007 and the seizure of substantial

quantities of cannabis, heroin, cocaine and psychotropic substances from those facilities, and encourages the Government of Côte d'Ivoire to continue to accord priority to combating drug abuse in its country.

314. The Board is pleased to note that a major awareness-raising campaign against drug abuse among youth was conducted jointly by UNODC, the police of United Arab Emirates and Right Start International Foundation in a number of countries and areas in North Africa and West Asia⁷³ during March and April 2008. The campaign was organized in schools, universities, youth clubs and public places popular among youth. In the course of the five-week campaign, 5,000 events, including concerts, school conferences and programmes on satellite channels, took place. Also, train-the-trainer sessions were conducted for 1,800 volunteers. A total of 7,390 drug abusers registered for treatment and rehabilitation, of whom 1,592 were actually admitted to treatment centres.

315. The Board also notes the efforts made by some Governments of African countries with regard to the treatment and rehabilitation of drug abusers. In Algeria, preparations are under way for the launch, in 2009, of a national network of facilities for providing treatment and aftercare for drug abusers. The facilities will include 15 new detoxification centres, 53 outpatient centres and 185 reception and orientation units for drug addicts. In Kenya, an outreach and treatment programme established in 2005 has provided treatment to over 3,100 patients in Nairobi and Mombasa. Programmes for the treatment of drug dependence are also being run in other countries, such as Seychelles and Uganda. An opiate substitution treatment programme has been operating successfully in Mauritius since 2007.

316. The Board welcomes the steps being taken by a number of Governments of African countries to counter money-laundering. Since November 2007, new legislation to counter money-laundering has been passed in Burundi, Ghana, Lesotho and Rwanda. In 2008, the Government of Namibia adopted regulations for enforcing the country's Financial Intelligence Act of 2007. In the United Republic of Tanzania, a financial intelligence unit has been established under

the Ministry of Finance, and a similar unit is expected to be set up soon in Rwanda. The Government of Kenya has recently submitted to parliament draft legislation to counter money-laundering, and a comprehensive law against money-laundering is being drafted in Ethiopia, for submission to parliament in 2008. The Comoros has become an observer to the Eastern and Southern Africa Anti-Money Laundering Group. The Democratic Republic of the Congo, which enacted legislation against money-laundering in 2004, is now also seeking admission as an observer to the Group.

4. Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

317. Africa remains the world's second largest producer of cannabis herb after the Americas, accounting for 22 per cent (or 8,900 tons) of global cannabis production in 2006.⁷⁴ Cannabis herb is illicitly produced in many countries throughout Africa. The largest producer countries include: in Southern Africa, South Africa, Malawi, Swaziland, Zambia and the Democratic Republic of the Congo, in that order; in West Africa, Nigeria, Ghana, Guinea, Côte d'Ivoire, Benin and Togo; in North Africa, Egypt and Morocco; and, in East Africa, the United Republic of Tanzania. Most of the cannabis herb produced in Africa is abused locally. However, cannabis herb produced in a limited number of African countries, mainly Ghana, Morocco, Nigeria and South Africa, is also smuggled to destinations outside of Africa, notably in Europe and, to a lesser extent, East Asia. In 2006, 1,217 tons of cannabis herb were seized in Africa, as the region accounted for 23 per cent of global cannabis herb seizures in that year. The largest seizures were reported in South Africa (359 tons, or 7 per cent of global seizures), Malawi (272 tons), the United Republic of Tanzania (225 tons), Nigeria (192 tons) and Egypt (101 tons).

318. According to UNODC data,⁷⁵ Morocco remains the world's largest producer of cannabis resin, supplying the illicit markets in Western Europe and

⁷³ Algeria, Egypt, Jordan, Morocco, Qatar, Saudi Arabia, Tunisia, the United Arab Emirates, Yemen and Palestine.

⁷⁴ The year 2006 is the latest year for which aggregate UNODC data on global production, manufacture, trafficking and abuse are available.

⁷⁵ *World Drug Report 2008* (United Nations publication, Sales No. E.08.XI.1), p. 99.

North Africa. In 2005, the available data had suggested a decline in the country's cannabis production, and the extent of cannabis cultivation was reported to have been reduced to 76,400 ha during that year. Those developments were attributed to an intensified campaign by the Government of Morocco to eradicate the illicit cultivation of cannabis plants, which was corroborated by a decline in reported seizures of cannabis resin and cannabis herb. In 2007, however, owing to intensified interdiction efforts by the Government, seizures of both cannabis resin and cannabis herb increased again, with cannabis resin seizures increasing from 89 tons in 2006 to 118 tons in 2007 and cannabis herb seizures increasing from 60 tons in 2006 to 209 tons in 2007. The seizures continued to increase during the first half of 2008, as several multi-ton seizures of cannabis resin and cannabis herb were made by Moroccan authorities. No further survey on the extent of illicit cannabis cultivation has been undertaken in Morocco since 2005. However, accurate data on the actual extent of illicit cannabis cultivation are essential for effective measures to be taken against such cultivation. The Board therefore encourages the Government of Morocco to update the data on the extent of illicit cannabis cultivation on its territory within the framework of its ongoing discussions with UNODC.

319. North Africa accounted for 12 per cent of the 1,025 tons of cannabis resin seized globally in 2006. Most of the cannabis resin from Morocco destined for Europe is trafficked through Spain, as well as France and Italy. In addition, cannabis resin destined to Europe or West Asia passes through Mauritania, Mali, the Niger, the Libyan Arab Jamahiriya and Chad to Egypt. In addition to Morocco, large seizures were reported for 2006 in the Libyan Arab Jamahiriya (14.8 tons), Algeria (10 tons), Senegal (8.4 tons) and Egypt (5.1 tons). It is likely that the growing trafficking in cannabis through North Africa will foster the development of illicit markets in the countries affected by such trafficking.

320. According to UNODC estimates, about 42 million people in Africa abuse cannabis. The annual prevalence rate for cannabis abuse among persons aged 15-64 years in Africa is 8 per cent. The highest annual prevalence rates for cannabis abuse in Africa are found in West and Central Africa (12.6 per cent), where States have reported large increases in such abuse, followed by Southern Africa, where the annual

prevalence rate is 8.4 per cent. In 2006 as in previous years, most of the demand for drug-related treatment in Africa (63 per cent) continued to be associated with cannabis abuse.

321. Although cocaine is not manufactured in Africa, the rapid increase in seizures of cocaine in the region in the past few years, especially in West Africa, shows that Africa is becoming an important transit and stockpiling area for cocaine consignments from Latin America destined for Europe (see paragraphs 242-246 above and 512 below). Prior to 2005, the total amount of cocaine seized in Africa was barely 1 ton. Between 2005 and 2007, however, at least 33 tons of cocaine were seized en route to Europe from West Africa, especially off the coast of the Canary Islands, Cape Verde and Guinea-Bissau, as well as in various countries along the Gulf of Guinea, including Benin, Côte d'Ivoire, Ghana, Nigeria, Togo and, further west, Guinea, Liberia, Mauritania, Senegal and Sierra Leone. According to UNODC estimates, about 27 per cent (or 40 tons) of the cocaine abused annually in Europe has passed through West Africa.

322. Cocaine trafficking through Africa continued unabated in 2008, with significant seizures of cocaine being made in the first 10 months of the year. In Ghana, 399 kg of cocaine were seized in a motor vehicle coming from Guinea. In Sierra Leone, 700 kg of cocaine were seized on an aircraft arriving from the Bolivarian Republic of Venezuela. Furthermore, the French navy seized 2.5 tons of cocaine on board a Liberian fishing vessel off the coast of Liberia in January 2008 and 3 tons of cocaine on a Panamanian vessel en route from Brazil to Algeria in February 2008.

323. Cocaine is mostly transported to West Africa in large quantities on board sea vessels, often concealed in containers. In West Africa, the cocaine is stockpiled, repackaged into smaller consignments and transported to countries in Europe and to the United States, usually by air couriers swallowing and carrying as much as 1 kg in their stomachs, or through checked-in luggage containing very large quantities of cocaine. Drug trafficking organizations have begun using what is called the "shotgun approach", whereby a large number of couriers are dispatched on the same flight, thereby making it difficult for law enforcement agencies to identify and arrest all couriers on the same flight.

324. The emergence of West Africa as a transit area for cocaine trafficking may have several causes. The geographical location of West Africa makes it an ideal staging post for trans-shipping cocaine consignments from Latin America to the growing cocaine markets in Europe. By using West Africa for their transit posts, the traffickers try to circumvent the increased surveillance and effective interdiction units put in place along the classic smuggling routes by the national law enforcement agencies of the United States and countries in Europe. Traffickers also exploit loopholes in law enforcement in many West African countries.

325. Cocaine consignments transiting West Africa are also smuggled through East Africa, as indicated by seizures effected in some ports and airports in East Africa and on flights to Europe and elsewhere originating in East Africa. The airport at Addis Ababa has recently emerged as a transit point for cocaine consignments destined for Turkey. In 2008, five seizures of cocaine totalling 6 kg were made at the airport at Istanbul and in all cases the cocaine had been smuggled by West African nationals arriving by air from Addis Ababa. There is also evidence that cocaine is being transported by both land and air from West Africa to North Africa before being smuggled into Europe by sea or air. In addition, some cocaine continues to be smuggled into countries in Southern Africa, mainly through Angola into South Africa. South Africa remains the only African country reporting a relatively high level of annual cocaine seizures.

326. The increase in cocaine trafficking in Africa has resulted in increased abuse of the drug in the region, which is particularly noticeable in the countries in West and Southern Africa and along the Atlantic coast of North Africa. According to current UNODC estimates, about 1.1 million people in Africa abuse cocaine, and the annual prevalence rate for persons aged 15-64 years is 0.2 per cent, which is below the global average of 0.37 per cent. Increasing abuse of cocaine and/or crack cocaine has been reported in some Southern African countries, such as Namibia and South Africa. South Africa has reported demand for treatment for cocaine abuse at a level considerably higher than the African average. Cocaine abuse may soon spread rapidly in West Africa if the problem of transit trafficking through the subregion is not addressed decisively.

327. Illicit cultivation of opium poppy continues on the Sinai peninsula in Egypt. In 2007, there was a considerable increase in the eradication of illicitly cultivated opium poppy in Egypt, the total area eradicated being 98 ha, almost twice the area eradicated in 2006 (51 ha). The opium derived from that cultivation is reportedly consumed locally and not used for the illicit manufacture of heroin. The Government of Algeria has reported that, as a result of intensified law enforcement and interdiction measures, it eradicated illicitly cultivated opium poppy in small areas in the north of the country: over 74,000 poppy seedlings were eradicated in 2007, and almost 80,000 were eradicated in the first nine months of 2008. The Board notes the efforts of the Government of Algeria and encourages it to continue identifying and eradicating any illicit opium poppy cultivation in its territory.

328. Heroin from South-West Asia continues to enter the African region through East Africa. The strategic location of East Africa, on a long and established trading route between Europe and South-West Asia, and the extensive flight routes of Kenyan and Ethiopian airlines linking East Africa to the principal heroin source countries in Asia, as well as West Africa and Europe, have created favourable conditions for smuggling heroin from Asia into West Africa and Europe. The international airports at Addis Ababa and Nairobi have emerged as major entry and transit points for the whole of Africa and beyond. From East Africa, large quantities of heroin are transported across the continent to countries in West Africa, especially Côte d'Ivoire, Ghana and Nigeria, and from there to countries in Europe and to the United States. Seizures of heroin continue to be made in Côte d'Ivoire, Kenya, Mauritius, Nigeria and the United Republic of Tanzania. Most of the heroin is smuggled using air couriers, but commercial air cargo and express courier mail services are also increasingly being used for heroin trafficking. In addition, heroin trafficking through Tripoli has increased recently. Some of the heroin trafficked and temporarily stored in East Africa has spilled over into the local illicit market. Heroin from East Africa is also smuggled into countries in Southern Africa, notably Mauritius and South Africa, where it is abused.

329. According to UNODC statistics, about 1.4 million people in Africa (or 0.3 per cent of persons aged 15-64 years) are abusing opiates, mostly heroin.

Egypt constitutes the largest market for opiates (some 330,000 people) in Africa. Increased abuse of opiates has been reported in most countries in East and Southern Africa. The annual prevalence rate of such use is highest in Mauritius (2 per cent), followed by Egypt (0.7 per cent). According to the South African Community Epidemiology Network on Drug Use, demand for treatment for heroin abuse in South Africa has increased. Recent statistics show that Cape Town is one of the areas in the country with the largest number of heroin abusers (over 15,000). In South Africa, heroin is mostly smoked; injecting heroin abuse is stable or declining.

Psychotropic substances

330. One matter of major concern to the Board is the abuse of pharmaceutical products containing psychotropic substances, which are sold without medical prescription or in the street. That practice has been observed in many countries in West and Central Africa. The Board calls upon the drug regulatory authorities of those countries to address the concerns of the Board in a serious manner. Attempts at diverting psychotropic substances from international trade into illicit channels in order to supply those unregulated markets continue to be made. For instance, in November 2007, an attempted diversion of 25 kg of flunitrazepam from the Netherlands to Guinea-Bissau was prevented with the assistance of the Board.

331. Illicit manufacture of amphetamines occurs in South Africa and, on a small scale, in Egypt. Methcathinone (“cat”) is manufactured clandestinely and is widely available in South Africa. The growing abuse of crystal methamphetamine (locally dubbed “tik”) in the Cape Town area has become a cause for concern for the authorities. It appears that the illicit demand for methamphetamine is met from methamphetamine smuggled into or manufactured in South Africa. During 2007, the South African police dismantled 30 clandestine drug laboratories, most of which manufactured methamphetamine or methcathinone. In August 2008, 54 kg of crystal methamphetamine en route from Lagos were seized at the international airport at Johannesburg.

332. The abuse of amphetamines across Africa has been increasing slowly over the past few years, with much of the growth being fuelled by the increasing methamphetamine abuse in South Africa. The number

of amphetamine abusers in Africa is estimated by UNODC at 2.3 million, accounting for about 9 per cent of the world total. The average annual prevalence rate of abuse of amphetamines in Africa is estimated at 0.4 per cent of the population aged 15-64 years, the highest annual prevalence rates in the region being reported in Nigeria and some other West African countries, Egypt and South Africa.

333. Methaqualone (Mandrax) illicitly manufactured in China or India continues to enter South Africa, mainly through Mozambique, Swaziland and Zimbabwe. Methaqualone is also manufactured in clandestine laboratories in Southern Africa. From South Africa, which is regarded as the largest illicit market for methaqualone in the world, some of the drug is smuggled into countries in the subregion, where it is also abused. Methaqualone is abused mostly in combination with cannabis, a form of drug abuse known as the “white pipe”. The Board notes the successful interception of methaqualone consignments by the South African law enforcement authorities. In February 2008, the South African police detected and seized 1,363 kg of methaqualone during a routine search of a truck at a border crossing between South Africa and Zimbabwe.

Precursors

334. Africa continues to be a major area used for the diversion of certain precursor chemicals, notably ephedrine and pseudoephedrine.⁷⁶ Traffickers have been trying to take advantage of weaknesses in precursor control mechanisms in place in many African countries to divert ephedrine and pseudoephedrine to be used in the illicit manufacture of methamphetamine elsewhere, notably in the Americas. During the period 2007-2008, numerous suspicious shipments of ephedrine and pseudoephedrine to Africa were identified and stopped. Forged import permits were used for most of the identified diversion attempts. The countries targeted in that period were Botswana, the Democratic Republic of the Congo, Ethiopia, Nigeria, Togo, Uganda, the United Republic of Tanzania and Zambia. During that period, a total of 12.5 tons of those precursors were seized in Ethiopia alone.

⁷⁶ See also *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2008 ...*

335. Altogether, almost 30 tons of ephedrine and pseudoephedrine were prevented from being diverted to or through Africa during the period 2007-2008. That amount represents a sharp decline compared with the period 2006-2007, during which over 75 tons of ephedrine and pseudoephedrine were prevented from being diverted to or through African countries, in particular the Democratic Republic of the Congo (23 tons). The Board is concerned that, in spite of those attempted diversions, hardly any seizures of ephedrine or pseudoephedrine have been reported in countries in Africa. For instance, between 2000 and 2008, ephedrine and pseudoephedrine seizures in Africa totalled only 242 kg, with South Africa accounting for most of those seizures.

336. The recent decrease in the total amount of ephedrine and pseudoephedrine involved in identified attempts at diverting to Africa could be due to a number of factors, which may include traffickers placing orders for consignments of smaller amounts of ephedrine and pseudoephedrine to avoid suspicion and follow-up investigations by the authorities of exporting and importing countries. The Board therefore calls upon all Governments of exporting and transit countries to verify the legitimacy of all shipments of ephedrine and pseudoephedrine destined for Africa, including shipments of pharmaceutical preparations containing those substances. The Board also calls upon the Governments of all countries in Africa that have not yet done so to establish appropriate mechanisms for control over ephedrine and pseudoephedrine, including preparations containing those substances, that will enable them to respond in a timely manner to pre-export notifications and enquiries of exporting authorities about the legitimacy of any transactions.

Substances not under international control

337. In 2008, the Government of Namibia placed *N*-benzylpiperazine (BZP) under national control and introduced a prescription requirement for it. BZP is a piperazine-derived compound that is currently not under international control.⁷⁷

⁷⁷ In March 2007, the Board requested WHO to consider reviewing piperazine-derived compounds for possible scheduling under the 1971 Convention. Furthermore, the Board in its report for 2007, urged all Governments to provide to WHO and the Board any information on the abuse of and trafficking in such compounds (*Report of*

338. In view of the increasing abuse of khat⁷⁸ in Madagascar, the Government of that country prohibited the cultivation, sale and consumption of khat as of January 2008. Khat is grown mainly in East Africa and on the Arabian peninsula and is abused locally. While khat is currently not under international control, its cultivation has been prohibited in a number of countries in East Africa, including Eritrea, Rwanda and the United Republic of Tanzania.

339. According to the World Customs Organization, the total amount of khat seized globally has increased significantly in recent years, amounting to almost 44 tons in 889 cases in 2007. The largest seizures in 2007 were made by Canada (13 tons), Germany (7 tons), Sweden (6 tons), Denmark (1.6 tons) and Switzerland (1.4 tons). In those countries, khat is abused mainly by expatriates with origins in East Africa and the Arabian peninsula. The Board notes that seizures of dried khat have risen in recent years, since dried khat no longer has to be shipped and distributed to consumers within 48 hours.

5. Missions

340. A mission of the Board visited Ethiopia in March 2008. The Board appreciates the steps taken by the Government in recent years to increase its capacity to deal with the drug problem, including the creation of the Drug Administration and Control Authority, the strengthening of the drug control capacity of the police and the modification of the Penal Code. The Government has initiated several activities in the area of primary prevention of drug abuse.

the International Narcotics Control Board for 2007..., para. 734, recommendation 22).

⁷⁸ Khat refers to the leaves and young shoots of the plant *Catha edulis*. Khat has been considered and reviewed on two occasions by the WHO Expert Committee on Drug Dependence. During the last review, in 2006, the Committee concluded that the potential for abuse and dependence was low and that the level of abuse and threat to public health was not significant enough to warrant international control. Therefore, the Committee did not recommend the scheduling of khat. The Committee recognized that social and some health problems resulted from the excessive use of khat and suggested that national educational campaigns should be adopted to discourage use that might lead to those adverse consequences (*WHO Expert Committee on Drug Dependence: Thirty-fourth Report*, WHO Technical Report Series, No. 942 (Geneva, 2006), pp. 11-12).

341. The mission examined with the authorities steps against the illicit cultivation and abuse of cannabis in Ethiopia. Also discussed were measures against drug trafficking, including the transit traffic through the international airport in Addis Ababa. The Board encourages the Government to carry out periodic studies on the prevalence of drug abuse and to strengthen its capacity for the treatment of drug addicts. The Board invites the Government to promote the rational use of opioid analgesics, in accordance with the guidelines issued on the subject by WHO.

342. The Board sent a mission to Mauritius in October 2008. Mauritius is a party to all of the international drug control treaties and has adopted comprehensive drug control legislation. The Board encourages the Government to set up a mechanism for sharing information, as well as coordinating machinery, involving all bodies, services and agencies involved in drug control activities. With respect to the smuggling of buprenorphine (Subutex®) to Mauritius, the Board invites the Government to continue to cooperate with European countries in an effort to address that problem effectively.

343. The abuse of drugs, particularly heroin, by injection is a problem in Mauritius. The Board commends the Government for offering a large variety of drug demand reduction services to drug abusers. The Board recommends that more psychosocial support be provided to drug abusers and trusts that measures taken to prevent the spread of HIV/AIDS will not promote or facilitate drug abuse.

B. Americas

Central America and the Caribbean

1. Major developments

344. Trafficking in controlled substances containing ephedrine and pseudoephedrine is increasing in Central America. Since Mexico strengthened its regulations to prevent the diversion of those precursors, criminal organizations have been taking advantage of the lax control of sales near the southern border of Mexico to acquire drugs containing ephedrine and pseudoephedrine and establishing methamphetamine laboratories in the subregion.

345. The region of Central America and the Caribbean continues to be a major trafficking route for illicit drugs originating in South America and destined for North America and Europe. Despite the authorities' efforts to combat the problem, there are indications that drug trafficking is increasing in areas in Central America and in the Dominican Republic and Haiti. As a result of growing drug trafficking, drug abuse is on the rise in the Dominican Republic and crime has also escalated in the country.

346. The Board acknowledges the increasing number of regional cooperation activities organized by Governments, the Inter-American Drug Abuse Control Commission (CICAD) and UNODC, as well as the increasing assistance from countries outside the region of Central America and the Caribbean. The Board welcomes the declaration of the eighteenth Ibero-American Summit, held in San Salvador in October 2008, in which members of the Organization of Ibero-American States for Education, Science and Culture (OEI) agreed to strengthen the role of education as a tool for development in the region and to enhance technical cooperation to combat organized crime.

347. In Central America, *maras* (street gangs) continue to be associated with international drug trafficking networks. About 5,000 gangs from El Salvador, Guatemala and Honduras operate in Mexico, where some of them have become involved in criminal operations with Mexican drug trafficking organizations. According to Mexico and countries in Central America, organized criminal groups based in Mexico have been recruiting gang members from El Salvador and Guatemala since 2007.

348. The increase in deportations in the United States during the past three years has forced more gang members to return to countries such as El Salvador, Guatemala, Honduras and Nicaragua. Seventy-five per cent of the gangs in Central America have links with other gangs and criminal groups in the United States. The deported gang members usually attempt to return illegally to the United States. Those who succeed extend and reinforce their operational networks in activities such as drug smuggling, thus strengthening international criminal associations.

349. Corruption, poorly funded judiciary systems, lack of public trust and weak law enforcement have undermined efforts to strengthen drug control policy in

Central America and the Caribbean. Money-laundering has had an impact on criminal activity at the national and regional levels. In Caribbean countries, measures are being taken to counter money-laundering and, in some cases, to ensure the seizure of proceeds of drug-related crime. However, national legislation needs to be updated and implemented at a faster pace. The Board encourages the authorities of countries in the region that have not done so to pass legislation introducing civil forfeiture and anti-corruption programmes to strengthen financial institutions and to expand and continue activities in the field of drug control.

2. Regional cooperation

350. In August 2007, CICAD, with the assistance of the Government of Spain and UNODC, organized a mock investigation in Antigua, Guatemala, focusing on an actual case involving money-laundering. The purpose of the investigation was to improve coordination between law enforcers, prosecutors and intelligence analysts. The participants included experts from Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama.

351. CICAD, in partnership with a strategy centre based in the United States, began to implement a pilot programme in Costa Rica on the culture of lawfulness, a school curriculum for teenage students to promote respect of law. In Guazapa, El Salvador, technical and financial support was provided to a youth outreach centre that provides job training, family counselling and intervention, as well as resources, to prevent drug abuse and violence. By the end of 2007, CICAD had trained 500 counsellors in drug abuse treatment in El Salvador and 150 in Guatemala.

352. The CICAD demand reduction programme initiated in 2008 a professional certificate programme at the Université Quisqueya in Haiti. The CICAD Lions prevention programme, developed by the Lions Clubs International Foundation, is a school-based drug abuse prevention programme based on teaching life skills that has been operating in different member States of the Organization of American States (OAS) since 2005. The programme was launched in the Dominican Republic in the period 2007-2008 under the auspices of CICAD. Antigua and Barbuda, Dominica, the Dominican Republic and Panama received technical assistance from CICAD for the drafting of

their national drug control plans and strategies. In addition, Caribbean countries received training on methodology for project management to strengthen human resources in national drug control commissions.

353. In 2007, CICAD celebrated the tenth anniversary of the Multilateral Evaluation Mechanism (MEM), an instrument designed to measure the progress of Government action using evaluations. Implemented by CICAD, MEM has, during the past 10 years, proved to be an effective tool for use by countries in Central America and the Caribbean in addressing the drug problem. MEM reports are published periodically on the CICAD website. During the second half of 2007, MEM members visited Panama to promote the Mechanism in that country and to provide training for national institutions active in the field of drug control. MEM representatives participated in a meeting of Caribbean drug observatories held in Grenada in September 2007. The meeting was organized in partnership with the Caribbean Community (CARICOM). The purpose of the meeting was to review research and practice regarding drug abuse policy. MEM representatives also held a training workshop in Haiti for national institutions working with the Mechanism (see paragraph 478 below).

354. The first interregional forum of CICAD and the European Union twin-city initiative was held in Santo Domingo in April 2008. The twin-city initiative teams up European cities with cities in Latin America and the Caribbean to find joint solutions to improve strategies for drug abuse treatment. Twenty-four cities in Latin America and the Caribbean sent representatives and 18 delegations from European cities attended the forum about public policy on drug abuse.

355. In 2007, CICAD worked with organizations, councils and centres based in the Caribbean, including the Caribbean Customs Law Enforcement Council in Saint Lucia and the Regional Drug Law Enforcement Training Centre in Jamaica, to establish programmes and initiatives aimed at helping member States to reduce illicit drug manufacture, distribution and availability. In April 2008, 16 law enforcement officers from Jamaica and 18 others from other Caribbean countries attended a two-week training course in Kingston on topics related to precursor control. The course was a collaborative effort involving the Government of Jamaica, OAS and CICAD, as well as

the Government of Canada (in the form of support from the Royal Canadian Mounted Police).

356. In September 2007, the Governments of Jamaica and the United States signed an agreement modifying and amending the 2001 counter-narcotics agreement between the two Governments. As part of the agreement, Jamaica is to receive an additional US\$ 35 million from the United States to fight the illicit trade in narcotic drugs. A total of US\$ 14 million will go towards training, equipment and vehicles to enhance air and seaport security.

357. The “Cuscatlán joint group” is a task force created by authorities from El Salvador and Guatemala, with the assistance of the United States, to enable vessel registration, surveillance and air and sea patrols to intercept illicit drug consignments on the coast of El Salvador. The Executive Secretariat of the Commission against Addictions and Illicit Drug Trafficking of Guatemala signed an agreement with the non-governmental organization Anti-Drugs Foundation of El Salvador (FUNDASALVA) to provide a one-year training programme in treating drug abuse for 38 specialists in El Salvador, with the support of the United States.

358. As part of the Merida Initiative, an initiative of the presidents of Mexico and the United States that was incorporated into law in June 2008, the Government of the United States will provide US\$ 65 million to the Governments of the Dominican Republic and Haiti, as well as the Governments of countries in Central America, for 2008. The funds are mostly to be used for equipment and training in several areas of drug control. In addition, the programme includes funds to support the drug demand reduction efforts of CICAD (see paragraph 421 below).

359. In June 2007, the OAS General Assembly adopted a resolution to promote cooperation, including at the regional level, in addressing the problem of criminal gangs. In the resolution, the Assembly resolved to instruct the Permanent Council to establish a contact group of member States concerned about the phenomenon of criminal gangs and to hold a special meeting with member States, other inter-American agencies, international organizations and representatives of civil society to analyse the criminal gang problem using a multidisciplinary approach.

360. From 1 January to 31 July 2007, investigators, prosecutors and judges from the Dominican Republic participated in the UNODC Legal Advisory Programme for Latin America and the Caribbean, which included training on trial techniques, case management, circumstantial evidence and special investigative techniques. The International Association of Drug Treatment Courts, which is promoting the drug treatment court approach in the region, was also involved in the training.

361. The Government of Honduras participated in a project on substance control involving the Meso-American Control Group on Narcotics, Psychotropics and Precursor Chemicals, implemented in Central America by UNODC with the support of the Government of Mexico and the Permanent Central American Commission for the Eradication of the Illicit Production, Traffic, Consumption and Use of Narcotic Drugs and Psychotropic Substances (and agreed to by the Governments of Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama). The Commission held a meeting in Panama City in January 2008 to draft a regional action plan for the period 2009-2013.

362. Coordination and cooperation between forensic science institutes in a number of countries in Central America, including Costa Rica, Guatemala and Honduras, were enhanced through their representation at the Ibero-American network of forensic science institutes (the Latin American Academy of Criminalistics and Forensic Studies (AICEF)) and through the exchange of expertise with forensic science institutes in other Latin American countries, Portugal and Spain.

363. At a meeting held in Belize in June 2007, the Presidents of Belize and Mexico agreed to strengthen the rule of law in the common border and to enhance cooperation in fighting common threats such as drug trafficking, terrorism and contraband. Both Presidents declared their commitment to reinforcing cooperation against international crime through a treaty on mutual legal assistance in criminal matters.

364. In Trinidad and Tobago, capacity-building projects have been taking place under the auspices of the Dublin Group. The projects, which are aimed at supporting the Special Anti-Crime Unit of Trinidad and Tobago, focus on law enforcement and target lawyers, prosecutors and judges.

365. A Regional Summit on Drugs, Security and Cooperation was held in Santo Domingo in March 2007. Representatives of Colombia, the Dominican Republic, Haiti and Trinidad and Tobago participated in the summit. The meeting dealt with issues such as cooperation and exchange of information related to drug control.

366. CARICOM member States strengthened cooperation mechanisms for security and recognized drug trafficking as a major threat. As part of the security support for a major sporting event in 2007 (the Cricket World Cup), access to the INTERPOL document database was expanded to include offices in ports and a framework was established for the sharing of subregional information on maritime matters.

3. National legislation, policy and action

367. In Central American countries, measures are being taken to reduce the participation of youth gangs in international drug trafficking organizations. In 2007, the Nicaraguan Police had identified 21 gangs and 48 criminal groups associated with gangs. The Directorate of Young People's Affairs of Nicaragua sent multidisciplinary teams to work where those gangs were operating. As a result, 11 gangs with a total of about 800 members were dismantled in 2007. The Board notes with concern that, in spite of those efforts, the involvement of Nicaraguan gangs in criminal activity is increasing.

368. The Government of Honduras has addressed the youth gang problem through educational programmes. During the first half of 2007, almost 9,000 children, teenagers and parents participated in programmes on countering violence and preventing gang-related problems. The programmes were organized by members of the Preventive Police. Other courses were organized for judges, attorneys and law enforcement officers.

369. In addition, Governments, religious associations and other non-governmental organizations and charitable groups in Central American countries, such as Bienvenido a Casa and Homies Unidos in El Salvador, continue to work through existing programmes to help former gang members to reintegrate into society in their home countries following their deportation from the United States.

370. In August 2008, Guatemalan law enforcement authorities launched special operations to patrol their country's border with Mexico to detect illegal activities such as drug trafficking and arms trafficking. In May 2008, Guatemalan authorities started working on a new national drug prevention plan, targeting persons between 16 and 35 years old, which is the age group most affected by drug abuse and drug trafficking. In addition, the Government of Guatemala has established an office to provide legal assistance in cases involving corruption.

371. On 19 June 2008, the Ministry of Health of Belize issued a ministerial decree to strengthen controls over ephedrine. According to the new legislation, special authorization is required to trade in ephedrine and pre-export notifications must be sent to importing countries. The legislation also prohibits the importation or exportation of pseudoephedrine in bulk quantities and in pharmaceutical doses. On 13 August 2008, the Government of El Salvador issued a regulation on the handling and control of pseudoephedrine as a raw material and in pharmaceutical products. Furthermore, manufacturers of pharmaceutical preparations in El Salvador have been given 12 months to find a substitute for pseudoephedrine in medicines sold over the counter. In 2007, the Government of Nicaragua included ephedrine and pseudoephedrine in the list of substances controlled by the law on medicaments and pharmacies. The Board strongly encourages the Governments of all countries in Central America and the Caribbean to adopt and implement legislation to control the increasing diversion of precursors in the region.

372. To build the capacity of forensic services in Guatemala, a forensic science institute (the Instituto Nacional de Ciencias Forenses) was created in 2006. The institute officially began its work in July 2007, with significant assistance from various donors, including Germany and the European Commission. It is currently guided by a scientific committee of forensic experts from Colombia and Spain, as well as Puerto Rico.

373. The Government of Honduras set up a task force in the Mosquita area, an area used for cocaine trafficking by sea and air. Within 18 months, the task force seized 11 tons of cocaine. The Counter-Narcotics Directorate, attached to the Ministry of Public

Prosecution of Honduras, has set up a special division to investigate maritime drug trafficking.

374. In 2008, a pilot project developed by a CICAD task force was started to estimate drug abuse among prisoners in Costa Rica. During the past three years, Costa Rica has successfully implemented a comprehensive model for the treatment of drug addiction.

375. In July 2008, the President of the Dominican Republic launched a strategic plan for national drug control for the period 2008-2012. The plan includes guidelines to strengthen institutions, revise the legal framework, implement public policy and create a national information and research institute. In addition, the Government implemented a plan for the security of citizens. A presidential decree was issued to create a national council for the security of citizens.

376. The Government of the Dominican Republic also established a special military unit to tackle trafficking in human beings, drugs and firearms in border areas. The unit, called Cuerpo Especializado de Seguridad Fronteriza, began operations in September 2007, when 200 soldiers were deployed along the country's border with Haiti. In addition, the Government of the Dominican Republic provided eight aircraft for fighting drug trafficking.

377. In order to ensure that information related to pre-export notifications of controlled substances was well managed, the directorate general of customs in the Dominican Republic initiated a process to implement the electronically operated single customs declaration procedure. The directorate general will invest more than US\$ 20 million in the development of an electronic processing system. The project, which includes the provision of new equipment, computer programs and training for personnel, is supported by the Economic Development Cooperation Fund of the Republic of Korea.

378. The Government of the Dominican Republic launched in 2006 an operation to fight corruption among drug control authorities. According to reports of the Government, 5,000 persons have been reprimanded and expelled from the National Drug Control Directorate as a result of the operation. Some of those persons have been charged with drug trafficking, although the operation also targeted indiscipline and incompetence. The Board notes the efforts of the

Dominican Republic to combat corruption, drug trafficking and violence.

379. In Haiti, security remains fragile in part because of the continuous trafficking in drugs and firearms. In its resolution 1780 (2007), the Security Council, inter alia, invited Member States, in coordination with the United Nations Stabilization Mission in Haiti (MINUSTAH), to engage with the Government of Haiti to address cross-border trafficking in illicit drugs and arms and other illegal activities.

380. Efforts are under way in Trinidad and Tobago to eradicate illicitly cultivated cannabis. In November 2007, Government officials and representatives of non-governmental organizations participated in a workshop to finalize the drafting of a national drug control plan for the period 2008-2012.

381. In 2008, the Government of Saint Kitts and Nevis passed legislation aimed at increasing the efficiency of the Financial Services Commission, empowering it to impose sanctions on financial institutions involved in money-laundering.

382. In Jamaica, after years of stalling in Parliament, the Proceeds of Crime Act was approved by the Senate. The Act, in effect since May 2007, incorporates elements of previous legislation against money-laundering and allows for the recovery of assets linked to criminal activity. The Government has pledged to reform the current justice system. In May 2007, the Jamaican Justice System Reform Task Force published a preliminary report and provided guidelines for improvement in areas such as accountability and transparency. To address the new threat posed by the use of the Internet as a means of advertising and acquiring controlled drugs, members of the Jamaica Constabulary Force have received training by experts on Internet investigations. The Jamaica Constabulary Force opened a new base of operations in Saint Thomas in December 2007 to maintain security on the eastern coastline and protect it against trafficking in illicit drugs and firearms.

383. The third anniversary of Operation Kingfish, a major initiative involving law enforcement agencies from Canada, Jamaica, the United Kingdom and the United States was celebrated in 2007. Through Operation Kingfish, over 2,000 operations have been conducted and more than 13 tons of cocaine and 12 tons of cannabis have been seized.

4. Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

384. The geographical location of Central America and the Caribbean makes it an important transit and storage area for South American drug consignments en route to Mexico, including those consignments having the United States and countries in Europe as their final destination. Drug trafficking has had an impact on both drug abuse and drug-related crime in the region and has also led to increased money-laundering activities, especially in the Caribbean.

385. Drug trafficking by land continues to pose a problem to national authorities in Central America. According to UNODC, 18 per cent of the cocaine smuggled into Mexico enters that country through Belize and Guatemala. There are indications that drug trafficking along that route is increasing and that Belize is being used as a trans-shipment area for cocaine consignments entering Europe via the West Africa route (see paragraph 324 above).

386. According to the Government of Belize, Mexican criminal organizations are increasingly making use of Belizean territory for stockpiling illicit drugs and coordinating drug trafficking operations. As part of its regional strategy for Central America and the Caribbean, UNODC is currently working with the Government of Belize to strengthen the rule of law and fight organized crime.

387. Since maritime drug trafficking routes are increasingly being monitored, drug traffickers have been using low-flying light aircraft, in addition to other aircraft. Speedboats continue to be used to smuggle drugs across the Caribbean. Illicit drug consignments are usually concealed in personal luggage, canned food or industrial containers. However, the use of "mules", people who smuggle drugs by ingesting them, continues.

388. Jamaica continues to be the main producer and exporter of cannabis in Central America and the Caribbean. Despite the eradication efforts and significant seizures and arrests, cannabis is illicitly cultivated in most parts of the country. Consignments of cannabis from Jamaica are sent through the Bahamas, the Dominican Republic and Haiti to countries in North America or Europe. Cannabis is produced for domestic consumption in other countries

in the Caribbean, such as Barbados, Saint Vincent and the Grenadines and Trinidad and Tobago. According to the Government of Trinidad and Tobago, cannabis plants are illicitly cultivated on about 145 ha in the country.

389. Guatemala is the only country in Central America and the Caribbean in which there is significant illicit opium poppy cultivation. According to the Government of Guatemala, the total amount of opium poppy eradicated in 2008 increased compared with the total amount eradicated in 2007, and illicit opium poppy cultivation also increased in 2008. The Board urges the Government to provide it with detailed information regarding the total area of illicit opium poppy cultivation in the country, as well as the total area eradicated.

390. According to Guatemalan authorities, the amount of cocaine seized during the first quarter of 2008 was more than the amount seized in 2006 and 2007 combined. In a single operation, the Guatemalan army and police seized 1,136 kg of cocaine in the area of San Andrés, Petén. The drug was found on a small aircraft headed towards Mexico. The Government of Guatemala reported that between January and April 2008, 1,511 kg of cocaine, over 59,000 cannabis plants and more than 161 million opium poppy plants were seized.

391. In the first half of 2007, the authorities of Panama reported having seized 17,872 kg of cocaine, 1,221 kg of cannabis and about 31 kg of heroin. In a joint operation, the authorities of Costa Rica, Nicaragua and the United States seized 250 kg of cocaine in Nicaragua in November 2007.

392. The authorities of Costa Rica have reported a marked increase in seizures of cocaine and heroin, mainly on maritime routes. Colombian drug traffickers continue to hire fishermen from Costa Rica and use the fishermen's vessels in their operations. In 2007, 2 tons of cocaine were confiscated in Europe in a total of 146 seizures involving consignments from Costa Rica. The majority of the seizures originating in Costa Rica were reported by Spain, followed by the Netherlands, Germany and Belgium. Most of the seizures involved mail shipments.

393. There has been an increase in drug trafficking in Honduras principally in the north (Cortés, Colón, Atlántida) and along the border of Honduras with

Nicaragua. The largest amounts of drugs enter Honduras through the department of Gracias a Dios, usually by sea or by air. In March 2007, 1,350 kg of cocaine were seized on a small aircraft coming from the Bolivarian Republic of Venezuela and 3,200 kg of cocaine were seized on a fishing boat in May 2007.

394. Haiti is used as a major trans-shipment area for consignments of South American cocaine bound for the United States. Drug trafficking has increased along the border of Haiti with the Dominican Republic. In May 2007, Haitian authorities and United Nations police (UNPOL) arrested 10 people, including 4 police officers, and seized almost 420 kg of cocaine, one of the largest cocaine seizures in that area in the past decade.

395. Between January and October 2008, authorities in the Dominican Republic seized 2,467 kg of cocaine, 220.1 kg of cannabis, 95.7 kg of heroin and 15,949 units of "ecstasy". During the same period 17,378 people were arrested for drug-related offences.

396. The Government of the Bahamas reported the seizure of 193,902 kg of cannabis and 189.5 kg of cocaine during 2007 as a result of Operation Bahamas, Turks and Caicos (OPBAT).

397. In 2007, the Government of Cuba reported having seized 3,074.6 kg of narcotic drugs, of which 2,126.9 kg was cannabis. Cannabis and cocaine are abused in small amounts, mainly in Havana. The Government addresses the problem of drug abuse through drug abuse prevention and treatment programmes under the supervision of the National Drug Commission, with the participation of political and civil organizations.

398. The availability of drugs in the streets of the Dominican Republic is a growing problem, as indicated by the fact that drug abuse is on the rise. About 20 per cent of the narcotic drugs trafficked in the country are used to pay drug traffickers. Instead of receiving money, traffickers are paid in drugs, thus expanding the local drug trafficking networks and increasing local demand. The growing illicit drug market mainly affects the poorest segment of the population and is reflected in the increasing violence and criminal activity in the country. The homicide rate in the Dominican Republic increased by 66 per cent from 2000 to 2007.

399. According to the latest available UNODC data, in 2006, the annual prevalence rate of cocaine abuse among the population aged 15-64 in Haiti was 0.9 per cent.

400. In 2007, the Ministry of Health and Environment of Saint Vincent and the Grenadines launched the Global School-based Student Health Survey to measure the abuse of alcohol, drugs and other substances, together with other indicators such as physical activity and mental health. The results showed that 19.9 per cent of students 13-15 years old had abused drugs at least once during their lives.

401. In Trinidad and Tobago, cannabis is the most abused drug. Cannabis plants are mainly cultivated locally, although more potent varieties of cannabis are brought into Trinidad and Tobago from Saint Vincent and the Grenadines. According to the National Alcohol and Drug Abuse Prevention Programme, there are only a few cases of heroin abuse in the country. Several demand reduction initiatives are currently under way. Those initiatives include programmes in prisons, public awareness campaigns and school-based programmes. In addition, the Drug Abuse Resistance Education (DARE) programme in Trinidad and Tobago is being implemented.

402. The DARE programme is also being implemented in the following other countries in Central America and the Caribbean: Barbados, El Salvador, Grenada, Nicaragua, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines.

403. The Board notes with concern the lack of published studies on drug abuse in Central America and the Caribbean. Therefore, the Board welcomes the initiative of the Inter-American Observatory on Drugs, which has announced that it is preparing a comparative report on drug abuse among school students in the Caribbean and a comparative study of the drug situation in Central America.

Psychotropic substances

404. The Board notes with concern the increase in the abuse of MDMA ("ecstasy") in countries in Central America and the Caribbean, particularly in El Salvador and Guatemala. MDMA abuse is also increasing in Jamaica, especially in the tourist areas of Negril and Montego Bay. The "ecstasy" found in the region continues to be smuggled from European countries or,

more recently, from Canada (see paragraphs 419-457 below).

405. According to the most recent data provided by UNODC, the Dominican Republic is the Caribbean country with the highest annual prevalence of abuse of amphetamines (excluding “ecstasy”): 1.1 per cent. During the first nine months of 2007, 18,347 “ecstasy” tablets were seized in that country.

406. According to UNODC, in Barbados the annual prevalence of abuse of amphetamines (excluding “ecstasy”) among persons aged 15-64 was reported to be 0.2 per cent in 2007. The rate for abuse of “ecstasy” was reported to be 0.5 per cent among persons in the same age group.

407. The authorities of Cuba have reported the abuse of psychotropic substances in that country; they have also noted that the level of abuse is decreasing due to new control measures. In Trinidad and Tobago, the National Alcohol and Drug Abuse Prevention Programme has reported evidence of the abuse of “ecstasy” in that country.

408. There are reports indicating that methamphetamine laboratories are being established in Central America. Two clandestine laboratories for manufacturing “ecstasy” were seized and dismantled in Tegucigalpa in August 2008.

Precursors

409. Recent measures adopted in Mexico to limit the availability of pseudoephedrine have had an impact on trafficking in precursors in Central America. Honduran law enforcement officers have reported an increase in demand for medicines containing pseudoephedrine that can be sold over the counter. In particular, nationals of other countries have been buying significant amounts of those medicines. In June 2008, Honduran authorities seized 1.2 million tablets of pseudoephedrine at the airport at Tegucigalpa.

410. The authorities of El Salvador have also reported an increase in demand for pharmaceutical preparations containing pseudoephedrine. The authorities have reported that nationals of El Salvador and Guatemala have been allegedly supplying Mexican cartels with precursors.

411. In 2007, Panama reported the seizure of 10,000 kg of ephedrine and over 1,000 litres of

hydrochloric acid. Costa Rica reported the seizure of 2.8 kg of pseudoephedrine. In Belize, the health authorities have noted an increase in the importation of pharmaceutical preparations containing pseudoephedrine and are currently monitoring their distribution to prevent diversion.

412. In Central American countries, measures are being taken to address the increasing diversion of precursors used in illicit drug manufacture; and some Caribbean countries, such as Antigua and Barbuda, Barbados and Grenada, have mechanisms for regulating the use and distribution of controlled chemicals. In the region as a whole, however, the movement of precursors is poorly monitored and regulated due to weak infrastructure and insufficient funding. The Board encourages the Governments of countries in Central America and the Caribbean to adopt and strengthen legislation and to establish a regional cooperation mechanism for preventing trafficking in and diversion of precursors.

North America

1. Major developments

413. The major challenge in the region of North America is the domination of illicit drug production and trafficking by organized crime and the growing violence in fighting among drug cartels and between drug traffickers and law enforcement officers, particularly in Mexico. On the demand side, a significant shift of consumption patterns towards the abuse of prescription drugs can be observed in the United States. Canada has changed its role as a traditional importer and consumer of “ecstasy” to a major manufacturer and exporter of that drug.

414. The Government of Mexico faces violent opposition by drug cartels to its attempts to fight organized crime and drug trafficking. The Government has deployed more than 12,000 military troops and has employed forces from seven Government agencies, spending more than US\$ 2.5 billion in 2007 (an increase of 24 per cent over the spending level in 2006) to improve security and reduce drug-related violence. Drug cartels have responded with unprecedented violence and the number of homicide victims, including top-level federal police officers, in 2007 and 2008 has more than doubled compared with previous

years, as federal intervention is taking place in states where corruption had allowed drug traffickers to operate relatively undisturbed.

415. Organized criminal groups continue to control drug trafficking in North America, the strong presence of Mexican drug syndicates being felt in Mexico and the United States and the increasing influence of Asian drug trafficking organizations noticeable in Canada and the United States. Colombian drug trafficking organizations continue to focus their operations on cocaine and heroin trafficking, but Mexican syndicates have taken over from Colombian organized criminal groups the smuggling and distribution of heroin and cocaine from South America to the United States. In addition, Mexican drug trafficking organizations are heavily involved in the distribution of methamphetamine from Mexican-operated illicit drug manufacture and cannabis cultivation and trafficking within and into the United States. Asian drug trafficking organizations operating from Canada are involved in the illicit cultivation of high-potency cannabis in Canada and the United States and are illicitly manufacturing methamphetamine for the illicit market in Canada and the United States.

416. In 2007, an estimated 35.7 million citizens in the United States, or 14.4 per cent of the population aged 12 or older, had consumed illicit drugs (annual prevalence). One encouraging sign is the decline in overall illicit drug use among youth and young adults in the United States. Since 2001, there has been a decrease of 24 per cent in drug abuse among persons aged 12-17 years. That drop is mostly attributed to a decrease in the abuse of cannabis; however, there has also been a decrease in the abuse of almost all other drugs. Similarly, the abuse of drugs among young adults (persons aged 18-25 years) has decreased in all drug categories except pain relievers.

417. The decrease in the abuse of cannabis in the United States is related to the perceived risks of smoking cannabis, which increased between 2002 and 2007, and strong parental disapproval of drug abuse. The increase in the perceived risks may be attributed to educational campaigns in the United States. Despite that significant decline, the problem of substance abuse among United States teenagers continues to be widespread, as nearly half of United States students aged 17-18 (47 per cent) have tried an illicit drug by

the time they have finished secondary school (lifetime prevalence).

418. In Canada and Mexico, the abuse of cocaine, cannabis and methamphetamine has increased. Mexican authorities are concerned over the fact that the age of initiation of drug abuse has decreased to 8-10 years and over the increased risk of drug abuse associated with the use of tobacco and alcohol at an early age (before reaching age 17). The abuse of prescription drugs is also a recognized abuse problem among senior citizens in Mexico.

419. Canada has become the primary source of supply of MDMA ("ecstasy") found on the illicit market in that country and the United States. There is wide availability and stable use of MDMA in Canada: past-year prevalence is 4.4 per cent among youth and young adults (persons 15-24 years old). Canadian law enforcement authorities report continued smuggling of precursors from China into Canada for use in illicit drug manufacture in that country. Unprecedented quantities of Canadian "ecstasy" were seized in other countries, reflecting the increased significance of the country in "ecstasy" manufacture and trafficking.

420. A recent household survey showed that in Mexico the accumulated incidence of cocaine doubled between 2002 and 2008. The use of methamphetamine and "crack" cocaine (a cocaine derivative converted from cocaine hydrochloride), while showing a lower prevalence, has increased during the same period. The difference between the rates of male and female abusers has declined.

2. Regional cooperation

421. For many years, cooperation projects have been carried out in the countries in North America. A new major step in regional cooperation in 2008 is the Merida initiative, an example of security cooperation involving Mexico and the United States, as well as the countries in Central America, to combat drug trafficking, transnational crime and terrorism (see paragraph 358 above). The initiative combines national efforts with regional cooperation and supports coordinated strategies to counteract the power of criminal organizations. The initiative will support border, air and maritime controls and improve the capacity of judicial systems to conduct investigations and prosecutions. The United States Congress approved in June 2008 US\$ 465 million in assistance,

primarily for Mexico but also for Central American countries.

422. Progress is also being made in other cooperation projects. United States law enforcement agencies are supporting their Mexican counterparts by providing training in precursor detection, investigative techniques and methamphetamine investigations in the main areas of illicit methamphetamine manufacturing in Mexico. Support in the form of specialized equipment, vehicles and computers is being provided to the new federal police corps and its special investigative units. In 2007, a multi-year effort was initiated in Mexico to help the Secretary of Public Security carry out reform. In addition, specialized training was provided to the new federal police in such areas as addressing cybercrime and handling explosives and incendiary devices and to the Mexican Navy. Since 2007, prosecutors from Colombia, Mexico and countries in Central America have strengthened their exchange of police and financial intelligence in judicial investigations and interception operations.

423. Cooperation between Canada and the United States is progressing and bilateral forums, such as the Cross-Border Crime Forum and Project North Star, have increased information-sharing and joint training among law enforcement officers. Under the Border Enforcement Subgroup of the Forum, agreement is being sought on the Integrated Marine Security Operations programme, known as Shiprider. The Shiprider programme will allow officers from one country to operate from vessels (or aircraft) of another country, thereby permitting a single vessel to patrol both Canadian and United States waters. The pilot programme of the border enforcement security task force will complement the existing integrated border enforcement team initiative and enable comprehensive border control, not only between ports of entry but also at ports of entry. Canada has expanded its cooperative efforts in the transit zone from South America to North America and deployed "Maritime Patrol Assets" in support of the Joint Interagency Task Force South.

424. As many samples of seized MDMA contain methamphetamine, United States law enforcement agencies and the Royal Canadian Mounted Police have stepped up their intelligence-sharing and coordinated law enforcement operations to fight criminal organizations manufacturing "ecstasy". Canadian and United States law enforcement agencies are also

enhancing their coordination through the National Methamphetamine Chemicals Initiative.

3. National legislation, policy and action

425. The Government of Mexico has continued to take action against corruption, including by improving pay and benefits, introducing stricter criteria for the selection of new employees and using more modern investigative techniques. In Mexico, drug control operations have been launched in 11 states and the investment in security forces has been increased. Furthermore, the Government of Mexico, in cooperation with the Governments of Colombia and countries in Central America, has developed a regional security plan to improve drug control operations throughout the Americas.

426. In Mexico, Congress approved legal and constitutional reforms unifying the federal police into one force and allowing proactive investigation, increasing the discretion of prosecutors and the modification of the code of criminal procedures.

427. Complementary legislation on mandatory minimum prison sentences for convictions of serious drug-related crime was introduced in Canada. Such serious drug-related crime includes growing cannabis and manufacturing and dealing in "crystal" methamphetamine and "crack" cocaine.

428. In order to respond to the increasing abuse of prescription drugs, several measures have been introduced in the United States, such as point-of-purchase messages on prescription drugs with high abuse potential. Several states in the United States have introduced prescription monitoring programmes such as the Automated Rx Reporting System (OARRS), available via a secure website 24 hours a day, 7 days a week. Critics had feared that the introduction of the system would reduce the number of prescriptions issued, but that was not the case. In fact, physicians have stated that they find OARRS reports useful for the validation of information provided by patients.

429. The Government of Canada launched its revised National Anti-Drug Strategy, which combines treatment and prevention, including public awareness campaigns, and stricter law enforcement measures targeting illicit drug manufacturers and traffickers. The new strategy in Canada provides 100 million Canadian

dollars for personnel dedicated to tackling the illicit production of cannabis and the illicit manufacture of amphetamine-type stimulants. In addition, it includes measures to strengthen precursor control and border control, as well as to improve cooperation with authorities of the United States. Resources allocated to prevention focus on youth and programmes in schools and resources allocated to treatment focus on the development of national benchmarks for evaluation and data collection, enhancing treatment for indigenous populations and youth offenders in the criminal justice system. The goal is to reduce illicit drug use among Canadian youth aged 10-24, including high-risk youth, focusing on risk and protective factors before drug use begins.

430. The Board is concerned that distribution of “safer crack kits” has continued in several cities in Canada and that a Supreme Court of British Columbia issued a decision in May 2008 permitting a “drug injection room” in Vancouver, the first “drug injection room” in the Americas, to continue to operate. The Board views such programmes with great concern and considers that they violate the international drug control treaties.

431. Canada is one of the few countries worldwide that allows cannabis to be prescribed by doctors to patients with certain illnesses. There are currently over 2,200 patients in Canada for whom cannabis is prescribed. Initially, only state-run institutions could make cannabis available for medical purposes. However, subsequent regulations allowed patients to grow a small amount of cannabis for their own use and provided for private persons to obtain licences for growing cannabis to be used for medical purposes. According to current regulations, each of those private persons may supply cannabis to only one patient. In Canada, the Federal Court ruled in January 2008 that the provision that a supplier could only provide cannabis to one patient unduly restricted the patient’s access to cannabis used for medical purposes and unreasonably slanted the market in favour of the Government’s chosen supplier. The Government has appealed the ruling. Article 23 of the 1961 Convention stipulates specific requirements that a Government must fulfil if it is to allow the licit cultivation of cannabis, including the establishment of a national cannabis agency to which all cannabis growers must deliver their total crops. The Board encourages the Canadian authorities to respect the provisions of article 23 and fulfil those requirements.

432. The Board is concerned that in the United States, the disagreement between the Government and several states regarding the use of “medical cannabis” continues. The question whether the “medical use” of cannabis should be made legal has been put to a referendum in several states (most recently in Massachusetts and Michigan). While the Government maintains that the consumption and cultivation of cannabis are illegal activities, several states have passed laws by referendum that ease or eliminate sanctions for the “compassionate/medical use” of cannabis. In California, for example, legislation allows the use of “medical cannabis” for a variety of indications, as well as the cultivation of the plant by designated growers of cannabis. That has led to a proliferation of cannabis cultivation in California and to the establishment of cannabis “vending machines” as well as other reported methods of abuse. The Board is concerned that that practice may lead to a further increase in cannabis abuse in the United States and may affect other states. The Board calls upon the authorities of the United States to continue its efforts to stop that practice, which is in contradiction to national law and is in violation of article 23 of the 1961 Convention.

433. The Government of Mexico has developed standards and norms to be followed for the treatment of drug abuse at the national, state and local levels. Those standards and norms are contained in the official norms for the prevention, treatment and control of addiction and the criteria of minimum standards of quality for the administration of treatment in medical and residential establishments. In Mexico, the National Council against Addictions (CONADIC) and the Secretariat of Health are both responsible for maintaining a national registry of services and treatment programmes and the names of the institutions permitted to conduct such programmes. A process is under way to create a national network of facilities for the treatment of drug abuse, comprising 300 new treatment centres (70 of which have already been built) in addition to the existing 96 programmes for outpatient treatment and 6 programmes for inpatient treatment. Both types of treatment programmes are public programmes available to the entire population for the treatment of drug abuse.

434. The Government of Mexico has increased the share of the budget earmarked for reducing drug demand and, with the participation of the main

Government ministries, including the Ministry of Health, has launched a national programme. In addition, the national system for family development is supporting a national programme for drug abuse prevention in communities. The Ministry of Social Development is supporting, with the active involvement of the community and the assistance of the police, a social programme aimed at making public places in communities safer environments. Furthermore, the Ministry of Public Education, in close collaboration with the Attorney General's Office and the police, has launched a new prevention programme as part of an integrated approach to dealing with the drug problem.

435. In the United States, the number of persons aged 12 or older receiving treatment at a facility specializing in the treatment of substance abuse in 2007 was 2.4 million, or 1 per cent of population aged 12 or older. One cause for concern is that the share of the national drug control budget allocated to drug abuse prevention has continued to decline. According to the 2009 budget summary of the National Drug Control Strategy, 11 per cent of the US\$ 14.1 billion requested for the 2009 national drug control budget is allocated to prevention, compared with 20 per cent in 2001. Slightly less than 25 per cent of the budget is allocated to treatment. A major share of the budget is allocated to supply reduction. The Board encourages the authorities of the United States to seek an even balance between demand and supply reduction programmes and to provide adequate funding to demand reduction measures.

4. Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

436. North America remains one of the main areas of cannabis illicit production and abuse, the largest producer country being Mexico (about 7,400 tons), followed by the United States (about 4,700 tons) and Canada (about 3,500 tons). Despite the efforts of the Government of Mexico to eradicate cannabis, the total area under illicit cannabis cultivation increased. In 2007, the Mexican military took over from the Attorney General's Office the sole responsibility for eradicating cannabis and opium poppy. Due to the realignment of responsibilities for aerial eradication efforts, the total eradicated area of illicitly cultivated

cannabis declined (to 21,357 ha) in 2007 compared with the figure for 2006 (30,158 ha).

437. In Canada, 61.4 per cent of youth and young adults (aged 15-24) have used cannabis at least once in their lives, 37 per cent have used it at least once in the past 12 months and 8.2 per cent have used it on a daily basis. Illicit cannabis growers utilize advanced methods of cultivation to meet the high demand for cannabis in Canada and on the illicit market in the United States. Annual cannabis production in Canada is estimated to range from 1,399 to 3,498 tons. One cause for concern is the very high THC content of a limited number of samples in Canada and the United States, proving that criminal organizations in both countries are able to produce high-potency cannabis. Illicit cannabis cultivation continues to thrive in Canada, partly because of the absence of laws providing strict punishment for such activity. The majority of the illicit cannabis growing operations in that country are carried out by organized criminal groups.

438. In the United States, cannabis remains the most commonly abused drug: 25.1 million persons (or 10.1 per cent of the population aged 12 or older) used cannabis in 2007. The illicit market for cannabis is supplied by an increasing number of domestic indoor and outdoor cannabis cultivation sites. Cannabis is also smuggled into the United States out of Canada, Colombia, Jamaica and Mexico. While most of the cannabis available in the United States has a lower potency and is produced in Mexico, United States authorities are concerned about the high potency of some cannabis grown indoors in Canada and the United States under hydroponic conditions. Largely as a result of those innovations, the average THC content of all cannabis samples tested in the United States increased to 8.77 per cent in 2006, nearly twice the figure obtained in 1996 (4.5 per cent). Individual samples may have an extremely high THC content: cannabis seized in Atlanta that had been grown indoors had a THC content of over 18 per cent.

439. Cocaine continues to be easy to obtain on the illicit market in Canada, where 5.5 per cent of the population aged 15-24 years has abused cocaine in the past 12 months. The total amount of cocaine seized in Canada increased slightly from 2,556 kg in 2005 to 2,676 kg in 2006. Most of the cocaine in Canada has been smuggled over land routes leading through countries in Central America, Mexico and the United

States. In addition, cocaine continues to be smuggled into Canada on direct flights from South America, as well as through various transit countries in the Caribbean, such as Antigua and Barbuda, the Dominican Republic and Trinidad and Tobago. Colombian drug traffickers have attempted to escape detection by routing cocaine consignments through countries neighbouring the countries of destination. Cocaine is also smuggled through Canada into other countries such as Australia. "Crack" continues to be abused throughout Canada. Cocaine laced with methamphetamine (to increase demand), has been identified as an emerging trend in Canada.

440. In the United States, the annual prevalence of cocaine abuse in 2007 was 2 per cent among persons 13-14 years of age, 3.4 per cent among persons 15-16 years of age and 5.2 per cent among persons 17-18 years of age, and the annual prevalence of "crack" cocaine among teenagers ranged from 1.3 to 1.9 per cent. The annual prevalence of cocaine abuse among the general population in 2007 was 2.3 per cent (5.7 million cocaine abusers, compared with more than 6 million in 2006). In 2007, domestic and international law enforcement efforts resulted in large cocaine seizures in the Eastern Pacific, which contributed to the cocaine shortage in the United States, which in turn contributed to the decline in the annual prevalence rate in that country for 2007. In addition, intensified efforts by the Mexican authorities to fight drug cartels resulted in a decline in cocaine deliveries across the border to the United States. Law enforcement reports indicated that, between January and September 2007, there was a sustained cocaine shortage in 38 cities in the United States with large illicit markets for cocaine, while the price of a gram of pure cocaine nearly doubled. The shortage of cocaine was also reflected in workplace drug testing and in a lower percentage of cocaine-related emergency room visits in 2007 compared with the data for 2006.

441. Notwithstanding the successful law enforcement activities mentioned above, the estimated amount of cocaine from South America smuggled into the United States remained significant. United States authorities estimate that 530-710 tons of cocaine left South America for the United States in 2006, an estimate similar to the estimate for 2005. About 90 per cent of the cocaine smuggled out of South America and into the United States has passed through the Central

America corridor, the majority of it being shipped through the Eastern Pacific vector.

442. In Canada, heroin abuse continues to be the least common form of drug abuse (lifetime prevalence: 0.9 per cent). Heroin is mostly supplied by countries in South-West Asia; India continues to be the primary source or transit country. There have been no changes with regard to the availability and purity of heroin in Canada. Most of the heroin in Canada has been smuggled into the country by air passengers or through postal or courier services. In Canada, heroin abuse has been at least partly replaced by the abuse of prescription opiates. The total amount of opium seized increased considerably from 16 kg in 2005 to about 124 kg in 2006. India was the primary source of the opium seized; however, the most significant individual seizures involved consignments transited through Iran (Islamic Republic of) and Turkey. In Canada, opium is mainly abused by older members of some ethnic groups.

443. In the United States, heroin abuse is stable at a relatively low level (lifetime prevalence: 1.5 per cent), despite the fact that heroin is easily available in most large urban areas and in some suburban and rural areas, mostly in the north-eastern part of the country. However, there has been some increase in heroin abuse among young adults in suburban and rural areas. The concentration of heroin abuse in the north-east is partly the result of abusers of prescription opiates switching to heroin because of its lower cost and higher purity level. Heroin continues to be abused by youth in the United States: the annual prevalence of heroin abuse is currently 0.9 per cent, which is significantly below the peak level of 2000, when 1.5 per cent of all persons aged 17-18 reported having abused heroin during the previous year. However, United States authorities are concerned that the high level of abuse of prescription opiates may lead to increased heroin abuse among adolescents. In the United States, a combination of Mexican "black tar" heroin and over-the-counter medication containing diphenhydramine hydrochloride is being sold under the street name "cheese heroin".

444. Most of the heroin abused in the United States is illicitly manufactured in Colombia or Mexico. Mexico experienced a continuous decline in eradication levels, the total area eradicated dropping from 21,609 ha in 2005 to 16,831 ha in 2006 and only 7,784 ha in 2007. That decline was partly the result of unfavourable

climate conditions and the realignment of responsibilities for aerial eradication in Mexico (see paragraph 436 above).

445. In the United States, the number of persons who abuse prescription drugs is now greater than the total number of persons who abuse cocaine, heroin, hallucinogens, “ecstasy” and/or inhalants. Prescription drugs are the second most abused category of drugs, surpassed only by cannabis. In 2007, about 16.3 million persons reported having abused prescription drugs in the previous year (6.6 per cent of the population aged 12 and above), compared with 14.8 million in 2002. About 6.9 million of those who abused prescription drugs in the past year are “current users” (persons who abuse such drugs at least once a month). Most of those who abused prescription drugs in the past month are abusers of pain relievers: they numbered 5.2 million in 2007, compared with 4.4 million in 2002.

446. One matter of particular concern is the high rate of abuse of prescription drugs among youth. The non-medical use of prescription pain relievers among young adults (aged 18-25) in the past month increased from 4.1 per cent in 2002 to 4.6 per cent in 2007. About 15 per cent of students aged 17-18 reported the non-medical use of at least one prescription medication within the past year. The annual prevalence of abuse of narcotic drugs other than heroin among secondary school students is 9.2 per cent. More than 5 per cent of students aged 17-18 have tried oxycodone (Oxycontin®) at least once in the past year and nearly 10 per cent have tried hydrocodone (Vicodin®), 7.5 per cent have tried amphetamines, 6.2 per cent have tried sedatives and 6.2 per cent have tried tranquillizers.

447. According to the 2006 Partnership Attitude Tracking Study parents in the United States talk to their children less about the dangers of abusing prescription drugs than about the dangers of abusing heroin, cocaine, “crack”, MDMA, cannabis or alcohol, although a significant percentage of parents consider the abuse of prescription drugs to be a growing problem. Subsequently, a large portion of adolescents associate no particular risk with the non-medical use of pain relievers such as Vicodin® or Oxycontin®.

448. Concerned with the increasing abuse of pharmaceutical preparations containing internationally controlled substances, the Board has, for a number of years, called on the competent authorities of the United

States to investigate possible ways and means of preventing the advertisement of controlled substances to the general public, in conformity with the provisions of article 10, paragraph 2, of the 1971 Convention. In May 2008, a bill was introduced in the United States House of Representatives to amend the Federal Food, Drug, and Cosmetic Act with respect to drug and device advertising. The bill, once it becomes law, would establish limitations on advertising directed at potential consumers and would require the prominent display of the side effects of drugs in such advertisements. However, the Board notes that the bill would not prohibit the advertisement of controlled substances to the general public, as required by the provisions of article 10. Advertising through the United States media reaches consumers not only in the United States. Due to technological progress, such advertisements also reach the general public in all countries where such advertising is prohibited in line with article 10. The Board, therefore, reiterates its concern that direct-to-consumer advertising aimed at increasing the consumption of internationally controlled substances is not in line with article 10 of the 1971 Convention and may promote medically unjustified consumption of those substances in the United States, as well as in other countries.

449. In the United States, the abuse of prescription drugs has caused a significant number of deaths among drug abusers. According to the Florida Medical Examiners Commission, autopsies conducted in 2007 revealed that prescription drugs had caused death in three times as many cases as had all illicit drugs combined. The increase in the number of deaths caused by oxycodone was more than 2.5 times the increase in deaths caused by heroin. While legislation allowing prescription drug monitoring programmes has been adopted in 38 of the 50 states in the United States, Florida has still not adopted such legislation due to privacy concerns.

450. In the United States, methadone-related deaths and overdoses increased sharply (by 390 per cent) from 786 in 1999 to 3,849 in 2004, according to the most recent national-level data available. Data from states with a traditionally high number of methadone-related deaths suggest that that increasing trend has continued. The licit distribution of methadone to pharmacies, hospitals, teaching institutions and practitioners increased by nearly 500 per cent from 1999 to 2004.

451. The surge in the abuse of fentanyl in the United States, which resulted in the death of a large number of abusers, was reversed after a large clandestine laboratory manufacturing fentanyl in Mexico was dismantled in 2006. While the abuse of fentanyl has occurred periodically in the United States, the last large outbreak, which began in late 2005, was the most significant, geographically diverse and most long-lasting one. By mid-2007, the number of fentanyl-related deaths had decreased to the levels before 2005.

452. In 2007, the Drug Enforcement Administration of the United States initiated 1,736 criminal and complaint investigations targeting trafficking in controlled pharmaceuticals, including by Internet companies. The Drug Enforcement Administration issued immediate suspension orders to 10 Internet pharmacies operating in the State of Florida that had illegally distributed millions of dosage units of hydrocodone throughout the United States. The number of Internet pharmacies selling controlled prescription drugs increased by 70 per cent, from 342 in 2006 to 581 in 2007, the majority of them selling prescription drugs without the required prescription.

453. In Canada, diverted prescription drugs are mostly obtained from domestic sources. The abuse of oxycodone remains a cause for concern in Canada, and oxycodone continues to be smuggled out of Canada and into the United States. However, there is some indication that pharmaceuticals smuggled into Canada may be contributing to the supply of pharmaceuticals to the illicit market.

Psychotropic substances

454. Methamphetamine abuse remains a problem in Canada and traffickers continue to adulterate “ecstasy” and cannabis with methamphetamine in order to increase the illicit demand for methamphetamine. Most of the methamphetamine on the illicit market in Canada is supplied by laboratories in that country, which are increasingly being used as a source for illicit markets in other countries, including the United States. Significant seizures of methamphetamine of Canadian origin were effected in 2006 by authorities in Japan and New Zealand (see paragraph 755 below).

455. In the United States, the abuse of methamphetamine in 2007 was slightly less than in previous years: 0.2 per cent of the population are current abusers. There has been a steady decline in the

abuse of methamphetamine by youth at all age levels. The abuse of “crystal” methamphetamine (commonly called “ice”) among youth reached its lowest level since 1992.

456. Mexico continues to be the primary source of the methamphetamine trafficked in the United States. In 2007, Mexican authorities dismantled 26 clandestine laboratories for processing drugs, 9 of which were classified as methamphetamine “super laboratories” (that is, having the capacity to produce at least 10 pounds (4.54 kg) of methamphetamine per processing cycle).

457. Canada, traditionally an importer and consumer of MDMA, has become a major manufacturer and exporter of “ecstasy” (see also paragraphs 404 above and 755 below). The increased illicit manufacture and trafficking in MDMA in Canada is reflected in the unprecedented quantities of Canadian “ecstasy” seized in other countries, such as Australia and the United States. While the number of seized MDMA laboratories decreased slightly, the manufacturing capacity of the laboratories and their level of sophistication increased, indicating the involvement of organized criminal groups. The manufacture of all clandestine MDMA laboratories combined is estimated to exceed 2 million tablets per week. There is no requirement for the registration of tablet presses in Canada.

458. Total seizures of MDMA illicitly manufactured in Canada increased significantly in the United States, from 1.1 million doses in 2004 to 5.2 million in 2006. A significant proportion of the samples of seized MDMA (more than 50 per cent) contained methamphetamine, increasing the danger of the doses. The abuse of MDMA has increased among secondary school students: the annual prevalence of abuse of MDMA among students aged 17-18 is 4.5 per cent. That development may be related to the decline in the perceived risk and the disapproval of MDMA abuse. Considering that changes in attitudes often indicate an imminent change in abuse patterns, United States authorities are concerned that the number of initiates to MDMA abuse will increase.

459. As the smuggling of MDMA from Canada into the United States began to increase, the importance of European sources of MDMA decreased. In the United States, the illicit manufacture of MDMA within the country remains limited.

460. *Gamma*-hydroxybutyric acid (GHB) continues to be abused in Canada and is mostly supplied by clandestine laboratories in that country. However, small quantities of GHB are occasionally smuggled into the country.

461. In the United States, LSD and psilocybin, supplied by clandestine laboratories within the country, continue to be abused. The annual prevalence of LSD abuse among youth is low. Psilocybin is the hallucinogen most widely abused in that country.

Precursors

462. Organized criminal groups in Canada smuggle ephedrine, a precursor required for the manufacture of methamphetamine, from China and India into Canada. While the number of seizures of clandestine methamphetamine laboratories seized in Canada has continued to decline, the manufacturing capacity of those seized laboratories has increased. In response, in at least eight provinces in Canada, medications containing ephedrine and pseudoephedrine have been removed from grocery and convenience stores and have been made available only at the counter in pharmacies. The illicit manufacture of MDMA in Canada is supported by the smuggling of large amounts of the precursor 3,4-MDP-2-P from China. The precursor *gamma*-butyrolactone (GBL), used in the illicit manufacture of GHB, is obtained from sources within Canada or outside the country via the Internet or the postal system.

463. In the Synthetic Drug Control Strategy of the United States, authorities in that country set the goal of reducing by the end of 2008 (using data for 2005 as a baseline) methamphetamine abuse by 15 per cent. The goal of reducing the number of incidents involving methamphetamine laboratories by 25 per cent was reached already in 2006, when the number of such incidents declined by 48 per cent. The significant decrease in the number of incidents involving such laboratories was attributed to the Combat Methamphetamine Epidemic Act of 2005, which established stricter national controls over the sale of products containing ephedrine and pseudoephedrine.

464. Drug trafficking groups in Mexico have responded to the strong restrictions on the import and

sale of precursors of methamphetamine in Mexico⁷⁹ by smuggling those precursors using new routes leading from China and India, importing non-restricted chemical derivatives instead of those precursors and using alternative manufacturing methods. That has ensured a stable level of illicitly manufactured and smuggled methamphetamine in the United States.

Substances not under international control

465. While the main transit countries used for smuggling khat into Canada remained the Netherlands and the United Kingdom, seizures of khat smuggled into Canada from other transit countries, such as France, Germany, Italy and the United States, increased slightly. In Canada, khat is mainly used by members of ethnic communities located throughout the country.

466. Ketamine continues to be abused in Canada, where it has gained popularity as a new “club drug”. Ketamine is not only abused for its hallucinogenic effects, but has also been found to be an active ingredient in seized MDMA tablets. In Canada, ketamine is either diverted from licit distribution channels in the country or is smuggled into the country, where it is abused or trans-shipped to the United States.

467. The over-the-counter cough and cold medicines abused in the United States mostly contain dextromethorphan. In 2007, the annual prevalence of abuse of those drugs was 4 per cent among students aged 13-14, 5.4 per cent among students aged 15-16 and 5.8 per cent among students aged 17-18. Students may not recognize the potential dangers of the abuse of dextromethorphan, as the drug is available in more than 140 cough and cold medications without prescription. Several states and metropolitan areas in the United States are concerned about the abuse of dextromethorphan by youth and young adults, as the number of poison control calls related to the abuse of dextromethorphan continues to increase.

468. The abuse of inhalants by youth has been rising in the United States since 2003. The highest annual prevalence of abuse of inhalants is among students aged 13-14: 8.3 per cent. United States authorities are

⁷⁹ See also *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances. Report of the International Narcotics Control Board for 2008*

concerned about the decline in the perceived risk of abuse of inhalants. An average of 593,000 adolescents aged 12-17 use inhalants for the first time each year, the most frequently mentioned types of inhalants being glue, shoe polish, gasoline (petrol), lighter fluid and spray paint.

South America

1. Major developments

469. In 2007, the total area of illicit coca bush cultivation increased in all three of the main countries in which coca bush is illicitly cultivated (Bolivia, Colombia and Peru) to 181,600 ha, 16 per cent more than in 2006. The potential illicit manufacture of cocaine in the region remained stable.

470. According to UNODC, in Colombia, despite the continuation of eradication efforts, illicit cultivation of coca bush increased by 27 per cent. Moderate increases, not exceeding 5 per cent, were noted in Bolivia and Peru. Colombia accounted for 55 per cent of the total area under illicit coca bush cultivation in South America; that country was followed by Peru (29 per cent) and Bolivia (16 per cent).

471. The overall increase in illicit coca bush cultivation in the Andean subregion in 2007 was offset in part by decreased yields of coca leaf in some of the areas of cultivation. As a result, potential global manufacture of cocaine increased over the previous year by only 10 tons, to 994 tons. The Board is concerned that the recent growth in illicit coca bush cultivation in the subregion may lead to further increases in illicit cocaine manufacture.

472. The area of illicitly cultivated coca bush that was eradicated in the three main countries producing coca leaf in 2007 totalled 238,300 ha (5,500 ha more than in the past year): 153,100 ha were eradicated by aerial spraying and 85,200 ha by manual eradication. In Colombia alone, 220,000 ha of illicit coca bush were eradicated. Small areas under illicit coca bush cultivation were also eradicated in Ecuador.

473. International criminal groups continued to use the Bolivarian Republic of Venezuela as one of the main departure areas for illicit drug consignments leaving the region of South America. According to UNODC,

the smuggling of cocaine through that country has increased significantly since 2002.

474. South American countries participated in the Drug Treatment City Partnership initiative, focusing on the establishment of a network between cities in Latin America and the Caribbean and in Europe to facilitate the exchange of information and best practices regarding drug control policies. The objective of the initiative, which is being funded by the European Commission and executed by CICAD, is to contribute to the improvement of treatment and rehabilitation programmes for drug abusers and demand reduction programmes for different groups of people in the participating countries.

475. The Board appreciates the importance given by the Governments of South American countries to drug demand reduction programmes and preventive approaches in their national drug control strategies and policies. However, according to the latest Hemispheric Report of CICAD, in which progress in drug control was evaluated in countries in the western hemisphere in the period 2005-2006, the budget allocated by the Governments of some of those countries is insufficient to develop demand reduction activities.

476. In 2008, Argentina, Bolivia, Chile, Ecuador, Peru and Uruguay presented a study on drug use in the southern part of South America entitled "Guiding elements for public policy on drugs in the subregion", which was conducted in cooperation with UNODC and CICAD. As part of the study, for the first time, the same methodology was applied to determine different aspects of drug use among the general population (persons aged 15-64) in the region. According to the study, cannabis is the most abused drug in the countries surveyed. Past-year prevalence of cannabis abuse was 4.8 per cent, higher than the global average of 3.8 per cent.

477. Large quantities of precursor chemicals frequently used in the illicit manufacture of drugs continue to be seized in South America. For example, in 2007, Colombia seized 144 tons of potassium permanganate. The origin of seized chemicals often remains unknown. The Board reiterates its call to the Governments of countries in the region to urgently devise strategies to address the smuggling of precursor chemicals into areas in which cocaine is illicitly manufactured.

2. Regional cooperation

478. CICAD remains the main regional forum for coordinating drug control issues in the Americas. In 2007, a decade after the creation of MEM, CICAD presented the report entitled *Multilateral Evaluation Mechanism (MEM) Achievements, 1997-2007*. The report summarizes the progress made by each country in the region, as well as advances in the region as a whole, regarding the development of policies and programmes to combat illicit drugs between 1997 and 2007. As regards strengthening institutions, the report highlights the importance of established national drug control authorities and drug observatories that assist Governments in implementing their national drug control strategies. In terms of prevention, it points to progress in developing minimum treatment standards and drug control programmes that target different segments of society. The report also reflects the progress made in reducing illicit crops and tackling the demand side, as well as in implementing drug control measures.

479. At the Seventeenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held in Quito from 15 to 19 October 2007, participants made recommendations on combating illicit cannabis cultivation and trafficking, money-laundering and trafficking in amphetamine-type stimulants in the region. During the meeting, experts from the Netherlands held a training workshop on the detection and dismantling of clandestine laboratories manufacturing amphetamine-type stimulants.

480. The Government of Colombia hosted the Ibero-American Workshop on Drug Policies in the Local Context in Cartagena de Indias from 29 October to 2 November 2007. Workshop participants discussed experiences and best practices to increase the participation of subnational and local authorities in the planning and management of national drug control policies and activities.

481. Representatives of the drug control and judicial authorities of Mexico and Peru held a preparatory working meeting on coordinated action in fighting drugs in Peru on 29 October 2007. The authorities discussed issues concerning the harmonization of legal documents related to synthetic drugs and mechanisms for sharing experiences and knowledge regarding drug trafficking organizations.

482. The Tenth High-Level Specialized Dialogue on Drugs between the Andean Community and the European Union was held in Bogota on 1 and 2 November 2007. Representatives of Bolivia, Colombia and Peru presented their national strategies for alternative development and eradication of illicit crop cultivation, while the representative of Ecuador reported on preventive alternative development programmes implemented in the northern areas of that country along its borders with Colombia. According to the Andean Community, although cannabis continued to be the most abused drug in the subregion, the abuse of coca base was increasing steadily. The meeting concluded that measures related to demand reduction and drug abuse needed to be strengthened further.

483. On 8 and 9 November 2007, the Government of Uruguay hosted in Montevideo the Twelfth Meeting of the Specialized Drug Network of MERCOSUR Countries. The objective of the network is to promote activities and programmes of cooperation and prevention of drug abuse and treatment of drug abusers. The participants adopted the Declaration of the Presidents of MERCOSUR and Associated Countries, which stressed the importance of the shared responsibility of the countries in combating illicit drugs.

484. In July 2007, UNODC launched a project on law enforcement and intelligence cooperation against cocaine trafficking from Latin America to West Africa. The aim of the project is to stimulate cooperation between the national law enforcement agencies of countries in South America (Bolivia, Brazil, Colombia Ecuador, Peru and Venezuela (Bolivarian Republic of)), the Caribbean (Trinidad and Tobago) and West Africa (Cape Verde, Ghana, the Gambia, Guinea-Bissau, Senegal and Togo) by gathering and sharing drug-related intelligence (see paragraph 300 above).⁸⁰

485. At a meeting of the Intelligence Sharing Working Group held in Cartagena de Indias, Colombia, on 13 and 14 November 2007, the participants, representing 22 countries and territories in Latin America and of 4 European Union member States, were informed of the above-mentioned UNODC project. The participants also reviewed recent drug trafficking routes leading from Latin America and the

⁸⁰ See *Report of the International Narcotics Control Board for 2007...*, para. 299.

Caribbean through Africa and discussed the role of national forensic authorities in combating drug trafficking.

486. Chile hosted the Ninth Meeting of the Expert Group on Drug Demand Reduction in Santiago from 13 to 15 November 2007. The Meeting was attended by representatives of 22 countries, including Argentina, Bolivia, Brazil, Colombia, Ecuador, Paraguay, Suriname, Uruguay and Venezuela (Bolivarian Republic of). The Meeting, which focused on issues related to the abuse of drugs in the work environment, concluded that drug abuse worsened the work environment, reduced overall production capacity and was a cause of increased work-related accidents and absence from work.

487. Corruption seriously affects many South American countries and reduces the impact of drug control efforts in the region. According to Transparency International's *Global Corruption Report 2007*, Chile and Uruguay are the only countries in the region with a corruption perceptions index of over 5.0. Countries that score under the index are considered to have a serious corruption problem. During the reporting period, South American countries launched a number of initiatives to address the problem. For example, 18 countries in Latin America and the Caribbean were represented in the Regional Conference on the Implementation of the United Nations Convention against Corruption held in La Paz in December 2007.

488. At a workshop held in Lima on 6 and 7 December 2007, Government representatives and experts from Bolivia, Colombia and Peru discussed their experiences in the field of alternative development and proposed guidelines to optimize the role of international cooperation in support of Government policies.

489. In July 2008, Bolivia, Colombia, Ecuador and Peru, in cooperation with the European Union, launched a project to provide support to the Andean Community in the area of synthetic drugs, aimed at developing methodologies to obtain objective data on demand for and supply of synthetic drugs and their impact on society in the countries concerned. The data will help the Governments concerned to prepare their national strategies and programmes to combat trafficking in and abuse of synthetic drugs.

490. High-level representatives of 25 countries of Central America, the Caribbean and South America met in Cartagena de Indias, Colombia, from 30 July to 1 August 2008 at the Regional Summit on the World Drug Problem, Security and Cooperation. Participants adopted the Cartagena Declaration, in which they emphasized the importance of a balanced approach to implementing drug supply and drug demand strategies. In the area of drug supply reduction, the Declaration highlighted the importance of preventing the diversion of precursor chemicals by using the internationally established control mechanisms. In the area of drug demand reduction, it called for further enhancement of prevention, education, treatment, rehabilitation and social reintegration activities.

491. On 1 August 2008, the National Council for Control of Narcotic Drugs and Psychotropic Substances (CONSEP) of Ecuador and the National Commission for Development and Life without Drugs (DEVIDA) of Peru signed an agreement providing a framework for joint activities and cooperation in the areas of prevention, interdiction and sustainable alternative development, including preventive alternative development programmes.

3. National legislation, policy and action

492. In 2008, the Government of Bolivia initiated a study on coca leaf in Bolivia, the objective of which is to produce quantitative and qualitative data on the use, marketing and production of coca leaf in the country. The study is expected to be conducted over a period of 18 months. The Board hopes that the results of the study will assist the Governments of Bolivia and the other countries concerned in the implementation of the provisions of the 1961 Convention as amended by the 1972 Protocol, in particular the provisions on the production and use of coca leaf.

493. The Brazilian authorities continued to participate in the Drug Abuse, HIV/AIDS and STD (Sexually Transmitted Diseases) Prevention Project, aimed at increasing access by the HIV/AIDS population to related health services and promoting prevention activities targeting vulnerable groups, including an estimated 193,000 persons who abuse drugs by injection. According to UNODC, the incidence of AIDS cases related to drug abuse by injection fell from 23.6 to 9.3 per cent among men and from 12.6 to 3.5 per cent among women between 1996 and 2006.

494. In November 2007, the Government of Colombia convened a national workshop in Bogota to examine procurement and distribution systems for opioid analgesics so as to facilitate patient access to those essential pain-relief medications in the country. The meeting was attended by representatives of the national regulatory authorities, and also of several international organizations, including WHO and the Pan American Health Organization. Later in 2008, the Government of Colombia adopted a resolution guaranteeing the availability of opioids 24 hours a day in at least one pharmacy in every department in the country.

495. In 2007, the Government of Peru promulgated a series of laws aimed at strengthening the prevention, investigation and prosecution of organized crime, as well as strengthening the control of precursor chemicals, including Decree No. 928, which criminalizes activities that impede the eradication of illicit crops. In 2008, the Government also promulgated a new civil asset forfeiture law, aimed at seizing illicit assets of drug cartels and of those involved in forms of organized crime other than drug trafficking. A similar civil asset forfeiture law has been submitted to the Constitutional Assembly in Ecuador for its adoption.

496. In 2008, the government of the region of Puno, Peru, passed a resolution declaring coca leaf a regional, cultural, medicinal and industrial heritage and a symbol of the Quechua-Aymara people and demanded a stop to forced eradication of coca bush in that part of the country. The Government of Peru referred the case to the Constitutional Court, which declared the resolution unconstitutional.

497. A number of countries in South America devote special attention to problematic drug users. In December 2007, the competent authorities of Paraguay published a national programme for treatment of problematic drug users, which gathers experiences from different national and international institutions and experts involved in drug abuse prevention programmes, including programmes for the treatment and rehabilitation of drug abusers.

498. According to the Government of the Bolivarian Republic of Venezuela, over 180 airstrips used for drug trafficking were detected in that country in 2007. Ninety of those airstrips were destroyed during the law enforcement activities. Pursuant to the national drug control plan for the period 2008-2013, the Government has initiated a series of measures aimed at protecting

its territory and national air space from drug smuggling. Those measures include the destruction of non-authorized airstrips and the installation of a radar system for air traffic control, in particular in the areas of the country that are most affected by trafficking, such as the country's border with Colombia. In addition, the Government imposed restrictions on the use of airports for private flights. The drug control strategy also includes measures to reinforce the participation of the community in combating drugs, including in prevention of diversion of precursor chemicals, in cooperation with the chemical industry.

499. The Board notes that, in 2008, the Governments of Argentina, Bolivia, Brazil, Chile, Ecuador, Paraguay and Peru participated in Operation "Ice Block", which focused on the monitoring of trade in precursors of amphetamine-type stimulants. The Board wishes to encourage the Governments of Latin American countries to remain vigilant with regard to shipments of precursor chemicals and to adopt further measures to enhance their controls.

4. Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

500. According to UNODC, the annual illicit production of cannabis in South America is estimated at about 10,000 tons, almost 25 per cent of global illicit production in 2006. Paraguay, whose illicit production of cannabis is estimated at 5,900 tons, is the main country producing cannabis in the region.

501. According to law enforcement agencies in South America, most illicit cannabis cultivation occurs in remote and inaccessible areas. The organized criminal groups established in the region take advantage of the lucrative cannabis trafficking operations and are often involved in other types of criminal activity.

502. Brazil continues to report the largest seizures of cannabis in South America. In 2007, Brazilian authorities seized almost 200 tons of that narcotic drug. During 2007, Colombia seized 183.2 tons of cannabis, the largest amount of the substance seized in the country in the previous 10 years. In Peru, seizures of cannabis remained relatively stable between 2004 and 2007, ranging from 1.1 to 1.5 tons. In the Bolivarian Republic of Venezuela, cannabis seizures have

gradually increased since 2003; in 2007, authorities in that country seized over 25 tons of cannabis.

503. According to the first comparative study on drug abuse among the general population in six South American countries, the highest lifetime prevalence of abuse of cannabis, 27.1 per cent, was found in Chile and the lowest, 4.0 per cent, in Peru. In Chile, the past-year prevalence of cannabis abuse was significantly lower (7.5 per cent) and was comparable with that found in Argentina (7.2 per cent). According to UNODC, in Uruguay, cannabis abuse, which had grown rather modestly in the 1990s, increased noticeably in the period 2001-2007: the annual prevalence of cannabis abuse among the general population quadrupled, from 1.3 per cent in 2001 to 5.3 per cent in that country in 2007.

504. According to UNODC, in Bolivia, the cultivation of coca bush increased slightly for the second consecutive year, amounting to 28,900 ha. The illicit cultivation was concentrated in the Yungas and Chapare regions, which accounted for 69 per cent and 30 per cent, respectively, of the total illicit coca bush cultivation in the country. In most of the Chapare region, farmers cultivate coca bush on an area averaging one *cato* (0.16 ha), the largest area allowed according to an agreement reached between the Government and coca grower's organizations in that region in 2004. In September 2008, the Government of Bolivia signed an agreement with coca bush growers of the Yungas allowing them to cultivate coca bush in that area. The Board expects that the Government, when addressing the existing cultivation of coca bush in the Yungas, will comply with its obligations under the treaties.

505. According to the provisions of the 1961 Convention, all coca bush cultivation is illicit unless it is destined for medical, scientific or specific industrial purposes. As that continues not to be the case in Bolivia, the Board urges the Government, when addressing the existing cultivation of coca bush in the country, to bear in mind the above and to do its utmost to comply with its obligations under the 1961 Convention.

506. A study of coca leaf yield conducted in the Yungas region in 2006 confirmed that farmers cultivating coca bush employed sophisticated agricultural techniques, such as the use of agrochemicals and mechanical irrigation, to improve

the yield. In 2007, the Government of Bolivia reported the manual eradication of over 6,200 ha of coca bush, 24 per cent more than in 2006. Ninety-five per cent of that eradication was carried out in the Chapare region. In Bolivia, potential cocaine manufacture in 2007 increased by 9 per cent over the previous year, to 104 tons.

507. Colombia continues to be the world's largest producer of coca leaf. In 2007, the illicit cultivation of coca bush increased there by 27 per cent, to 99,000 ha. Illicit coca bush cultivation increased above all in low-yield areas, such as the Pacific region, which yields about 2,600 kg of fresh coca leaf per hectare each year. In regions in which production is high, such as Meta-Guaviare, in which the coca leaf yield is about four times higher than in the Pacific region, the area under illicit coca bush cultivation has decreased slightly. As a result, in 2007, potential cocaine manufacture in Colombia did not increase; it amounted to 600 tons, 10 tons less than in 2006.

508. In 2007, about 67,000 ha of illicitly cultivated coca bush were eradicated manually in Colombia and a further 153,000 ha were subject to aerial spraying. The forced manual eradication was carried out by mobile eradication groups with the assistance of the police and the army. Those eradication efforts were hampered by violent attacks by armed and criminal groups using firearms and anti-personnel mines to protect illicit crops.

509. According to UNODC the cultivation of coca bush in Peru increased in 2007 by 4 per cent, to 53,700 ha. For three years, such cultivation increased in the areas bordering Bolivia. In 2007, estimated cocaine manufacture in Peru was 290 tons, and Peru accounted for 29 per cent of potential global manufacture of cocaine, a level 4 per cent higher than in 2006 and the highest level since 1999.

510. According to DEVIDA, there has been an alarming increase since 2004 in attacks by armed groups and drug traffickers against workers eradicating illicit coca bush, in particular in areas without permanent police protection. In mid-2008, the Federation of Coca Farmers in Peru initiated a strike and demanded the suspension of the eradication of coca crops in the Upper Huallaga area. In 2007, eradication in Peru decreased by 5 per cent to 12,072 ha, of which 8 per cent was eradicated voluntarily and 92 per cent was eradicated by force. In

the first half of 2008, a further 5,100 ha of illicitly cultivated coca bush were eradicated.

511. The world's main cocaine trafficking routes continue to run from countries in the Andean subregion, notably Colombia, to the United States. In the past few years, the amount of cocaine from South America smuggled via West Africa into Europe has increased dramatically (see also paragraphs 242-246 above).

512. According to Europol, drug trafficking networks in South America cooperate in temporary joint ventures established on an ad hoc basis, making use of specialists in all sectors of their criminal activities, ranging from chemists for processing the cocaine, skippers, pilots and trained couriers for the transportation of drugs to financial experts for the laundering of their criminal proceeds. The South American trafficking organizations also exploit the unstable social and economic situation and the weak drug control mechanisms in some African countries. They have established bases in West Africa and have set up a variety of businesses to justify their presence in that subregion and to conceal their criminal activities and their cooperation with African criminal groups.

513. UNODC estimates that the global rate of interception of cocaine consignments is currently about 40 per cent. In 2006, the South American countries accounted for 45 per cent of cocaine seizures worldwide. Large seizures continue to be concentrated in a few countries. In 2007, cocaine seizures increased in Bolivia, Brazil and Colombia and decreased in Ecuador and Peru.

514. Drug seizures in Bolivia have followed an upward trend that started several years ago. In 2007, seizures of cocaine hydrochloride doubled over the level of the previous year, reaching 2.9 tons, and seizures of cocaine base tripled compared with 2002, amounting to 14.9 tons. In accordance with the national drug control strategy for the period 2007-2010, which provides for further measures to combat drug trafficking, drug control operations in Bolivia have been further reinforced. In the first half of 2008, seizures of cocaine increased by one third compared with the same period in 2007.

515. In 2007, seizures of cocaine hydrochloride and cocaine base in Colombia increased slightly, to

181 tons, accounting for one fourth of potential manufacture of cocaine in the country. The Colombian authorities estimate that of the illicit drugs leaving their country about 80 per cent is smuggled by sea through the Mexico-Central American corridor, the Euro-African corridor and the Caribbean corridor, in that order. Most of the drugs are trafficked by sea on board speedboats capable of carrying a load of between 1 and 1.5 tons. The use of submersible vessels for drug trafficking, which had been noted in the past, was reported in 2007 as well. More illicit drugs are trafficked by sea than by air. Drugs are smuggled across borders by air (on board aircraft) rather than by land.

516. After an exceptionally large amount of cocaine was seized in Peru in 2005 and 2006, the amount seized in 2007 decreased to 8.1 tons, about half the amount seized in the previous year. The decrease in the amount of cocaine seized was offset in part by an increase in the amount of coca paste seized, which amounted to 6.3 tons. According to UNODC, about 5 per cent of potential manufacture of cocaine hydrochloride in Peru is destined for use in that country. The remainder is smuggled into North America and, increasingly, Europe. Approximately 40 per cent of that amount is smuggled by maritime routes and the rest mainly over the borders with Ecuador, Chile and Brazil, in that order.

517. In Brazil, the competent national authorities seized a total of 18.2 tons of cocaine, including coca paste, in 2007. In Argentina, the smuggling of coca leaves from the southern part of Bolivia has increased. During 2007, Argentine police at the Bolivian border seized 44 tons of coca leaves and 3.3 tons of cocaine.

518. Ecuador is affected by not only drug trafficking, but also drug stockpiling, the diversion of precursor chemicals and to some extent illicit drug production. In 2007, more than 25 tons of cocaine base and cocaine hydrochloride were seized. According to the Ecuadorian authorities, drug trafficking and money-laundering are accompanied by an increased level of other forms of serious crime, including robbery, extortion and kidnapping, which destabilize the national economy and undermine security.

519. Between 2002 and 2007, the authorities of the Bolivarian Republic of Venezuela seized an average of 35 tons of cocaine each year. In 2007, the amount of cocaine seized in that country totalled 31.8 tons.

European countries, in particular Spain, have been identified as the main countries of destination for some 70 per cent of the drugs smuggled through the Bolivarian Republic of Venezuela. The number of persons arrested in the Bolivarian Republic of Venezuela in connection with drug trafficking increased from 809 to 4,150 between 2006 and 2007.

520. Although Guyana and Suriname are not associated with significant production of illicit drugs, both countries are used as trans-shipment areas for a significant amount of cocaine en route to Europe and North America, partly through Africa.

521. In Colombia, traditional use of coca leaf is marginal and statistically insignificant: virtually the entire coca leaf production is destined for illicit cocaine manufacture. It is estimated that Colombian farmers process half of their coca leaf production into cocaine base to gain a higher income per hectare of cultivated area. The last step in the process of manufacturing cocaine hydrochloride is usually carried out by traffickers in clandestine cocaine laboratories. Although several countries in South America regularly report on the number of laboratories manufacturing cocaine hydrochloride that have been destroyed on their territory, most of the destroyed laboratories are reported by Colombia. Of the 2,500 clandestine laboratories destroyed in Colombia in 2007, 11 per cent were processing cocaine hydrochloride and the rest were processing coca paste or cocaine base.

522. The number of laboratories illicitly processing coca leaf identified in Bolivia has gradually increased in recent years. Between 2000 and 2007, the number of destroyed coca maceration pits increased from 790 to 6,525 and the number of laboratories destroyed for processing coca paste and cocaine increased from 628 to 4,087. The Bolivian authorities destroyed over 4,000 laboratories for processing coca paste and cocaine in 2007 and 2,000 such laboratories in the first half of 2008.

523. The destruction of 16 laboratories manufacturing cocaine hydrochloride in Peru in 2007, in addition to over 600 laboratories processing coca paste and cocaine base, confirms the capacity to manufacture cocaine hydrochloride in the country. In the first half of 2008, 12 more cocaine hydrochloride laboratories were destroyed in Peru. In the Bolivarian Republic of Venezuela, 13 laboratories illicitly manufacturing

cocaine were dismantled in 2007 in the states of Zulia and Táchira, close to the Colombian border.

524. In the past few years, most South American countries have reported increasing abuse of cocaine, probably a spillover effect of the drug trafficking throughout the region. Several countries in the southern part of South America previously used as transit areas by drug traffickers have been used more and more for drug processing. That shift has resulted in the increased availability of inexpensive semi-refined cocaine derivatives, such as cocaine base and coca paste, in the local markets. Changes in drug abuse patterns, including increased abuse of *paco* (coca paste), were reported, for example, by Argentina, Brazil, Chile and Uruguay.

525. The first comparative study on drug use in six countries of South America has shown that the average past-year prevalence of cocaine abuse in those countries was 1.4 per cent, which is 0.3 per cent higher than the global average. The prevalence of cocaine abuse ranged from 0.1 to 2.7 per cent. The prevalence was highest in Argentina, followed by Uruguay, Chile, Bolivia, Peru and Ecuador. Argentina reported the lowest age of initiation for the abuse of cocaine among the surveyed countries: 25 per cent of cocaine abusers in Argentina are 16 years old or younger. Between 42 and 46 per cent of cocaine abusers in Argentina, Ecuador and Peru showed signs of drug dependency. The higher level of cocaine abuse has resulted in increased demand in the region for treatment for cocaine abuse. According to UNODC, treatment for cocaine abuse accounted for 48 per cent of all drug-related treatment in 2005; that figure increased to 54 per cent in 2006.

526. Illicit cultivation of opium poppy in South America accounts for less than 1 per cent of illicit opium poppy cultivation worldwide. In Colombia, the main country of illicit cultivation of opium poppy in the region, such cultivation has declined 10-fold during the past decade. In 2007, the total area under illicit opium poppy cultivation in Colombia was about 700 ha, or 1.4 tons of potential heroin manufacture. In the past, opium poppy was eradicated on small cultivation sites in Peru and Venezuela (Bolivarian Republic of). In 2007, Peruvian authorities eradicated a total of 28 ha of opium poppy.

527. In 2007, two heroin laboratories were destroyed in Colombia. During 2007, the largest seizures of

heroin in South America occurred in Colombia (over 500 kg), followed by Ecuador, the Bolivarian Republic of Venezuela and Brazil. There are indications that heroin found in South America could also be coming from West Asia. In 2008, the Government of Pakistan reported that traffickers were exchanging heroin for cocaine in that country.

528. According to the latest UNODC data, the annual prevalence of abuse of opiates in South America is 0.3 per cent, which is 0.1 per cent lower than the global average. The highest annual prevalence of abuse of opiates in the region was found in Brazil (0.5 per cent) and the lowest (less than 0.1 per cent) was recorded in Bolivia and Suriname. Most of the reported abuse of opiates in the region involves the abuse of opioids diverted from licit sources. The Board notes with concern that, contrary to the situation in other South American countries, in Uruguay the relative number of females who abuse drugs by injection is high; consequently, there is an increasing number of cases of HIV infection among pregnant women who abuse drugs by injection and among newborn babies of women who abused drugs by injection during pregnancy.

Psychotropic substances

529. Several countries in South America reported an increase in the non-medical use of psychotropic substances, in particular sedatives and tranquillizers, in the past year. Those countries, including Argentina, expressed their concern at the increased abuse of so-called “date rape drugs”, which are often administered by criminals to victims of sexual assault or other types of crime. Use of such drugs, in particular in combination with alcohol, may result in rapid loss of resistance, impaired judgement and amnesia. GHB, flunitrazepam and ketamine (a substance not under international control) are among the substances most often used by criminals for such purposes.

530. In 2007, the National Secretariat on Drug Policies (SENAD) of Brazil initiated a study on the use of alcohol and other psychoactive substances, including cannabis, cocaine, amphetamines and benzodiazepines, in road traffic accidents in Brazil. The aim of the study is to measure the impact of the abuse of those psychoactive substances on private and professional drivers in the country.

531. In Argentina, the lifetime prevalence of abuse of stimulants and tranquillizers without medical prescription by people aged 15-64 was 1.6 and 3.6 per cent, respectively. According to the latest study relating drug abuse to emergency room admissions in Argentina, anxiolytics, sedatives and tranquillizers were together the third most frequently used psychoactive substances (after alcohol and tobacco) among patients treated in emergency rooms in public hospitals. Although some South American countries, including Argentina, Chile and Peru, reported increased abuse of MDMA (commonly known as “ecstasy”) in 2006, seizures of the substance continued to be low in the region.

Precursors

532. Large-scale diversion of precursor chemicals continued to be reported in South America. In 2007, over 14,000 tons of chemicals were reported to have been seized in the region. Acetone and sulphuric acid were the most frequently seized precursor chemicals under international control. Between 2000 and 2007, global seizures of potassium permanganate, the key chemical used in the illicit manufacture of cocaine, totalled about 850 tons. Over 90 per cent of the seizures of potassium permanganate were made in Colombia. The Board is concerned that traffickers have found ways to circumvent international trade controls, for example, by illicitly producing potassium permanganate in Colombia, by diverting the substance from domestic trade and by smuggling within the region. The Board reiterates its request to the Governments of all countries in the Americas to urgently devise strategies to address the smuggling of precursor chemicals into the area in which cocaine is illicitly manufactured, utilizing, where appropriate, the experiences gained in the framework of Project Cohesion in targeting acetic anhydride in Central and West Asia.

533. The Board notes that imports of ephedrine and pseudoephedrine in some South American countries, including Argentina, have significantly increased in the past several years. The Board is concerned that the increased imports may indicate increased interest among drug trafficking organizations in obtaining the key chemicals to meet the needs of the clandestine methamphetamine laboratories in countries in North America, in particular Mexico, as well as in South America. In 2007, seizures of pharmaceutical

preparations containing pseudoephedrine were reported in Peru. In July 2008, the Argentine authorities identified a case involving the diversion of ephedrine on a large scale and destroyed a methamphetamine laboratory in their country. The Board requests the Governments of all countries in South America to continue monitoring the licit trade in precursors of amphetamine-type stimulants, including ephedrine and pseudoephedrine traded as raw material or in the form of pharmaceutical preparations, in order to prevent the diversion of those precursors from licit channels.

C. Asia

East and South-East Asia

1. Major developments

534. The Board noted the large-scale smuggling of illicit drugs into East and South-East Asia from outside the region, mainly from Canada and countries in West Asia. In 2007, Japanese law enforcement authorities reported a number of seizures involving consignments of drugs, including cannabis, methamphetamine and MDMA, hidden in sea and air freight originating in Canada. In October 2007, China reported its largest single seizure of drugs from West Asia, and law enforcement authorities in the Autonomous Region of Xinjiang seized heroin and cannabis that had been concealed in a shipment originating in Kazakhstan and destined for Canada. Also in 2007, Thailand reported that the amount of heroin from West Asia exceeded the amount from the Lao People's Democratic Republic, Myanmar and Thailand. In March and April 2008, customs officers at Hong Kong International Airport seized a significant amount of heroin purportedly originating in West Asia, part of which was seized from passengers arriving from the Philippines and part of which was seized from passengers arriving from India and the United Arab Emirates.

535. The Board notes that Governments of States in East and South-East Asia have continued to strengthen national drug control legislation and improved the provision of treatment and rehabilitation services for drug abusers. In particular, China has adopted a law that includes provisions on voluntary community-based treatment and rehabilitation for drug abusers.

536. The unsafe practice of sharing needles among drug abusers remains one of the main causes of HIV transmission in many countries in South-East Asia. The Australian Agency for International Development launched the HIV/AIDS Asia Regional Program in Chiang Mai, Thailand, in April 2008, to help stop the spread of HIV/AIDS in South-East Asia through advocacy, knowledge-sharing and strategic partnerships. The Program, which is expected to last eight years, involves Governments, regional agencies, civil society organizations and drug abuse prevention networks in controlling the spread of HIV transmission associated with drug abuse in Cambodia, China, the Lao People's Democratic Republic, Myanmar, the Philippines and Viet Nam.

537. National authorities of countries in East and South-East Asia continued to report significant seizures of drugs smuggled through the postal system. Large amounts of benzodiazepines and cannabis were seized, but the most often seized drug was methamphetamine. In particular, in 2007, it was noted that illicit drugs from Thailand were being smuggled through the postal system into the United Kingdom. Traffickers also smuggled drugs from Canada, China and the United States into the Republic of Korea through the postal system.

538. While heroin continued to be the most widely abused drug in China (including in the Hong Kong Special Administrative Region (SAR)), Malaysia and Viet Nam, a significant increase in the abuse of non-controlled substances was also reported. Ketamine was reported to be the most commonly abused psychotropic substance in China (including in the Hong Kong SAR). In the Hong Kong SAR of China, ketamine is the drug of choice for 73 per cent of drug abusers under the age of 21.

2. Regional cooperation

539. The Board notes with satisfaction that the countries in East and South-East Asia continued to cooperate in the field of drug control through bilateral, multilateral and regional organizations.

540. During the thirteenth Summit of the Association of Southeast Asian Nations (ASEAN), held in Singapore in November 2007, ASEAN member States (Brunei Darussalam, Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam)

signed the ASEAN Charter, in order, inter alia, to strengthen regional cooperation in building a safe, secure and drug-free environment for the peoples of ASEAN. The Sixth ASEAN Ministerial Meeting on Transnational Crime was held in Bandar Seri Begawan, Brunei Darussalam, in November 2007. Participants agreed to enhance border control systems; to establish a dedicated national focal point and maximize the use of existing mechanisms for better coordination in combating transnational crime issues; and to enhance capacity-building, including by providing training in English and computer skills for law enforcement officials. The Fifth Meeting of the ASEAN Inter-Parliamentary Assembly Fact-Finding Committee to Combat the Drug Menace was held in Singapore from 22 to 25 June 2008. The participants agreed to continue to exchange information and cooperate to address common threats related to drug control. The eighth ministerial meeting of Signatory Countries of the 1993 Memorandum of Understanding on Drug Control was held in Vientiane in June 2008. The participants agreed to continue to exchange information on regional drug demand reduction activities and the link between drug abuse and HIV/AIDS. At the fifteenth ASEAN Regional Forum, held in Singapore on 24 July 2008, participants adopted the Statement Promoting Collaboration on the Prevention of Diversion of Precursors into Illicit Drug Manufacture. In the Statement, the competent national authorities of the ASEAN Regional Forum were urged to work in cooperation with each other and with existing mechanisms to strengthen the control of precursors used in the illicit manufacture of drugs. In the framework of the ASEAN-Republic of Korea Knowledge-Transfer Programme on Narcotic Crimes, launched in 2007, the Lao People's Democratic Republic became the first country to receive drug control assistance from the Republic of Korea. The purpose of the assistance is to strengthen the drug law enforcement capacity of the Lao National Commission for Drug Control and Supervision through the transfer of technology and provision of relevant equipment.

541. The Twenty-eighth ASEAN Chiefs of Police Conference was held in Bandar Seri Begawan from 25 to 29 May 2008. The participants resolved to enhance the exchange of information on syndicates involved in the illicit manufacture of and trafficking in narcotic drugs and psychotropic substances, including information on their trafficking routes and modus

operandi, in order to facilitate coordinated operations and investigations. Participants also resolved to enhance the exchange of information on the movement of precursor chemicals and to enhance capacity in regulating precursor chemicals used in the illicit manufacture of drugs with a view to preventing the diversion of those chemicals. Participants further resolved to strengthen coordination, cooperation and collaboration through sharing intelligence in order to facilitate the identification, tracing, freezing, forfeiture or confiscation of assets derived from the proceeds of drug trafficking, in accordance with national law. Participants further resolved to enhance cooperation in regional training, sharing of best practices, personnel exchange programmes and other capacity-building efforts related to drug control.

542. In Guangzhou, China, the Regional Intelligence Liaison Office for Asia and the Pacific of the World Customs Organization and Chinese customs authorities jointly organized in September 2007 a regional seminar on fighting drug trafficking. Participants discussed the drug trafficking situation in the region, cooperative regional drug law enforcement efforts, trends in drug smuggling, exchange of information and intelligence, specific cases and techniques for detecting suspicious shipments and cross-border cooperation.

543. The Regional Amphetamine-Type Stimulants Forum was held in Manila from 29 to 31 August 2007. Representatives from ASEAN member States and China, as well as representatives from the ASEAN Secretariat, INTERPOL, WHO, the Australian National Council on Drugs and the Australian Federal Police, attended the Forum. The main objective of the Forum was to enable participants to identify options for responding to the problems of the illicit supply of and demand for amphetamine-type stimulants in East Asia. Participants discussed the latest regional data and examined examples of how data on the illicit supply and demand of such stimulants could be used for policymaking. The participants identified areas of priority, including: initiating measures to improve the sharing of forensic information and data on precursor seizures using existing mechanisms; expanding technical assistance for forensic capacity and improved information sharing; conducting impact studies on existing treatment and demand reduction programmes and developing mechanisms for integrating results into national policies; and initiating and expanding

technical assistance for carrying out prevalence studies and rapid assessments.

544. The seventh meeting of drug control officials from Cambodia, the Lao People's Democratic Republic and Viet Nam was held in Siem Reap, Cambodia, in December 2007. At the meeting, representatives of the three States agreed to cooperate in preventing the diversion of sassafras oil. Viet Nam agreed to assist in training law enforcement authorities in Cambodia and the Lao People's Democratic Republic during 2008 and to build a centre for the treatment of drug abusers in Cambodia. The Third Thailand-Viet Nam Bilateral Meeting on Drug Control Cooperation was held in Da Nang, Viet Nam, in May 2008. At the meeting, the two States agreed to cooperate in promoting the treatment and rehabilitation of drug addicts and in combating drug-related crime.

545. In November 2007, customs authorities from the Hong Kong SAR of China and the Republic of Korea reaffirmed their commitment to combating transnational offences, including drug trafficking, concerning customs authorities. Pursuant to the agreement, the two States will strengthen cooperation for the exchange of expertise and the organization of training courses. The customs authorities of the Hong Kong SAR of China and Japan signed similar agreements in January 2008, as did the authorities of the Macao SAR of China and Thailand. Myanmar and Thailand signed a memorandum of understanding in February 2008 to cooperate in eradicating illicit opium poppy crops and introducing an opium poppy crop-substitution project in Myanmar. In March 2008, Cambodia and Singapore signed a memorandum of understanding against transnational crime. The signature of that agreement signals closer bilateral cooperation between the two States with regard to the exchange of expertise and information on a number of areas, such as countering drug trafficking.

546. States in East and South-East Asia continued to share expertise by providing assistance in drug control. The Republic of Korea launched an eight-month project in 2008 to assist Viet Nam in raising public awareness about the dangers of drug abuse.

547. In January 2008, customs authorities in the Hong Kong SAR of China launched the Drug Seizure Immediate Notification System, for East and South-East Asia. Participating States include Cambodia, China (including the Hong Kong SAR and the Macao

SAR), Japan, the Lao People's Democratic Republic, Thailand and Viet Nam. The System allows participating States to exchange information on drug trafficking on the basis of cases of such trafficking detected at their airports. The System will be reviewed after the first six months of its operation.

548. Regional initiatives, including meetings and training courses, to promote precursor control continued to provide opportunities for States to share expertise. The joint meeting of the International Forum on Control of Precursors for Amphetamine-Type Stimulants and the Asian Collaborative Group on Local Precursor Control was held in Tokyo in February 2008. At the meeting, the participants identified the main diversion threats, gaps and vulnerabilities in precursor control and the responses in East and South-East Asia. The participants endorsed a project proposal for a baseline study on non-controlled substances used in the illicit manufacture of amphetamine-type stimulants. A course on clandestine laboratory investigations was conducted by the International Law Enforcement Academy in Bangkok in January and February 2008. During the course, participants from 11 States in East and South-East Asia were introduced to methods of handling chemicals found at clandestine laboratories.

3. National legislation, policy and action

549. In China, the Narcotics Control Law entered into force on 1 June 2008. The new law reaffirms that the China National Narcotics Control Commission is the body responsible for organizing, coordinating and guiding drug control efforts in the country. The law contains provisions on the role of preventive education, the importance of strengthening activities to facilitate the treatment and rehabilitation of drug abusers and to prevent illicit crop cultivation, as well as illicit drug manufacture, trafficking and abuse. The law also includes provisions on systems for licensing and inspecting the research, manufacture, delivery, use, storage and transportation of narcotic drugs and psychotropic substances, as well as on a system for licensing the manufacture of, trade in and shipment of precursor chemicals.

550. In 2008, China strengthened controls over pharmaceutical preparations containing precursor chemicals by introducing the requirement of a prescription for nasal drops containing ephedrine hydrochloride.

551. China also strengthened its controls on online drug sales in 2008. The State Food and Drug Administration has made cracking down on false advertising of drug products online a priority for 2008 and aims to increase its supervision of major Internet sites suspected of being involved in the false advertising (which includes the use of exaggerated or misleading information regarding the benefits of the drugs) or the mailing of counterfeit drugs to customers.

552. In 2008, Japan launched its latest Five-Year Drug Abuse Prevention Strategy, covering the period 2008-2013. The main objectives of the strategy are to reduce drug abuse among young people through awareness-raising, to prevent relapse through the provision of treatment and rehabilitation, to take measures against organized crime and to strengthen border interdiction efforts and international cooperation.

553. A decree was signed by the President of the Lao People's Democratic Republic in 2008 to promulgate a new law on drugs that had been adopted by the National Assembly in 2007. The new drug law comprises 80 articles and will complement the existing criminal penal code. The new drug law further defines principles, regulations and measures related to drug control.

554. In 2008, a law amending and supplementing the Law on Narcotic Drug Prevention and Suppression was promulgated by the Government of Viet Nam. The new law provides a detailed description of the responsibilities of relevant authorities, including police, maritime police, border authorities and customs authorities, with regard to drug abuse prevention and drug control. In particular, it modifies the procedures and terms of administrative detention for compulsory drug detoxification and management and includes provisions for opiate substitution therapy.

555. The Macao SAR of China introduced a new bill in 2008 related to the illicit manufacture of, trafficking in and abuse of narcotic drugs and psychotropic substances. The bill calls for increasing from 12 to 15 years the maximum sentence of imprisonment for those convicted of illicitly producing or smuggling drugs and for criminalizing the manufacture and possession of equipment and materials used in illicit drug manufacture.

556. In 2008, China focused its efforts on combating drug abuse among youth. It launched a campaign to

inform people about the abuse of psychotropic substances, foster a drug-free culture among youth and mobilize the community to prevent drug abuse. During 2007, 6,900 drug abusers were rehabilitated in treatment and rehabilitation centres in the Lao People's Democratic Republic. In 2008, the Government has continued to make the provision of treatment and rehabilitation for drug abusers a priority and has provided financial assistance to treatment and rehabilitation centres in 10 provinces.

557. In 2007, law enforcement authorities in the Hong Kong SAR of China conducted a three-month operation targeting cross-border drug trafficking. The operation resulted in the seizure of cannabis, cocaine, heroin, ketamine and methamphetamine.

558. In Thailand, the Independent Commission for Study and Analysis of the Formation and Implementation of Drug Suppression Policy released a report in 2008 on the findings of its six subcommittees regarding the "war on drugs". According to the report, 55 law enforcement officers were prosecuted as a result of the investigations (see also paragraphs 212-215 above).

559. HIV transmission in East and South-East Asia is driven by high-risk behaviour, such as needle-sharing among persons who abuse drugs by injection. Several States in East and South-East Asia, including China, Indonesia, Malaysia and Viet Nam, provide sterilized needles and opioid substitution therapy, for example, methadone to people who abuse heroin by injection. However, most of the programmes offering such services reach only a fraction of the people who require the services. In the Hong Kong SAR of China, a large-scale drug abuse programme has, for many years, helped to keep at a low level HIV prevalence among persons who abuse drugs by injection.

560. According to the information contained in a report by the Commission on AIDS in Asia,⁸¹ drug abuse is illegal in many countries in East and South-East Asia and drug abusers are often jailed, not only for their drug abuse, but also for crimes committed to finance their addictions. The challenges faced by countries such as Indonesia and Thailand in preventing the spread of HIV infection in prisons highlight the

⁸¹ Commission on AIDS in Asia, *Redefining AIDS in Asia: Crafting an Effective Response* (New Delhi, Oxford University Press, 2008).

importance of effective drug abuse prevention and treatment programmes in prisons to help limit the spread of HIV.

4. Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

561. The illicit cultivation of cannabis plants has continued in countries in East and South-East Asia, including in Indonesia and Thailand. Viet Nam reported an increase in the illicit cultivation of cannabis plants in some northern and southern provinces during 2007 and 2008.

562. States in East and South-East Asia continued to report significant seizures of cannabis. In 2007, the Lao People's Democratic Republic seized 2.2 tons of cannabis, the highest amount reported in recent years. Thailand reported having seized 1.1 tons of cannabis in 14 incidents in 2007; in most cases, the cannabis originated in the Lao People's Democratic Republic and had been concealed in motor vehicles. In February and March 2007, 33 kg of cannabis were seized in the Hong Kong SAR of China in two incidents. In both cases, customs officers at Hong Kong International Airport seized the cannabis from passengers arriving from Johannesburg. Customs authorities of the Republic of Korea seized cannabis concealed in express delivery cargo at Incheon International Airport in May 2007. In July 2007, customs officers at the post office in Guangzhou, China, seized 4.2 kg of cannabis in four separate incidents; in two of the incidents, the parcels originated in Nigeria. In August 2007, Japanese customs authorities at the seaport at Osaka seized 279 kg of cannabis from sea cargo originating in Vancouver, Canada. The Philippines also reported significant seizures of cannabis during 2007. In January 2008, customs authorities at Beungkam, Thailand, seized 242 kg of cannabis. In May 2008, law enforcement authorities in Viet Nam reported having seized 8.8 tons of cannabis concealed in a truck in Quang Ninh province; the consignment had originated in the Middle East and was en route to China.

563. Preliminary data on the total area under illicit opium poppy cultivation in Myanmar indicate a slight increase in that area, from 27,700 ha in 2007 to 28,500 ha in 2008. In 2007, authorities in Myanmar eradicated 3,598 of the 27,700 ha under illicit opium poppy cultivation. In the Lao People's Democratic

Republic, 779 of the 1,500 ha under illicit opium poppy cultivation were eradicated. The total area under illicit opium poppy cultivation in Thailand was estimated at 231 ha; most of the illicit cultivation occurred in remote areas in northern Thailand. In 2007, illicitly cultivated opium poppy was also eradicated in Thailand (220 ha) and Viet Nam (38 ha). The Lao People's Democratic Republic reported having seized 14.2 kg of opium during 2007.

564. China reported having seized 4.6 tons of heroin in 2007, much less than the 11 tons seized in 2004, as the decreasing trend in seizures of the substance in that country continued. The decrease in the availability of heroin in the illicit market was largely attributed to the efforts made by the drug control authorities in China. In the Lao People's Democratic Republic, 23.8 kg of heroin were seized in 2007.

565. In July 2007, customs officers in the Hong Kong SAR of China seized 160 kg of cocaine that had been concealed in vessels from Panama purportedly containing purified water.

566. In February 2008, law enforcement authorities in China and the United States cooperated with one another to uncover a drug trafficking operation involving the shipment of express mail parcels from South America to China. In Jiangsu, China, cocaine was found in an express mail parcel originating in the Bolivarian Republic of Venezuela.

567. Cambodia, Malaysia and the Philippines reported the highest annual prevalence of abuse of cannabis in East and South-East Asia. Cannabis was the second most commonly abused substance (after solvents) among persons aged 15 and older in Japan. The Lao People's Democratic Republic reported a decrease in opium abuse in 2007 compared with 2006. The reported number of opium abusers in the 10 northern provinces of that country was 7,706, a decrease of 31 per cent compared with 2006. The proportion of opium abusers in that country remained stable, at 0.75 per cent of the total adult population. In China, Malaysia and Viet Nam, heroin continued to be the most commonly abused drug. In 2007, there were 749,000 registered heroin abusers in China. In Viet Nam, there are over 170,000 drug abusers, 83 per cent of whom reportedly abuse heroin. In November 2007, drug abuse by injection and heroin abuse among ethnic minorities living in villages in remote areas were reported.

Psychotropic substances

568. An increase in the illicit manufacture of amphetamine-type stimulants was reported in countries in East and South-East Asia, in particular in China and Indonesia. In 2007, 75 laboratories illicitly manufacturing amphetamine-type stimulants were dismantled in China (compared with 53 in 2006), and 7 such laboratories were dismantled in Indonesia (compared with 1 in 2006). The illicit manufacture of methamphetamine continued to be reported in countries in East and South-East Asia, including China, Indonesia, Myanmar and the Philippines. In 2007, nine laboratories involved in the illicit manufacture of methamphetamine were dismantled in the Philippines; precursor chemicals, including acetone, ephedrine and hydrochloric acid, were seized at those laboratories. In the Philippines four laboratories involved in the illicit manufacture of methamphetamine were dismantled in 2006. In Myanmar, five clandestine facilities for processing methamphetamine were dismantled in 2007; all of the facilities were located in the eastern and northern parts of Shan State and in the Wa region, bordering China, the Lao People's Democratic Republic and Thailand. In Myanmar, eight laboratories involved in the illicit manufacture of methamphetamine were dismantled in 2006. In some countries in East and South-East Asia, laboratories involved in the illicit manufacture of methamphetamine and MDMA were recently dismantled.

569. In February 2008, a clandestine methamphetamine laboratory with an estimated monthly manufacturing capacity of 1 ton was dismantled in Zamboanga City, the Philippines. The laboratory had purportedly been operated by an international drug trafficking syndicate for an extended period of time and some of the methamphetamine manufactured in the laboratory may have been exported to Malaysia. In February 2008, Vietnamese police uncovered a clandestine laboratory in Hai Phong City, where 70,714 MDMA tablets and some ketamine were seized, as well as binding equipment and colouring substances.

570. In East and South-East Asia, China (including the Hong Kong SAR), Japan, the Republic of Korea, Thailand and Viet Nam continued to report significant seizures of methamphetamine. During 2007, law enforcement authorities in Thailand seized

155,949 methamphetamine tablets; most of the seized tablets were from the Lao People's Democratic Republic, followed by Myanmar and Cambodia. In 2007, Brunei Darussalam also reported methamphetamine seizures. In March 2007, customs authorities in Japan and the Republic of Korea reported a series of seizures of methamphetamine originating in China. In July 2008, about 800,000 methamphetamine tablets originating in the Lao People's Democratic Republic were seized in Quang Binh province, Viet Nam.

571. During 2007, there was an increase in seizures of amphetamine-type stimulants, mainly methamphetamine originating in China (including the Hong Kong SAR of China) and destined for Indonesia. In the first five months of 2007, 10 cases involving 26 kg were reported. In May 2007, customs authorities in the Hong Kong SAR of China reported a series of seizures of amphetamine-type stimulants, mainly methamphetamine and MDMA, at Hong Kong International Airport. In the Lao People's Democratic Republic, 1,272,815 tablets of amphetamine-type stimulants were seized in 2007.

572. In August 2007, Japanese customs officers at the seaport of Osaka seized 154 kg of methamphetamine from a sea cargo shipment originating in Vancouver, Canada. In March 2008, law enforcement officers from Liaoning Province and Yunnan Province of China cooperated with their counterparts in Myanmar in the seizure of 2 kg of methamphetamine that had been smuggled on a route leading from Myanmar to China. In May 2008, 7 kg of methamphetamine from Japan were seized by law enforcement authorities in Fujian Province of China; the methamphetamine had been smuggled by sea.

573. In East and South-East Asia, China (including the Hong Kong SAR), Japan and the Republic of Korea continued to report seizures of MDMA. In July 2007, law enforcement officers at Narita International Airport in Japan seized 18,290 MDMA tablets concealed in air freight originating in Canada. In August 2007, Japanese customs officers at Osaka seaport seized 208 kg of MDMA from a sea cargo shipment originating in Vancouver, Canada. Later that same month, customs officers at Narita International Airport seized 2,013 MDMA tablets concealed in air freight originating in Canada. In November 2007, customs officers at Incheon International Airport in the

Republic of Korea seized a small amount of MDMA tablets found in an express mail package originating in the United States. In May 2008, law enforcement authorities in Fujian Province of China seized 4 kg of MDMA smuggled by sea from Japan. Singapore and Thailand also reported having seized MDMA in 2007.

574. Thailand seized 124 kg of diazepam during 2007, most of which had been smuggled through the postal system and had been destined for Denmark or the United Kingdom. In August 2007, Thai customs authorities at a mail sorting centre reported having seized 8,000 diazepam tablets from a package destined for the United Kingdom.

575. According to UNODC, the Philippines has the highest annual prevalence of abuse of amphetamines in the world (6 per cent). A number of other countries in East and South-East Asia, including Cambodia, the Lao People's Democratic Republic, Malaysia and Thailand, also have a high rate of abuse of such substances. In the Lao People's Democratic Republic, 5,780 abusers of amphetamines were identified in the province of Vientiane in 2008. Methamphetamine is the most commonly abused drug in Brunei Darussalam.

Precursors

576. Countries in East and South-East Asia continued to report seizures of significant amounts of precursor chemicals. In October 2007, law enforcement authorities at Narita International Airport in Japan seized 131 kg of pseudoephedrine tablets from passengers arriving from the Hong Kong SAR of China; the passengers were attempting to smuggle the tablets into Mexico. In October 2007, law enforcement officers in Thailand seized 50 tons of sassafras oil at Laem Chabang seaport; the sassafras oil originated in Cambodia and had been destined for China and the United States. China reported having seized large amounts of precursor chemicals in 2007, including 5.7 tons of acetic anhydride and 5.8 tons of ephedrine. During 2007, customs officers in the Philippines seized a shipment of acetone and toluene that was purportedly to be used in the clandestine manufacture of methamphetamine. In April 2008, Cambodian law enforcement authorities destroyed 33 tons of saffrole-rich oil.

Substances not under international control

577. The illicit manufacture of ketamine was identified as a growing problem in China. In March 2008, law enforcement authorities in Sichuan Province of China, dismantled a laboratory for the illicit manufacture of ketamine and seized 196 kg of ketamine and some equipment. In June 2008, four clandestine ketamine laboratories were dismantled and 400 kg of ketamine were seized in Guangdong Province of China. The Hong Kong SAR of China, Myanmar, the Philippines, Singapore and Taiwan Province of China continued to report significant seizures of ketamine. In 2007, 3,038 people were reported to have abused ketamine, 58.5 per cent of whom were under the age of 21. Ketamine trafficking and seizures were also reported in Viet Nam. The abuse of ketamine was reported in several provinces in Cambodia in 2008.

5. Missions

578. The Board sent a mission to Japan in October 2008. The Board observed that in Japan the regulatory controls implemented for narcotic drugs, psychotropic substances and precursor chemicals and the monitoring of the movement of controlled substances were in line with the provisions of the international drug control system. The Government of Japan is committed to drug control, complies with the provisions of the three international drug control treaties and has an effective and comprehensive national drug policy. Efforts to prevent drug abuse have been particularly successful. According to the drug abuse surveys conducted regularly by the Government, the prevalence rates for substance abuse in Japan are among the lowest in the world. The Board invites the Government to share with the international community the measures carried out by governmental and non-governmental entities to prevent drug abuse, as well as the impact those measures have had on the population in Japan. At the same time, the Board calls upon the Government to remain vigilant and monitor all types of substance abuse, including the abuse of pharmaceutical preparations containing controlled substances, and recommends that the Government expand the services for treatment of drug abusers to cover all segments of the population for which such services might be needed, with a view to facilitating rehabilitation and social reintegration.

579. Law enforcement activities in Japan appear to be well coordinated, and the Government's cooperation with many other Governments is functioning well. However, in view of the growing involvement of international criminal organizations in drug trafficking in Japan, collaboration with the national law enforcement agencies of other countries should be strengthened.

South Asia

1. Major developments

580. There are signs of increased trafficking in amphetamine-type stimulants and their precursor chemicals throughout South Asia. Large seizures made in the region in recent years point to the emergence of an illicit market for those substances; however, those seizures could also indicate that South Asian countries are being used as transit areas between manufacturing hubs in East Asia and the rapidly growing illicit markets on the Arabian peninsula. There are fears that the widespread availability of amphetamine-type stimulants may fuel an increase in the abuse of those substances in South Asia.

581. Recent survey data from several South Asian countries indicate that the HIV transmission rate is still high among persons who abuse drugs by injection. In India, the prevalence of HIV infection among such drug abusers in 2006 was estimated at a national average of 8.71 per cent, compared with 0.36 per cent in the general adult population. In Bangladesh, HIV prevalence among such drug abusers in the region of Dhaka rose from 1.4 per cent in 2000 to 7 per cent in 2006. In Nepal, HIV prevalence among such drug abusers in Kathmandu in 2007 was still high, at 34 per cent, but had decreased from the peak of 68 per cent reported in 2003.

2. Regional cooperation

582. Bangladesh, India and Nepal participated in the inter-country consultation on preventing HIV among persons abusing drugs by injection held in Kolkata, India, in April 2007. The aim of the consultation was to assist countries in intensifying the efforts to prevent the spread of HIV among drug abusers. Emphasis was placed on the need for regional cooperation in view of the cross-border nature of drug abuse and trafficking.

Participants agreed that coverage of opioid substitution therapy was low within the region and needed to be improved.

583. Treatment specialists from all six South Asian countries attended the Second Regional Training Programme on Drug Treatment, Rehabilitation and Aftercare, organized by the Drug Advisory Programme of the Colombo Plan with funding from the United States Department of State, in Bangkok from 10 to 21 September 2007. The training provided participants with an overview of the treatment and rehabilitation of drug addicts and avenues for improving services. Participants reviewed the current status of their treatment and rehabilitation programmes to identify major shortcomings and common solutions.

584. The second meeting of ministers of the interior of the member States of the South Asian Association for Regional Cooperation (SAARC) was held in New Delhi from 23 to 25 October 2007. Participants recognized the importance of improving information exchange among member States in order to combat cross-border crime. To that end, India committed itself to providing resources to strengthen the capacity of the Drug Offences Monitoring Desk of SAARC, located in Sri Lanka. A proposal to set up a regional police force was brought up for consideration, but a decision on the subject was deferred to give member States more time to examine the proposal.

585. Representatives of Bangladesh, Bhutan, India and Sri Lanka attended the Thirty-First Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, held in Bangkok in November 2007. The three main topics on the agenda were the regional response to trafficking heroin, the growing significance of problems involving amphetamine-type stimulants in the region and inter-agency cooperation to combat drug trafficking. The meeting recommended that Governments strengthen national legislative and procedural controls over precursor chemicals so as to counteract their diversion, develop capacity to safely dismantle clandestine laboratories manufacturing amphetamine-type stimulants and promote cooperation and coordination between key agencies responsible for drug law enforcement.

586. The Subcommittee on Illicit Drug Traffic and Related Matters in the Near and Middle East held its forty-second session in Agra, India, in December 2007. The session was attended by representatives of the

23 member States, by observers for Australia, the United States and European countries, and by observers for INTERPOL and relevant United Nations bodies. Participants shared their experiences in regional and subregional collaborative efforts to tackle the problem of drug trafficking, with emphasis on specific operational and practical problems encountered by drug law enforcement authorities in the region. Governments were encouraged to engage in international cooperation in law enforcement operations aimed at countering cannabis production and trafficking, to support partnerships between law enforcement authorities and community-based organizations in implementing demand reduction strategies and to facilitate international law enforcement initiatives focusing on both illicit drugs and precursors.

587. From 23 to 31 January 2008, the First Asian Consultation on the Prevention of HIV Related to Drug Use was held in Goa, India. The Consultation focused on various issues related to drug abuse in Asia, such as HIV prevention and treatment among persons abusing drugs by injection. By bringing together key stakeholders from governmental and non-governmental organizations throughout the region, the Consultation aimed at promoting collaborative efforts in developing and implementing strategies that had proved successful in the region. Recommendations from the meeting stressed the need to expand access to HIV treatment and prevention to at least 60 per cent of drug abusers and to enhance significantly the availability of opioid substitution treatment to address the AIDS epidemic effectively. Attention was also drawn to the importance of developing specific approaches to tackling the difficulties faced by female drug abusers in obtaining assistance and to the high rate of transmission of hepatitis C among persons abusing drugs by injection.

588. The Sixth Asian Youth Congress, organized by the Drug Advisory Programme of the Colombo Plan in collaboration with the competent authorities of Indonesia, was held in Bali, Indonesia, from 4 to 7 August 2008. The Congress was a drug demand reduction initiative of the Advisory Programme intended to create a forum for young leaders in Asia to learn from their peers about drug abuse prevention. Besides learning about the consequences of illicit drug abuse among youth, participants shared information about peer-led activities aimed at reducing drug abuse in schools and on campuses and worked together to

identify community-based strategies to tackle drug abuse problems among young people.

589. At the fifteenth summit meeting of SAARC, held in Colombo in August 2008, Heads of State and Government recognized the interlinkages between terrorism and trafficking in narcotic drugs and psychotropic substances and reiterated their commitment to fostering regional cooperation to combat those problems.

3. National legislation, policy and action

590. A report entitled "Rapid Situation and Response Assessment (RSRA) on drugs and HIV in Bangladesh, Bhutan, India, Nepal and Sri Lanka" was issued by UNODC in June 2008. The study was conducted in 2005 in Bangladesh, India, Nepal and Sri Lanka and in 2006 in Bhutan by UNODC, in partnership with governmental and non-governmental agencies working in the drug and HIV sectors. Its objective was to assess the extent and nature of drug use in the target countries, with emphasis on drug abuse by injection. The report recommended that future programmes should also target drug abusers who do not inject drugs so as to prevent any switch-over to the abuse of opioids by injection. It also highlighted the need to increase the availability of treatment for drug dependence and to stem the increasing problem of abuse of pharmaceuticals in the region.

591. The Second National Training Programme on HIV Prevention among Incarcerated Substance Users was conducted by UNODC in collaboration with the Department of Narcotics Control of the Ministry of Home Affairs of Bangladesh in Dhaka in January 2008. The Programme was attended by prison officers, police and staff of national drug control agencies, who received training in reducing HIV vulnerability among prison inmates. Similar training was given in Pokhara, Nepal, earlier in the year and in Maldives in December 2007.

592. The Bhutan Narcotic Control Agency launched its website on 26 June 2008 to provide information on the implementation of the provisions of the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act of 2005. The website also features information about offices and organizations providing assistance to persons with drug abuse problems.

593. "Wake Up", a national public awareness campaign aimed at preventing drug abuse and promoting recovery from drug addiction, was launched in Maldives in December 2007. Young people and parents were the targets of the sensitization campaign in a country where persons under 18 years of age account for the majority of arrests in drug-related cases. A website created as part of the campaign provides both advice on drug abuse to parents and resources to assist in recovery from drug abuse.

594. In March 2008, the Government of Maldives launched a four-year drug control master plan that will address both the demand and supply sides of the drug abuse problem. Planned strategies should increase awareness, promote coordination among key stakeholders from government and the community and improve the quality of treatment and rehabilitation for drug abusers. More resources will be directed at strengthening the capacity of law enforcement agencies to control points of entry into Maldives.

595. Law enforcement personnel from the southern and western parts of India attended a training programme on precursor chemicals organized by UNODC in Mumbai in May 2008. The programme set out to sensitize law enforcement officers to the problem of trafficking in precursor chemicals in India and the control regime in place to prevent it. Participants also learned about methods for identifying precursor chemicals and discussed intelligence-gathering techniques that could facilitate investigations.

596. A bill to amend the Drugs and Cosmetics Act of 1940 is under consideration in the Parliament of India. It aims to curb the manufacture of and trade in fake and adulterated drugs by significantly increasing the penalties for related offences. An important provision of the proposed amendment is the creation of a central drug authority with sole responsibility for granting drug manufacturing licences. By centralizing licensing for the manufacture and sale of drugs, currently under the control of individual state governments, the new measure should reduce the countrywide variance in surveillance and law enforcement that allows drug counterfeiting to thrive in India.

597. In November 2007, the Parliament of Sri Lanka approved the Drug-Dependent Persons (Treatment and Rehabilitation) Act, No. 54, of 2007. The Act provides for the designation and establishment of licensed

treatment centres under the administration of the National Dangerous Drug Control Board. It also includes provisions for the compulsory admission to those centres of persons identified as drug-dependent by a government medical officer. Under the new legislation, 12 prisons were declared designated treatment centres in 2007.

598. Sri Lanka enacted the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act No. 1 of 2008 on 23 January 2008. The Act incorporates the provisions of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 and the Convention on Narcotic Drugs and Psychotropic Substances adopted by SAARC in 1990. A key provision of the new law is the establishment of a precursor control authority responsible for administering internationally controlled substances.

599. Sri Lanka launched the "I decide" public awareness campaign on 26 June 2008. The campaign was designed to provide information on drug abuse that would allow youth and communities to make informed choices and decisions.

4. Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

600. Pharmaceutical preparations diverted from licit manufacture in India continue to feed the widespread abuse of such products in South Asia. Drugs smuggled into countries neighbouring India include pethidine and codeine-based cough syrups. In 2007 drug control authorities in Bangladesh made a record seizure of more than 70,000 tablets containing codeine. Seizures of codeine-based cough syrup under the brand name Phensidyl, smuggled into Bangladesh out of India, decreased by 50 per cent, to about 146 litres, in 2007 compared with 2006.

601. The number of patients undergoing treatment for drug abuse in Bangladesh decreased from 13,300 in 2004 to 4,878 in 2007. During that period, the majority of patients (68-80 per cent) reported heroin to be their primary drug of abuse. The percentage of patients reporting cannabis as the primary drug of abuse doubled from about 7.5 per cent in 2004 to 15 per cent in 2007. A rapid assessment survey of about 1,000 drug users conducted by UNODC in 2005 indicated the

following lifetime prevalence rates for the abuse of drugs: 96 per cent for abuse of cannabis, 97 per cent for heroin, 13 per cent for opium and 28 per cent for buprenorphine.

602. Every year, Indian counter-narcotics forces eradicate areas in which opium poppy grows wild or is illicitly cultivated. On average, about 2,000 kg of opium derived from illicitly cultivated opium poppy are seized annually in India. However, the proportion of the seized opium that is of Indian origin is unclear, since opium is still smuggled out of neighbouring countries where opium poppy is illicitly cultivated. The Board encourages the Government of India to continue its efforts to eradicate opium poppy in areas where it grows wild or is illicitly cultivated.

603. Heroin and morphine continue to be among the substances most commonly abused in India. Significant seizures of heroin, each averaging about 1,000 kg, are made each year in that country. A significant portion of the heroin seized in India originates in its neighbouring countries in South-West Asia in which opium poppy is illicitly cultivated. In contrast to the stability in the average size of heroin seizures in India, the total quantity of morphine seizures declined steadily, from about 100 kg in 2003 to 43 kg in 2007.

604. India is one of the largest illicit producers of cannabis and cannabis resin in South Asia. Although law enforcement authorities in India regularly eradicate large areas of illicitly cultivated cannabis plants, a significant amount of cannabis still finds its way onto the illicit market in that country. In 2007, about 284 ha of cannabis plants were destroyed. Seizures of cannabis in India have averaged about 150 tons over the three-year period 2004-2006, and about 108 tons of cannabis herb were reported seized in 2007. Since 2003, the total amount of cannabis resin seized in India each year has averaged about 4 tons.

605. In recent years, there have been reports of small quantities of cocaine being smuggled into India. In 2007, some 8 kg of cocaine were seized in that country. Investigations into seizures made in 2008 suggest that the cocaine entering India is still being smuggled out of West Africa.

606. According to UNODC, the prevalence of abuse of cannabis in India was 3.2 per cent in 2000 and the prevalence of abuse of opiates was 0.4 per cent in 2001. More recent information can be found in reports

of patterns of drug use among patients undergoing treatment for drug abuse in 2004 and 2005; of about 82,000 patients, 61 per cent underwent treatment for the abuse of opiates, 15.5 per cent for cannabis abuse and 1.5 per cent for cocaine abuse. However, the Board notes the lack of up-to-date information on nationwide patterns of drug abuse in India. The Board encourages the Government of India to regularly monitor countrywide patterns of drug abuse as it represents an important element of an effective drug abuse prevention strategy.

607. Maldives has witnessed an increase in the amount of heroin smuggled into the country in recent years. Heroin in quantities of up to 1 kg was intercepted by the Customs Service each year in 2004 and 2005. In contrast, in 2006, seizures of heroin totalling 8.9 kg were reported; the majority of that heroin was seized at the airport from passengers entering the country, in most cases from India. In 2007, a passenger was arrested at the airport while trying to smuggle 7.8 kg of heroin into Maldives. The increase in the quantity of heroin seized may indicate that the country is becoming an important transit area for drug smuggling operations.

608. Nepal is the most important producer of cannabis resin in South Asia. The increase in seizures of cannabis resin in Nepal accounted for the fact that the amount of cannabis resin seized in the entire region of South Asia in 2006 was twice the amount seized in 2003. In addition to being abused locally, cannabis resin in Nepal is smuggled into other countries in Asia and the Pacific. The main destination of cannabis resin from Nepal appears to be India, where 40-50 per cent of the cannabis resin seized in recent years originated in Nepal. Seizures of cannabis resin from Nepal are also regularly reported in China, the Hong Kong SAR of China, Japan and Thailand.

609. Cannabis remains the most widely abused drug in Sri Lanka and is illicitly cultivated in the eastern and southern provinces of the country. In 2003, about 74 tons of cannabis were seized in Sri Lanka. From 2004 to 2007, the quantity of cannabis seized annually fluctuated between 30 and 40 tons.

610. Heroin continues to be widely abused in Sri Lanka. Heroin is not manufactured locally but is brought into the country from India and Pakistan. Small quantities of heroin are smuggled into Sri Lanka from India by airline passengers and on fishing boats

coming from the west coast of India. In the period 2003-2006, the quantity of heroin seized in Sri Lanka fluctuated between 50 and 80 kg. In 2007, about 30 kg of heroin were seized in the country.

611. In Sri Lanka, cannabis currently accounts for the majority of drug-related arrests. The number of cannabis-related arrests increased steadily from 9,566 cases in 2003 to 33,848 cases in 2007, corresponding to 43 per cent and 78 per cent of the total number of drug-related arrests, respectively. The number of prison admissions related to cannabis also increased; in 2003, about 13 per cent of drug-related prison admissions were related to cannabis (1,307 cases) compared with 44 per cent (5,065 cases) in 2007.

612. In Sri Lanka, the number of drug-related arrests linked to heroin decreased from 12,488 cases in 2003 to 9,428 cases in 2007, corresponding to 57 per cent and 21 per cent of the total number of drug-related arrests, respectively. In the same period, the number of prison admissions related to heroin also decreased; in 2003, about 87 per cent of drug-related prison admissions were related to heroin (9,076 cases), compared with 56 per cent (6,386 cases) in 2007.

613. In Sri Lanka, the vast majority of people arrested for drug-related offences are male; in 2006, about 4 per cent of the 47,298 people arrested for such offences were female. This gender difference is also reflected in the proportion of men and women imprisoned for narcotic-related offences; in 2006, about 2 per cent of the 10,384 detainees were women. Furthermore, of the 2,738 patients treated for drug abuse in 2006, only 5 were women. The Board notes that under the Sri Lanka National Policy for the Prevention and Control of Drug Abuse, treatment providers are encouraged to exercise gender balance in providing their services to patients. The Board encourages the Government of Sri Lanka to focus more attention on this issue in the light of the severe disparity between the proportion of men and women receiving treatment for drug abuse.

Psychotropic substances

614. A popular form of methamphetamine abused in Asia is a tablet known as "yaba", containing a mixture of caffeine and about 30 per cent methamphetamine. Increasingly large seizures of "yaba" tablets have been reported in Bangladesh, where the drug has gained popularity among young people. Most of the "yaba"

circulating in Bangladesh is smuggled out of neighbouring countries such as Myanmar. According to UNODC, 1.2 million methamphetamine tablets originating in Myanmar were seized in Bangladesh in 2007.

615. Several seizures of LSD were reported in India in 2007. The largest amount was seized in December 2007 from a tourist in Goa who was arrested for possession of about 2,000 units of LSD, weighing about 35 grams.

616. Since the start of 2008, several seizures of amphetamine-type stimulants have been made in India. In March 2008, customs officers seized about 3,700 tablets of methamphetamine, purported to originate in Myanmar, from an airline passenger, while about 70 kg of amphetamine was reported to have been seized in June 2008.

617. In recent years, 0.2 per cent of patients undergoing drug-related treatment in India were admitted for the abuse of amphetamine-type stimulants. There are fears, however, that such abuse is increasing, facilitated by the fact that amphetamine-type stimulants are illicitly manufactured in India and smuggled into the country from South-East Asia. The Board encourages the authorities concerned to develop strategies to monitor the prevalence of abuse of amphetamine-type stimulants in the country.

618. In spite of efforts by law enforcement authorities to curb the clandestine manufacture of methaqualone in India, seizures of the drug are reported every year. The total quantity of methaqualone seized each year fluctuates greatly: in 2006 about 4,500 kg were seized, compared with 1 kg in 2007. The seizure in February 2008 of about 230 kg of tablets containing methaqualone underscores the persistent problem of clandestine manufacture of that drug in India. South Africa, where methaqualone is widely abused, continues to be a frequent destination of consignments of Indian methaqualone (see paragraph 333 above).

619. According to UNODC, in June 2008, 1.8 kg of crystalline methamphetamine were seized at the international airport of Kathmandu. The shipment was bound for Doha and could be an indication that Nepal is being used as a new transit area for consignments of amphetamine-type stimulants destined for the increasingly lucrative illicit markets in countries on the Arabian peninsula.

620. Nepal remains a common destination for consignments of pharmaceutical preparations smuggled out of India. In 2007, law enforcement authorities seized more than 90,000 injections containing psychotropic substances such as buprenorphine and diazepam, a 10-fold increase over 2005. A rapid assessment survey carried out in Nepal by UNODC in 2005 revealed that the lifetime prevalence of abuse of buprenorphine was 77 per cent among the 1,322 drug users surveyed.

Precursor chemicals

621. A survey of the trade in chemicals that could be used as precursors in the illicit manufacture of narcotic and psychotropic drugs was carried out by the competent national authorities of Bhutan in 2008. Only six of the precursor chemicals under international control are imported into Bhutan, and they are used mainly in industry for laboratory tests and in educational institutions for teaching purposes. There has been no reported theft or diversion of such precursor chemicals in the country in the last three years.

622. Some of the acetic anhydride licitly produced on an industrial scale in India is subject to diversion for the illicit manufacture of methaqualone and heroin. Since 2005, seizures of acetic anhydride of less than 300 kg have been reported every year. In 2008, there was a sharp increase in seizures of acetic anhydride: over 1,500 kg of the chemical had been seized by the middle of the year.

623. The diversion of ephedrine, pseudoephedrine and norephedrine, precursor chemicals used in the manufacture of amphetamine-type stimulants, is a matter of concern in India, the world's third largest manufacturer of such precursor chemicals. In December 2007, law enforcement authorities uncovered a clandestine laboratory in Mumbai, India, equipped to extract pseudoephedrine from licit pharmaceuticals. About 290 kg of pseudoephedrine were seized in the operation. The pseudoephedrine was intended for export to Australia for use in the illicit manufacture of amphetamine-type stimulants. In India, about 400 kg of ephedrine were seized in 2007 and about 820 kg of norephedrine were seized in June 2008.

West Asia

1. Major developments

624. The Government of Afghanistan and the international community have made some progress in addressing the problem of illicit opium poppy cultivation in that country. Illicit opium poppy cultivation in Afghanistan dropped from its record level of 193,000 ha in 2007 to 157,000 ha in 2008. The number of provinces free of opium poppy also increased, from 13 to 18. About 98 per cent of the illicit opium poppy cultivation in the country takes place in just seven provinces.

625. Despite those successes, Afghanistan continues to account for by far the largest share of the world's illicit opium poppy cultivation. Due to the higher crop yield, actual opium production dropped by only 6 per cent, from 8,200 tons in 2007 to 7,700 tons in 2008. The lack of security in Afghanistan has severely hampered Government efforts to eradicate illicit opium poppy: a total of 78 persons involved in those eradication efforts lost their lives in 2008, a sixfold increase over the previous year. The increase in the illicit cultivation of cannabis in Afghanistan is also a worrying development. The Board urges the Government of Afghanistan and the international community to continue their efforts to implement the international drug control treaties and to ensure that farming communities involved in illicit crop cultivation are provided with sustainable, legitimate livelihoods.

626. The Security Council, in its resolution 1817 (2008), called upon all Member States to increase cooperation in order to counter illicit drug production and trafficking in Afghanistan, including by strengthening the monitoring of the international trade in precursor chemicals, notably but not limited to acetic anhydride. In the same resolution, the Council, acknowledging the leading role played by the Board in the implementation of the international drug control conventions and the international control of precursors, invited all Member States, in particular those producing precursor chemicals, Afghanistan, neighbouring countries and all countries on the trafficking routes, to increase their cooperation with the Board.

627. Afghan opiates are smuggled mainly through Iran (Islamic Republic of), Pakistan and countries in

Central Asia into countries in Eastern and Western Europe (such as the Russian Federation). That large-scale smuggling of Afghan opiates has resulted in a wide range of social ills, including organized crime, corruption and high illicit demand for opiates. For example, the Islamic Republic of Iran has, for a number of years, had the highest rate of abuse of opiates in the world. In the countries in Central Asia, the rate of abuse of opiates continues to increase and HIV/AIDS transmission through the sharing of needles among persons who abuse drugs by injection continues to be a problem. The countries in the southern Caucasus are increasingly being used as trans-shipment areas for illicit consignments of drugs, mainly opiates from Afghanistan, and drug abuse continues to increase in those countries as well.

628. Despite the fact that trafficking through Central Asia remains at a high level, cooperation among the Governments of Central Asian countries is improving, with more joint efforts against trafficking taking place on both a bilateral and multilateral basis. The Board urges the Governments of countries in Central Asia to continue strengthening their coordination efforts, including through the establishment of the Central Asia Regional Information and Coordination Centre.

629. Illicit opium poppy cultivation also takes place in Pakistan, though on a much smaller scale than in Afghanistan (1,698 ha of opium poppy were illicitly cultivated in Pakistan in 2007). Cannabis is illicitly cultivated in many countries in Central Asia. The illicit cultivation of both cannabis and opium poppy appears to be increasing in the Bekaa valley of Lebanon.

630. New routes for trafficking in drugs, including heroin from countries outside of West Asia, appear to be opening through countries on the Arabian peninsula. The new routes lead through countries such as Jordan, the Syrian Arab Republic and the United Arab Emirates.

631. Many countries on the Arabian peninsula also continue to be faced with a longstanding problem of abuse of amphetamine-type stimulants, in particular counterfeit Captagon tablets. Captagon was originally the trade name of a pharmaceutical preparation containing fenetylline, but drug traffickers have now resorted to producing counterfeit Captagon tablets containing mainly amphetamine. The world's largest seizures of counterfeit Captagon take place in Saudi Arabia, where 12.3 tons of the substance were seized in

2006, accounting for 28 per cent of global amphetamine seizures. Captagon seizures in Saudi Arabia increased further in 2007, to 13.9 tons.

632. Cocaine trafficking is spreading in West Asia. Seizures of the drug in Turkey totalled only 3 kg in 2003 but increased to 40 kg in 2005, 77 kg in 2006 and 114 kg in 2007. In May 2008, Israeli police authorities conducted a large-scale law enforcement operation in which they seized 104 kg of cocaine in the northern port of Haifa.

2. Regional cooperation

633. The international community continued to provide support and assistance to Afghanistan under the umbrella of the Afghanistan Compact,⁸² adopted at the conclusion of the London Conference on Afghanistan, held from 29 January to 1 February 2006. The Compact expresses the shared commitment of the Government and the international community to build a democratic State that provides security and livelihood opportunities to all citizens. Recognizing the interdependence of security, governance and development challenges, the Compact focuses on three mutually reinforcing pillars: security; governance, the rule of law and human rights; and economic development. The Compact includes benchmarks to be used to measure achievement over five years, aligned with the Millennium Development Goals and covering all aspects of the State-building process.

634. The Afghanistan National Development Strategy was finalized in April 2008, and was submitted to international financial institutions as a poverty reduction strategy paper. The Strategy covers the five-year period 2008-2013 and outlines the steps to be taken by the Government to achieve the Afghanistan Compact benchmarks regarding security, governance and development. The Strategy was presented to the International Conference in Support of Afghanistan, held in Paris on 12 June 2008. The Board hopes that the international community will provide the Government of Afghanistan with adequate assistance, including but not limited to financial assistance, for the tasks required.

⁸² "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.

635. Governments of countries in West Asia have continued to take joint measures against drug trafficking. In particular, Governments of countries in Central Asia have increased their bilateral and multilateral cooperation in areas such as reduction of illicit drug supply and demand, precursor control, border management, countering the spread of HIV/AIDS and fighting organized crime and money-laundering. They have also participated in various regional projects and international operations under the auspices of the Board, UNODC, the Commonwealth of Independent States (CIS), the Collective Security Treaty Organization (CSTO), the Shanghai Cooperation Organization and the 1996 Memorandum of Understanding on Subregional Drug Control Cooperation.

636. Joint efforts to counter drug trafficking have produced some results. For example, in February 2008, law enforcement agencies of Kazakhstan, the Russian Federation, Tajikistan and Uzbekistan launched Operation Typhoon, a joint operation targeting one of the largest drug trafficking groups in Central Asia. As a result of that operation, more than 800 kg of heroin and 100 kg of opium were seized in Kazakhstan, the Russian Federation and Uzbekistan. Operation Channel, conducted under the auspices of CSTO since 2003, has also contributed to efforts to counter drug trafficking in West Asia. Operation Channel resulted in the seizing of over 28 tons of drugs and precursors in 2007. CSTO member States actively involve States from outside the region, as well as international organizations, in their operations, adding to their effectiveness. In 2007, the Drug Control Agency of Tajikistan held 53 joint operations with law enforcement agencies in other CIS member States, as well as Afghanistan and China, resulting in significant seizures of drugs. (For more information on joint operations undertaken under the CSTO umbrella, see paragraph 694 below.)

637. Notwithstanding the above, greater collaboration is needed for more sustained results. The Board is concerned that the lack of coordination and information-sharing among the various actors is at least partially responsible for the inability of the Government of Afghanistan to achieve its goals on the eradication of illicitly cultivated opium poppy. The Board calls on the Government and on the international community to give the highest priority to cooperation and intelligence-sharing, in order to ensure the

effectiveness of joint efforts against drug trafficking in Afghanistan.

638. The Governments of Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan continued to cooperate towards the establishment of the Central Asia Regional Information and Coordination Centre. The pilot phase of the institution has already contributed to the improvement of coordination, the sharing of information and the strengthening of the capacity of Governments of countries in Central Asia. The Board urges the Governments involved, in particular the Government of the Russian Federation, the only State that has not yet ratified the agreement on the establishment of the Centre, to establish the Centre as soon as possible. The Board also urges the Governments involved to consider including in that initiative Governments of 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 joint international operations and carrying out other supply reduction efforts and training in West Asia.

639. Countries in West Asia are working to establish the Gulf Centre for Criminal Intelligence in Doha. The Centre will serve as a focal point for international cooperation in the collection of information and development of intelligence to counter drug trafficking and other serious forms of organized crime.

640. In a meeting held in Dubai, United Arab Emirates, the heads of drug control agencies from countries on the Arabian peninsula, as well as the Council of Arab Ministers of the Interior, adopted the Dubai statement on strategic planning and cooperation in the field of drug control, in which they expressed their commitment to more effective cooperation and coordination of drug control activities.

641. Representatives of Afghanistan, Iran (Islamic Republic of) and Pakistan, the three countries of the Triangular Initiative, a framework for stopping drug trafficking from Afghanistan, held a meeting in Tehran in May 2008. The participants agreed to appoint border liaison officers on each of their countries' borders to plan joint operations targeting the smuggling of opiates out of Afghanistan. The participants also announced that they would strengthen efforts to counter the illicit trade in precursor chemicals used in processing opium in and around Afghanistan.

642. Representatives of countries on the Arabian peninsula and in other subregions adopted the Tripoli action plan on combating trafficking in drugs and money-laundering through the mail. The action plan includes joint measures taken to combat drug trafficking and money-laundering through the international mail, as well as to develop human resources, awareness-raising and the role of the media in combating drug trafficking through the mail. Cooperation in carrying out the action plan was sought from private companies dealing with mail services. (For more information on this action plan, see paragraph 303 above.)

643. With the assistance of UNODC, Israeli and Palestinian officials continued to explore methods of improving cooperation. A series of meetings of policymakers was held to review possibilities for cooperation within the framework of a declaration agreed upon in Cairo at the end of 2005. Arrangements and procedures have been established for strengthening joint efforts in the investigation of drug trafficking and related crimes.

644. A meeting hosted by the Government of Turkmenistan led to the initiation of two international projects against drug trafficking in West Asia: the Caspian Sea initiative and the Turkmen border initiative. In particular, the Caspian Sea initiative aims to involve the entire region of West Asia in regional and international efforts focusing on strengthening analytical capacity, intelligence-sharing and information exchange in the region.

645. Though most regional cooperation focused on law enforcement, there have been some important initiatives in demand reduction in West Asia. Demand reduction authorities from several countries in West Asia met with their counterparts from countries in Europe, WHO and the Pompidou Group of the Council of Europe, to develop a network linking national institutions to European centres of best practices in demand reduction. Within that framework, national workplans on drug abuse prevention, the treatment and rehabilitation of drug abusers, substitution treatment for opioid dependence, and drug abuse and HIV prevention and care in prison settings are being developed. UNODC organized study tours to enable authorities from Afghanistan, Jordan, Lebanon and several countries from outside of West Asia to view

prevention services in prisons in the Islamic Republic of Iran.

3. National legislation, policy and action

646. In March 2008, the Afghan parliament confirmed the appointment of a new Minister of Counter Narcotics, a post that had been vacant for seven months.

647. Efforts to eradicate illicitly cultivated opium poppy in Afghanistan have continued to encounter difficulties. The main obstacle has been the lack of security. A total of 78 persons involved in the eradication efforts lost their lives during the harvesting season 2007/2008, a sixfold increase over the previous figure. The harvest season 2007/2008 also differed from previous ones in that most of the violence was caused by insurgent forces instead of farmers. In 2008, over 98 per cent of illicit opium poppy cultivation in Afghanistan took place in the southern and south-western provinces, over which the Government has little control. In 2007, the figure was 85 per cent. However, though cultivation is limited to a small number of areas, the illicit drug trade is a nationwide scourge in Afghanistan.

648. Corruption continues to be a serious problem in Afghanistan, hampering efforts to eradicate illicit opium poppy cultivation and to combat the illicit drug trade in general. The Government ratified the United Nations Convention against Corruption⁸³ in December 2007, and a new governmental body to oversee the implementation of the national anti-corruption strategy has been created. Some members of the Afghan security forces have been arrested for drug-related offences. There continue to be reports that even senior officials in the Government may be involved in the illicit drug trade. The Board urges the Government to take strong measures to fight corruption.

649. The Board notes with concern that the operation of the Counter-Narcotics Trust Fund, which was created to conduct development programmes in provinces free of opium poppy or provinces in which opium poppy cultivation has decreased, remains problematic. The Board urges the Government and the international community to ensure that there is an adequate mechanism for funding the provision of

⁸³ United Nations, *Treaty Series*, vol. 2349, No. 42146.

alternative, legitimate livelihoods for farming communities.

650. The Government of Afghanistan has strengthened drug abuse prevention efforts, conducting awareness, motivation and counselling programmes for drug abusers and the general public. Drug abuse messages have also been incorporated into the curricula of schools, even primary schools. The Government, with the support of a number of organizations, has established 40 centres specialized in the treatment and rehabilitation of drug abusers in seven provinces. In spite of those efforts, illicit drugs are widely available and, as a result, drug abuse is on the rise. Strengthened, more concentrated efforts are necessary.

651. The Islamic Republic of Iran, one of the countries most affected by the illicit trade in Afghan opiates, increased by nearly 50 percent the resources available for drug control in the year starting on 20 March 2008 and, in particular, increased nearly fourfold the resources appropriated for drug abuse prevention. The Government has also continued to strengthen border control through the deployment of additional personnel and the erection of barriers and other border structures.

652. The Governments of other countries in West Asia have also continued to strengthen their drug control efforts through the adoption of comprehensive plans and new legislation. The Government of Pakistan adopted a new drug control master plan covering the period 2008-2012. The master plan takes into account the impact of the worsening drug situation in Afghanistan and outlines both supply and demand reduction measures to be taken. On 30 November 2007, the Government of Tajikistan approved a new national programme against drug abuse and trafficking, covering the period 2008-2012. The programme was developed by the Tajik Drug Control Agency together with other relevant Government ministries and agencies. On 30 April 2008, the National Assembly of Armenia adopted amendments to the Law of the Republic of Armenia on Narcotic Drugs and Psychotropic Substances, with a view to increasing the ability of law enforcement agencies to combat drug trafficking.

653. A task force on demand reduction was established in Jordan, ensuring involvement of all the ministerial offices involved in formulating the community-based treatment and rehabilitation strategy in the country. The task force has secured a long-term commitment to

the development and implementation of a national action plan and strategy to improve the capacity of community services and facilitated a mechanism for ensuring full coordination and participation of the relevant authorities and sectors. A national task force on opiate substitution therapy has also been established by the Government of Lebanon.

654. The Government of Turkmenistan established the State Drug Control Service, a specialized drug control agency, in January 2008. The Board welcomes that move, which is in response to one of the recommendations of the Board following its last mission to that country in 2003. Turkmenistan was also granted observer status (a first step towards full membership) with the Financial Action Task Force on Money Laundering in late 2007.

4. Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

655. There is a strong link between security conditions and illicit opium poppy cultivation. In the southern provinces of Afghanistan, security is weak and the overwhelming majority of villages are involved in illicit opium poppy cultivation. UNODC estimates that the Taliban armed opposition group has an annual revenue of between US\$ 200 million and 300 million from a surcharge levied on the illicit drug trade.

656. The eradication efforts in Afghanistan are being hampered by lack of security, poor planning and inadequate equipment and funding. Though the initial target for eradication had been set at 50,000 ha, the Government remained unable to provide adequate security for eradication efforts and eventually only 5,480 ha were eradicated. Although the lack of security and capacity remain the main reasons for that drop in eradication, there has been an increase in the number of provinces that have become free of opium poppy and there have been more voluntary eradication efforts by farmers.

657. Inadequate security, ineffective Government control and problems in ensuring the rule of law are major factors contributing to illicit crop cultivation in other countries in West Asia as well. Illicit opium poppy cultivation takes place in Pakistan. Though such cultivation in Pakistan is on a much smaller scale than in Afghanistan, it appears to be increasing. The

Government of Pakistan remains determined to eradicate illicit opium poppy cultivation, but most of that cultivation takes place in remote areas near the Afghan border, where the Government has difficulties in enforcing national laws.

658. Illicit opium poppy cultivation in the Bekaa valley in Lebanon is also increasing, at least partly because of the unstable political and security situation that the country has been facing for several years.

659. Another concern of the Board is the situation in West Asia with regard to the illicit cultivation of cannabis plants. Afghanistan is becoming an important producer of illicit cannabis; according to UNODC, 70,000 ha of cannabis were illicitly cultivated in Afghanistan in 2007, compared with 50,000 ha in 2006 and 30,000 ha in 2005. In June 2008, Afghan authorities seized 260 tons of cannabis resin in a single operation in the southern province of Kandahar. Cannabis plants are also illicitly cultivated in the Occupied Palestinian Territory, and such cultivation appears to be increasing in the Bekaa valley. Cannabis plants are also illicitly cultivated in many countries in Central Asia, and such cultivation is increasing in some countries.

660. Significant drug seizures were made in Afghanistan, though those seizures were small in comparison with the amount of illicit drug production in the country. For example, police in the eastern Nangarhar province confiscated 4.7 tons of opium in a single operation in April 2008, and the Afghan border security agency seized 28 tons of opium in Afghanistan in 2007. Nevertheless, significant challenges remain, largely due to the security situation. For example, there is no border police in Helmand province, where most of the drugs are being trafficked.

661. More opiates are seized in the Islamic Republic of Iran than in any other country in the world. Total drug seizures in that country in 2007 increased by 51 per cent compared with 2006. The Government of the Islamic Republic of Iran estimates that 2,500 tons of opiates enter its territory from Afghanistan each year, 700 tons of which are destined for abuse in the Islamic Republic of Iran. The police manage to seize approximately 500 tons of opiates every year.

662. Pakistan continues to be used as a major transit area for Afghan opiates, though to a lesser extent than the Islamic Republic of Iran. According to the

Government of Pakistan, 35 per cent of opiates of Afghan origin are smuggled through its territory. In February 2008, authorities in Pakistan seized 4 tons of opium in a single operation in a mountainous area of the Pishin district.

663. Official drug seizure data for Central Asian countries for the period 2000-2007 show that the peak in heroin seizures recorded in the period 2003-2004 was followed by a relatively gradual downward trend. In 2007, a total of 3.3 tons of heroin were seized in the Central Asian countries. That constitutes only 3 per cent of the 128 tons believed to have been smuggled through Central Asia. Compared with 2006, total heroin seizures decreased slightly (by 9 per cent) in 2007, in particular because of the significant decrease in heroin seizures in Tajikistan and Uzbekistan. In contrast, in Kyrgyzstan and Turkmenistan heroin seizures increased substantially in 2007, by over 60 per cent compared with 2006 in each country. Seizures of opium have increased significantly in many countries in Central Asia, indicating a possible shift in trafficking patterns.

664. Jordan and the Syrian Arab Republic are used as trans-shipment points for drug trafficking. Cannabis from Lebanon is smuggled into Jordan, heroin is smuggled through the Syrian Arab Republic and then Jordan on its way to Israel and counterfeit Captagon tablets are smuggled through the Syrian Arab Republic and then Jordan on their way to countries on the Arabian peninsula.

665. It appears that trafficking organizations are increasingly exploiting the situation in Iraq to smuggle drugs, mainly into countries on the Arabian peninsula. Seizures by the Government of Jordan near the Iraqi border have risen significantly in recent years, and there has been an overall increase in the smuggling of cannabis resin and opiates from Afghanistan through Iraq into Jordan. Drug trafficking in Yemen also appears to be increasing, as evidenced by more drug-related offences and seizures of illicit drugs, mainly cannabis. In August 2008, the authorities of the United Arab Emirates seized 202 kg of heroin, in what was the largest seizure of that drug on the Arabian peninsula.

666. Cannabis continues to be the most commonly seized type of drug in Central Asia. This is partly attributable to the fact that cannabis plants grow wild in Kazakhstan and Kyrgyzstan. A total of 870 kg of

cannabis resin was seized in Central Asia in 2007, an increase of 30 per cent compared with 2006. The largest total amount of cannabis seized was reported in Kazakhstan and Kyrgyzstan.

667. Reports indicate that, though cocaine is still abused only in small quantities, cocaine abuse may be making headway among members of the more affluent segments of society in some countries in West Asia. In 2007, the law enforcement authorities in Kazakhstan seized a consignment of 555 grams of cocaine, the largest cocaine seizure ever made in that country. The cocaine had apparently been brought into the country from Germany, Lithuania and Poland via the Russian Federation.

668. The large amount of opiates from Afghanistan in countries in West Asia continues to cause major drug abuse problems in those countries. Nearly all the countries neighbouring Afghanistan have a high rate of drug abuse; the Islamic Republic of Iran, for example, has the world's highest rate of abuse for opiates; in that country, the estimated prevalence of abuse of opiates is 2.8 per cent. Pakistan also has a high rate of abuse for opiates: the estimated prevalence of such abuse among the general population is 0.7 per cent. Many countries in Central Asia have a similar level of drug abuse, heroin abuse having replaced cannabis and opium abuse as the main drug problem.

669. Despite high estimates of drug abuse, the Governments of many countries in West Asia, including the Islamic Republic of Iran, have not collected comprehensive data on drug abuse for some years. The Board encourages those Governments to conduct comprehensive surveys and rapid assessments of the drug abuse situation in their countries and to take effective measures in the area of demand reduction.

670. One Government that has recently conducted such a survey is that of Pakistan. The results of the survey, which was conducted with the assistance of UNODC and reflects data collected in 2006, shows that there are some 640,000 persons in Pakistan who regularly abuse opioids (0.7 per cent of the adult population). Of those persons, 484,000, or 77 per cent, are believed to abuse heroin. The Board notes that, despite the massive increase in illicit opium production and heroin manufacture in neighbouring Afghanistan, the rate of abuse of heroin has remained relatively stable in Pakistan. However, that has been offset by the

increase in the abuse of opium and other opiates in the country. The increase in drug abuse by injection is also a matter of concern; there are currently an estimated 130,000 persons abusing drugs by injection in Pakistan, twice the number in 2000. There is an HIV epidemic among persons who abuse drugs by injection, the infection rate being approximately 11 per cent.

671. Drug abuse in the Central Asian countries continues to increase. The prevalence of the abuse of opioids is estimated at 1.03 per cent in Kazakhstan, 0.8 per cent in Kyrgyzstan, 0.6 per cent in Tajikistan and 0.8 per cent in Uzbekistan. Heroin is the main drug of abuse, injection being the main method used. The HIV/AIDS problem in Central Asia is growing faster than anywhere else in the world, needle-sharing among persons abusing drugs by injection being one of the key driving forces of the problem. Drug abuse by injection accounts for more than 60 per cent of total registered HIV cases in Central Asia. Reported HIV prevalence among persons abusing drugs by injection is highest in Uzbekistan (21 per cent), followed by Tajikistan (14.7 per cent), Kazakhstan (9.2 per cent), and Kyrgyzstan (8 per cent).

672. Drug abuse remains a serious concern in Afghanistan, where an estimated 1.4 per cent of the population abuses opioids. The number of drug addicts in at least some provinces in Afghanistan, including provinces where opium poppy is no longer cultivated, continues to rise. Drug abuse by injection is increasing. HIV prevalence among persons abusing drugs by injection is reported to be 3 per cent. The lack of economic opportunities, the volatile security situation and the fact that many returning refugees became addicted to drugs in their host countries (Iran (Islamic Republic of) and Pakistan) have contributed to the worsening of the drug abuse situation in Afghanistan.

673. The Government of the United Arab Emirates is strengthening its efforts in treatment, building more centres for the treatment and rehabilitation of drug abusers, particularly in the capital city. There are very little data on drug abuse in the United Arab Emirates, but the abuse of cannabis and heroin is an ongoing problem in that country. The Board encourages the Government to collect adequate data on trends in drug abuse and to strengthen its demand reduction efforts.

Psychotropic substances

674. Large amounts of counterfeit Captagon tablets continue to be smuggled into countries on the Arabian peninsula. Seizures of amphetamines have risen sharply in Saudi Arabia, suggesting a surge in the abuse of illicit stimulants in the country. Saudi Arabia accounted for 28 per cent of global seizures of amphetamines (all amphetamine-type stimulants excluding MDMA) in 2006, the latest year for which global data are available.

675. The amount of Captagon seized in Turkey rose significantly in 2007 in comparison with 2005 and 2006. Seizures of MDMA in Turkey decreased by nearly 30 per cent compared with 2006 – though the Government has indicated that the decrease may be partly attributable to inadequate cooperation with law enforcement agencies in neighbouring countries. The Government has reported a slight decrease in the abuse of MDMA in Turkey, largely as a result of information campaigns to increase public awareness of the harmful nature of the drugs.

676. The Board is concerned about information on possible smuggling of methamphetamine through Afghanistan. There have been isolated reports in recent years of Iranian law enforcement authorities seizing methamphetamine near their country's border with Afghanistan. Though there is no evidence yet to suggest that methamphetamine is being illicitly manufactured in Afghanistan, the Board urges the Government of Afghanistan and the international community to be on the alert for indications of such activity.

Precursors

677. It appears that the illicit manufacture of heroin in Afghanistan has continued to increase. Authorities in the eastern province of Nangarhar announced in March 2008 that, besides having seized more than 40 tons of opiates in 2007, they had also dismantled 11 laboratories illicitly manufacturing heroin. The Board is seriously concerned that, though recent increases in the price of acetic anhydride on illicit markets in Afghanistan suggest that international precursor control efforts are having some impact, 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 acetic

anhydride. (For more information on international efforts in this area, see the 2008 report of the Board on the implementation of article 12 of the 1988 Convention.)

678. More than 3 tons of precursor chemicals used to manufacture heroin, including the chemicals ammonium chloride and sodium carbonate, were seized in Afghanistan in July 2008, within the framework of the UNODC-supported Targeted Anti-trafficking Regional Communication, Expertise and Training initiative. Five tons of acetic anhydride were also seized by the Government of the Islamic Republic of Iran in the southern city of Bandar Abbas. In March 2008, Pakistan authorities seized 14 tons of acetic anhydride at Karachi port; that seizure led to the seizure in the Republic of Korea of another 12 tons of the chemical near Seoul in July 2008. In March 2008, over 5,000 kg of sulphuric acid were seized in Kyrgyzstan.

679. The total amount of acetic anhydride seized in Turkey increased nearly threefold in 2007 compared with 2006, though that increase was mainly attributable to a single controlled delivery operation that resulted in the seizure of over 12,000 litres of the substance.

680. The Board is concerned that several countries in West Asia, in particular the United Arab Emirates, have become trans-shipment areas for large consignments of ephedrine destined for Africa and North America. The Board urges the Government of the United Arab Emirates to continue strengthening its efforts to address that problem, in particular by strengthening controls in the free trade zones in the country.

5. Missions

681. The Board sent a mission to the United Arab Emirates in January 2008 to review with the Government its implementation of the international drug control treaties.

682. The Board is concerned that the implementation of controls over drugs and precursor chemicals in the free trade zones in the United Arab Emirates continues to be met with difficulties. The Board reminds the Government of its obligations under the international drug control conventions and urges it to take adequate measures against drug trafficking in all areas under its jurisdiction, including the free trade zones. As the United Arab Emirates is a major exporting and

trans-shipping area for chemicals scheduled under the 1988 Convention, the Government of that country is also encouraged to use the PEN Online system without further delay and to introduce controls over pharmaceutical preparations containing ephedrine or pseudoephedrine.

683. The Board also notes that there are no comprehensive activities aimed at identifying the drug abuse situation in the United Arab Emirates. The Board recommends that the Government take specific measures to collect data on the extent and nature of the drug problem in the country.

684. The Board appreciates the will of the Government of the United Arab Emirates to fight drug abuse and trafficking, and it notes in particular the progress achieved by the Government in the implementation of some of the recommendations made by the Board after its 1995 mission to that country. The Board encourages the Government to continue its efforts to strengthen drug control.

D. Europe

1. Major developments

685. Cannabis is the most widely abused drug in Europe. According to the European Monitoring Centre for Drugs and Drug Addiction, about 71 million people aged 15-64 years have tried cannabis in their lifetime and about 7 per cent have used it in the past year.

686. Europe remains the second largest market for cocaine in the world. Large consignments of the drug from South America are smuggled into Europe by sea, often through West African countries (see paragraphs 242-246 and 321-326 above). The smuggling of cocaine through Eastern European countries has significantly increased in the past few years. The total amount of cocaine seized in Eastern Europe increased dramatically in 2007, primarily as a result of one major seizure of 480 kg made by customs officers in the former Yugoslav Republic of Macedonia. The increasing number of shipments of cocaine from South America to countries in Eastern Europe is part of a new development in cocaine trafficking: more and more cocaine arriving in Western Europe is transported to Eastern Europe and then transported back to illicit markets in Western Europe

via the Balkan route, the route traditionally used for trafficking in opiates.

687. The heroin available on illicit markets in Europe originates in Afghanistan and has been smuggled into Europe along one of two major routes: the Balkan route; or the so-called "silk route", via Central Asia into the Russian Federation and from there to countries in Europe. The Balkan route continues to be the main route used for smuggling heroin into Eastern Europe and onwards to Western Europe. The so-called northern Balkan route, passing through Turkey, Bulgaria, Romania, Hungary and then Austria, was used more frequently in 2007, as evidenced by the more than 2.5 tons of heroin seized on that route. The so-called southern Balkan route, leading through Greece, Albania and then the former Yugoslav Republic of Macedonia to Italy, appears to have been used less often for drug trafficking in 2007 than in previous years.

688. Europe remains the region with the second largest illicit market for opiates. In Eastern Europe, the illicit market for opiates has continued to expand. According to UNODC estimates, there are about 2 million abusers of opiates in Eastern Europe. The abuse of opiates remained stable or declined in Central Europe and Western Europe but was reportedly increasing in the Russian Federation and other countries in Eastern Europe, as well as in countries in South-Eastern Europe along the Balkan route. It appears that the abuse of heroin has become more widespread among younger drug abusers in Western Europe.

689. Treatment for heroin abuse in residential facilities, formerly the predominant treatment for such abuse in many European countries, is less common today. Most treatment for drug abusers takes place on an outpatient basis. The enlargement of outpatient treatment networks has continued in recent years in Bulgaria, Estonia, Finland, Greece, Lithuania and Romania. About 53 per cent of the outpatient treatment clients are treated for the abuse of opiates and the rest are treated for the abuse of other drugs, in particular cannabis (22 per cent) and cocaine (16 per cent). The number of people seeking treatment for the abuse of drugs, in particular opiates, is higher in Eastern Europe than in Western Europe.

690. The illicit manufacture of synthetic drugs in Central Europe and Eastern Europe continued to rise. According to UNODC, in 2006 the largest number of

dismantled laboratories illicitly manufacturing amphetamine was reported by the Russian Federation, accounting for 57 per cent of all the illicit drug laboratories dismantled in Europe. The majority of the laboratories illicitly manufacturing methamphetamines in the region were uncovered in the Czech Republic. Several other Eastern European countries, including Bulgaria, Lithuania, the Republic of Moldova,⁸⁴ Slovakia and Ukraine, also reported having dismantled laboratories that had been illicitly manufacturing synthetic drugs.

691. The subregions of South-Eastern and Eastern Europe continued to be used as transit areas for consignments of acetic anhydride destined for Afghanistan, where it is used in the illicit manufacture of heroin. It is estimated that almost 80 per cent of the acetic anhydride required for illicit laboratories in Afghanistan is smuggled through countries in South-Eastern and Eastern Europe (see paragraphs 157-158 and 230-231 above). The Board encourages Governments to fully implement Security Council resolution 1817 (2008) in which the Council called on all Member States to increase cooperation in order to counter illicit drug production and trafficking in Afghanistan, including by strengthening the monitoring of the international trade in precursor chemicals, notably acetic anhydride.

2. Regional cooperation

692. The Paris Pact expert round table for the Black Sea area was held in Bucharest from 9 to 11 July 2008. Participants in the round table discussed ways and means of actively supporting and utilizing existing communication and information networks (such as INTERPOL, the World Customs Organization, Europol, MAR-Info (the maritime traffic information system), the Black Sea Economic Cooperation Organization, GUAM and the Southeast European Cooperative Initiative Center) to achieve maximum law enforcement coverage of the routes used for trafficking in opiates originating in Afghanistan. The round table requested UNODC and other international entities to continue providing to law enforcement operations technical assistance utilizing the expertise and instruments already available.

⁸⁴ Since 9 September 2008, "Republic of Moldova" has replaced "Moldova" as the short name used in the United Nations.

693. In September 2008, the European Commission proposed a new European Union Drugs Action Plan for 2009-2012, in which the following priorities are identified: (a) reducing the demand for drugs and raising public awareness; (b) mobilizing European citizens to play an active part; (c) reducing the supply of drugs; (d) improving international cooperation; and (e) improving the understanding of the problem. Following discussion with European Union member States, the European Council is expected to endorse the Action Plan by December 2008.

694. Building on the success of the series of operations known as "Operation Channel" conducted since 2004, CSTO and the Federal Drug Control Service of the Russian Federation carried out the second stage of operation Channel 2007 in November and December 2007, with the participation of Armenia, Belarus, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Uzbekistan. The goal of the operation was to build a system of enhanced collective security to prevent trafficking in drugs from Afghanistan. During the operation, new drug trafficking routes leading from Central Asia to CSTO member States and to Europe were detected. Representatives of law enforcement agencies of Azerbaijan, China, Estonia, Iran (Islamic Republic of), Latvia, Lithuania, Turkmenistan, Ukraine, the United States and Uzbekistan participated in the operation as observers. The operation resulted in the seizure of 27,815 kg of narcotic drugs, psychotropic substances and precursor chemicals, including 1,157 kg of heroin, 8,573 kg of opium, 6,196 kg of cannabis resin, 5,567 kg of cannabis herb, 709 kg of poppy straw, 15 kg of cocaine and 35 kg of synthetic drugs, as well as over 2 tons of precursor chemicals.

695. In Bulgaria, a new regional office of the European Cities against Drugs (ECAD) was opened in late 2007 in the city of Burgas. The aim of the office is to assist the member cities in the Balkan area in exchanging information and best practices regarding drug abuse prevention.

696. In Bosnia and Herzegovina, the fifth Regional Conference of the ECAD Balkan network entitled "Local community in fight against drug abuse" was held in Sarajevo on 15 and 16 November 2007. Participating in the conference were officials from eight countries in the Balkan area, as well as national and international experts in scientific areas and in the

areas of social policy and law enforcement. The conference adopted a declaration in which it called for improved coordination between local authorities in drug abuse prevention, the treatment of addiction and the civil sector.

697. The Board welcomes the holding of the Synthetic Drug Enforcement Conference in Nunspeet, the Netherlands, from 28 to 30 November 2007. The conference was hosted by the Government of the Netherlands. Represented at the conference were Australia, Belgium, China, France, Germany, the Netherlands, Romania, the Russian Federation, Sweden, the United Kingdom and the United States. Europol and the European Commission were also represented at the conference.

698. The Board welcomes the activities of Experience and Mutual Assistance (EXASS Net), a European network of partnerships between stakeholders at the frontline level responding to drug problems, providing experience and assistance for intersectoral cooperation. EXASS Net is part of activities of the Pompidou Group of the Council of Europe. The third meeting of EXASS Net, held in Frankfurt, Germany, in May 2008, included visits to various institutions in the Frankfurt system for providing assistance to drug abusers, such as a heroin distribution clinic, a methadone clinic and a crisis centre.

3. National legislation, policy and action

699. The Board is concerned that the Government of Bosnia and Herzegovina has still not established a body at the national level to coordinate the fight against illicit drugs, pursuant to the Law on Prevention and Suppression of the Abuse of Narcotic Drugs, which entered into force in 2006. The law calls for the creation of a national inter-ministerial committee and a national agency to develop, oversee and coordinate the national drug control strategy. The Board urges the Government to take the necessary measures without further delay to ensure that the inter-ministerial committee and the national agency are established and functioning properly and that the national drug control strategy is developed and implemented.

700. In the Netherlands a ban on tobacco smoking in the catering industry went into effect in July 2008. The ban also affects the so-called “coffee shops”, where the sale and abuse of cannabis is tolerated, but not the smoking of tobacco. The Government of the

Netherlands has informed the Board that the “coffee shops” are being provided with information for visitors about the risks of cannabis use and about ways to obtain help when cannabis use becomes a problem.

701. The Board notes that the Home Secretary of the United Kingdom has recommended that cannabis should be reclassified, which would mean that cases involving cannabis would be subject to stricter law enforcement and harsher penalties. The decision reflects the fact that highly potent forms of cannabis (such as “skunk”) have become dominant in the illicit drug market of the United Kingdom. If approved by Parliament, reclassification would take effect from early 2009. In addition, the first edition of the new drug strategy of the United Kingdom was released in February 2008. While maintaining a single focus on illicit drugs, the new strategy places more emphasis than the previous 10-year strategy on families and communities. Priority will be given to providing effective treatment for those who are causing the most harm to community and family members, such as parents whose drug use may be putting their children at risk.

702. In Ukraine, a new law on drug trafficking and abuse entered into force in January 2008. The new law defines the structure of legislation, principles of Government policies, general regulations on the control and distribution of licit drugs. In addition, the new legislation regulates a wide range of items, such as licensing requirements, lists of substances used in veterinary practice, the maximum allowed substance content in doses of medication, the quality of drugs crossing borders, manufacturing methods, the use of equipment, transport and the required documentation. The new law is expected to strengthen further control of the movement of narcotic drugs, psychotropic substances and precursors within the country.

703. In November 2007, the Government of Finland adopted a resolution on cooperation regarding national drug policy for the period 2008-2011, which outlines measures the Government intends to undertake to address drug abuse. The measures are related to preventive work and early intervention; combating drug-related crime; the treatment of drug addiction and the “reduction of harm” from drug abuse; and intensifying the treatment of drug abuse in connection with criminal sanctions.

704. In France, a new Government plan for fighting illicit drugs and addiction was adopted in July 2008. The plan includes an outline of the priorities of the Government for the period 2008-2011. The current plan is based on the evaluation of the previous plan (covering the period 2004-2008) and is comprised of 193 measures: 38 measures on prevention and communication, 41 on law enforcement, 69 on treatment and reduction of risks associated with drug abuse, 30 on training and research and 15 at the international level. A total of 87.5 million euros will be required to implement the plan over the four-year period 2008-2011.

705. In January 2008, the Government of Italy adopted a new action plan on drugs that covers five areas: coordination; demand reduction; supply reduction; international cooperation and information; and training, research and evaluation. The plan includes 66 measures to be implemented in 2008 and will be followed by a plan for the four-year period 2009-2012.

706. In the Republic of Moldova, the national plan of action to prevent drug abuse and drug smuggling in the period 2007-2009 was adopted. The plan covers activities under the responsibility of the Ministry of the Interior and the Ministry of Health. In addition, the Penal Code, the Penal Procedural Code and the Code on Administrative (Minor) Offences have been amended by the Parliament to include judicial measures against drug trafficking and abuse, in conformity with the provisions of the 1988 Convention.

707. The Board welcomes the publication of the European Commission Eurobarometer survey on attitudes and perceptions about drug issues, involving more than 12,000 persons aged 15-24 in the European Union member States. The survey, published in May 2008, shows, inter alia, that while more than 80 per cent of young people recognize the health risks associated with the use of heroin, cocaine and "ecstasy", only 40 per cent of young people recognized the health risks associated with cannabis use. In the Czech Republic, young people believe that tobacco and alcohol use pose a slightly higher risk than cannabis use.

708. The Board welcomes the publication of the *Home Office Cannabis Potency Study 2008*⁸⁵ in the United Kingdom in May 2008, which provides important information about the market share of different types of cannabis available and their potencies. The study shows that the share of all drug seizures accounted for by cannabis herb seizures has increased markedly in recent years. Most of the cannabis seized on the street by law enforcement authorities is cannabis herb. There appears to have been a decline in the prevalence of cannabis resin.

709. The Board notes that in the evaluation of a project to establish a "drug injection room" in Norway it is stated that there is no evidence that the scheme has resulted in a reduction in drug overdose rates or fatalities. Also mentioned in the evaluation are important issues such as the fact that the drug injection room may contribute to the perpetuation of drug abuse and that health authorities might be perceived as condoning drug use. The Government has decided that the temporary act relating to a trial scheme for drug consumption rooms will remain in force until December 2009. The Board urges all Governments to refrain from establishing "drug consumption rooms" and to pursue alternative ways to increase access to health and social services, including services for the treatment of drug abusers.

710. The Board notes the results of a new survey on the prevalence of drug abuse in Ireland and in Northern Ireland (in the United Kingdom), published in 2008. The survey shows that the proportion of adults (persons aged 15-64 years) who reported having used an illicit drug in their lifetime increased from 19 per cent in the period 2002-2003 to 24 per cent in the period 2006-2007. The proportion of young adults (persons aged 15-34 years) who reported having used an illicit drug in their lifetime also increased by 5 per cent, from 26 per cent in the period 2002-2003 to 31 per cent in the period 2006-2007. More men than women reported having used an illicit drug in their lifetime. The prevalence of use at least once in a lifetime, as well as use in the past month, increased for both cannabis and cocaine.

⁸⁵ Sheila Hardwick and Leslie King, *Home Office Cannabis Potency Study 2008* (Sandridge, St. Albans, Home Office, 2008).

711. In the Netherlands, a new policy document entitled "Follow-up strategy on synthetic drugs from 2007" has been adopted by the Government. The policy document calls for, among other things, the continuation of a drug abuse prevention project entitled "Nightlife and drugs", coordinated at the national level by the Netherlands Institute of Mental Health and Addiction (Trimbos Instituut). The project targets clubbers and nightlife districts: a group of people and a type of district both known for the large-scale use of synthetic drugs. The project aims to limit the risks of drug use among clubbers by working with local authorities and "nightspots".

712. In July 2008, a task force aimed at reducing the large-scale cultivation of cannabis was launched in the Netherlands. The objective of the task force is to set up a programme that will achieve by 2011 a measurable reduction in the large-scale cultivation of cannabis in the Netherlands. In addition, the task force is to provide more information about the criminal organizations behind the illicit cultivation of cannabis, their operating procedures and their profits. The establishment of the task force was announced in the policy programme on strengthening the approach to organized crime that was submitted to the parliament in December 2007.

713. The Government of Belarus and UNODC signed a memorandum of understanding on drug control and crime prevention in January 2008. The agreement sets out strategic areas of cooperation in fighting international crime and trafficking in illicit drugs and establishes a basis for the expansion of UNODC activities in Belarus.

4. Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

714. The illicit cultivation of cannabis continues to be reported in many countries in Western Europe, such as Germany, where large-scale cannabis cultivation areas have been seized. In Eastern and Central Europe, most of the cannabis herb originates in Albania, Montenegro, the Republic of Moldova, Serbia, the former Yugoslav Republic of Macedonia and Ukraine. Reports from Albania indicate that cannabis plants are being cultivated on public land. Europe is the region with the largest illicit market for cannabis resin. The amount of cannabis resin seized in Europe increased in

2007 after having declined in 2006. In 2007, as in the previous year, more cannabis resin was seized in Spain than in any other country in the world. A large amount of cannabis resin was also seized in Belgium, France and Portugal.

715. Cannabis continues to be the most widely abused drug in Europe. In European countries, lifetime prevalence of cannabis abuse ranges from 2 to 37 per cent, the lowest rates being in Bulgaria, Malta and Romania and the highest rates being in Denmark, France, Italy and the United Kingdom. The prevalence of cannabis abuse in the past year is about 7 per cent among European adults (persons aged 15-64). National estimates of the prevalence of cannabis abuse in the past year range from 1 to 11 per cent, the lowest rates being in (listed in ascending order) Bulgaria, Greece and Malta and the highest rates being in (listed in ascending order) the Czech Republic, Spain and Italy. The prevalence of cannabis abuse is disproportionately high among young people. Lifetime prevalence of cannabis abuse among schoolchildren aged 15-16 is highest in (listed in ascending order) Belgium, the Czech Republic, Ireland, Spain, France and the United Kingdom, where the rate ranges from 30 to 44 per cent and is lowest in (listed in ascending order) Norway, Sweden, Romania, Cyprus and Greece, where the rate is less than 10 per cent.

716. There are indications that the abuse of cannabis is stabilizing or declining at a fairly high level. In the United Kingdom, the prevalence of cannabis abuse among pupils in England decreased significantly between 2001 (13.4 per cent) and 2007 (9.4 per cent). Between 2004 and 2007, lifetime prevalence of cannabis abuse fell in Germany as well; however, the number of cannabis abusers was estimated at 600,000 in 2007, a significant increase compared with the 1997 figure. In France, about 1.2 million persons abuse cannabis on a regular basis (at least 10 times a month).

717. In Europe, the total amount of cocaine seized continues to be high. Europe's share of global cocaine seizures rose from less than 3 per cent in 1980 to 17 per cent in 2006. It is likely that less cocaine will be reported to have been seized in 2007, as Portugal, one of the main gateways for cocaine entering Europe, has reported a significant decrease in cocaine seizures. Similarly, effective action taken to prevent the use of couriers in cocaine trafficking at the international airport at Amsterdam, once a major gateway for

cocaine entering the region, has resulted in fewer seizures of that substance. According to the Government of the Netherlands, 9,084 kg of cocaine were seized by customs authorities in 2006. In 2007, a single seizure of 480 kg of cocaine originating in the Bolivarian Republic of Venezuela was made in the former Yugoslav Republic of Macedonia. Another large seizure of 118 kg of cocaine from Colombia was made by Polish customs authorities. The increased number of shipments of cocaine from South America to countries in Eastern Europe in recent years is part of a new development: cocaine arriving in Western Europe is increasingly being smuggled into Eastern Europe and then back into Western Europe via the Balkan route.

718. Cocaine abuse has become more prevalent in some parts of Western Europe. Lifetime prevalence of cocaine in France is 2.6 per cent among the adult population (persons aged 15-64) and has more than doubled over the past 10 years. Lifetime prevalence of cocaine abuse is highest (4.1 per cent) among young adults (persons aged 25-34). Annual prevalence of cocaine abuse tripled between 2000 and 2005 among the general population: the number of people who abuse cocaine is currently estimated at 250,000. In Spain, however, results of a national survey of drug abuse among students show that the lifetime, annual and monthly prevalence of cocaine abuse among students in secondary schools has decreased significantly.

719. Almost all the heroin available on the illicit drug markets in Europe originates in Afghanistan. The traditional (northern) Balkan route, passing through Turkey, Bulgaria, Romania, Hungary and then Austria, was used more frequently in 2007, as evidenced by the fact that more than 2.5 tons of heroin were seized on that route. The alternative (southern) Balkan route, leading through Greece, Albania, and then the former Yugoslav Republic of Macedonia to Italy, appears to have been used less often for drug trafficking in 2007 than in previous years. With opium production shifting towards the southern provinces of Afghanistan, it has become less convenient for traffickers to ship opiates via the so-called "silk route"; therefore, drug trafficking along that route has declined. In 2007, less than 1 ton of heroin was identified as having been smuggled into Europe on the "silk route"; that represents a decrease compared with the amounts seized in previous years. Train connections between the Russian Federation and its western neighbouring

countries Belarus, Poland and Ukraine are increasingly being used for smuggling heroin into Western Europe. Reports indicate that heroin is increasingly being trafficked by air from countries in Eastern and Central Europe to countries in Western Europe.

720. In Europe, major seizures of heroin were reported in Bulgaria (more than 1 ton), the Russian Federation (934 kg) and Serbia (225 kg). An increase in heroin seizures was reported in some countries in Western Europe such as Germany and Spain.

721. Most of the laboratories illicitly producing opiates continue to be located in Eastern Europe. According to the Government of the Russian Federation, of the 3,717 laboratories illicitly producing and processing narcotic drugs and psychotropic substances dismantled in that country in 2006, 186 were used for the illicit production of acetylated opium from limited quantities of locally produced poppy straw. In Moldova,⁸⁶ 112 laboratories illicitly producing opiates were dismantled in 2006.

722. For several years, the abuse of heroin and other opiates has been stagnant or declining in Western Europe. In Italy, for example, heroin abuse has continually declined since 2001. However, it now appears that heroin abuse could become more widespread. In the Netherlands, the lifetime prevalence of heroin abuse increased between 1997 and 2005, indicating greater interest in experimenting with the drug. In France, the abuse of heroin has begun to emerge among younger and more socially integrated segments of the population. The methods used for heroin abuse tend to vary: sniffing is more common and polydrug abuse is very frequent. Increasing trivialization of the consequences of heroin abuse appears to play a part in the abuse as the real dangers of the drug are poorly understood. Rising levels of abuse of opiates have been reported in countries in Eastern Europe, particularly in CIS member States and in countries in South-Eastern Europe along the Balkan route. According to UNODC, the number of people in Eastern Europe who abuse opiates is estimated to be about 2 million, or about 1.4 per cent of the population aged 15-64.

⁸⁶ Since 9 September 2008, "Republic of Moldova" has replaced "Moldova" as the short name used in the United Nations.

723. According to the Government of the Russian Federation, in 2007 the number of persons newly registered for drug abuse treatment was 37,560; 87.7 per cent of the total number of patients were registered for treatment for the abuse of opiates. In 2007, of the total number of patients in treatment for drug abuse, 11.9 per cent were infected with HIV, a slight increase compared with the figure for 2006 (11.8 per cent). Drug abuse by injection continues to be the main route of transmission of HIV infection in the Russian Federation.

724. The Russian Federation is the largest illicit market for opiates in Europe. According to the UNODC *World Drug Report 2008*, as many as 1.65 million people in the Russian Federation abuse opiates.⁸⁷ The second largest illicit market for opiates in Eastern Europe is in Ukraine, where more than 300,000 people abuse opiates.

725. The increased drug trafficking and abuse in Eastern Europe in recent years have led to an increase in the spread of HIV/AIDS. According to UNAIDS, nearly three out of four (73.8 per cent) of the registered drug addicts in the Russian Federation abuse drugs by injection, which is also the main mode of HIV transmission in the country. In the Russian Federation, the proportion of persons who abuse drugs by injection among the general population (persons aged 15-44) is estimated at 2 per cent. According to UNAIDS, in 2007 about two thirds (66 per cent) of newly registered HIV cases were attributable to drug abuse by injection.

726. The HIV/AIDS epidemic in Ukraine is now more severe than in any other country in Europe: the prevalence of HIV/AIDS infection among the adult population is estimated to be 1.63 per cent. The number of reported cases of HIV infection among persons who abuse drugs by injection has continued to increase in Ukraine in the past few years. The most serious drug abuse problem in Ukraine is the abuse by injection of concentrate of poppy straw (called "shyrka"): it is used by 98 per cent of all persons who abuse drugs by injection. Needle-sharing, a common practice among drug abusers, has contributed to the spread of HIV/AIDS infection. According to estimates of the Government of Ukraine, there are more than 500,000 registered drug abusers in the country,

including about 300,000 persons who abuse opiates by injection.

727. Estonia has the second highest prevalence of HIV infection in Europe: it is estimated that 1.4 per cent of the adult population is infected with HIV. The HIV epidemic in that country is mainly driven by drug abuse by injection, a behaviour that is widespread among the prison population. In 2007, more than 12 per cent of all prison inmates in Estonia were HIV positive.

Psychotropic substances

728. Western Europe continues to be a major source of amphetamine-type stimulants, particularly MDMA. According to UNODC, Belgium and the Netherlands are the main countries exporting amphetamine and substances in the MDMA group. However, as MDMA is increasingly being illicitly manufactured in other parts of the world, seizures of MDMA in Western Europe have declined. In Western Europe, most seizures of MDMA are reported in France, Germany, the Netherlands and the United Kingdom. The main source of methamphetamine illicitly manufactured in Western Europe is the Czech Republic, which also reported the largest number of dismantled laboratories illicitly manufacturing that substance. The United Kingdom has the largest illicit market for amphetamine. However, annual prevalence of amphetamine abuse among the general population (persons aged 16-59) decreased significantly, from 3.2 per cent in 1996 to 1.3 per cent in 2006. Similarly, Sweden has witnessed a significant decrease in amphetamine abuse over the past 20-30 years with the annual prevalence rate at 0.2 per cent, less than half the European average. Past-year prevalence of abuse of MDMA among young adults has remained largely stable over the past five years in the European Union.

Precursors

729. Countries in Eastern Europe continued to be used as transit areas for consignments of acetic anhydride destined for Afghanistan, where the substance is used in the illicit manufacture of heroin. It is estimated that almost 80 per cent of the precursor chemicals required for illicit drug laboratories in Afghanistan is smuggled through countries in South-Eastern and Eastern Europe.

⁸⁷ *World Drug Report 2008* ...

730. Seizures of precursors of amphetamine in Eastern European countries have increased in the past few years. According to UNODC, in 2006, major seizures of the precursor P-2-P were reported in Poland (1,085 litres), the Russian Federation (402 litres), Estonia (51 litres) and Bulgaria (32 litres).

5. Missions

731. A mission of the Board visited Romania in October 2008. The Board notes that there has been some improvement and greater commitment by the Government in its efforts to fulfil the objectives of the international drug control treaties. Progress has been made in the Government's efforts to address the drug problem in the country, and the Government's cooperation with the Board has improved since the 2002 mission of the Board to that country. The Board notes that Romania has taken some steps in recent years to strengthen its drug control efforts, but a number of problems continue to exist in that area.

732. In particular, the Board notes that in Romania the existing mechanism for the monitoring and control of internationally controlled substances is neither sufficient nor functioning adequately. The Board requests the Government to take steps to put in place legislation, as well as to provide resources and trained personnel, to enable all drug regulatory authorities, especially the Ministry of Health, to perform their control functions. Moreover, with regard to efforts by the Government to address the challenge of the smuggling of drugs through its territory, the Board encourages the Government to further strengthen customs and border control activities to prevent such trafficking, for example, through capacity-building and increasing the allocation of resources to such activities.

733. The Board notes that the availability of opioids for the treatment of pain does not appear to meet the requirements of the population in Romania. The Board urges the Government to accurately determine the national medical and/or scientific requirements for narcotic drugs and psychotropic substances and to take all steps necessary, including the provision of education and training to staff, to ensure that those substances are available for medical purposes.

734. A mission of the Board visited Ukraine in May 2008. The Board notes the commitment of the Government to the objectives of the international drug control conventions. Progress has been made in the

Government's efforts to address the drug problem. Administrative steps have been taken to ensure the implementation of the provisions of the conventions. Ukraine has adopted comprehensive drug control legislation and developed a national drug control strategy. Although a mechanism has been established to coordinate efforts to fight drug trafficking, problems continue to exist, largely because of lack of cooperation among authorities involved in drug control.

735. The transit traffic in heroin and cocaine poses serious drug control problems for Ukraine, particularly with regard to the increasing influence of organized transnational crime on drug trafficking both in and through Ukraine. The Board is of the opinion that that development requires effective inter-ministerial coordination at the policy level, as well as at the operational level. The Board recommends that the Government should clearly define the lines of responsibility between the various law enforcement agencies and improve the coordination of their activities.

736. The intravenous abuse of acetylated opium made of locally produced poppy straw is the most serious drug abuse problem in Ukraine. As needle-sharing is practised among drug abusers, it has contributed to the increase in HIV/AIDS infection in Ukraine. The Board urges the Government to prevent the diversion of poppy straw from farms licensed for cultivating opium poppy. The Board encourages the authorities of Ukraine to develop, if necessary with the help of WHO and UNODC, a consolidated approach towards drug abuse prevention and treatment programmes. Long waiting lists and the increasing rate of HIV/AIDS infection indicate that the treatment programmes presently offered are not sufficient and that the treatment facilities urgently need to be expanded to respond to those problems.

E. Oceania

1. Major developments

737. A recent increase in drug smuggling from Canada to Australia has been noted. Australian law enforcement officials reported having seized cocaine, MDMA and methamphetamine from a sea cargo consignment originating in Canada. Law enforcement

authorities in the United States also seized cocaine, MDMA and methamphetamine from a sea cargo consignment originating in Canada and destined for Australia. While the source country for the majority of seizures of methamphetamine in New Zealand continued to be China, a recent increase in trafficking in that substance from Canada was also noted.

738. While comprehensive seizure data for Australia and New Zealand are available, limited data are available for other countries in Oceania. However, illicit substances including cannabis, cocaine, heroin and precursor chemicals were seized in Fiji, Papua New Guinea and Vanuatu during 2007, confirming concerns that countries in Oceania other than Australia and New Zealand are also vulnerable to drug trafficking.

739. Australia reported a significant increase in seizures of cocaine in the period 2006-2007, compared with the period 2005-2006. Australia also reported an increase in seizures of paramethoxyamphetamine (PMA): six seizures were reported in 2007, compared with only two confirmed seizures prior to that year. In addition, a clandestine PMA laboratory was dismantled in the Australian State of New South Wales in 2007.

2. Regional cooperation

740. The Pacific Islands Forum continued to bring countries in Oceania together to address drug control issues. Australia and New Zealand remained active in supporting capacity-building initiatives in drug control in the region.

741. At the thirty-eighth Pacific Islands Forum, held in Nuku'alofa in October 2007, participants directed relevant national and regional organizations and regional law enforcement secretariats to strengthen the collection and exchange of law enforcement information to combat national and transnational organized crime, including drug trafficking. The annual meeting of the Regional Security Committee of the Pacific Islands Forum was held in Suva in June 2008.

742. The Micronesia Regional Transnational Crime Unit, an initiative involving Australia, the Micronesia (Federated States of) and the United States, was launched in April 2008. The Unit, located in Pohnpei, Federated States of Micronesia, focuses on issues such as drug trafficking and will allow regional law enforcement authorities to share intelligence. The Unit

is linked to a network of transnational crime units in Fiji, Papua New Guinea, Samoa, Tonga and Vanuatu. Cooperation under that network has led to the seizure of 55 kg of cannabis that were being smuggled between Fiji and Tonga.

743. Law enforcement authorities in Australia and New Zealand provided ongoing support to a programme of sniffer dogs, trained to detect drugs, in Samoa. In an effort to combat the growing drug problem in Samoa, Australia and New Zealand each provided a sniffer dog to their Samoan counterparts in May 2007. In Australia from February to April 2007, Samoan law enforcement authorities were given specialized training on handling sniffer dogs and on safely handling drugs. Sniffer dog teams were trained to search people, baggage and cargo at the international airport, seaport and post office in Apia.

744. The third regional workshop of the Pacific Drug and Alcohol Research Network was held in Suva in July 2008. Participants discussed collaborative research opportunities among health, law enforcement and social research professionals in Oceania and shared experiences in the use of rapid assessment methodologies for collecting data on drug abuse.

3. National legislation, policy and action

745. In May 2008, the Government of Australia endorsed the national strategy on amphetamine-type stimulants, which encompasses a comprehensive approach to addressing problems associated with the abuse of amphetamine-type stimulants and recommends action in the areas of prevention, supply reduction and improved access to treatment. The Government also endorsed a National Corrections Drug Strategy for the period 2006-2009, which provides a framework for coordinated, integrated action to address drug-related issues for adults and juveniles in correctional facilities. The objective of the strategy is to promote and enforce laws, policies and practices that detect and reduce the smuggling of drugs into correctional and community-based facilities and services, prevent and reduce drug abuse among adult and juvenile offenders and increase access to a range of prevention and treatment services for adult and juvenile offenders.

746. In Australia in February 2008, the Parliament of Queensland enacted the Drugs Misuse Amendment Act 2008, which amends the Drugs Misuse Act 1986 and

the Drugs Misuse Regulation 1987. MDMA and PMA were rescheduled, so that the maximum penalty for the unlawful possession and supply of and trafficking in those drugs was increased from 20 to 25 years of imprisonment. Ephedrine was also rescheduled; as a result, the maximum penalty for the unlawful possession and supply or trafficking increased to 20 years of imprisonment from two years of imprisonment for possession and five years for the unlawful supply of or trafficking in that substance. The illicit manufacture and supply of substances such as pseudoephedrine or methamphetamine were included in the 2008 act as new offences, as was the possession of equipment, such as tablet presses, used in the illicit production of drugs.

747. The Australian customs authorities established Project Stridor as a pilot project in 2006 and 2007 to test the benefits of having a multidisciplinary law enforcement team involved in combating the emerging threat of precursor chemicals in Australia. Australian customs officers involved in intelligence, investigations and enforcement activities were brought together to monitor and track the trade in selected commodities through the Internet. The Australian customs authorities cooperated with their counterparts in the United Kingdom and utilized software developed by the customs authorities of the Netherlands. As a result of the exercise, two significant consignments of precursor chemicals were detected.

748. In January 2008, 100 people formerly involved in the illicit cultivation, sale and use of cannabis in Simbu Province, Papua New Guinea, gave public testimony of how they became involved in such illicit activities and promised to assist law enforcement authorities in preventing others from becoming involved in such activities.

4. Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

749. Cannabis continued to be illicitly cultivated throughout Oceania. According to UNODC, Australia is the largest producer of cannabis herb in the region.⁸⁸

750. Fiji reported a significant decrease in the number of cannabis plants that were eradicated during 2007,

when 1,353 plants were eradicated compared with 8,542 plants in 2006.

751. In June 2007, the Australian customs authorities at Perth Airport seized 3.5 kg of heroin from a passenger arriving from Malaysia. In December 2007, Australian customs officers seized heroin from two passengers arriving from Dubai, United Arab Emirates. In February 2008, Australian law enforcement authorities found 28 kg of heroin in a sea cargo consignment that had arrived in Sydney; and in August 2008, customs officers at Melbourne Airport reported having seized 2 kg of heroin from a passenger arriving from Thailand.

752. States in Oceania continue to report seizures of cocaine. Australia reported the seizure of 634 kg of cocaine in the period 2006-2007, compared with 46 kg in the period 2005-2006. An additional 610 kg of cocaine were seized at the Australian border in the period 2006-2007, more than seven times the amount seized in the period 2005-2006 (83 kg). Although parcel post continued to be the preferred method of smuggling cocaine into Australia, a recent increase in smuggling by sea cargo was noted. In March 2008, Australian law enforcement authorities in Sydney reported having seized 250 kg of cocaine concealed in a sea cargo container originating in South-East Asia. In July 2008, law enforcement authorities in Australia seized 150 kg of cocaine hidden in a shipping container that had arrived in Melbourne. In June 2008, Australian law enforcement authorities reported having seized 124 kg of cocaine that had been concealed in a sea cargo consignment originating in Canada.

753. Cannabis continued to be the most abused drug in Oceania. A particularly high incidence of abuse was reported in Australia, Micronesia (Federated States of), New Zealand and Papua New Guinea. According to a recent study carried out by the National Centre for Education and Training on Addiction⁸⁹ of Australia, cannabis is the most commonly abused illicit drug among schoolchildren aged 12-17 years in Australia; 3.4 per cent of all students surveyed regularly abused cannabis. Nonetheless, the annual prevalence of cannabis abuse among the Australian population aged 14 and above has gradually decreased from its high

⁸⁸ *World Drug Report 2008 ...*

⁸⁹ Ann M. Roche and others, *Drug Testing in Schools: Evidence, Impacts and Alternatives* (Canberra, Australian National Council on Drugs, 2008).

level of 17.9 per cent in 1998 to 12.9 per cent in 2001, 11.3 per cent in 2004 and 9.1 per cent in 2007. In contrast, the annual prevalence of cocaine abuse in Australia for the same age group increased from 0.5 per cent in 1993 to 1.6 per cent in 2007,⁹⁰ the highest prevalence recorded for that substance in all surveyed years.

Psychotropic substances

754. In Australia and New Zealand, amphetamine-type stimulants continued to be supplied predominantly by clandestine manufacturers operating in those countries. However, the fact that methamphetamine and tablets made of a combination of MDMA and methamphetamine were also regularly seized at those countries' borders indicates that amphetamine-type stimulants are also being smuggled into Oceania.

755. In 2007, the Australian customs authorities seized 4 kg of amphetamine from a postal shipment originating in Thailand. In August 2007, customs authorities in New Zealand seized 17 kg of methamphetamine. In November 2007, New Zealand law enforcement authorities at the Port of Tauranga reported having seized 32 kg of methamphetamine that had been concealed in a sea cargo consignment originating in China. In January 2008, Australian law enforcement authorities in Sydney reported having seized 28 kg of amphetamine that had been hidden in an air cargo consignment originating in Lithuania. In June 2008, Australian law enforcement authorities reported having seized 66 kg of methamphetamine that had been concealed in a sea cargo consignment originating in Canada.

756. Significant quantities of MDMA continued to be seized in Oceania. In a single seizure in 2007, 4.4 tons of MDMA were seized from a shipping container that had arrived in Melbourne, Australia. That was almost the same as the total amount of MDMA seized worldwide in 2006: 4.5 tons. In June 2008, Australian law enforcement authorities reported having seized 121 kg of MDMA that had been concealed in a sea cargo consignment originating in Canada. In May 2008, customs authorities in Perth, Australia, reported having seized, in a clandestine laboratory,

45 kg of MDMA and equipment for manufacturing tablets. In February 2007, the Australian customs authorities at Brisbane Airport reported having seized 80,000 MDMA tablets in parcels originating in the United Kingdom. Following an investigation that lasted 12 months, law enforcement authorities in Australia uncovered an international drug smuggling syndicate, leading to the arrest of 22 persons.

757. While the incidence of abuse of amphetamines among the Australian population aged 14 and above declined from 3.7 per cent in 1998 to 2.3 per cent in 2007,⁹¹ abuse of MDMA surpassed that of other amphetamine-type stimulants, making it the second most abused substance in Australia and New Zealand. In contrast to the general decline in drug abuse in Australia, the annual prevalence of abuse of MDMA among persons in the same age group increased from 0.9 per cent in 1995 to 3.5 per cent in 2007. The annual prevalence of abuse of MDMA among persons aged 15-45 years in New Zealand was 2.6 per cent.

Precursors

758. States in Oceania continued to report seizures of ephedrine and pseudoephedrine, substances frequently used in the illicit manufacture of amphetamine-type stimulants. Traffickers attempted to smuggle large amounts of the substances in air and sea cargo and smaller amounts through the postal system. In July 2008, Australian law enforcement authorities seized 850 kg of pseudoephedrine, one of the largest seizures of the substance reported in that State to date. The substance was concealed in three sea cargo consignments that had arrived in Port Botany, Sydney, from Thailand. During 2007, reported seizures of ephedrine tablets totalled 167 kg in Australia and 0.5 kg in New Zealand, and reported seizures of pseudoephedrine totalled 266 kg in Australia and 155 kg in New Zealand.

759. In December 2007, the customs authorities at the New Zealand International Mail Centre reported having seized 14.9 kg of ephedrine concealed in two packages originating in India and 2.1 kg of pseudoephedrine concealed in a parcel originating in Singapore.

760. While most of the pseudoephedrine continued to be smuggled into Australia and New Zealand from East

⁹⁰ Australian Institute of Health and Welfare, 2007 *National Drug Strategy Household Survey: First Results*, Drug Statistics Series No. 20 (Canberra, April 2008).

⁹¹ Ibid.

Asia and South-East Asia, in June 2008 law enforcement authorities at Sydney Airport seized 45 kg of pseudoephedrine that had been concealed in an air cargo consignment originating in Lebanon. In November 2007, law enforcement authorities at the Port of Tauranga, New Zealand, reported having seized 127 kg of pseudoephedrine that had been concealed in a sea cargo consignment originating in China. In December 2007, the Australian customs authorities at Sydney seized 105 kg of pseudoephedrine that had been hidden in an air cargo consignment originating in Cambodia. In December 2007, law enforcement authorities in New Zealand seized 44.8 kg of pseudoephedrine that had been concealed in a sea cargo consignment originating in China.

761. In July 2008, law enforcement authorities in New South Wales, Australia, reported having seized 12.6 kg of pseudoephedrine and equipment that had purportedly been used in the illicit manufacture of methamphetamine in a private residence.

Substances not under international control

762. Seizures of substances not under international control continued to be reported in Oceania. In 2007, Australian customs authorities seized 45 consignments of GBL, a precursor of GHB, totalling approximately 68 litres. The primary method of transportation continued to be through the postal system. Sixty per cent of the seized consignments originated in the United Kingdom. In July 2008, Australian customs officers in Sydney intercepted a consignment of GBL that had been shipped without the required import permit. The Australian Federal Police searched the premises of the office of the importer and found 3,000 litres of GBL.

IV. Recommendations to Governments, the United Nations and other relevant international and regional organizations

763. In accordance with its mandate, the Board monitors the application of the international drug control treaties. On an ongoing basis, the Board examines the functioning of the international drug control regime at the national and international level and identifies shortcomings. Based on its analysis, the Board makes recommendations to Governments and international and regional organizations.

764. In the present chapter, the Board points at key recommendations contained in chapters II and III of its annual report. The Board wishes to remind Governments and relevant organizations that the recommendations contained in chapter I of its annual report are generally not included in chapter IV. The Board encourages those concerned to examine all recommendations and to implement them, as appropriate, and to keep the Board informed of their action in response to the recommendations

A. Recommendations to Governments

765. The recommendations to Governments are grouped according to the following subject areas: treaty accession; treaty implementation and control measures; prevention of illicit drug production, manufacture, trafficking and abuse; prevention of diversion of precursors into the illicit traffic; availability and rational use of narcotic drugs and psychotropic substances for medical purposes; and the Internet and misuse of courier services.

1. Treaty accession

766. The 1961 Convention, the 1961 Convention as amended by the 1972 Protocol, the 1971 Convention and the 1988 Convention are the foundations of the international drug control regime. The accession of all States and the universal implementation of the provisions of the conventions are imperative requirements to establish an effective and efficient drug control system in the world.

Recommendation 1: While nearly all States have acceded to the international drug control treaties, there are still a few States which are not yet parties to one or

more of the treaties.⁹² **The Board reiterates its request to those States which are not yet parties to one or more of the international drug control treaties to take immediate action and accede to the treaties without further delay.**

2. Treaty implementation and control measures

767. Universal accession to the three main international drug control treaties will, however, not be sufficient without effective and universal implementation of all the provisions of the treaties and the application of the necessary control measures by all Governments.

Recommendation 2: The timely submission to the Board of information required under the international drug control conventions is one of the key elements of the international drug control system. **The Board reiterates its request to all Governments to furnish in a timely manner all statistical reports required under the conventions. Governments are encouraged to seek from the Board any information that will help them in meeting their reporting obligations under the conventions.**

Recommendation 3: Difficulties experienced by some Governments in submitting the required statistical data to the Board have different reasons, including the inadequate resources and inadequate training provided

⁹² 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.

to the authorities responsible for the control of licit activities related to narcotic drugs and psychotropic substances. **The Board again calls upon the Governments concerned to allocate adequate resources to their national competent authorities to ensure the compliance of those authorities with all their control functions, including reporting obligations under the conventions.**

Recommendation 4: It is the practice of the Board to send to the Governments concerned the Board's observations and recommendations, subsequent to its country missions to those countries, and to review on a regular basis their implementation of its recommendations. The Board notes that most Governments have made efforts to implement its recommendations and have made progress in various areas of drug control. However, a few Governments have not responded to the Board's requests for information regarding the implementation of its recommendations. **The Board reiterates that it can fulfil its mandate under the international drug control treaties only if Governments cooperate with it. The Board calls on all Governments to cooperate fully with the Board in organizing missions and in implementing the recommendations of the Board subsequent to its missions.**

Narcotic drugs and psychotropic substances

Recommendation 5: The Board notes that some Governments did not submit their estimates of requirements for narcotic drugs for 2009; therefore, the estimates for those countries were established by the Board. **The Board urges the Governments concerned to examine their requirements for narcotic drugs for 2009 and provide their own estimates to the Board for confirmation, in order to prevent any possible difficulties with the availability of narcotic drugs required for medical and scientific purposes in their countries.**

Recommendation 6: Some Governments have submitted the same estimates of requirements for narcotic drugs for several years. **The Board requests the Governments concerned to regularly assess their requirements for narcotic drugs to ensure that the estimates furnished to the Board for confirmation reflect their actual needs for narcotic drugs during the year in question.**

Recommendation 7: A number of Governments have for several years not updated the assessments of their requirements for psychotropic substances and, as a result, those assessments might no longer reflect their actual medical and scientific requirements for those substances. Some of those Governments issued import authorizations for psychotropic substances in absence or in excess of the corresponding assessments. **The Board encourages all Governments to review and update their assessments of requirements for psychotropic substances on a regular basis and communicate them to the Board. The Board calls upon all Governments not to authorize imports exceeding their assessments.**

Recommendation 8: The import and export authorization system 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 the requirement 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 and 1996/30.**

Recommendation 9: Traffickers use falsified import authorizations when attempting to divert narcotic drugs or psychotropic substances from international trade. **The Board requests Governments of exporting countries to continue to verify the legitimacy of all orders for narcotic drugs and psychotropic substances. The Board advises the national competent authorities of those countries to use the estimates for narcotic drugs and the assessments for psychotropic substances, which are published by the Board, for this purpose. Import orders identified as suspicious because they exceed the estimates or assessments of the relevant importing countries should be verified with the Board, or brought to the attention of the importing countries, prior to authorizing such export.**

Precursors

Recommendation 10: Information obtained in investigations into seizures of substances identified as having been destined for use in the illicit manufacture of narcotic drugs, psychotropic substances and precursors is important for the identification of new trends in the illicit manufacture of drugs and their

precursors. **The Board calls upon all competent authorities effecting such seizures to investigate those cases and to provide the Board with the results of those investigations.**

Recommendation 11: PEN Online, the automated online system for the exchange of pre-export notifications, has become an important tool in strengthening precursor control, giving Governments of importing countries the opportunity to instantly comment on the legitimacy of the shipments in question. **The Board again encourages all Governments that have not yet done so to register for and use the PEN Online system.**

Recommendation 12: The Board continues to publish the annual legitimate requirements of countries for 3,4-MDP-2-P, P-2-P, ephedrine and pseudoephedrine and for preparations containing the latter two substances. This information has assisted Governments in identifying shipments with the potential for diversion. **The Board encourages all Governments to regularly revise their requirements for these substances and inform the Board accordingly.**

Recommendation 13: Traffickers attempted to divert precursors of amphetamine-type stimulants through the use of fictitious companies and falsified import authorizations and company documents. **The Board urges the Governments concerned to strengthen the capacity of their competent authorities to investigate the legitimacy of precursor transactions.**

Recommendation 14: The Board notes with concern that a number of Governments of countries in Africa do not respond to enquiries about potentially suspicious transactions, partly because of the limited capacity of the competent authorities involved. **The Board urges all Governments and relevant international organizations to provide assistance for training and building the capacity of the competent authorities of countries in Africa to enable them to confirm the legitimacy of relevant transactions and prevent diversions.**

3. Prevention of illicit drug production, manufacture, trafficking and abuse

768. One of the key objectives of the international drug control treaties is to limit the production, manufacture, export, import and distribution of, trade in and use of internationally controlled substances to

legitimate purposes and to prevent their diversion and abuse.

Recommendation 15: The Board notes with concern that, despite some decline in illicit opium poppy cultivation, Afghanistan remains by far the world's biggest source of illicit opium poppy cultivation, with an estimated opium production of 7,700 tons in 2008, the second highest in history. **The Board urges the Government of Afghanistan to take the necessary measures to ensure that sustained and measurable progress is made in the prevention, as well as the elimination, of illicit opium poppy cultivation. The Board calls upon the international community to continue to provide assistance to the Government of Afghanistan in addressing the drug problems in that country. Moreover, the Board urges the Government of Afghanistan to step up its efforts to eliminate the trade in opium, cannabis and other drugs in the country.**

Recommendation 16: The illicit cultivation of cannabis in Afghanistan has increased significantly over the past few years. There has been an increasing number of farmers switching from opium poppy cultivation to cannabis cultivation, yet insufficient action has been taken by the Government to prevent such cultivation. **The Board urges the Government of Afghanistan to take immediate measures against the illicit cultivation of cannabis and to ensure that farming communities involved in any illicit cultivation have access to sustainable, legitimate livelihoods. The Board calls upon the international community to provide assistance to the Government of Afghanistan in that area as well.**

Recommendation 17: Drug-related corruption in Afghanistan is a widespread and deep-seated problem that has seriously impeded the Government's efforts in drug control. The Board notes with concern that corrupt officials allow drug traffickers to continue to operate with impunity, while officials attempting to address the drug problem are often subject to harassment, death threats or violence. **The Board reiterates that success in addressing drug-related corruption requires strong political will and firm action. The Board urges the Government of Afghanistan to take effective measures against corrupt officials at any level of government who are involved in illicit drug activities and to make public the outcome of any such measures.**

Recommendation 18: The Board is concerned that the lack of coordination and information-sharing among the law enforcement authorities in Afghanistan and neighbouring and other countries is one of the main reasons that the Government of Afghanistan has been unable to achieve its goals regarding the eradication of illicit opium poppy. **The Board calls on the Government of Afghanistan and the Governments of other countries in West Asia and beyond to accord high priority to cooperation and intelligence-sharing among law enforcement authorities, in order to ensure effective joint efforts against the drug trade in Afghanistan and beyond (see also recommendation 32 below).**

Recommendation 19: The Board notes with concern that the smuggling of cocaine through West Africa is increasing drastically, posing a substantial threat to the stability of countries in the region. In many of those countries, there is limited law enforcement and criminal justice capacity and there are serious problems involving corruption, making those countries prime targets for drug trafficking organizations. As cocaine trafficking increases, the abuse of the drug emerges in the region, which is of particular concern as there is limited prevention and treatment capacity in many of those countries. **The Board calls upon the members of the international community, particularly the United Nations, to provide the necessary assistance, including expertise and financial resources, to the countries in West Africa to enable them to address the growing problem of cocaine trafficking and drug abuse. The Board urges the Governments of countries in West Africa to take the measures necessary to counter cocaine trafficking and related corruption, in cooperation with other countries and international organizations.**

Recommendation 20: The Board notes that, since 2005, there have not been any further cannabis surveys conducted jointly by UNODC and the Government of Morocco. As accurate data on the extent of illicit cannabis cultivation are essential for effective and efficient measures to be taken against such cultivation, **the Board encourages the Government of Morocco to update, in cooperation with UNODC, the existing data on the extent of illicit cannabis cultivation in its country.**

Recommendation 21: The Board notes with concern that, in some countries, cannabis is considered by some segments of society as a harmless, “soft” drug. In addition, partly in response to those developments, the Governments of some countries have introduced legislative measures involving decriminalization of the personal use of cannabis and preparatory acts to such use, such as the cultivation and possession of cannabis. The Board is concerned that such measures might send the wrong message to the general public regarding cannabis. **The Board again wishes to draw the attention of Governments to the fact that cannabis is a narcotic drug included in Schedules I and IV of the 1961 Convention and that drugs in Schedule IV are those particularly liable to abuse. The Board calls on all Governments to develop and make available programmes for the prevention of cannabis abuse and for educating the general public about the dangers of such abuse.**

Recommendation 22: An increasing number of countries are confronted with the diversion and abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances. According to information furnished by Governments, the most abused pharmaceutical preparations are usually those which are most available on the licit market. **The Board encourages all Governments concerned to increase their vigilance regarding trafficking in and abuse of such preparations and to consider enhancing existing control measures. The Board also reiterates its request to Governments to monitor the consumption levels of prescription medicaments containing narcotic drugs or psychotropic substances in order to identify possible cases involving diversion and to raise awareness in their countries about the consequences of the abuse of such preparations.**

Recommendation 23: The abuse of hydrocodone and oxycodone by youth continues to be on the rise in North America, particularly in the United States. The Board is concerned that the serious risks of non-medical use of those narcotic drugs are not fully recognized by abusers. **The Board encourages Governments of countries where the consumption of hydrocodone and oxycodone has increased considerably to prevent medically unjustifiable high levels of consumption of hydrocodone and oxycodone through additional measures to control domestic distribution channels and through efforts**

to educate the public. In addition, Governments are requested to determine whether marketing practices of pharmaceutical companies have contributed to unduly high consumption levels of those narcotic drugs and, if so, to address that problem.

Recommendation 24: The Board recognizes that cough syrups containing narcotic drugs are an effective medication for many patients and important in medical practice and health care. However, cough syrups are also known to be abused in a number of countries. **The Board recommends that the Governments of countries experiencing abuse of cough syrups consider the introduction of stricter control and supervision of the channels of distribution of cough syrups containing narcotic drugs. The Board also recommends using programmes for drug abuse prevention to increase awareness of the risks associated with inappropriate use of cough syrups.**

Recommendation 25: The Board has received reports about the abuse of used fentanyl patches in several countries. **The Board again calls upon the Governments of countries in which fentanyl patches are manufactured to investigate, in cooperation with the pharmaceutical industry, means to reduce the residual content of fentanyl in used patches. In addition, Governments are requested to ensure that the waste disposal of such patches is carried out with adequate safety and security measures in order to prevent any diversion to illicit markets.**

Recommendation 26: 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 substitution treatment related to opioid dependency. **The Board requests the Governments of all countries where methadone is used for medical purposes to be vigilant with regard to cases involving methadone diversion, trafficking or abuse and to take effective countermeasures, if necessary.**

Recommendation 27: The Board notes that a number of countries are already controlling ketamine (a substance currently not under international control) under their national legislations, in line with Commission on Narcotic Drugs resolution 49/6. The Board also notes that WHO will conduct a critical review of ketamine in 2009. **The Board requests all Governments to provide the Board and WHO with all information**

available on the abuse and diversion of ketamine in their countries. Furthermore, in order to facilitate the verification by Governments of the legitimacy of imports and exports of ketamine, the Board requests all Governments that have not yet done so to furnish it with updated information on their national regulatory control measures for ketamine for publication on the Board's website. **The Board encourages all Governments to consult this information on its website before authorizing exports of ketamine.**

Recommendation 28: The Commission on Narcotic Drugs in its resolution 51/13, entitled "Responding to the threat posed by the distribution of internationally controlled drugs, on the unregulated market", encouraged all Governments, inter alia, to continue to offer to affected States their cooperation and support and requested Governments to give consideration to implementing the relevant and applicable recommendations of the Board as set out in the report of the Board for 2006.⁹³ **The Board calls on Governments to implement Commission resolution 51/13 without delay. In particular, Governments should adopt laws prohibiting the distribution of internationally controlled substances in the unregulated market, where necessary, and enforce those laws, in addition to complying with the international drug control regime.**

Recommendation 29: The Board remains concerned that, in a small number of countries, "drug consumption rooms" and "drug injection rooms", where persons can abuse with impunity drugs acquired on the illicit market, remain in operation. **The Board urges Governments to terminate the operation of these drug abuse rooms and similar outlets and to promote the access of drug abusers to health, social and drug abuse treatment services.**

4. Prevention of diversion of precursors into the illicit traffic

769. One of the objectives of the 1988 Convention is to prevent diversion of precursors into the illicit traffic for the purpose of illicit manufacture of narcotic drugs or psychotropic substances.

⁹³ Report of the International Narcotics Control Board for 2006

Recommendation 30: Traffickers are increasingly exploiting other methods of diversion of precursors than diversion from international trade, in view of the intensified monitoring of international trade in precursors over the last few years. Presently, traffickers most often obtain precursors such as acetic anhydride through diversion from domestic trade and smuggling across borders. **The Board encourages Governments to accord high priority to strengthening domestic control measures for precursors, with a view to preventing diversion from domestic distribution channels.**

Recommendation 31: Due to the strengthened controls over trade in ephedrine and pseudoephedrine raw materials by authorities worldwide, traffickers place orders for preparations containing ephedrine or pseudoephedrine with legitimate pharmaceutical companies, often under the false pretence that those preparations would be sent to developing countries for medical use. **The Board urges all Governments to control pharmaceutical preparations containing ephedrine and pseudoephedrine in the same way as they control the scheduled substances themselves, ensuring, at the same time, that legitimate trade is not unduly impeded in the process.**

Recommendation 32: As a result of international interdiction activities and the exchange of information under Project Cohesion, the number of seizures and prevented diversions of acetic anhydride significantly increased during the period 2007-2008. Nevertheless, the diversion and smuggling of chemicals used in the illicit manufacture of heroin into Afghanistan continue to be problems and the Board is concerned that control mechanisms currently in place in Afghanistan may not be sufficient. **The Board urges the Government of Afghanistan to continue to work with the international community to prevent such diversions and smuggling. Moreover, the Board wishes to remind Governments of Security Council resolution 1817 (2008), in which the Council invited all Member States, in particular those producing precursor chemicals, Afghanistan, neighbouring countries and all countries on the trafficking routes, to increase their cooperation with the Board, notably by fully complying with the provisions of article 12 of the 1988 Convention, in order to eliminate loopholes utilized by criminal organizations to divert precursor chemicals from licit international trade.**

Recommendation 33: Due to the prohibition by the Government of Mexico of imports of ephedrine and pseudoephedrine, trafficking networks have begun to obtain precursors in Central America and South America. Imports of those substances have increased significantly in those regions. While, in some countries, legislation is being adopted to address the problem, the provisions of that legislation need to be implemented at a faster pace. **The Board encourages the Governments of countries in Central and South America to strengthen their mechanisms for monitoring trade in precursor chemicals and work together with the Board in identifying all the precursors and methods used in the illicit manufacture of amphetamine-type stimulants.**

Recommendation 34: The origins and methods of diversions of potassium permanganate in South America continue to be of concern to the Board. The number of identified or prevented diversions from international trade of chemicals used in the illicit manufacture of cocaine continues to decrease. However, it appears that traffickers have found ways to obtain the substances they need through diversion from domestic trade and smuggling within the region. **The Board urges Governments in South America to strengthen controls over domestic distribution channels. The Board invites the Governments of countries in the Americas to take advantage of the experience acquired during Project Cohesion targeting acetic anhydride and to design similar strategies to combat the diversion of the chemicals used in the manufacture of cocaine.**

5. Availability and rational use of narcotic drugs and psychotropic substances for medical purposes

770. One of the fundamental objectives of the international drug control treaties is to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes and to promote the rational use of narcotic drugs and psychotropic substances.

Recommendation 35: The discrepancies in consumption levels of narcotic drugs and psychotropic substances continue to be very significant in different regions. Some of those differences can be explained by cultural differences in medical treatment and by varieties in prescription patterns. However, excessively

high or low levels in drug consumption require special attention. **The Board requests Governments to regularly examine trends in the consumption of internationally controlled substances in their countries and to take appropriate action, if necessary. The Board requests Governments to promote the rational use of those substances, in accordance with the pertinent recommendations of WHO.**

Recommendation 36: The consumption of opioid analgesics for the treatment of pain in many developing countries remains low. While several developing countries more than doubled their consumption of opioid analgesics during the past decade, the starting levels for those increases had been very low. The Access to Controlled Medications Programme, to be implemented by WHO, will provide effective assistance to Governments in promoting rational use of opioid analgesics. **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 calls on all Governments to cooperate with WHO in the implementation of the Access to Controlled Medications Programme and to provide resources to WHO to enable the programme to be implemented without undue delay.**

Recommendation 37: In order to support adequate availability of narcotic drugs, the Board analyses the situation regarding the supply of opiate raw materials and the demand for those materials. For this purpose, the Board uses information from Governments of countries producing opiate raw materials, as well as from countries where those materials are utilized for the manufacture of opiates or substances not controlled under the 1961 Convention. **The Board encourages Governments of countries producing and/or utilizing opiate raw materials to submit to the Board high-quality estimates and statistics and to keep the Board informed of any new developments that may have an impact on future changes in the supply of and the demand for opiate raw materials.**

6. The Internet and misuse of courier services

771. 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 requires close cooperation and joint efforts by the international community. Existing international and national coordination mechanisms need to be fully utilized to respond to this threat. Governments will need to apply additional measures at the national and the international levels to prevent any proliferation of the misuse of the Internet and postal and courier services for drug trafficking purposes.

Recommendation 38: As most countries do not have sufficient legislation, administrative regulations and cooperative mechanisms to counter the illegal sale of pharmaceuticals containing internationally controlled substances through the Internet, the Board has developed and made available Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet. **The Board invites all Governments to use the Guidelines and inform the Board of their experience in implementing the Guidelines.**

Recommendation 39: The Commission on Narcotic Drugs, in its resolution 50/11, encouraged Member States to notify the Board in a regular and standardized manner of seizures of substances under international control ordered via the Internet and delivered through the mail. The Board has developed and sent to Governments a questionnaire to be used for that purpose. **The Board invites all Governments to regularly report to the Board, using the questionnaire it has sent to them, information on seizures of substances under international control ordered via the Internet and delivered through the mail. The Board also invites Governments to continue to inform the Board of national legislation related to the sale of internationally controlled substances through the Internet, national cooperative mechanisms and practical experience in the control of such sales, as well as details of national focal points for activities related to Internet pharmacies.**

Recommendation 40: In the past two years the Board has collected information on the misuse of courier services by drug traffickers and has noted that such misuse has occurred in all regions. Some Governments

have identified the use of courier services as a major modus operandi for drug smuggling. **The Board encourages all Governments that have not yet done so, to establish legislative and administrative measures ensuring adequate safeguards against the misuse of postal and courier services for the purpose of drug trafficking, including the shipment of cannabis seeds and drug paraphernalia such as equipment specifically intended for the illicit production or abuse of cannabis. In addition, Governments should strengthen institutions responsible for the control of postal and courier services and establish channels for the exchange of information between regulatory authorities, law enforcement authorities, the judiciary, postal administrations and courier services to enable the rapid investigation of drug trafficking cases.**

Recommendation 41: The technique of controlled delivery has been identified by several Governments as being the most effective way to counter the smuggling of drugs through courier services. **The Board encourages all Governments to use the technique of controlled delivery when appropriate and to cooperate with other Governments in this regard.**

Recommendation 42: The existing international agreements regarding mail shipments contain provisions useful also for action against the misuse of courier services for drug smuggling. **The Board encourages Governments to apply the provisions of the Universal Postal Convention, which regulate the international shipments of mail by state postal services, to private courier services as well and to amend their legislation accordingly.**

B. Recommendations to the United Nations Office on Drugs and Crime and to the World Health Organization

772. UNODC is the primary entity of the United Nations responsible for providing technical assistance in drug control matters, as well as 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 psychotropic substances under the 1971 Convention. In addition, WHO plays a key role in

supporting the rational use of substances under international control.

Recommendation 43: The control of licit activities related to narcotic drugs, psychotropic substances and precursors in several countries remains weak. **The Board encourages UNODC to increase its technical support to Governments in programmes designed to strengthen their capacity to control licit activities related to narcotic drugs, psychotropic substances and precursors.**

Recommendation 44: The consumption of opioid analgesics for the treatment of pain in many developing countries remains low. WHO, in consultation with the Board, prepared an assistance programme called Access to Controlled Medications Programme. The programme is designed to address impediments to the rational use of opioid analgesics, focusing on regulatory, attitude and knowledge impediments. **The Board encourages UNODC to cooperate with WHO in the implementation of the Access to Controlled Medications Programme, with a view to promoting rational use of opioid analgesics by health-care professionals.**

Recommendation 45: Several developing countries need to make additional efforts in order to establish estimates and/or assessments for the medical and scientific use of narcotic drugs, psychotropic substances and some precursors reflecting actual requirements for the adequate treatment of their populations. **The Board requests WHO to increase support to Governments in their efforts to establish adequate estimates and/or assessments for the medical and scientific use of controlled substances. The Board encourages WHO to join the Board in an initiative to identify methods to be applied in developing countries in order to arrive at adequate estimates for narcotic drugs, assessments for psychotropic substances and estimates for some precursors.**

Recommendation 46: Several developing countries need to strengthen their capacity to provide treatment for drug addicts. **The Board encourages WHO to increase its support to Governments in their efforts to strengthen their drug abuse treatment capacity and to ensure that the treatment is of high quality.**

C. Recommendations to other relevant international organizations

773. International organizations such as INTERPOL, UPU and the World Customs Organization play an important role in international drug control. 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 and the World Customs Organization.

Recommendation 47: The Universal Postal Convention regulates the international shipments of mail by state postal services. The application of some provisions of the convention by Governments with regard to the operation of courier services would be useful in countering the misuse of courier services for drug smuggling. **The Board encourages UPU to extend the provisions of the Universal Postal Convention applicable to state postal services to include private courier services and to specify those provisions as appropriate. The Board calls upon the UPU to inform the Board of any new developments in that regard.**

Recommendation 48: The Board emphasizes the need to address the problems of illegally operating Internet pharmacies and the smuggling of controlled substances by mail. **The Board again encourages 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.**

(Signed)
Hamid Ghodse
President

(Signed)
Maria Elena Medina Mora
Rapporteur

(Signed)
Koli Kouame
Secretary

Vienna, 14 November 2008

Annex I

Regional groupings used in the report of the International Narcotics Control Board for 2008

The regional groupings used in the report of the International Narcotics Control Board for 2008, together with the States in each of those groupings, are listed below.

Africa

Algeria	Libyan Arab
Angola	Jamahiriya
Benin	Madagascar
Botswana	Malawi
Burkina Faso	Mali
Burundi	Mauritania
Cameroon	Mauritius
Cape Verde	Morocco
Central African	Mozambique
Republic	Namibia
Chad	Niger
Comoros	Nigeria
Congo	Rwanda
Côte d'Ivoire	Sao Tome and
Democratic Republic	Principe
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
Kenya	Tanzania
Lesotho	Zambia
Liberia	Zimbabwe

Central America and the Caribbean

Antigua and Barbuda	Guatemala
Bahamas	Haiti
Barbados	Honduras
Belize	Jamaica
Costa Rica	Nicaragua
Cuba	Panama
Dominica	Saint Kitts and Nevis
Dominican Republic	Saint Lucia
El Salvador	Saint Vincent and the Grenadines
Grenada	Trinidad and Tobago

North America

Canada	United States of America
Mexico	

South America

Argentina	Paraguay
Bolivia	Peru
Brazil	Suriname
Chile	Uruguay
Colombia	Venezuela (Bolivarian Republic of)
Ecuador	
Guyana	

East and South-East Asia

Brunei Darussalam	Malaysia
Cambodia	Mongolia
China	Myanmar
Democratic People's Republic of Korea	Philippines
Indonesia	Republic of Korea
Japan	Singapore
Lao People's Democratic Republic	Thailand
	Timor-Leste
	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	Monaco
Andorra	Montenegro
Austria	Netherlands
Belarus	Norway
Belgium	Poland
Bosnia and Herzegovina	Portugal
Bulgaria	Republic of Moldova
Croatia	Romania
Cyprus	Russian Federation
Czech Republic	San Marino
Denmark	Serbia
Estonia	Slovakia
Finland	Slovenia
France	Spain
Germany	Sweden
Greece	Switzerland
Holy See	The former Yugoslav Republic of Macedonia
Hungary	Ukraine
Iceland	United Kingdom of Great Britain and Northern Ireland
Ireland	
Italy	
Latvia	
Liechtenstein	
Lithuania	
Luxembourg	
Malta	

Oceania

Australia	Niue
Cook Islands	Palau
Fiji	Papua New Guinea
Kiribati	Samoa
Marshall Islands	Solomon Islands
Micronesia	Tonga
(Federated States of)	Tuvalu
Nauru	Vanuatu
New Zealand	

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); Adviser 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 (1991-2004). 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, Royal College of Psychiatrists (2008); 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 the Republic 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 and 2008). Chairman of the Committee on Finance and Administration (since 2007).

Sevil Atasoy

Born in 1949. National of Turkey. Professor of Biochemistry and Forensic Science, Istanbul University (since 1988). Expert witness in civil and criminal courts (since 1980). President of the Center of Crime Control and Prevention, Istanbul, Turkey (since 2006). President of the International Forensic Science Services, Istanbul, Turkey (since 2003).

Recipient of the following degrees: 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). 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). 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. Chairperson, Regional Symposium on Criminalistics (2000); and Chairperson, third European Academy of Forensic Sciences Meeting (2003). 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). Founding editor, *Turkish Journal of Legal Medicine* (1982-1993). Member of the scientific board of 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, Honorary Member of the Mediterranean Academy of Forensic Sciences. Member of the International Society of Forensic Toxicology; the Indo-Pacific Association of Law, Medicine and Science; the International Association of Forensic Toxicologists; the American Academy of Forensic Sciences; the American Society of Crime Laboratory Directors; the Forensic Science Society, United Kingdom of Great Britain and Northern Ireland; the American Society of Criminology. 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); Modelling 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, crime scene investigation and deoxyribonucleic acid (DNA) analysis.

Member of the International Narcotics Control Board (since 2005). Member of the Committee on Finance and Administration (2006). Chairman (2006) and Member (2007) of the Standing Committee on Estimates. Second Vice-President of the Board (2006). Rapporteur (2007). First Vice-President of the Board (2008).

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 (since 2005). Administrative Board Member of the Foundation, Institute of Modern Development (since 2008).

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), Chairperson, Council of Trustees, Public Charitable Foundation Health (since 1997). 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, Advisory Committee on Clinical Excellence Awards, England and Wales (2006); President, European Collaborating Centres for Addiction Studies (since 1992); Non-Executive Director, National Patient Safety Agency, United Kingdom (since 2001); Chairman, Higher Degrees in Psychiatry, University of London (since 2003).

Recipient of the following degrees, qualifications and awards: 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); Fellow of the Higher Education Academy (F.H.E.A.), United Kingdom (2005); Honorary Fellow, Royal College of Psychiatrists (R.C.Psych.) (2006); Honorary Fellow, World Psychiatric Association (2008). 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, London (since 1997). 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). 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); *International Drug Control into the 21st Century*, Aldershot (2008). Editor-in-Chief, *International Psychiatry*; Honorary Editor-in-Chief *Chinese Journal of Drug Dependence*; member of the Editorial Board, *International Journal of Social Psychiatry*; member of the Editorial Board, *Asian Journal of Psychiatry*. Convener of WHO expert groups on medical education (1986), pharmacy education (1987), nurse education (1989) and rational prescribing of psychoactive drugs. 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 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, 2005 and 2008).

Carola Lander

Born in 1941. National of Germany.

Pharmacist, doctoral degree in natural science; Certified Specialist in Public Health (Chamber of Pharmacists). Head of the Federal Opium Agency, the

German authority with competence under article 17 of the Single Convention on Narcotic Drugs of 1961 and article 6 of the Convention on Psychotropic Substances of 1971, and Chairperson of the federal expert group for narcotic drugs (1992-2006). Research assistant and assistant professor, University of Berlin (1970-1979); person in charge of pharmaceutical quality control of herbal drugs, Federal Institute for Drugs and Medical Devices, Berlin (1979-1990); 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). Lecturer on drug regulatory affairs, University of Bonn (2003-2005). Recipient of a certificate of appreciation for outstanding contributions in the field of drug law enforcement awarded by the Drug Enforcement Administration of the United States and recipient of a certificate of appreciation awarded by the former Yugoslav Republic of Macedonia.

Member of the International Narcotics Control Board (since 2007). Member of the Standing Committee on Estimates (2007). Vice-Chairperson of the Standing Committee on Estimates (2008).

Melvyn Levitsky

Born in 1938. National of the United States. Retired Ambassador in the United States Foreign Service. Professor of International Policy and Practice and Senior Fellow, International Policy Center, Gerald R. Ford School of Public Policy, University of Michigan (since 2006). Faculty Associate, Center for Russian and East European Studies, Faculty Advisor, Weiser Center for Emerging Democracies, University of Michigan.

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, National Institute of Psychiatry, Mexico City (since 2008). Member of the National System of Researchers (since 1984). 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 United Nations in 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) (2004). 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 (2006-2008). 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); national prize in psychology, awarded by the National Association of Psychologists (1991); national prize in psychiatry, presented by the Camelo Foundation (1993). Recognized as distinguished health professional by the Mexican Society of Geography and Statistics (2002) and as honorary member by the Mexican Society of Psychology (2006) and Mexican Psychiatric Association (2007). Recipient of the Woman of the Year Award (2006). Author of more than 160 research papers in journals, nearly 200 book chapters and of 4 books.

Member of the International Narcotics Control Board (2000-2004 and 2007). Member of the Standing Committee on Estimates (2000-2004 and 2007). Chairman of the Standing Committee on Estimates (2004). Second Vice-President (2003) of the Board. Rapporteur (2002 and 2008).

Sri Suryawati

Born in 1955. National of Indonesia. Director, Centre for Clinical Pharmacology and Medicines Policy Studies, Gadjah Mada University. Coordinator, Master Degree Program for Medicine Policy and Management, Gadjah Mada University. Lecturer in Pharmacology/Clinical Pharmacology (since 1980); supervisor for more than 110 master's and doctoral theses on drug policy, the rational use of medicines, clinical pharmacokinetics and drug management.

Pharmacist (1979). Specialist in pharmacology (1985); doctoral degree in clinical pharmacokinetics (1994). Head of Clinical Pharmacology, Faculty of Medicine, Gadjah Mada University, Indonesia (1999-2006). Member of the WHO Expert Advisory Panel for Medicine Policy and Management. Member of the Executive Board of the International Network for the Rational Use of Drugs (INRUD). Member of the WHO Expert Committee on the Selection and Use of Essential Medicines (2002, 2003, 2005 and 2007). Member of the WHO Expert Committee on Drug Dependence (2002 and 2006). 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). Consultant in essential medicine programmes and promoting rational use of medicines in Bangladesh (2006-2007), Cambodia (2001-2008), China (2006-2008), the Lao People's Democratic Republic (2001-2003), Mongolia (2006-2008) and the Philippines (2006-2007). 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 (1994-2007), training courses on hospital drugs and therapeutics committees (2001-2007) and international courses on drug policy in developing countries (2002-2003).

Member of the International Narcotics Control Board (since 2007). Member of the Standing Committee on Estimates (2008).

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. Director-General, the Integral Toxicology Unit (UNITOX), University Children's Hospital of Saint Joseph (since 2008). Member of the Commission of Public Health (since 2006), Member of the Commission of Mental Health (since 2007) and Chairman of the Commission of Drug Abuse (since 2008), National Academy of Medicine.

Member of the International Narcotics Control Board (since 2005). Member of the Committee on Finance and Administration (since 2007). Vice-Chairman (2006 and 2007), Second Vice-Chairman (2008) and Chairman (2008) of the Standing Committee on Estimates (2008).

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 (1975-2008), 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). First Vice-President of the Board (2007). Member of the Standing Committee on Estimates (2006 and 2008).

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 (since 2007). Member of the Standing Committee on Estimates (since 2007). Member of the Committee on Finance and Administration (since 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 expert group for the section on analgesics and sedatives of the State Food and Drug Administration (since 2000). Evaluator of the effectiveness of methadone clinics. Leader of a project to follow up the neurocognitive and mental functioning of patients infected with HIV/AIDS as a result of intravenous drug abuse.

Member of the International Narcotics Control Board (since 2007). Member of the Standing Committee on Estimates (since 2007).

About 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 the International Criminal Police Organization (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
- 2007: The principle of proportionality and drug-related offences

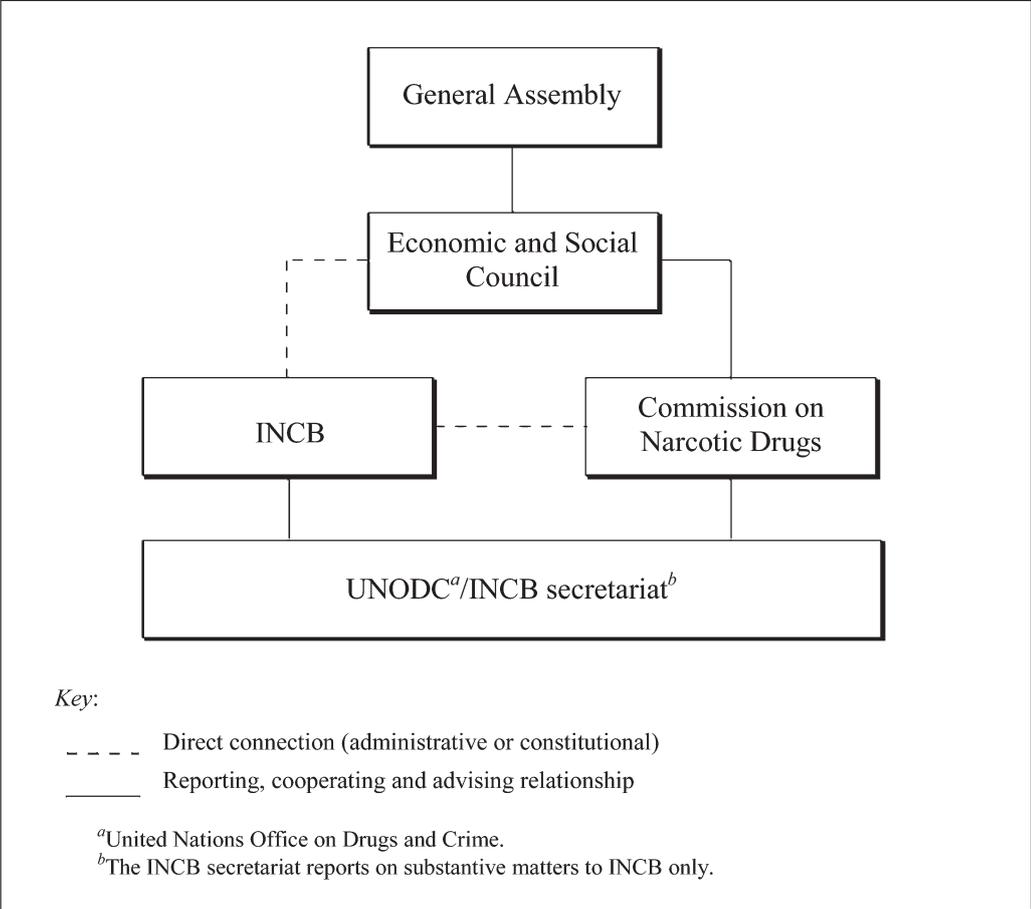
Chapter I of the report of the International Narcotics Control Board for 2008 is entitled "The international drug control conventions: history, achievements and challenges".

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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