



Report



REFERENCES TO PARAGUAY

FOREWORD

The present report is being published in the year 2012, which marks the centennial of the adoption of the first international drug control treaty, the International Opium Convention signed at The Hague on 23 January 1912¹. The 1912 Convention, as it came to be known, can be thought of as the cornerstone of international drug control. The present report of the International Narcotics Control Board is dedicated to the hundredth anniversary of the adoption of that historic convention.

Prior to the adoption of the 1912 Convention, the world was experiencing an abysmal situation with regard to drugs. In most countries, trade in drugs was not regulated and substance abuse was widespread. In the United States of America, for example, about 90 per cent of the narcotic drug consumption at that time was for non-medical purposes. In China, the amount of opiates consumed each year at the beginning of the twentieth century is estimated to have averaged more than 3,000 tons in morphine equivalent — significantly more than global consumption (both licit and illicit) 100 years later. The signing of the 1912 Convention reflected the recognition at that time of the need for international cooperation in drug control.

At the end of the nineteenth century and the beginning of the twentieth century, nongovernmental organizations worked tirelessly to promote the well-being and welfare of the general population in the face of powerful business interests in the then internationally legalized drug trade. Those non-governmental organizations succeeded in bringing Governments together, first in Shanghai (in 1909) and then in The Hague (in 1912), to agree that priority must be given to the protection of individuals and communities against drug abuse and addiction, which at the time afflicted a very large proportion of the population.

The centennial of the adoption of the 1912 Convention is an appropriate occasion for recalling the tremendous efforts by those progressive non-governmental organizations and to

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

acknowledge the positive response of Governments at that time. It is important to note that, also today, many non-governmental organizations promote the right of people to be free from drug abuse.

In signing the 1912 Convention, Governments recognized the importance of drugs being available for medical and scientific purposes and, at the same time, acknowledged that people must be protected against the risk of becoming dependent on dangerous drugs and losing their freedom as a result of drug dependence. Subsequent conventions reinforced that principle, highlighting the importance of providing for treatment, rehabilitation and social reintegration programmes for drug-dependent persons to help them to overcome their dependence and regain their freedom, recognizing that being free from drug addiction is a human right.

Over the past 100 years, significant achievements have been made in international drug control, which is now based on the three international drug control conventions: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol²; the Convention on Psychotropic Substances of 1971³; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988⁴. Those conventions enjoy almost universal adherence, demonstrating the confidence that Governments have in them and in the international drug control system. The international drug control system is a great example of how multilateralism can succeed in bringing benefits to humanity, preventing the abuse of drugs, as well as the harm caused by such abuse, while ensuring adequate availability of drugs for medical and scientific purposes, including the treatment of pain and mental illness.

The diversion of narcotic drugs and psychotropic substances has been almost completely eliminated at the international level. Drug traffickers and illicit drug users now resort primarily to illicitly manufactured drugs. Implementation of the 1988 Convention has led to a well-functioning international system for the control of precursor chemicals, preventing their diversion for use in illicit drug manufacture. The control of some precursors has been so effective that drug traffickers and illicit drug manufacturers have now resorted to using non-scheduled substances as substitutes for the more closely monitored precursor chemicals.

While much has been achieved in international drug control over the past century, significant challenges lie ahead, many of which are highlighted in the present report. Countries throughout the world are faced with the challenge posed by marginalized communities, which are vulnerable to drug-related problems. That subject is addressed in the present report in chapter I, entitled "Social cohesion, social disorganization and illegal drugs".

In that chapter, the Board, while recognizing the importance of personal responsibility, describes how, in some communities, drug abuse has become almost endemic, part of a vicious cycle involving a wide array of social problems relating to violence, organized crime, corruption, unemployment, poor health and poor education. Those communities pose a risk not only to the persons living in them, but also to the wider society of which the communities are a part.

² United Nations, Treaty Series, vol. 976, No. 14152.

³ Ibid., vol. 1019, No. 14956.

⁴ Ibid., vol. 1582, No. 27627.

Social cohesion — the ties that bind people together in communities and society — can be an indicator of the health of communities, and drug abuse and criminality can be a symptom of a “fractured” society — a society suffering from lack of cohesion. Threats to social cohesion can include social inequality, migration, political and economic transformation, an emerging culture of excess, the growth of individualism and consumerism, shifting traditional values, conflict, rapid urbanization, a breakdown in respect for the law, and the existence of an illicit drug economy at the local level. While a combination of those threats can be seen in many communities throughout the world, their existence does not mean that marginalization and drug problems are inevitable. It is important to respond to the needs of communities experiencing social disintegration before a tipping point is reached, beyond which the capacity for effective counteraction becomes insufficient.

Much is being done by Governments to address the causes and meet the needs of marginalized communities experiencing drug problems. However, much more can be done to address those problems. In this report, the Board provides some examples of efforts under way to deal with these problems and makes a number of cross-cutting and multidisciplinary recommendations. Key to such efforts is involving local people at every stage of any intervention. Addressing the needs of marginalized communities experiencing drug problems can be challenging for Governments and local organizations, but the consequences of not doing that are much more significant and should be avoided at all cost.

Ensuring appropriate access to internationally controlled substances used for medical purposes is another challenge. About 80 per cent of the world’s population has limited or no access to controlled substances; that means that in most countries many people are suffering unnecessarily. In some countries and regions, however, overconsumption of certain controlled substances is a growing concern, as it may lead to additional health problems. Recently, the international community joined in recognition of the challenge of non-communicable diseases at the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, held in New York in September 2011. As a participant in that meeting,

I emphasized the importance of the appropriate availability of internationally controlled substances for the relief of pain and treatment of mental illness. I also emphasized that substance use disorders were preventable and treatable, and I stressed the need for primary prevention programmes.

World drug problems are particularly affected by globalization. Drug control action in one country or region can have an impact on individuals or society as a whole in other countries or regions. The present report includes an analysis of the world drug control situation, considering national drug control action, policy and legislation, regional cooperation, illicit drug crop cultivation and illicit drug production, trafficking and abuse, as well as treatment and rehabilitation for drug abusers. In many countries, data on the extent of drug problems are clearly lacking, which makes it difficult to decide on the appropriate action to be taken.

One major challenge to the international drug control system is the recent decision by the Government of the Plurinational State of Bolivia to denounce the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol. At the same time that it announced its decision, the Government made known its intention to reaccede to the Convention with a

reservation. The Board has noted with regret that unprecedented step taken by the Bolivian Government and is concerned that, inter alia, while the denunciation itself may be technically permitted under the Convention, it is contrary to the fundamental object and spirit of the Convention. If the international community were to adopt an approach whereby States parties would use the mechanism of denunciation and reaccession with reservations, the integrity of the international drug control system would be undermined and the achievements of the past 100 years in drug control would be compromised.

In its report for 2011, the Board outlines many of today's challenges in drug control. As we celebrate the centennial of the signing of the International Opium Convention at The Hague in 1912, let us also celebrate the achievements of the international drug control system in the past century and bolster our efforts to make the next century of drug control even more successful than the last one.

A handwritten signature in black ink, appearing to read "Hamid Ghodse", with a long horizontal flourish extending to the right.

Hamid Ghodse
President
International Narcotics Control Board

I. Social cohesion, social disorganization and illegal drugs

1. The abuse of illegal drugs is one of the greatest challenges that the world is facing today. Occurring in all countries, from the richest to the poorest, it is a problem that involves all groups and, increasingly, all ages, fuelling global crime, corruption and terrorism, generating unimaginable wealth for the few and limitless harm for the many, costing millions of lives and threatening the very sustainability of communities the world over.

2. The scale and impact of the world's drug problem are challenging health, educational, criminal justice, social welfare, economic and, in some instances, political systems in countries around the globe. It is a problem that has gathered enormous momentum and that, with new technologies, including the Internet, has found new means of increasing its influence and profitability.

3. The focus of the present chapter, however, is not on the general pattern of drug abuse in different societies but rather on the development within many countries of communities of varying size — some large, some small — in which drug abuse has become virtually endemic, driving and in turn being driven by a whole host of social problems, including violence, organized crime, corruption, unemployment, poor health and poor education, in a vicious spiral of individual and collective harm. These communities present enormous challenges, not only in terms of meeting their own needs but also in terms of the risk that they may in time come to pose to the wider societies of which they are a part.

4. The problems that these communities are facing and the trend towards increasing levels of drug abuse, criminality and social disintegration are disheartening. There are, however, initiatives already under way within many of these communities through which governmental and non-governmental agencies are working with commitment and determination to bolster the capacity of local people and to tackle the multiple social problems that have become so endemic in these areas.

5. The importance of meeting the needs of the residents within these communities can hardly be in doubt. The Millennium Development Goals of eradicating extreme poverty, ensuring the provision of universal primary education for all children, promoting gender equality, promoting global public health, reducing child mortality, improving maternal health, combating HIV/AIDS, ensuring environmental sustainability and facilitating global partnerships for development provide a political consensus for action designed to tackle the needs of these high-risk and highly vulnerable communities.

6. It is important to recognize that, while many of these marginal communities pose a major risk to the health and welfare of those who live within them, in the course of time they could come to pose a major risk to the wider societies of which they are a part. These are not communities that can or should be ignored, either in terms of their own needs or the challenges that they may pose more broadly.

7. Societies are by their very nature more than the accumulation of a large number of discrete individuals. Key within the very notions of community and society are the ties that bind people together and provide a common sense of identity and purpose. When individuals and families have a clear sense of being connected to their neighbours, a shared investment

in the future, a common language, mutual respect and a deep sense of trust, there is likely to be a strong sense of community.

8. However, where individuals feel that they have little vested interest in the wider society and, crucially, when they feel that the wider society has little regard for their welfare, there is a real danger that the ties that would otherwise bind people together will weaken, creating a deeply fractured sense of community and providing an enormous impetus to a wide range of social problems. The degree of social cohesion within communities and societies is very much a barometer of the health of those societies. When societies are fractured, with little sense of cohesion, there are likely to be multiple problems, of which drug abuse and criminality may be only the most visible signs. Those problems can give rise to a higher level of social disorder and violence, as has been experienced in cities throughout the world, and the social disorder and violence can spill over into the wider society, well beyond the boundaries of those communities.

II. Functioning of the International drug control system

D. Ensuring the implementation of the provisions of the international drug control treaties

1. Preventing the diversion of controlled substances

(e) Other issues regarding the implementation of the international drug control treaties or related

Strengthening international cooperation and regulatory and institutional frameworks for the control of pharmaceutical preparations containing ephedrine and pseudoephedrine

205. The Board is also aware of the strengthening of control measures in some countries, including Bangladesh, Chile, Malaysia, Panama and **Paraguay**. Such strengthened measures include, for example:

- (a) Extending import and export licence requirements to pharmaceutical preparations containing ephedrine and pseudoephedrine;
- (b) Restricting the import and/or export of pharmaceutical preparations containing ephedrine and pseudoephedrine to authorized companies;
- (c) Making such preparations available only with a prescription or banning them from being sold in non-pharmaceutical outlets. **(PAG 27)**

III. Analysis of the world situation

A. Africa

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

354. Cocaine is increasingly entering East Africa and Southern Africa. Investigations by the South African police indicate significant movement of cocaine between South American countries and Namibia, South Africa and Zimbabwe. That finding is corroborated by a number of significant seizures of cocaine effected in South Africa in 2010 and 2011. South Africa reported having seized in December 2010 1.7 tons of cocaine found in a ship coming from **Paraguay** and 165 kg of cocaine found in a container from **Paraguay** in August 2010. In July 2011, the Portuguese navy intercepted a fishing boat from Namibia carrying nearly 1.7 tons of cocaine destined for Europe. In May 2011, 875 kg of cocaine were seized in **Paraguay**; the drug had been concealed in a sea container destined for Mozambique. According to estimates of the authorities of South Africa, about 40 per cent of the cocaine trafficked in South Africa is destined for Europe, and the remaining 60 per cent is abused by the local population or smuggled into other countries in Southern Africa. **(PAG 48)**

B. Americas

South America

1. Major developments

479. In 2010, the total area under illicit coca bush cultivation in South America was 154,200 ha, 9,600 ha or 6 per cent less than in 2009 (163,800 ha). The area under illicit cultivation in Colombia decreased by 11,000 ha from 2009, to 62,000 ha (a decrease of 15 per cent). In Peru, the area under illicit coca bush cultivation increased by 1,300 ha to 61,200 (an increase of 2 per cent). There was no significant change in coca bush cultivation in the Plurinational State of Bolivia: in 2010, the area under illicit coca bush cultivation in the country was 31,000 ha, accounting for 20 per cent of illicit coca bush cultivation in South America. **(PAG 65)**

480. INTERPOL and UNODC estimate the global illicit cocaine market to be worth more than \$80 billion. In the past decade, there has been a significant change in the size of the main illicit markets for cocaine. In 1998, the value of the illicit market for cocaine in the United States was four times that of Europe's. Since then, the size of the illicit cocaine market in North America as a whole has declined, while illicit demand for cocaine in Europe has increased; as a result, the difference in the values of those two cocaine markets has narrowed. **(PAG 65)**

481. In recent years, the main cocaine-manufacturing countries, in particular the Plurinational State of Bolivia, have reported increasing seizures of cannabis. In 2010, total seizures of

cannabis herb/plant in that country amounted to about 1,100 tons. In the past few years, increased seizures of cannabis herb were reported by Colombia and Peru. The Board calls upon the Governments of those countries to determine, to the extent possible and in cooperation with UNODC, the magnitude of and current trends in the illicit cultivation of cannabis plant in their territories and to further strengthen their efforts to combat such cultivation. **(PAG 65)**

482. Trafficking organizations operating in South America have continued to use self-propelled submersible and semi-submersible vessels to minimize the risk of detection of the smuggling of cocaine from the region. The Board noted with satisfaction that in 2011 the CICAD Group of Experts on Maritime Narcotrafficking drafted model legislation on self-propelled submersible and semi-submersible vessels in order to assist the Governments of the countries in the region to address the problem. **(PAG 65)**

483. The Plurinational State of Bolivia made a proposal to amend article 49 of the 1961 Convention as amended by the 1972 Protocol, concerning the abolishment of coca leaf chewing. Following the rejection of its proposal by the parties to the Convention, the Bolivian Government in June 2011 deposited with the Secretary-General an instrument of denunciation of the Convention, to which it had acceded in 1976. The denunciation will come into force in January 2012. The Bolivian Government has announced its intention to accede again to the Convention, with a reservation. The Board's concern about this development is heightened by reports that in 2010 coca leaf prices increased by 22 per cent in authorized markets and by 37 per cent in illicit markets in the country (see paras. 270-280 above). **(PAG 65)**

484. The Board welcomes the adoption by CICAD of the Hemispheric Plan of Action on Drugs, 2011-2015, at its forty-ninth regular session, held in Paramaribo, Suriname, in May 2011. The Plan of Action is aimed at supporting implementation of the Hemispheric Drug Strategy adopted by CICAD in 2010. In the area of demand reduction, the Plan of Action, inter alia, proposes the strengthening of the relationship between national authorities, academic institutions, research and specialized non-governmental organizations in order to generate evidence regarding demand for drugs. Developing effective and sustainable measures to reduce illicit drug crop cultivation and promoting alternative development and environmental protection programmes were among the objectives of the Plan of Action in the area of reducing drug supply. **(PAG 65)**

2. Regional cooperation

494. In 2011, the Governments of Argentina, Brazil, **Paraguay** and Venezuela (Bolivarian Republic of) participated in Operation PAAD, focusing on monitoring trade in precursors of amphetamine-type stimulants, including phenylacetic acid and its derivatives. **(PAG 67)**

3. National legislation, policy and action

499. In May 2011, the Government of **Paraguay** and UNODC presented a national integrated plan for 2011-2014 aimed at increasing the responsiveness, effectiveness and efficiency of the country in facing the challenges posed by organized crime and drug trafficking. The goals

of the plan include reducing illicit cannabis cultivation and strengthening border controls. **(PAG 68)**

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

505. **Paraguay** is considered to be the largest cannabis producer in South America, accounting for over half of the assessed total production of cannabis in the region. In 2010, **Paraguayan** authorities eradicated more than 1,000 ha of illicitly cultivated cannabis plants and seized almost 130 tons of cannabis herb, 45 tons more than in 2009. **(PAG 68)**

506. About 20 per cent of the cannabis abused in Brazil is of domestic origin. According to UNODC, the remaining 80 per cent of the cannabis abused in Brazil enters the country from **Paraguay**. In 2010, Brazilian authorities destroyed 2.8 million cannabis plants, including seedlings, and seized a further 155 tons of cannabis herb. **(PAG 68)**

519. In 2010, seizures of cocaine (base and salts) decreased in several countries in the region, including Argentina, Colombia, Ecuador, Uruguay and Venezuela (Bolivarian Republic of), compared with the previous year. The total amount of seized cocaine decreased from 253 to 211 tons in Colombia and from 65.1 to 15.5 tons in Ecuador. From 2009 to 2010, the total amount of seized cocaine (base and salts) in Peru increased by almost 50 per cent, from 20.7 to 30.8 tons. In 2010, an increase in the amount of cocaine seized was also reported by Bolivia (Plurinational State of) (29.1 tons), Brazil (27.1 tons), Chile (9.9 tons) and **Paraguay** (1.4 tons). **(PAG 70)**

520. Although the total amount of cocaine seized in Colombia declined to 211 tons in 2010, that was the largest amount for any country in South America. About 40 per cent of all the seizures of cocaine hydrochloride recorded in Colombia were made in territorial or international waters, mostly in the Pacific Ocean. According to estimates by UNODC, each year between 30 and 40 tons of cocaine, from Bolivia (Plurinational State of), Colombia and Peru pass through **Paraguay**. **(PAG 70)**

D. Europe

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

735. Single seizures of more than one ton of cocaine were reported in some European countries, including the Netherlands and the United Kingdom. The significant increase in the amount of cocaine seized in Germany in 2010 was partly attributable to a record single seizure of 1.3 tons of cocaine, which had been shipped from **Paraguay**. In Spain, a large cocaine-processing laboratory was identified in January 2011, resulting in the seizure of 300 kg of cocaine and 33 tons of precursor chemicals. **(PAG 96)**